

A PUBLICATION OF THE EVANGELICAL MENNONITE CONFERENCE

The Mental Health Initiative 2018

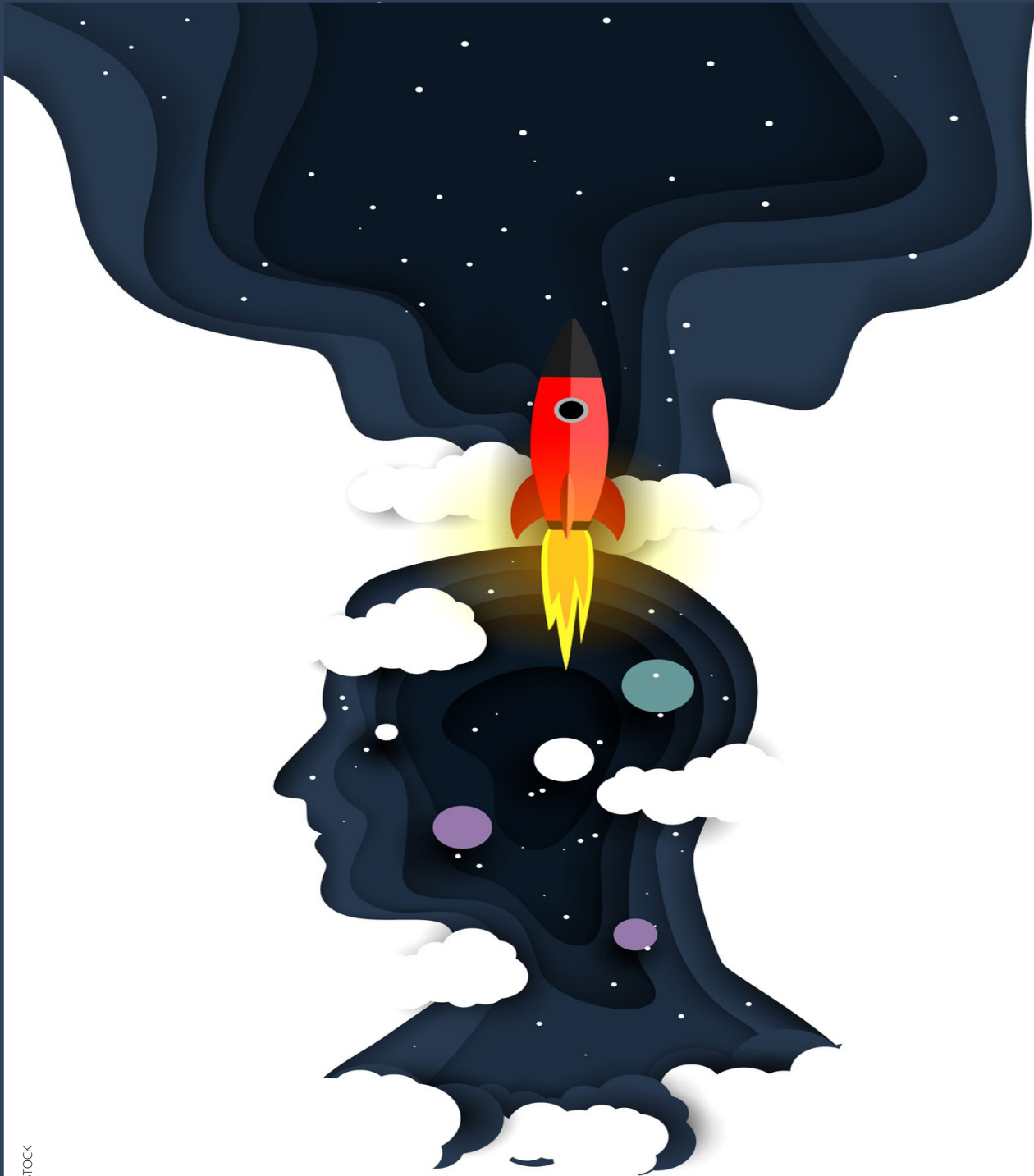


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Mental Health in the EMC:
***Where We
Have Been
and Where
We Are Going***

by Irma Janzen and Heidi Dirks

Where We Have Been

Psalm 13 begins with these words, “How long, O Lord? Will you forget me forever? How long will you hide your face from me?” We do not know exactly what the Psalmist’s circumstances were when he penned these words, but we do hear the agony, the feelings of God having forgotten him, of God hiding His face from the writer.

What we do know is that many people, maybe including most of us over the roughly 4,000 years since those verses were written, have echoed these words in times of terrible distress when it seemed as if God had either forgotten us or hidden His face from us. It happens often when we pray and pray and pray and pray some more and yet we see no evidence of answers to our prayers or of the changes in the things we are praying about.

Many or maybe all of us have cried these words and some of us are people who are living with serious and long term mental illnesses such as schizophrenia, bi-polar disorder, clinical depression or a variety of other neurological disorders. Then there is another larger group of us who have loved ones, family members, friends, fellow-congregants who have cried those same words because we feel so helpless in walking with our loved ones for whom life is mostly agony and despair. We are not able to help and it just seems as if God is nowhere within calling distance to

come and bring us relief. Not even in the days of *The Messenger*, texting, and all the other wonderful ways in which we communicate today!

Are we able to sit in silence and to listen to their pain? Are we able to hold their hand in the darkness?

How Do We Respond?

How do we as Christians respond both to God and to our community in amid these realities? Do we give up and say God is not doing anything so why believe in Him? Do we reprimand our friends

and family members for not believing or even by suggesting that God does not hear because we have sinned? Do we walk away and say we can’t do anything and leave them to whatever happens?

Or are we as believers perhaps in a position to walk alongside and love and to bring a tiny glimpse of hope amid the darkness? Are we able to sit in silence and to listen to their pain? Are we able to hold their hand in the darkness? Are we able to refer them to resources such as medical doctors, therapists, and mobile crisis units at the appropriate times? Are we able go with them to an appointment they don’t have the strength to get to on their own? Are we able to continue to walk with them through the many weeks, months or even years?

Understanding Needed

This takes a lot of understanding, understanding both of the illness and other issues with

which the person may be struggling. This takes leaving our fears with God and asking Him for wisdom as to how best to do this without giving simplistic answers. This includes grace and humility on our part because we probably don’t have helpful answers to give. This takes much prayer and faith that God is working in ways we cannot yet see and of living with hope for that which we do not yet see.





