

WALKING TOGETHER

THE COMMUNITY OF FAITH AND MENTAL ILLNESS

**A TRAINING WORKSHOP FOR FAITH COMMUNITIES
INTERESTED IN SUPPORTING PEOPLE WITH MENTAL ILLNESS
IN THEIR WORSHIP AND COMMUNITY LIFE**



**Pathways to Promise
Interfaith Ministries**

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Adapted with Permission, Anne Moody, Auckland Anglican Church, New Zealand

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FOREWORD

Pathways to Promise was formed in 1988 as a cooperative among some 15 national faith groups to enable faith communities to become leaders in reaching out to people with mental illness and their families

It was created to promote full inclusion of people who have a mental illness and their families, empowering them for mutual and interactive participation in their faith communities. Pathways' goal is to be a catalyst for action in the faith community that enhances the quality of life for those challenged by mental illness. For information about mental illness/brain disorders, our newsletter, organizations, books, and other resources, please contact Pathways.

It has been a pleasure to collaborate with Ann Moody and her team from the Auckland Diocese. (Including Rosie Dell with whom I must share an ancient but unknown relative.) We are grateful for the creative results of their work and now commend this U.S. version—only slightly modified from that developed for use in New Zealand.

Thanks also to the Mental Illness Network United Church of Christ for helping to underwrite this U.S. version of *Walking Together*.

Reverend Robert Dell
Board Chair, Pathways to Promise
July, 2006

FOREWORD

At the Auckland Anglican Church Synod 2000, I introduced a motion asking the Diocese to recognize the need for the Church and its members to become knowledgeable about mental illness to reduce stigma and stereotypes. Also I asked the Diocese to develop specific program to equip the clergy and laity for ministry to those who have a mental illness.

It is important for me, to acknowledge how I started this journey. I made contact with *Pathways to Promise, USA* and asked for some information. I purchased their manual and some other literature, which stimulated me to start thinking about how we, as Church, could be open to those who experience mental illness.

After Synod, a call was put out for people who were prepared to be a part of this journey. Several responded and there have been people who for a variety of reasons had to leave the group over the time, particularly I want to thank Lorrie Bennett for her input. Thank you also to those of our small group – John Barrand, Liz Farrands, Rachel Maule, Jackie Sewell, and Val Sharpe for their input and support.

In 2002, we were greatly assisted by Framework Trust, both in people and financial assistance. Most importantly, I want to thank Debbie Hager who was working on the *Like Minds, Like Mine* project at the time. She changed our intention of a document of information to a series of experiential workshops – this is the first. Many of the exercises used are from her workshop at Framework Trust.

This program is designed for people of the Christian faith who are committed churchgoers. It is not designed for non-churchgoers.

It has been quite a journey – a journey of discovery about myself as much as about people who experience mental illness, and of our need as church to “cast out our nets into the deep” and discover who we are to those who are differently able because of their experience of mental illness.

Finally, I want to thank Erice Fairbrother of DEFT for catching the flame of this project and to Rosie Dell for her work in producing the final package.

Anne Moody
Auckland, New Zealand
5 April 2004

INTRODUCTION

Mental illness can affect anyone of us, either newcomer or long-term church member. People who experience mental illness come to the church, as they expect it to be a place of acceptance, refuge and even healing. Sometimes, they find the church no different from the rest of society where they are blamed, marginalized and treated as a problem. Sometimes, the church, as a body, appears to be frightened and does not know what to do. The most basic response is to treat those who experience mental illness with the same dignity, respect and integrity we would expect for ourselves. It is to have the courage just to be a friend.

The starting place for pastoral interaction is with the person who experiences mental illness. When we begin with the experience of people, both those who experience mental illness and those who encounter it in others, theory is generated by our practice amidst pain and struggle, for example, the pain of stigmatization.

As a group, we have found that reflecting on this live experience means we keep on emerging and evolving. We expect this to be the case for other groups. We have found that being alongside people with experience of mental health issues demands an approach which includes commitment; solidarity; change in the face of social and political oppression; transformation of self and transformation of those we stand alongside.

God and Humanity

God is our Alpha and Omega, the creator and author of humanity. God exists in relationship, both within the Trinity and with the created order. God is good and desires our good.

It is in the nature of God's compassionate being to be alongside those oppressed and unjustly treated. We can assume a Biblical bias towards those who are marginalized. God accepts humanity with all our frailties – spiritual, physical, social and psychological. Intrinsic to our humanity is our brokenness.

By believing that what affects one affects another, we are all broken. By recognition of our own brokenness, we stand alongside another whom we could otherwise objectify. Our own vulnerabilities help us to recognize the Christ who dwells within each person. The broken Christ in his humanity and in his crucifixion is the one who heals. If the church comes bearing the name of Christ's healers then we need to recognize our own brokenness as we engage with the other who is broken.

A common fallacy of the Church is that those with mental illness are the broken ones and we are the healthy ones. As the bearers of Christ's healing, it is a view that gets in the way of true engagement and true healing.

Each of us is a unique individual who is made in the image and likeness of God. We are the temple of God's Spirit. God in Christ showed us that we are loved as we are, unconditionally and absolutely.

Made in God's Image

Personhood is a gift bestowed by God and also discovered through community. Fulfilled personhood is something to which we all aspire. Our journey to fulfilled personhood is a unique journey for each individual. It may be both prevented and enhanced.

It may be prevented by stigmatizing, stereotyping, patronizing, assuming knowledge of the other without truly listening, distancing, rejecting, excluding, and isolating.