Many of us are not comfortable with things we cannot fix quickly because we are so busy and have many urgent things to do so we don't want to become involved. Maybe we not want to be too involved because it will take too much effort. Some of us are scared because we feel helpless. Some of us who have a mental illness are even scared to let others know because we fear stigma and rejection or even that we will be told we are weak or don't have enough faith.

Younger Generation Sees Need

Having heard many stories especially during the 1990's and early 2000's when I (Irma) was working with the Mental Health and Disabilities Program for MCC Canada, I was so glad that the younger generation is seeing the ongoing and continuing need for more education and understanding of mental illnesses and how we are able to

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help. First, by seeking to help early on so many major crises can be stopped before they actually become crises; and second, also because of the ongoing support many people need now and will for years to come.

Where We Are Going

I (Heidi) am privileged to serve as a member of the EMC Board of Church Ministries, and we are excited to be starting a Mental Health Initiative with the support of several members of our EMC churches who are experienced and skilled in the field of mental health. We believe that it is important for churches to talk about mental health and how

to support people who are struggling with mental illnesses.

A Need to Talk and Help

The Canadian Mental Health Association reports that 20% of Canadians will experience



Dan Dacombe's workshop on mental health was popular at Abundant Springs 2017. The entire weekend revealed a clear need for more assistance in this area.

a mental illness at some point in their life, with 8% of adults experiencing major depression. Between 10 and 20% of Canadian youth are affected by a mental illness, with 5% of male youth and 12% of female youth experiencing a major depressive episode. These statistics are not meant to create fear, but rather to highlight the need for churches to talk about mental health and help individuals and families access appropriate care.

Abundant Springs

This need was especially clear to me while at Abundant Springs in May 2017. I was able to attend Abundant Springs as the campus counselor, offering to talk to youth and leaders throughout the weekend, and consulting with leaders when concerns came up about their youth.

Many conversations about mental health were sparked by the well-attended workshops led by Dan Dacombe (Heartland Community Church) entitled *Faith and Mental Illness*. Feedback from both youth and leaders was very positive, and many leaders asked for more resources to help them support youth who

This BCM mental health promotion initiative aims to support churches in the positive practices they already have in place, and to provide information and resources to further develop these positive practices.

those who are in distress, and provide practical information about mental health to support those who are caring for individuals who are struggling.

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are struggling with mental illnesses.

Mennonite Central Committee has already done much work, as Irma has already described, and EMC churches are already integrating many practices that promote positive mental health. This BCM mental health promotion initiative aims to support churches in the positive practices they already have in place, and to provide information and resources to further develop these positive practices.

A Year-Long Encouragement

Articles exploring different mental health topics will appear in *The Messenger* in print and online over the next year. Our hope and prayer is that these articles will be an encouragement to



Promoting Positive Mental Health in the Church

by Irene Ascough

A man was fishing in the river when he noticed someone was drowning. He pulled them out and attempted to resuscitate them. Shortly afterwards, he noticed another person in the river and saved them too. He then noticed another, and another and another. Soon he was exhausted and realised he would not be able to save all the drowning people. So, he decided to walk upstream to find out why all these people were falling into the river and what could be done to stop them.

This classic parable, often used when talking about preventing physical and mental health issues and health promotion, is considered “upstream work.” In a previous article in this series, Dan Dacombe suggested that we talk about mental health and the best ways in which we (youth workers, parents, members of the church) can support our young people through the challenges they are facing in an already challenging world. (See www.emcmessenger.ca for the other articles in this series.)

The purpose of this article is to pick up that theme and talk about how churches can participate in the upstream work of preventing mental

illness and how they can become mental health promoting communities.

What is Positive Mental Health?

Take a moment to think about what it means to have positive mental health. What kinds of things do you think about? Public Health Canada suggests that positive mental health

includes:

- Being hopeful that good things can, do and will happen in your life
- Feeling physically healthy, eating well, exercising and getting enough sleep
- Feeling like you belong to your community (school, church, neighbourhood) and are supported by family and friends
- Having a positive attitude about yourself and feeling that you have something to contribute
- Functioning well mentally by being able to focus, plan, learn and relax
- Being self-reflective and self-aware, knowing yourself and your limits and asking for help when you need it
- Being resilient or having skills to cope with life's challenges and stresses in healthy and helpful ways

Promoting positive mental health as an everyday issue can prevent the onset of some mental health problems, decrease the number of people who experience symptoms, and can support people who are currently struggling with mental illness or challenges.

Why is Promoting Positive Mental Health Important?

Promoting positive mental health as an everyday issue can prevent the onset of some mental health problems, decrease the number of people who experience symptoms, and can support people who are currently struggling with mental illness or challenges. By encouraging the use of some very simple every day strategies we may increase the number of people who enjoy positive mental health.

Promoting mental health also strengthens individuals and communities and reduces the stigma of mental illness. When Jesus walked the earth, he was concerned with the whole person. He cared for people by feeding them and healing their physical and mental diseases and those who had been stigmatized and abandoned were restored to their place in community.

How Can Churches Promote Positive Mental Health?

Churches can be really great places for promoting mental health. We have children and youth programs that provide relationships with adults who listen, care, guide and model healthy coping skills. We provide opportunities to serve and be served and there is a sense of belonging that comes from being a part of a local church. We teach the importance of caring for the body and respecting our need for rest/Sabbath.

There is the ministry of God's Word that provides comfort and hope during grief, loss, tragedy and suffering; and this is often ministered to us by caring friends and family. We encourage spiritual

practices such as meditating on God's Word, quiet times of reflection, prayer, confession, forgiveness, giving, gratitude and worship.

Looking at Our Practices

These church and spiritual practices have the potential to be helpful to everyone's mental health and well-being. However, they are not meant to replace treatment, professional support, and intervention when someone is experiencing challenges to their mental health. It is important to know what resources are available to provide intervention beyond our scope and to refer to these resources. And if someone is receiving help from outside the church it is important to continue to provide a supportive community where they feel like they belong and are accepted.

It is also important to remember that we must be careful when teaching and encouraging church and spiritual practices. Often unknowingly, legalism and judgement creep in and people may feel discouraged and ashamed instead of hopeful and supported. Participation in church life may become an expectation and a duty not a joy and delight.

When teaching and encouraging church and spiritual practices remember Christ's words,

Promoting mental health also strengthens individuals and communities and reduces the stigma of mental illness.



“Take My yoke upon you and learn from Me, for I am gentle and humble in heart, and you will find rest for your souls. For My yoke is easy and My burden is light” (Matt. 11:29-30).

How is Your Local Church Doing?

Take some time to prayerfully consider your local church. What is going well and what could improve? How do people feel when they walk into church on Sunday morning and Wednesday evening? Are spiritual disciplines such as daily Bible reading, and prayer taught in such a way that people feel supported and encouraged to develop disciplines that are meaningful and life-giving?

Are our messages about caring for our bodies filled with a sense of awe and wonder or shame and guilt? Have we explored the ideas of Sabbath and rest in scripture so that we can understand what it means to press pause in a culture that is constantly doing more and more? How would that understanding change our personal daytimers and expectations of our leaders? Are there other ways that we could be more intentional and free up time and resources to support mental, emotional and spiritual discipleship in the body of Christ?

Great Resources

There are many great resources available that can be used to help develop mental health promoting practices and spiritual disciplines and may this article inspire you to seek these out. Any musician or athlete knows that it is the repetition and the daily practice of often seemingly unrelated exercises that are going to make the difference when the day comes to perform or compete.

In the same way we must practise in order to become more resilient and prepared for whatever comes our way in life. By recognizing and encouraging mental health promoting practices may we also become more intentional in our

In the same way we must practice in order to become more resilient and prepared for whatever comes our way in life.



spiritual practice so that we know the truth of Christ’s words, “I came that they may have life, and have it abundantly” (John 10:10).

Irene Ascough holds a Bachelor of Nursing degree. She has experience in and is passionate about health promotion. She is currently pursuing training as a spiritual director and is an active member at Kleefeld EMC.



An advertisement for the Evangelical Mennonite Conference Board of Missions. It features a group of diverse people of various ages and ethnicities looking at a globe. The text reads: "Join with Christ in shaping our WORLD". Below this, it says "Evangelical Mennonite Conference Board of Missions" and provides contact information: "204-326-6401", "info@emconference.ca", and "www.emconference.ca". The EMC logo is also present.



Mental Health Initiative 2018

Does Social Media Use Affect Youth Mental Health?

by Peter Ascough

A few years ago, the Centre for Parent and Youth Understanding (CYPU.org) put out an article entitled “Facebook Depression.” The article was discussing the impact Facebook has had as a cause of depression among teens.

We need to acknowledge that while Facebook was the first of its kind, allowing people to share, like and comment almost instantly to other people’s “posts,” it has been replaced among teens with newer social networking sites (SNS) like Instagram, Snapchat and, Twitter, while Facebook is more popular among their parents.

During this same time, I was studying Human Development at seminary and I thought I would take this investigation to a deeper level.

A Time of Change

Between the ages of 12 to 18, adolescents go through many changes in development. This change in their bodies and brains can cause uncertainty and anxiety in their well-being. During this time of self-discovery, they reach out to family and friends for stability and security, for a safe place during potential emotional turmoil.

Are Social Networking Sites the place where they can find this? Does it play a part in supporting adolescents through this time or does it have the opposite effect of creating more anxiety and confusion?

During my 25 years of working with young people, I have seen many who have travelled this road of development relatively smoothly while some have found it to be a struggle. More recently, this journey is not only played out in face-to-face interaction and through personal

Many adolescents are presenting information about themselves in the hopes that they will be liked, accepted, and that the responses will affirm how they see themselves, or want to see themselves.

observation, but also in the public forum of social media. Status updates, comments, “likes” and photos have been used as expressions of adolescents to try to navigate the changes they are experiencing and to solicit support along the way.

I have witnessed adolescents’ statuses that are hungry for a response to tell them that they are okay, that they are normal, liked, popular and special. Some may receive many affirming comments and “likes” acknowledging and affirming their cry for acceptance, while others receive little to no attention, or, worse yet, negative feedback.

Relational History

If the individual’s history of relationships has been negative, there may already be some negative predisposition about their worth, which could be amplified through the vulnerability presented by posting on SNS.



Many adolescents are presenting information about themselves in the hopes that they will be liked, accepted, and that the responses will affirm how they see themselves, or want to see themselves.

Positive feedback can lead to building self-esteem and a sense of acceptance. On the other hand, negative feedback can result in lower self-esteem and perhaps trigger episodes of depression.

The constant desire for approval and the need to get “likes” or affirmations could also become addictive, resulting in more time spent chasing after these things, focusing more on only the highs and positives of life or the temptation to try risky activities either online or offline in order to report on them later.

This addiction can also result in an overall reduction of health as the youth engages in less physical activity and face-to-face interaction.

When It's Out There, It's Out There

The daily interactions that adolescents have at home, school, work or socially also have an impact on this struggle of finding their identity. What sets apart the act of expressing oneself on SNS in

hopes of having the “right people” respond is that this expression has also been made available to everyone who is a “friend” on SNS.

When in a face-to-face situation the adolescent may have better control as to when and where others hear or see their attempts for acceptance. By posting it online, it is now available to all others whenever and wherever they may be. This may result in unwanted and negative responses, which are then also seen by others.

There is the potential for this to have a negative effect on the adolescent's self-image and well-being. The extreme of this is what has been termed as “Cyberbullying,” where one deliberately uses digital media to communicate false, embarrassing, or hostile information about another person. We have heard of the negative outcomes from those who have been victims of cyberbullying. Some have left schools, moved to new communities, and even gone as far as to die by suicide.

The fear of what another may say to or about you in a public forum can have devastating effects on a young adolescent. Unfortunately, the online society has yet to find a reasonable solution to cyberbullying; it certainly needs more time and attention.

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PETER ASCOUGH



Is the Grass Greener?

Envy can also play a factor in reducing self-esteem and an increase in anxiety. There is a tendency when posting on SNS for most users to share only positive things about themselves. The constant exposure to other people's social activities can lead to the comparison of the user's social life to that of their peers which over the long haul can damage one's sense of self-worth and lead to withdrawal or depressive tendencies.

Real Relationships

Research has shown that adolescents who are securely attached to adults show a greater resilience towards anxiety and depression as a result of participating in SNS. Whereas, those do not have secure relationships with those outside of SNS or who are already predisposed to anxiety or depression can find these symptoms heightened by participating in SNS.