Personhood is enhanced when it is granted freedom to choose and the person has healthfulness and power enough to choose. As Christians we believe that it is also enhanced in relationship with God. Personhood flourishes through intentional engagement within the personal, social and spiritual communities of every day living.

Relationship

We are called to be the channel of God's love to each other. As we walk alongside another, we can be the bearers of light and hope by just being present: Christ incarnate in our lives. Hope is in the interrelationships of our different stories, the possibility of God's touch "See, the home of God is among mortals. He will dwell with them as their God; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away." Revelation 21: 3-4

The entire community is the healing agent. This first workshop is part of our recognition of our collective responsibility as the body of Christ. The Body of Christ, the Church has an obligation to assist all people to live life abundantly, to extend its boundaries, to reject its prejudices, and to develop into a community of friends. This is the environment in which persons with mental illness can find the personhood and healing that they seek.

LONG TERM AIMS

To reduce the stigma associated with mental illness and reduce the discrimination experienced by people with mental illness.

To empower those who experience mental illness to be an equal and respected member of the church community.

To create a safe place in our churches for those who experience mental illness.

To encourage each participant to become more accepting and welcoming within their faith communities.

OBJECTIVES OF THE WORKSHOP

To understand how stigma and discrimination are associated with mental illness – where do they come from and how they are manifest in the community.

To help us understand what this means in the context of a Christian faith community.

FACILITATOR'S PLAN

DESTIGMATIZATION WORKSHOP – Facilitator's Copy

Remember, getting rid of stigma is about making people feel comfortable.

Welcome

Prayer – reading – *The Bridge* by Joy Cowley

Scope of the program

- Aims for the program and objectives for the workshop
- Outline of the day, including general housekeeping (e.g. where restrooms are, when breaks will be, availability of food, etc.).
- Evaluation explained – a verbal evaluation at lunchtime – how are you feeling, what's working, what's not, etc. A written evaluation will be completed before people leave at the end of the workshop.
- The estimated time for this workshop is 3-5 hours. However, it may be adapted to fit your group's needs.

Note: Due to repeated use, you may want to photocopy or laminate Activity Resource sheets and Peripheral Ideas Wall Reflections.

- 1. Introductions**
- 2. Ground Rules**

ALL THE ABOVE TO TAKE NOT MORE THAN 30 MINUTES

PROGRAM BEGINS

- 3. Valuing What We Have as a Church & Christian Community (p. 14, 26)**
- 4. Images that Assist Our Mental Health**
We are now going to take a picture that conveys something to use that contributes to your mental health.
- 5. Stigma & Discrimination Brainstorm**
We have just identified the context in which we are doing this workshop and identified something that contributes to our own mental health well being. So now we are going to examine two words.

- 6. Early Memories**
Now, an early memories exercise – so we have to remember what experiences we had and what we have learned about people who experience mental illness. We are doing this exercise to understand and identify where our present day thinking comes from.

- 7. Comfortable, Uncomfortable Continuum**
Let us identify some scenarios that make us feel comfortable/uncomfortable – how do we react when we hear about some situations?

- 8. Acceptance of Diversity**
Now, having identified those things that make you comfortable/uncomfortable, we want to look at acceptance of diversity. Please get back into your small groups?

- 9. Monopoly Game**
This next exercise is to help you empathize with people experiencing discrimination, and better understand some of the effects of discrimination on the grounds of mental health.

- 10. Scenarios: Think, Feel, Say, Do**
This next exercise is designed specifically for those who are providing pastoral care. It helps identify and acknowledge that they do have negative responses to situations, and how they need to moderate that response to be supportive to the person asking for help.

- 11. Barriers**
This is the final exercise. There are three parts. It is about the barriers created within our churches and within ourselves that prevent us from being welcoming.

- 12. Evaluation**
Having done this workshop, ask the participants to think about how can we offer each other pastoral care?

- 13. Closing Prayer**

The Bridge

There are times in life
when we are called to be bridges,
not a great monument spanning a distance
and carrying loads of heavy traffic,
but a simple bridge to help one person from here to there over some difficulty
such as pain, grief, fear, loneliness,
a bridge which opens the way
for ongoing journey.

When I become a bridge for another,
I bring upon myself a blessing,
for I escape from the small prison of self
and exist for a wider world,
breaking out to be a larger being
who can enter another's pain
and rejoice in another's triumph.

I know of only one greater blessing
in this life, and that is,
to allow someone else
to be a bridge for me.

© Joy Cowley

Activities

1-13

1. INTRODUCTIONS

PURPOSE

It is important for the participants to feel safe by giving them space to feel comfortable in their surroundings and to share something of themselves.

MATERIALS

- Paper or whiteboard
- Pen

METHOD

Ask the participants to speak to the person next to them and find out:

1. The church they attend
2. Why they came
3. One other thing they would like to share with the group

Each will introduce the other to the rest of the group.

DISCUSSION POINTS

There may be some reasons for coming that need to be put on paper for future reference.

If someone wants to talk about their own experience of mental illness – ensure it is safe for them.

If they are telling another's story, refocus them on this exercise.

2. GROUND RULES

PURPOSE

For this workshop to be effective a, safe environment must be created so that participants can express their views and feelings.

MATERIALS

- A large sheet of paper or a whiteboard if it is not required at other times
- Pen
- Masking tape

METHOD

1. Ask the group to brainstorm the rules
2. If the group is too big, put into groups of 4-5 and ask them to identify their ground rules
3. Put all ideas on the paper and display where it is clearly seen

DISCUSSION POINTS

It is vitally important for participants to feel safe, so there may need to be some discussion around some points.

EXAMPLES OF GROUND RULES

Confidentiality – do not share others' stories

Openness – frankness, integrity, honesty

Acceptance of different viewpoints

Listening, not interrupting

One person speak at a time

Right to pass

Right to have a break - take responsibility for self/own needs

We can make mistakes

Cell phones are turned off

Mind your time – monitor own input

3. VALUING CHURCH AND CHRISTIAN FAITH COMMUNITY

PURPOSE

This exercise is to remind us who we are.

MATERIALS (See Activity Resources p. 26)

- Paper and pens
- Masking tape

METHOD

Ask the participants to separate into two or more groups.

The following questions can be used:

1. Why do you go to church? What do you get out of it?
2. What do we as a church community have to offer the rest of the community?
3. What is the culture/attitude of your church toward those who experience mental illness?
4. What does the Bible teach us about those who experience mental illness?

Remind them to identify who is to be the writer and to report back.

Give them a maximum of ten minutes to answer.

Come back into the group and ask each group to report back.

Put the paper on a wall.

DISCUSSION POINTS

This exercise is to remind the participants who they are as members of the Body of Christ. It is to contextualize the process.

It may require points of clarification.

Ensure the focus is on the exercise and not a general discussion about church.

4. IMAGES THAT ASSIST OUR MENTAL HEALTH

PURPOSE

Participants in this exercise are able to express some aspect of themselves, which emphasizes the difference in the later discussion on discrimination.

MATERIALS

- Different pictures that support our sense of well being. *Facilitator to collect own pictures.*

METHOD

Spread the images on the floor or table.

Ask each participant to choose one image that gives him or her a sense of wellbeing.

Ask participants to say their name and then share with the group why they have chosen what they have.

If someone wants to talk about their own experience of mental illness, ensure it is safe for them.

If they are telling another's story, refocus them on this exercise.

5. STIGMA & DISCRIMINATION DEFINITIONS

PURPOSE

This activity helps participants define the concepts they are about to work with during the workshop. It invites the participants to discuss and agree on definitions instead of having definitions imposed on them.

MATERIALS (See Activity Resources p. 28)

- Large sheets of paper
- Pens

METHOD

Divide the group into small groups of 4 or 5.

Give each group a large piece of paper and a pen.

Ask half of the groups to define the word stigma and record their definition.

Ask the other groups to define the word discrimination.

NOTE: These are general definitions – not specifically related to mental illness.

When most groups have finished – allow about 5 minutes – ask all of the groups that defined ‘stigma’ to report back. Clarify and reinforce the meaning.

Ask all of the groups that defined “discrimination’ to report back. Clarify and reinforce the meaning.

Ask the whole group what relationship there is between the two words.

Conclude by simplifying the definitions and relationships and explaining that these are the concepts that will be used in the workshop.

PROCESS POINTS

Stigma is a mark or sign of difference – a labeling. It is always negative.

Discrimination is an action – an active process. Discrimination can be positive or negative. In the context of discrimination associated with mental illness, it is generally a negative concept.

The relationship between them is fluid.

A stigmatizing label can result in people discriminating between people.

Being discriminated against can result in a person feeling stigmatized.

This can become a vicious circle that it is very difficult for a person to step out of –once labeled, everything the person does becomes justification of the stigma and the discrimination attached to it.

6. EARLY MEMORIES

PURPOSE

To enable participants to think about the attitudes and values that they have learned about mental illness in childhood. This is a useful activity to do near the beginning of a workshop as it helps to dispel feelings of individual blame and places negative attitudes about mental illness into the context of socialization – thus indicating that people can overcome these attitudes by gaining more information.

MATERIALS (See Activity Resources p. 29)

- ‘Early Memories’ work sheets
- Pens

METHOD

Hand out an ‘Early Memories’ work sheet to each participant and a pen if required.

Explain that you would like people to put aside the knowledge that they have about mental illness as adults and think back to childhood.

Talk through the sheet – tell them you would like people to think about what they learnt at school, at home, from religion, from books, films and TV. What are the words that you have heard people who experience mental illness called?

Allow about 5 minutes for people to fill in the forms – watch to see when nearly everyone has finished.

If you have time, invite people to discuss their memories in pairs. Allow about 5 minutes for this.

Then explain that you are going to collate all of the ideas onto the board. Ask people to call out what they want to share – from anywhere on the sheet.

You can prompt for ideas. For example:

Ask people what they remember knowing about what happened in psychiatric hospitals e.g. strait jackets, electric shock therapy, locked in, padded cells

Ask people what names children called each other in the playground e.g. loony, nuts, moron, spastic, psycho...

Prompt for the different questions on the sheet e.g. what do you remember learning from religion?

When you have a board full of memories process the information that you have received.

DISCUSSION POINTS

Look for the themes in the lists that you have. You will probably find compassion, danger, fear, maybe a confusion between intellectual disability and mental illness, and various understandings of what causes mental illness – among others.

Identify the different themes and talk about them – most of them probably create a negative feeling about mental illness.

Lastly, discuss how it's no wonder that there is stigma and discrimination in the community when we have absorbed such negative and fearful messages – and how knowing where our ideas come from can help us overcome them.

NOTE: It is important to let people keep their early memory sheets and not collect them – they are personal documents.