Relationships outside the digital world are more significant than the ones in the digital world, even if it does not appear so. Being intentional in connecting outside of SNS will give opportunity for families, friends, and youth leaders to use SNS to enhance an already positive relationship.

Youth who are in positive, secure relationships with trusted adults are able to explore their identity and the world around them because they have formed a secure sense of acceptance with those who are important to them. As youth explore they have a safe person to return to and process what they have discovered about themselves and their world.

Finding Identity in Christ

"But when the kindness and love of God our Saviour appeared, he saved us, not because of righteous things we had done, but because of his mercy. He saved us through the washing of rebirth and renewal by the Holy Spirit, whom he poured out on us generously through Jesus Christ our Saviour, so that, having been justified by his grace, we might become heirs having the hope of eternal life" (Titus 3:4-7).

We have the opportunity and obligation to help our youth discover who they are in Christ. To help them to know and understand God's unconditional love and acceptance, that in Christ they are a new creation. That their value is not based in the opinions of others but in God who created them, loves them and gave Himself for them.

This is just the starting point of the conversation. There is much more that can be said, both positively and negatively about SNS and its impact on our youth as well as strategies to help them navigate this time of development in a digital world.

SNS are a part of our young people's reality and we need to acknowledge that there is the potential for them to be used to build up and encourage youth. My desire is that by beginning the conversation here it will continue to spark discussion.

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Supporting People Who Live With Mental Illnesses

by Irma Janzen

People who live with a mental illness have been my teachers! I have learned a lot about life from what they model and what they say. Almost everything I have learned about how best to support them I have learned from them, and that is what I pass along to you.

However, before we begin with those kinds of tips, let's think a little bit about love and how that includes treating all people with dignity, respect and sensitivity. As Christians this is our starting place and let's let 1 Corinthians 13 be our guide.

I know that it is not always easy to treat people with dignity and respect, and this may be even more difficult when a person's thinking is distorted, delusional, or hallucinated because of an illness. The person may simply not be able to think rationally or logically, and if we have not experienced this ourselves it is hard to understand what that person is going through.

A Willingness to Learn is Essential

First, be willing to learn about mental illnesses. Local mental health services, medical clinics and self-help groups have lots of resources. Articles, podcasts and many other resources are available on the internet. Here are some good places to start:

www.mbwpg.cmha.ca/document-category/understanding-mental-illness,

www.ourdailybread.org/conversations/grace-for-troubled-minds-christian-perspectives-on-mental-health

www.edenhealthcare.ca/spiritual-care/resource

Second, learn to listen and be willing to learn from the person with the illness. Listen attentively and non-judgmentally. I do not know how the other person is feeling and I may not understand. I need to be the learner. I also need to listen to what may be under the words. I need to listen to the tone and observe. I need to be okay to sit silently, to see the tears or to hear a tirade of anger. I need to be ready to listen for a while. It may not be enough to give only half an hour while watching the clock.



Be Quick to Listen and Slow to Speak

Be slow to speak. I must not think I have the answers or that a quick, short, simplistic solution will be helpful. If and when I ask questions they need to reflect back to the person what he or she has said. Or I could ask open-ended questions to encourage them to say more. Comments like, "Tell me a little more about what you just said," or "You said you were really feeling down" are examples of questions that can encourage further talking.

There may come a time when I encourage someone to find more resources or to try something but that needs to wait until I have really heard and listened. Be careful of the attitude of "You can fix this if you just do this or that."

There are times when it may be appropriate to divert the direction of the conversation. Continuing to listen to stories and incidents that repeat consistently may not be helpful. Some people can get very emotionally engrossed in talking about what they experience as reality through delusions or hallucinations. Changing the topic to another emotional topic may break the pattern and turn it in another direction.

Tips on Being a Good Friend

One thing I still sometimes forget is that when we meet casually I need to say, "It's good to see you" rather than saying, "How are you?"

Many people who live with serious mental illnesses have already been disappointed with people who seem to be really good friends for a



while and then disappear. They don't need more of that. However, you may need to pace yourself carefully so as not to over expend and then drop someone when you are exhausted. Agreeing on a next time to meet and putting it into our calendars is often good. In that way we don't forget, but it's also a way of setting healthy boundaries.

It is often helpful to gather a small circle of people who will all be part of the person's life. No one person can meet all my needs, so I should not try to be the person who can meet all the needs of someone else.

Being remembered is important. A quick text to say, "I love you," or a note saying, "I was thinking of you today," or (if appropriate), "I am praying for you," are quick ways of letting the person know that he or she is not forgotten.

Some people would enjoy a party for their birthday or being invited to a Christmas party. Some might prefer a one-on-one visit. It's easy enough to ask what they prefer.

There are times to take a meal, do the laundry, offer childcare or go to an appointment.

It is also good to invite people to contribute with their gifts. I remember a woman who hand-drew beautiful bulletin covers. I know that was in the pre-computer days, but maybe some people would enjoy hand-drawn bulletin covers in 2018 too. That's just one idea to start you thinking creatively.

Spiritual Support

This is very important for Christians. When God seems far away, as sometimes happens when a person has a serious mental illness, some people want us to be praying with them. Others don't. Some want a comforting Bible verse; some don't.

Let's never assume that because a person does not want prayer at a certain time that they are not in a solid relationship with God. Maybe their faith is even stronger and more meaningful than mine. Maybe they are tired of platitudes when their prayers are cries and laments. It is appropriate to ask, "Would you appreciate a prayer or a Psalm or just prefer to sit in silence or to chat?"

The same caution applies to touch. Do we hug or shake hands? Ask. See what the person wants and go with that. People who have been hurt by touch may pull back if you seek to touch. Others are hungry for physical touch because they rarely experience it.

Time and Sensitivity

If we seek to be supportive and the person does not seem warm to our friendship or does not reply to a message, let's not take that too personally. If we have made a mistake or done something unkind we need to apologize, but it may not have been a good day or there was a reason they couldn't reply. Try again later.

As with any relationships supporting and learning from people who live with a mental illness takes love, time and sensitivity. I already referred to 1 Cor. 13. A metaphor that may be helpful is the one about the body in 1 Cor. 12 where we have the idea of the faith community being one body and all of us significant members of that body. If some part of our body suffers we all suffer. If the whole body functions well and together we have a strong and healthy body.