7. COMFORTABLE UNCOMFORTABLE

PURPOSE

This activity offers participants the opportunity to understand and empathize with the range of discrimination that people with mental illness experience.

MATERIALS (See Activity Resources, p. 30)

- Comfortable, uncomfortable, angry cards
- A ‘situations’ sheet.

METHOD

Indicate the different cards in the four corners of the room - comfortable, uncomfortable, angry cards, and other feelings. Explain that the fourth corner is the “anything else you feel” corner.

Explain that you are going to read out a series of statements and you would like participants to move to the corner of the room that best indicates how they feel about the statement you read out. You will not be expecting them to comment on how they are feeling during this activity, but they can if they so wish - allow time for this.

Ask participants to stand.

Read out the statements one by one, allowing time for them to move.

When you have read out all the statements, ask them to sit down in groups of about 5 people. Ask them to discuss what they called upon in themselves to make the decision about where to move for each statement.

After about 5 minutes for this discussion, ask each group to quickly report back.

DISCUSSION POINTS

People experience a wide range of discrimination because of being labeled mentally ill.

This discrimination prevents people from accessing services such as jobs and housing, joining the social and educational groups as they wish, and living safely in their neighborhoods.

Participants respond from a range of perspectives – their own experience, their professional experience, their sense of social justice, and their “gut feelings”. Depending on our own experiences, all of the participants found some of the experiences distressing, some comfortable. This is a very reasonable way to listen and respond.

This tells us that when a person comes to us with a story of stigma or discrimination, we have to put our own responses aside and listen instead to how the situation has affected the person telling the story – it’s their experience not ours – and to base our response on their experience – not our own.

This will sometimes mean that we are responding to situations that we don’t think are important – but we need to be non-judgmental if we are to appropriately respond to another person.

8. ACCEPTANCE OF DIVERSITY

PURPOSE

To help participants affirm their enjoyment of diversity and/or recognize their own areas of labeling.

MATERIALS (See Activity Resources p. 36)

- Paper and pens
- Masking tape

METHOD

Hand out paper and pens

Ask them to go into small groups again.

Go to each group and tell them separately what they are doing.

The first group answers: What do you think are the characteristics of people in a congregation;

The second group answers – What are the characteristics of people who experience mental illness.

Give them five minutes to do this.

Write on a paper or a board: What did you learn from this exercise?

Feedback to the whole group.

Cross off similarities and discuss the differences.

9. EXPERIENCE OF DISCRIMINATION

PURPOSE

Helps participants to empathize with people experiencing discrimination, and better understand some of the effects of discrimination because of having a mental illness. It raises awareness of the nature and extent of discrimination for those experiencing mental illness.

MATERIALS (See Activity Resources p. 38, 39)

- Chance cards
- Bowl of sweets (at least two for each person)

METHOD

The group sits in a circle on the floor.

Place the bowl of sweets in the middle..

Place the chance cards face down in a pile in the center.

Tell the group that there are enough sweets for everyone, but that some will miss out depending on what the card says.

One at a time, a participant picks up a card, reads it out loud and then follows the instructions.

The game is over when the bowl is empty.

Anyone who picks a card with a mental health problem will not be allowed to take a sweet. There are also prejudice cards in the pile, e.g. you have blue eyes and have to leave the game – they leave the circle and sit in another part of the room away from each other.

DISCUSSION POINTS

A strong feedback session is needed

The group needs to explore how they felt when they were not allowed to take a sweet, and/or having to sit the whole game out – was the reason on the card logical? Did it seem fair?

10. THINK, FEEL, SAY, DO

PURPOSE

This activity is designed specifically for use with a group of professionals working with their peers. This activity allows participants to acknowledge that they can have negative responses to situations. It also reminds them they must learn to moderate these responses in order to give supportive and positive messages to the person seeking assistance. It allows participants to think about how they would deal with difficult situations, relating to stigma and discrimination. It allows participants to practice the skills that have been developed during the workshop process.

MATERIALS (See Activity Resources p. 40)

- Scenario cards

METHOD

Ask the participants to go into groups of 3 or number 1, 2, 3 so that people who know each other are not together.

In each 'round' one person takes the role of reader, one responds and one observes.

The roles alternate around the group

Model the process by reading out a scenario and suggesting responses for it. Example: You have had a long day and there is a knock on the door at 11p.m. You don't want to answer it but can hear the person crying the other side of the door.

You think "I don't need this right now."

You feel like not opening the door.

You say, "What do you want."

You take the person into the study and start processing what has happened.

Hand out a card to the first reader – remind them this is NOT a role-play

NOTE: You can use the comfortable/uncomfortable cards.

Write on paper or on the whiteboard – Think Feel Say Do as a reminder

The reader reads the scenario. The person responding does not role-play the situation. They think about what they would think, how they would feel, what they would say and what they would do if this particular scenario occurred at work. They relate these responses to the other participants.

The group then discusses how this would impact on the person

Get the group to change roles.

DISCUSSION POINTS

At the end of the scenarios, allow time for participants to discuss, as one group, how they felt about the activity and what they have learned from it.

11. BARRIERS

PURPOSE (See Activity Resources p. 41)

Ask the participants to go back into the small groups where you will brainstorm and write on to small cards -

What are the barriers that anybody can meet when entering a church? What are the barriers that a person with experience of mental illness must overcome when entering a church community, both within themselves, and that which the congregation pose to that person?

Now, place people with their card creating a barrier – make them into a bit of a maze, this will help keep people focused on the issues.

How do we overcome these barriers?