While this article speaks specifically about supporting people with mental illness, we all need support, sometimes more, sometimes less. Let's accept the gifts that people with mental illness bring to our community so that indeed we are one body and that people around us recognize us by our love for each other.

Irma Janzen, MEd, MA, has served in education, as the coordinator of MCC Canada's Mental Health and Disabilities Program, and as a pastor. She is part of Fort Garry EMC.



Substance Use and Addiction:

What Can the Church Do?

by Daniel Dacombe



ISTOCK

In my years of helping youth and families with mental health issues, some of the most challenging issues I have seen those families face are those involving substance use and addiction. With physical illnesses we as a church are supportive; with mental illnesses we tend to be understanding. With harmful substance use and addiction, though, some people tend to experience more judgment and shame in Christian circles.

There are a number of reasons for this, and I believe it is important to understand these reasons if we are to give the best quality of help and support to individuals dealing with substance use issues. One reason is that Christians, and the various forms of the Mennonite church especially, have historically discouraged substance use.

Passages from the Bible discouraging drunkenness are cited in support of a life lived without substances, or, at least, with only moderate substance use (usually alcohol only). From this perspective, individuals who develop issues with alcohol or other drugs may be looked down on as merely suffering the consequences of personal sin.

However, the reality of addiction is much more complex. With harmful substance use, individuals can act in ways that are damaging to themselves and their loved ones. These actions often seem out of character; individuals who are normally loving and upstanding members of society seem to become complexly different people when they are in the grips of an addiction.

They may even say that they want to change, but seem unable to despite the negative consequences they experience. Are these dangerous behaviours all really the result of poor choices? Or is there something more going on?

With harmful substance use and addiction, though, some people tend to experience more judgment and shame in Christian circles.

Substance Use and Addiction in Canada

In order to unpack these complex issues, let us first define what we are talking about for the purpose of this article.

A **drug** is any substance not food that can cause changes to how our body and/or mind are working.

Harmful substance use is using one or more drugs in a way that causes problems for us in our lives.

Addiction means continuing with harmful substance use in spite of the consequences one experiences, often with significant distress and failed attempts to quit or reduce use.

It might also be helpful to take a look at some recent Canadian statistics on the subject:

According to research conducted in 2012, approximately 1.4 million people or 4.4% of Canadians met the criteria for a substance use disorder.

- Young people aged 15 to 24 are more likely to experience or substance use disorders than any other age group.
- At least 20% of people with a mental illness also have a substance use problem.
- Men have higher rates of addiction than women.
- The total societal cost of substance use has been estimated to be \$39.8 billion or \$1,267



for every Canadian. Legal substances, tobacco and alcohol, account for 79.3% of the total cost of substance use. (All statistics are taken from CAMH and CCSA.)

The costs of substance use and addiction are not just economic. There are many personal costs as well—consequences to physical and mental health, job loss, family breakdown, even death. The fact that many people continue to use substances in a harmful way despite those costs suggests that there is more to the issue than someone simply making bad choices—addiction is real.

It is a real experience for many people in Canada and around the world, and the effects can be anywhere from debilitating to deadly. But as real as it is, it is still a mystery to many people. What exactly is an addiction, and how does it develop?

Understanding Addiction

Throughout history, there have been many different models used to understand addiction and addictive behaviors. One such model is the **Temperance Model**, popular in the 19th century, which is a view that places the blame for addiction on the substance directly. Alcohol and other drugs are evil, or sinful, and exposure to them causes people to succumb to temptation and ruin their lives.

The problem with this view is that the vast majority of people who drink alcohol do so responsibly and with no harm done to their lives. It is a minority of drinkers who use alcohol harmfully.

A later model of addiction was the **Disease Model**, which was popular during the rise of Alcoholics Anonymous. This view states that certain individuals have a “brain disease” of addiction or alcoholism that causes them to develop issues with substances. One issue with this view, though, is that it ignores the



complicated personal, family, and environmental issues that can contribute to someone developing a problem with substance use.

The current theory on addiction is one called the **Bio-Psycho-Social Model**. This model

Addiction and harmful substance use are not merely the results of poor personal choices or giving in to temptation. They develop because of a wide variety of factors.

acknowledges that substance use and addiction issues are complex and may have multiple causes, including biological (genetic or brain issues), psychological (disordered thinking or mental illness), or social (family or environmental issues).

This model is supported by research into substance use issues and has become the most commonly used model in addiction treatment today. One of the most important things this model can teach us is that addiction and harmful substance use are not merely the results of poor personal choices or giving in to temptation. They develop because of a wide variety of factors, many of which are outside of the individual’s control.



who are suffering. We make food. We help with bills. We show up. How amazing would it be if we did that not only for the people in our lives who have physical illnesses, but for those who deal with mental illnesses and addiction as well?

Encourage access to services. Harmful substance use and addiction are issues that can't be tackled alone. Encourage your loved ones to seek

What Can the Church Do to Help?

People living with substance use issues and their loved ones are often at risk of falling through gaps in our communities, suffering silently and alone. There are several things that members of the church can do to help prevent this from happening. Mennonite groups have even worked with individuals dealing with the effects of substance use issues, including programs through the Mennonite Central Committee such as El'Dad Ranch.

As far as community agencies go, the church is perfectly poised to step in and "fill the gaps," and I would like to share a few ideas about what this could look like.

Start with compassion. Remember, individuals dealing with harmful substance use or addiction may be suffering greatly and struggling with changing their circumstances. The church has a ready-made response for situations such as this. It's called grace.

Provide support. As the church, we are typically good at supporting people in our midst

help, to find a counsellor, or to access addiction services in your area.

Finally, don't lose hope. Having someone in your life dealing with harmful substance use and addiction can be both disheartening and frustrating. Don't lose hope. Many people have overcome these issues in the past. It does, however, take time and help. If you are feeling overwhelmed while you are supporting your loved one, don't be afraid to reach out for help for yourself.

Daniel Dacombe has worked with youth for nearly fifteen years, including at Youth for Christ. He has attended Providence College and Seminary for social sciences and counselling education. He attends Heartland Community Church and lives with his wife, two daughters, and a very large dog.



Don't lose hope. Many people have overcome these issues in the past. It does, however, take time and help.