Ask them to brainstorm solutions – specifically, what they are going to do in their church communities about these issues.

Feedback, discuss responsibilities – i.e., who will do what.

12. Conclusion

Having done this workshop, ask the participants to think about –
How do we offer other pastoral care?

13. EVALUATION (See Activity Resources p. 42)

Ask all participants to complete an evaluation sheet. We recognize that each workshop enriches our knowledge and therefore the next workshop participants.

Activity Resources

Activity 3

VALUING CHURCH & THE FAITH COMMUNITY

WHY DO YOU GO TO CHURCH?

Close relationships formed in groups

Greeters – pastoral partners in church

Speedy contact

People remember

Place of prayer and refuge, to reflect, to pray

Solace when alone (empty building with a presence)

Of one mind

Around the world – wave of prayer

Focus is the Eucharist

To be reminded of my brokenness and wholeness

I can't be a Christian on my own – I need the community

WHAT DO YOU GET OUT OF IT?

It works

Knowledge that others pray for me

Opportunity to get into the local community from the church

Spiritual home

Challenge to the way I live

Reminder that I am forgiven

A place to find hope

Place to “top up” – take in and give out

Church family

Peace

Reinforce my knowing I am loved by God regardless of my sins

Activity 3 – Continued

WHAT DO WE, AS A CHURCH COMMUNITY, HAVE TO OFFER THE REST OF THE COMMUNITY?

As an individual, the potential to assist others

As a group, we help develop and strengthen faith

Salvation

Spiritual pathway – hope, meaning, struggle with life issues, purpose

A vision of being human shown to us in Christ (including experience of suffering and new life)

Offer our acknowledgment of our own vulnerability, need and common humanity

Effort to model, embody a way of living including a practical down-to-earth way of being

A safe place – people can be experienced as safe, non abusive

Integrity, honesty, openness, acceptance

Search for truth

Being community

WHAT IS THE CULTURE/ATTITUDE OF YOUR CHURCH TOWARD THOSE WHO EXPERIENCE MENTAL ILLNESS?

The responses to this will be similar to above.

Activity 5

WORDS FOR MENTAL ILLNESS

MAD AS A MEAT AX	LOONY/SICK IN THE HEAD	CRAZY
CRACKERS	OUT OF HIS TREE	CUCKOO
NERDY	NUTTY	BONKERS
NUTTY AS A FRUIT CAKE	BATTY	OFF THE WALL
GONE IN THE HEAD	MENTAL DEFECT	LOOPY
OFF THE PLANET	FREAKY	GLOOMY BUGGER
LOST THE PLOT	COG MISSING	WEIRDO
DEPRESSED	MENTAL	ANTISOCIAL
BANANAS	MANIC-DEPRESSIVE	STRESSED
PERSONALITY DISORDER	NERVOUS BREAKDOWN	RETARD
UNBALANCED	SPLIT PERSONALITY	BRAIN-DEAD
POSSESSED	SCHIZO	OFF HIS TROLLEY
BENT	MANIAC	GONE LOCO
2 SANDWICHES SHORT OF A PICNIC	NOT THE SHARPEST KNIFE IN THE DRAWER	NOT THE FULL QUID
SICKO	NUT CASE	BARMY
DIZZY	MAD AS A HATTER	SCATTERBRAIN
MAD	BASKET CASE	FRUIT CAKE
FRUIT LOOPS	MENTAL CASE	ECCENTRIC
FREAK	PSYCHO	NUTTER
INSANE	OFF THEIR ROCKER	DEMON POSSESSED

Activity 6

EARLY MEMORIES

What did you learn about people with mental illness as you grew up?
Think about the message you received:

At home, from your parents, sisters and brothers, aunts, uncles and others.

At school, from the teachers and your class mates

From religion

From books, films and TV.

From all of these messages and experiences, what were your beliefs about people who had a mental illness?

Activity 7

CARDS FOR COMFORTABLE/UNCOMFORTABLE

Your child attends a kindergarten at a local church. Next door is a hall that is used as a clubhouse for the local scouts, a gardening club and a group of people with mental illness. The minister of the church is being pressured to throw out the people with mental illness because they put the children at risk.

Your husband is suffering from dementia. The staff at the private hospital where he is living – which is run by your church - treat him as a loved but willful child.

You are sitting with a group of mothers and children from the church when a person, known to them as someone who experienced mental illness, walks past talking to herself. The women call their children and tell them to keep away and not stare.

You are the chairperson of the church finance committee. One of the members comes to you and asks you to ‘get rid’ of one of the other members because they have a mental illness and they don’t want to catch it off them.

You have phoned your minister to tell him that your 17-year-old child has been diagnosed with schizophrenia. From that moment on he never directly speaks to your child again – or acknowledges the illness.

You are managing church pensioner housing. The congregation has decided that people who experience mental illness can’t live in the houses because it’s not supported accommodation.

You join the church choir. When people discover that you have a mental illness they ask you to leave because they are worried that you will sing badly or inappropriately during services.

A new-comer to a parish comes to church on their own. No one greets them or makes them feel welcome.

You have been attending a new church for a few weeks. A potluck dinner is advertised in the bulletin but nothing is said about it during the service. It is at the minister’s house. When you turn up at the dinner everyone looks really surprised.

You are a solo parent. Your child is diagnosed as having a mental illness. No one in the church wants to know about your problems and none of the usual help systems are initiated.

You go into the church and are greeted by someone at the door. You are shown to a seat and introduced to those in the seat next to you.