For information on addictions services in your area, please visit the following websites:

<https://www.canada.ca/en/health-canada/services/substance-abuse/get-help/get-help-with-drug-abuse.html>

<http://www.ccdus.ca/Eng/Pages/Addictions-Treatment-Helplines-Canada.aspx>

Mental Health FAQ

by Heidi Dirks



ISTOCK

Note: This article is intended to provide general information and is not a substitute for professional assessment and interventions.

What causes mental illness?

In general, mental illnesses are caused when our brain doesn't work the way it's meant to. This can be due to a combination of physical factors such as genetics, a physical injury or substance use, or environmental and social factors such as experiencing war, trauma, the stress in our lives, and our access to social supports when we need help.

For example, symptoms of depression may be caused by low levels of serotonin in the brain, a chemical in the brain that carries signals between cells. We don't fully understand what causes mental illnesses, or why some illnesses seem to run in families even though not every family member develops the illness.

While sin in our life, or sins perpetrated by others, can sometimes contribute to symptoms of a mental illness, mental illnesses are not

caused by sin or a lack of faith. For example, an individual may develop Post-Traumatic Stress Disorder after being assaulted, where someone else's sin impacted their life and they developed a mental illness as a result of the trauma they experienced.

I've been feeling sad lately. Am I depressed?

It's normal to feel sad sometimes. Maybe you have experienced a loss, are in the midst of a life transition, or are feeling isolated from supportive people in your life. Psalm 42 gives voice to feelings of distress in the midst of seeking God, asking "Why, my soul, are you downcast? Why so disturbed within me?" (verse five). There are many examples of sadness, desperation, and despair in the Psalms.

When a mental health professional talks about depression they are referring to a mental illness that is diagnosed based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM 5). There are different types of depression, but often

While sin in our life, or sins perpetrated by others, can sometimes contribute to symptoms of a mental illness, mental illnesses are not caused by sin or a lack of faith.

when people talk about depression they are meaning Major Depressive Disorder. The symptoms listed in the criteria for this diagnosis need to be severe enough to significantly interfere with your daily life. Feeling sad doesn't necessarily mean that you have depression; it may mean that you need some extra support right now, but you may meet criteria to be diagnosed.

If you are wondering if you have depression, talk to your doctor or a mental health worker. They can help walk you through an assessment, a possible diagnosis, treatment options, and connect you to supports in your life.

Is it okay for Christians to take medication for a mental illness? I'm also afraid about the side effects of medication.

Yes, it's perfectly okay! As mental illnesses are likely caused by a combination of factors (physical, environmental, and social), medication can be a critical part of treating a mental illness. For example, medications known as selective serotonin reuptake inhibitors (SSRI's) are a commonly prescribed antidepressant, and they work to increase serotonin levels in the brain which lessens the symptoms of depression caused by low levels of serotonin. Just as Christians take medication for physical illnesses such as diabetes and bronchitis, sometimes we take medication for mental illnesses.

If your doctor is recommending medication,

If your doctor is recommending medication, ask questions about the benefits and risks of the medication, including what side effects there may be.

ask questions about the benefits and risks of the medication, including what side effects there may be. This will help you make an informed decision about whether you choose to take the medication. If you are already taking medication, don't change your dose or stop taking the medication without first talking with your doctor. There may also be other treatment options, such as therapy/counseling, that a doctor can recommend.

Can people diagnosed with a mental illness recover from it?

Absolutely! But recovery will look different for each individual person. It may mean that the symptoms of the mental illness mostly go away, or that the individual learns to live a full life with the symptoms still present. Medication and therapy may be an important part of a person's recovery.

But part of recovery is also finding hope and meaning in life. Christians find hope in God's love for and offer of salvation, and they may find strength and meaning from spiritual practices such as prayer and reading scripture.

As well, social supports that come with being part of a faith community can be an important part of recovery. In the March 2018 edition of *The Messenger*, Irene Ascough wrote about how churches can promote positive mental health. These practices are helpful for all people, regardless of whether or not they currently struggle with a mental illness.

If I think someone is thinking about suicide, should I avoid bringing up the topic?

If you're concerned that someone is thinking about suicide you can directly ask them if they are thinking of hurting or killing themselves. If their answer is "yes," let them know that you care and make sure that they get help.



If they are in immediate danger, don't leave them alone and reach out to crisis services (such as a local mental health crisis line) or emergency services (911-EMS, your local hospital emergency room). Look up your local crisis numbers and put them in your phone so you have them available if a crisis comes up.



If you want to be more prepared to respond to someone who is thinking about suicide, Applied Suicide Intervention Skills Training (ASIST) is an excellent two-day training that will give you skills to assess suicide risk and respond to the situation. Living Works (www.livingworks.net) offers training for ASIST and other suicide awareness training programs.

I'm trying to read my Bible and pray more. Why do I still feel anxious?

Spiritual practices including reading scripture and prayer can be an important part of a person's mental wellness. If practices that have been lifegiving to you in the past are no longer enough to help you cope with feelings of anxiety, perhaps some additional wellness practices or mental health interventions are needed.

If reading scripture and prayer is done because you feel pressured or not doing so is making you feel guilty, you could speak to your pastor or a spiritual mentor for encouragement and to explore ways to connect with God.

What's the difference between a counselor, psychologist, and psychiatrist?

Psychologists have graduate level training in the field of psychology, with a focus on research as well as assessment and practice in treating mental illnesses. In order to work as a psychologist, practitioners must be licensed by their local

regulatory body (such as the Psychological Association of Manitoba).

A psychiatrist is a medical doctor specializing in mental health, and they are able to prescribe medication. As a medical doctor, they are regulated by their province in the same way as your family doctor. The distinction between these three professionals becomes important when you are looking for specific mental health services, as well as with the cost of services.

Psychiatric services are covered through the health care system, and private insurance plans may cover services from psychologists and/or counsellors. Talk to your doctor or a mental health worker where you live to find out what options you have available to you.

If you would like to see a Christian counsellor or psychologist, ask your pastor for information of clinicians in your area, or look on the websites of professional associations (such as the Professional Association of Christian Counsellors and Psychotherapists).

Heidi Dirks, BEd, MA (counselling), is a member of the EMC's Mental Health Initiative committee and the Board of Church Ministries. She is part of Aberdeen EMC.