You are having problems making ends meet as you have had increasing costs related to your education course, which is part of your recovery plan. The person who is visiting you from the parish recognizes this from a telephone conversation you have had with her and brings you a meal for that night and some baking.

Your daughter has been diagnosed as having borderline personality disorder and you are very distressed about this. The minister/vicar asks whether you would like to meet another parishioner whose daughter suffers with the same disorder.

Your minister/vicar asks you whether you are prepared to be a part of a destig program for the church.

Your newsletter includes information from the Like Minds, Like Mine program.

You have a mother who is beginning to exhibit signs of dementia. She has been a part of the church for years. The parishioners love her and help her to be a part of all that she has been in the past.

Comfortable

Uncomfortable

Angry

Other Feelings

Activity 8

ACCEPTANCE OF DIVERSITY

WHAT DO YOU THINK ARE THE CHARACTERISTICS OF PEOPLE IN A CONGREGATION

INCENSE	KNOWLEDGE	THEOLOGY
CANDLES	A CLIQUE	UNITY
HATS, DRESSING UP – GLOVES AND HANDBAGS	BUILDINGS	STRUCTURE
PRAYING	CROSSES	STATUES
KNEELING AND STANDING UP	HIERARCHICAL	TRADITIONS, RITUALS, ROUTINES, HABITS – THIS IS THE WAY IT IS ALWAYS DONE
MUSIC (SOME LOVELY SOME STRANGE) FRIENDLY	MUSIC	LANGUAGE – GOD TALK
PEOPLE – CALLING TWO- FACED	DOUBLE STANDARDS	COUPLES
SOCIETY	WHITE MIDDLE CLASS	WELCOMING
GENERALLY BELIEVE IN GOD, OR AT LEAST HOPE IN GOD	OPEN TO OTHER FAITHS	A PLACE TO CONGREGATE

Activity 8 – Continued

WHAT ARE THE CHARACTERISTICS OF PEOPLE WHO EXPERIENCE MENTAL ILLNESS

STRUGGLES WITH LIFE	COULD BE ANYONE
THEY SMOKE	LACK OF SELF-ESTEEM
ANXIETY – EVERYTHING’S A PROBLEM	SHAME
ALONENESS - NO ONE UNDERSTANDS	LACK OF COPING MECHANISMS
STRENGTHS OFTEN HIDDEN	FEAR OF BEING LOCKED UP
LACK OF SELF RESPECT	FEAR OF HAVING CHILDREN REMOVED
FLAT AFFECT	INABILITY TO CHANGE SITUATION
TALENTED	SOCIAL ISOLATION
SENSITIVE	PARENTS – INFANTILIZED
CREATIVE	PASSIVE BECAUSE OF DISEMPOWERMENT
STAGNATED CAREER	LOSS OF STATUS
UNEMPLOYED	OTHERS LACK OF UNDERSTANDING
HELPLESS/HOPELESS	COMFORT FROM FAITH
FRUSTRATION: DOCTORS, PSYCHIATRISTS, MENTAL HEALTH WORKERS	

Activity 9

CHANCE CARDS

- You want to go to church, but you don't have any clothes good enough to wear. Don't take a sweet.
- You really want to go to church but you don't have anyone to go with and you don't have the confidence to go alone. Don't take a sweet and sit out for the rest of the game.
- You want to join a home group – which meets in each other's houses, but your house is in such poor condition that you won't invite anyone to visit.
- Don't take a sweet and sit out for the rest of the game.
- You won't go to church because you don't have any money to put in the plate. Don't take a sweet.
- The minister asks if anyone can play the piano for the Sunday school. You offer and it's declined. Don't take a sweet.
- You have disclosed to your boss that you are on medication for depression. You were expecting a pay rise, but when your pay review takes place your pay doesn't change. Don't take a sweet.
- You are unemployed. Don't take a sweet and sit out for the rest of the game.
- You suffer from panic attacks, especially when you think you might have to travel on public transport – and you can't afford to keep your car on the road. Don't take a sweet and sit out for the rest of the game.
- Your friends warn other friends before you arrive at parties because you regularly make yourself sick after meals. Don't take a sweet.
- The driving instructor refuses to teach you because he knows you are on medication for schizophrenia. Don't take a sweet.
- You want to go on a skiing holiday, but you are on medication for depression and you can't get holiday insurance. Don't take a sweet.
- You have been diagnosed with schizophrenia. Local people are protesting about a new psychiatric hospital in your neighborhood. You are too afraid to go to church. Don't take a sweet and sit out for the rest of the game.
- Your church community is the first place that you have felt safe and welcomed since you were diagnosed with a mental illness. Take a sweet.
- The church always helps you out with food parcels because they understand your circumstances.

Activity 9 - Continued

Take a sweet.

You used to like singing at primary school. You stopped singing for years because you were diagnosed as “bipolar”. Recently you have been welcomed into the church choir. Take a sweet.

You have long hair. Don’t take a sweet and sit out for the rest of the game.

A church member invites you to Sunday lunch. It is the first time you have eaten in someone’s home since coming home from the local mental health unit. Take a sweet.

You find great peace going to mid-week services and feeling accepted. Take a sweet.

You enjoy the friendship of being on the cleaning roster for the church with someone else. Take a sweet.

You are promoted at work and given a pay rise. Take a sweet.

You have blue eyes. Don’t take a sweet and sit out for the rest of the game.

You have been invited to two parties on the same night – you popular person you. Take a sweet.