ISTOCK

Youth, Mental Illness, and the Role of the Church

by Daniel Dacombe

After working with youth for 15 years in ministry and then in social services, you get used to hearing a lot of the same questions. The first questions I hear usually go like this. From parents: “Why won’t my child listen to me?” From youth: “Why won’t my parents listen to me?” Even from other youth workers: “How do I get parents and kids to listen to each other?”

One of the next questions I frequently encounter after working with someone for a time is, “What is a mental illness?” My answer is this: mental illnesses are real, complex disorders of the mind that affect an increasing number of Canadians each year. They are not the result of bad decisions, a weak mind, or personal sin. In many cases a person who is experiencing a mental illness can get help. However, there can be severe consequences if youth don’t get the help that they need. These consequences could include difficulty living a normal life, relationship problems, or even suicide.

I eventually hear interested persons ask me another important question. And it isn’t just parents or youth who ask it. It comes up at my

workplace, at my church, at the grocery store, and anywhere else that my fellow believers can manage to corner me. And I love answering it! “Why do we need to talk about youth and mental illness?”

Youth and Mental Illness in Canada

Why do we need to talk about youth and mental illness? Perhaps because adolescence is the most likely time for the development of mental illness.

If someone is going to get depression, anxiety disorders, panic attacks, or more severe mental illnesses such as schizophrenia, chances are they will begin to have symptoms in their teen years.

Between 10 to 20 per cent of teens in Canada are experiencing symptoms of a mental illness.

Between 10 to 20 per cent of teens in Canada are experiencing symptoms of a mental illness. The number of adolescents in Canada who are at risk of developing depression is over three million. About 5% of male youth and 12% of female youth will or have experienced a major depressive episode. Youth mental illness issues are the second highest hospital care expenditure in the country—and we aren’t even treating half of the people who need help.

Suicide in Canada

Why do we need to talk about youth and mental illness? We need to talk because suicide is among the leading causes of death for adolescents in Canada. Canada is a great country, and we have many freedoms and benefits of which to be proud. Despite this, our suicide rate is the third highest in the industrialized world.

When I worked in professional ministry, many teenagers told me their thoughts or plans of suicide. It was terrifying, but the fear I was experiencing at hearing their words was nothing compared to the fear they lived in every day. It was the fear that no one could understand how they felt, or could help them to get better. Chances are someone you care about in your church or family has felt this way.

Mental Illness and the Church

As a church, we have a responsibility to work toward the healing of our beautiful, but broken world. And healing is definitely needed in a timely manner when it comes to youth. Research shows only one in five youth who experience a mental illness will actually receive any help.

However, while adolescence is the “prime time” for the development of mental illnesses,

it is also the time when interventions for these disorders are most likely to produce successful results and alleviate or eliminate the distressing symptoms.

Returning to a Normal Life

With proper help, about 80% of youth who are experiencing depression can return to a normal life. This help could be seeing a counsellor, a therapist, or a community mental health worker. It might mean talking to a doctor about taking special medication that can help correct some of the problems in the young person’s mind.

The church can also be a big part of this help. While the counsellors and social services in our country do a great job, statistics show most young people will not receive help for the mental illnesses they deal with. I’ve spent seven and a half years in the social services field, and I can tell you there is more than enough work to go around.

A Message to Volunteers

I have a message for youth pastors, youth workers, and volunteers: All of you have an opportunity to help contribute to the solution. You spend more time with the adolescents in

As a church, we have a responsibility to work toward the healing of our beautiful, but broken world.





our churches than I think anyone realizes. This means when symptoms of depression, anxiety, and other mental illnesses begin to appear, you are poised to be a significant help to the young people of your congregation.

How great would it be if youth pastors and youth workers in our churches had the necessary training to recognize symptoms of mental illness in adolescents? How useful would it be if they knew of appropriate resources to connect with these young people in order for them to get timely, qualified care? And how amazing would it be if these professionals and volunteers could walk with the youth as they received care, being a community of support to them as the Body of Christ?

We Open the Door!

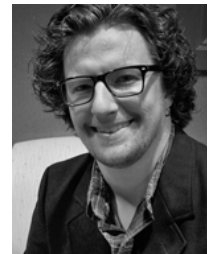
Why do we need to talk about youth and mental illness? For me, the most important reason is this: Because by talking about it, we open the door to talking about mental health and the best ways in which we—youth workers, parents,

members of the church—can support our young people though the challenges they are facing in an already challenging world.

I am excited to be a part of the conversation in the E.M. Conference. Please keep reading *The Messenger* for further articles this year about understanding different mental illnesses and promoting positive mental health in our churches.

Check out this source for statistics used here: <https://cmha.ca/media/fast-facts-about-mental-illness/>

Daniel Dacombe has worked with youth for nearly fifteen years, including at Youth for Christ. He has attended Providence College and Seminary for Social Sciences and Counselling education. He attends Heartland Community Church and lives with his wife, two daughters, and a very large dog.



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Dr. Chris Marchand: Caregivers, Take Care!

An Interview About Secondary Trauma

with Dr. Chris Marchand by Irma Janzen



ISTOCK

Irma Janzen: Secondary trauma, also called vicarious trauma, is a relatively new term for many of us. Could you give us a definition of what it is?

Chris Marchand: Secondary Trauma refers to the indirect trauma that can occur when we hear about difficult or disturbing images and stories from people who have experienced these disturbing incidents.

IJ: When and who are people susceptible to secondary trauma?

CM: It's common with professionals and volunteers serving in health care, chaplaincy, pastoral ministry, palliative care, youth work, firefighters, lawyers studying a case, emergency response teams, policing, child and family services, teaching and/or any other role where people find themselves witnessing trauma. Typically, it brings a sense of feeling overwhelmed, perhaps even of fear or feeling sick because of what we have heard.

IJ: What symptoms are clues for caregivers that they are nearing the brink of succumbing to secondary trauma?

CM: There are lots, but some of the more significant clues include loss of meaning connected to our caregiving (example: "What's the point?"), loss of hope ("Nothing I do matters, so why bother?") and loss of connection (isolation from people). Other signs include a reduced capacity for caring, decreased ability to express empathy, fear/terror, reoccurring nightmares, easily startled, paranoia, inability to say no, feeling sick when expected to care, anger/rage, burnout, and sleep problems.