A friend likes your new haircut. Take a sweet.

It’s your birthday. Take a sweet.

You apply for two jobs and get both of them. Take a sweet.

You get the chance to do a parachute jump – something that you’ve always wanted to do. Take a sweet.

You learn a new dance and don’t feel embarrassed doing it. Take a sweet.

Activity 10

SCENARIOS

You are a member of the Pastoral Care team and have taken a casserole to a person who is experiencing a recurrence of her depressive illness. She says that she would not feed it to her dog.

A new parishioner has arrived and you put out your hand in greeting and are told – only men do that to show that they are not carrying a sword, I don't want to take your hand.

A woman who is often seen in your neighborhood walking stops to talk with you as you are dashing out of your drive at home. She wants to tell you her whole faith journey.

A man comes to you and quotes a passage from the Bible to you as he starts giving his understanding of who God is. His understanding of God is that of the vengeful God who is punishing him for his past way of life. You suggest that he reflects on 1 John 4 about knowing God, about being loved and loving. He says that he wants the actual words of the passage and when you respond that you can't you are dismissed as not Christian.

You hear from a parishioner that another member of the congregation has developed a mental illness. She whispers this to you at the after church cup of tea.

You visit a member of the congregation who is mentally ill. When he answers the door you are greeted with a tirade of abuse about you and your family.

Activity 11

EXAMPLES OF BARRIERS

ANYBODY

When things are not going well it is because God has abandoned me

Unspoken rules

Relevance of church to real or perceived needs

Linking past personal experiences to concepts of God - "Will Jesus abuse me to;" "Will God listen to me;" "Why me?"

Should, should, should

Trust issues

Thinking disabilities – reasoning, problem solving, slow learning

Why didn't God intervene when I was being abused?

Feeling disabilities – inappropriate fears, feelings of inadequacy

Why didn't God heal me at the healing meeting?

False concepts of God developed in childhood

Past experience of church – legalism, extremism, triumphalism

Church relationship emphasis – programmes, groups, Sundays

PEOPLE EXPERIENCING MENTAL ILLNESS

Past religious experiences – cults etc

Deeply held religious convictions "I am a Catholic, I should not be coming to your church"

Reduced attention span

Over the top benevolence "you poor thing"

Behavioural boundaries

Impaired information processing

Stigmas held by church leadership

Why does a loving God allow mental illness?

Church leader's ignorance "Get over it"

Thought interference

Why me?

Reduced motivation

Perceptual distortions

Religiosity versus grace "you must read your Bible"

Loaded terms

Dress codes

Church theology – prosperity doctrine blessing versus sickness

Religiosity in psychosis

Size dynamics

Poverty

Energy levels

People not committed for the long haul and losing patience

Poor communication skills leading to relationship difficulties

Activity 13

DESTIGMATISATION WORKSHOP EVALUATION SHEET

Date _____

Continue on back if you need additional space for any of your responses.

1. Generally I am happy/ not happy with this workshop

If unhappy, state why:

2. Rate the level of difficulty for you. The sessions were:

Easy to understand 1 2 3 4 5 Difficult to understand

3. The two most helpful sessions of the workshop were:

4. If I were to change two things about this training, they would be:

5. How do I intend to use the skills and knowledge I have learned during this workshop?
(Identify at least two areas you intend to keep working on):

Other comments

If you have any enquiries, questions or issues with the training, please speak to the facilitator. **PLEASE LEAVE THIS FORM WITH YOUR FACILITATOR.**

PERIPHERAL IDEAS

Wall Reflections

Anyway

**People are often unreasonable, illogical and self centered
Forgive them anyway**

**If you are kind, people may accuse you of selfish motives
Be kind anyway**

**If you are successful, you will win some false friends
and some true enemies
Succeed anyway**

**If you are honest and frank, some people may cheat you
Be honest and frank anyway**

**What you spend years building, someone could destroy overnight
Build anyway**

**If you find security and happiness they may be jealous
Be happy anyway**

**The good you do today, people will often forget tomorrow
Do good anyway**

**Give the world the best you have and it may not be enough
Give the world the best you've got anyway**

**You see in the final analysis it is between you and God;
It was never between you and them anyway**

Mother Theresa

And if anyone gives even a cup of cold water to one of these little ones because he is my disciple, I tell you the truth, he will certainly not lose his reward.

Matthew 10:42

**And what does the LORD require
of you? To act justly and to love
mercy and to walk humbly with
your God.**

Micah 6: 8b

For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in,...

Matthew 25: 35

**My command is this:
Love each other as I have loved
you.**

John 15: 12

Strangers, people different from us, stir up fear, discomfort, suspicion and hostility. They make us lose our sense of security just by being “other.” Only when we fully claim that God loves us in an unconditional way and look at “those other persons” as equally loved can we begin to discover that the great variety in humanity is an expression of the immense richness of God’s heart. Then the need to prejudge people can gradually disappear.

Henri Nouwen (1996)
Bread for the Journey, p. 82

The desert fathers said that judging others is a heavy burden, while being judged by others is a light one. Once we can let go of our need to judge others, we will experience an immense inner freedom. Once we are free from judging, we will be also free for mercy. Let's remember Jesus' words: "Do not judge, and you will not be judged" (Matthew 7:1).

**Henri Nouwen (1996)
Bread for the Journey, p. 83**

At the end of our lives, we will not be judged by how many diplomas we have received, how much money we have made or how many great things we have done. We will be judged by ‘I was hungry and you gave me something to eat. I was naked and you clothed me. I was homeless and you took me in.’

Hungry not only for bread - but hungry for love. Naked not only for clothing but naked of human dignity and respect.

Homeless not only for want of a room of bricks but homeless because of rejection. This is Christ in distressing disguise

Mother Theresa

**Those who love community
destroy community, those who love
people build community”**

Dietrich Bonhoffer

We should know that people with mental illness are far more likely to harm themselves than others, and to be the victims rather than the perpetrators of violence.

We should know and treat seriously the mountain of evidence which shows that, despite more than thirty years of de-institutionalization, crimes of violence by people with mental illness are virtually identical to crimes of violence by the rest of society.

**No person is a 'burden' on society.
Every person is a part of society
and has an inherent and absolute
worth as a human being.**

Excluded groups are experts by experience. All processes of consultation, policy-making and practice must not just include, but be driven by, the views and needs of the excluded groups.

The social exclusion of any group of people creates schisms that are bad, not only for the mental health of excluded individuals, but also for the mental health of society as a whole.

We owe it to the vast majority of people with mental illness, who are our fellow citizens and enjoy the same human rights as we do, to look critically at the causes of violence. Anger, frustration and stigma can produce violent outbursts in anybody mentally ill or not.

“What concerns me is not the way things are, but rather the way people think things are.”

Epictetus

Labels. We either grow into them or compensate for them. What label or nickname was given you and how did it form your concept of yourself?

Dave Riddell

Those who are marginal in the world are central in the Church, and that is how it is supposed to be! Thus we are called as members of the Church to keep going to the margins of our society. The homeless, the starving, parentless, children, people with AIDS, our emotionally disturbed brothers and sisters . . . they require our first attention.

**Henri Nouwen (1996)
Bread for the Journey, p.341**

Often we might prefer not to be part of the body because this participation makes us feel the pain of others so intensely. Every time we love others deeply we feel their pain deeply. However, joy is hidden in the pain. When we share the pain we will also share the joy.

**Henri Nouwen (1996)
Bread for the Journey, p. 343**

Listening is much more than allowing another to talk while waiting for a chance to respond. Listening is paying full attention to others and welcoming them into our very beings. The beauty of listening is that those who are listened to start feeling accepted, start taking their words more seriously and discovering their true selves. Listening is a form of spiritual hospitality by which you invite strangers to become friends, to get to know their inner selves more fully, and even to dare to be silent with you.

**Henri Nouwen (1996)
Bread for the Journey, p. 85**

Resources
&
Additional Reading

WHERE TO FIND HELP

Pathways to Promise – www.Pathways2Promise.org 314-810-2234 Pathways is an interfaith technical assistance and resource center offering liturgical and educational materials, program models, and networking information to promote a caring ministry with people with mental illness and their families. These resources are used by people at all levels of faith group structures from local congregations to regional and national staff.

American Association of Pastoral Counselors (AAPC) – www.aapc.org/centers.cfm The AAPC is a non-sectarian, professional counseling organization. Its certified members respect the spiritual commitments and religious traditions of those who seek pastoral counseling without imposing therapist's beliefs onto the client. For help in finding a Pastoral Counselor near you, visit the AAPC website.

American Psychiatric Association (APA) – www.healthyminds.org The APA web site carries information about mental illness and related topics such as "Coping with storm related disasters."

American Psychiatric Foundation – www.psychfoundation.org The American Psychiatric Foundation is the philanthropic and educational arm of the American Psychiatric Association (APA). The foundation promotes awareness of mental illness and the effectiveness of treatment, the importance of early intervention, access to care and the need for high quality services and treatment through a combination of grants, programs, research funding and awards.

FaithNet NAMI – www.faithnetnami.org FaithNet NAMI is a network composed of members and friends of NAMI. It was established by NAMI Orange County to be a supportive environment for those with serious mental illness and their families, point out the value of one's spirituality in the recovery process, educate clergy and congregations, and encourage advocacy to bring hope and help for all who are affected by mental illness.

Mental Health Ministries – www.mentalhealthministries.net An ecumenical, interfaith outreach through the California-Pacific Conference of the United Methodist Church. Their mission is to educate clergy and lay persons for the purpose of decreasing the stigma associated with mental illnesses.

National Alliance on Mental Illness (NAMI) – www.nami.org 1-800-950-NAMI (6264) NAMI has over 1,000 self-help groups nationwide for people with serious mental illness and their families. They can help you find a NAMI affiliate in your community.

National Hopeline Network – www.hopeline.com/4/map.asp The 1-800-SUICIDE (784-2433) hotline connects you with a crisis center in your area. Many crisis centers can assist you in finding treatment services in your community.

National Mental Health Association – www.nmha.org (800) 969-NMHA (6642) Among many other kinds of helpful information there is a section on support groups. Some NMHA support groups are peer-led, while others are led by a mental health professional.

Substance Abuse and Mental Health Services – www.mentalhealth.samhsa.gov/databases This site offers help in finding a mental health/illness facility.

Virginia Interfaith Committee on Mental Illness Ministries (VICOMIM) - www.vaumc.org/gm/micom.htm 800-768-6040 VICOMIM is committed to educating clergy and laity towards an awareness and sensitivity within the faith communities about mental illness.

ADDITIONAL READING

General Information

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Also visit www.congregationalresources.org/mentalhealth.asp, the National Alliance for the Mentally Ill (NAMI) Indianapolis Mental Health Ministry Resources Annotated Bibliography.