The discomfort we feel when we experience Secondary Trauma can lead to a desire for comfort. Medicating behaviours are common, including an increase in alcohol or narcotic use, pornography, using food for comfort, or even increased use of technology, in an attempt to



keep the traumatic thoughts or images from awareness.

IJ: What are your suggestions to help prevent secondary trauma?

CM: If we want to be present to people in pain, love them, hear them, and care for them, there will always be a risk of Secondary Trauma. There is no way to bear witness to those who have suffered inexcusable violation while fully protecting ourselves from the effects of their suffering. This is risky and painful for those who care deeply, but for Christians, it can also create

a deeper bond with Jesus. When the Apostle Paul writes to the church in Philippi, he connects knowing Jesus with the experience of sharing in his sufferings.

Phil. 3:10 reads, "I want to know Christ—yes, to know the power of his resurrection and participation in his sufferings, becoming like him in his death, and so, somehow, attaining to the resurrection from the dead." As we share in suffering with people, as followers of Jesus, we share in the suffering Jesus himself bears for his creation.

Having said all of this, your question is valid. It would seem a wise choice if we could prevent us from succumbing to Secondary Trauma. While it cannot be easily avoided here are a few suggestions.

1. As Christians, we bring the pain back to Jesus. We realize it is not ours to hold and

Debriefing the
traumatic encounter can
help relieve the stress.

that we cannot bear it on our own.

2. **Debriefing the traumatic encounter** can help to relieve the stress of the event and provide a space to express and release feelings of rage, anger, or disappointment with God.
3. **Practicing self-awareness.** This is a simple, yet powerful tool for self-preservation. Paying attention to strong feelings and allowing ourselves to feel through pain can be restorative and lifegiving. When I hear stories as a pastor about child sexual abuse, rape, or violence in the family, they can make me feel sick. After a conversation that feels overwhelming to me, or leads me to feel deep sadness, I place a large letter X in my journal. Placing an X in my journal tells me I need some time to process. I do my best to take some time off, or I arrange to speak to a therapist to let go of some of my strong emotions.
4. **Nurture relationships with friends.** Fatigue and isolation are major problems for those experiencing Secondary Trauma. Having friends who won't let you sit at home alone can help.
5. **Engage in any kind of regular physical activity.** It's best if the activity is already built-in to your schedule.

IJ: What are good ways to deal with Secondary Trauma if indeed a person has already gotten to that place?

CM: Good question.

1. **Be gentle.** Experiencing Secondary Trauma is painful, but having an emotional injury is also frustrating. Let me explain. If you're working in your garage and you hit your thumb with the hammer, you immediately change your behaviour. You easily associate the pain in your thumb with the head of the hammer. This helps you to understand why your thumb is throbbing and it helps you with your response. An emotional injury is often baffling. People feel the pain, but there's no hammer.

Example: During a long death-oriented conversation, you hear a friend say, "I'm sick of living. No one would even care if I went missing. Maybe I should just kill myself." That friend does not attempt suicide, but a few days later you feel restless; you can't sleep. You feel afraid for what seems like no reason at all. You think about your day, what you ate, what you saw on TV. It doesn't make sense.

Secondary Trauma can show up in our feelings and behaviours days after the traumatic event. Things can be even more intense if you've had a friend die by suicide. You might be terrified, even obsessed with keeping your friend safe. Secondary Trauma might be even more intense if you yourself have experienced thoughts of suicide, or have attempted to end your life.





watch. When we sit with people who've experienced trauma, we might find ourselves asking, "Who is God now?" Before we experienced this pain, we thought we knew. We thought our vibrant relationship with God was enough to sustain us, but sometimes it's not.

My first funeral was for a family who lost a three-day-old baby. I was a 25-year-old pasto-

The trauma of that conversation might actually lead to some of the symptoms or medicating behaviours listed above. When the temptation to medicate feelings strikes you a week after the traumatic event, it's often treated as a moral failure or a spiritual problem to be confessed. It's rarely treated like the normal personal consequences of caring deeply for someone in pain.

2. Education. Awareness is powerful. The more we know about Secondary Trauma, the faster we can recognize the symptoms in our own lives. This is not a terminal illness. We can heal through Secondary Trauma although the experience of feeling wounded by trauma never fully leaves us. Get help. Find a caring therapist who understands Secondary Trauma and can help you heal.

IJ: Other questions or comments you want to add.

CM: Sometimes people will gravitate to God, recognizing their need for strength. At other times, people who really love the Lord will find themselves overwhelmed with anger at God, asking questions like, "How could a loving God allow this to happen?" Those folks need grace.

They need Christians in their life to understand that they're now living with an emotional injury. They will likely never be able to see God as they once did. This is painful and sad to

ral intern. I'd never experienced pain like I saw that day as I stood beside the grave with those parents. I've had many more experiences like this one now, and each time it makes me wonder again about the character of God. It's not that I don't want to follow Jesus. It's just that trauma has a way of reorienting our theology.

Chris Marchand, DMin (Pastoral Care), has taught in the area of youth ministries at Providence University College and Theological Seminary, served as a pastor (most recently at Niverville Community Fellowship), and led many workshops about self-care for caregivers. He is currently the director of Red Rock Bible Camp in Manitoba.



Irma Janzen, MEd, MA, has served in education, as the coordinator of MCC Canada's Mental Health and Disabilities Program, and as a pastor. She is part of Fort Garry EMC.





MHI Committee Note: *Committed Christians within EMC churches lead the Mental Health Initiative (MHI). The committee believes that faith in Christ is essential for eternal life (John 3:16, 10:10, 14:6) and that there is no substitute for it (1 John 5:20). As a physician is the instrument that God uses to set a broken bone, it is ultimately God who heals the bone. So also, it is Jesus who ultimately heals our hopeless thoughts and beliefs, chemically imbalanced brains, overwhelmed emotions and broken relationships. This healing work is accomplished through any number of resources that may include doctors, medications, pastors, scripture, prayer, counselors, social workers, family and friends. As a pastor and a guest writer for the MHI, Kevin Wiebe recognizes the importance of personal faith in Christ and the delicate interplay among biological, psychological, social, and spiritual aspects of each person.*

Theology and Mental Illness

by Kevin Wiebe

After a decade of full-time ministry I have met many people who lived with mental illness. How do we as Christians respond? How are we to think theologically and biblically about mental illness? Sometimes we have unhealthy theology, but thankfully there is also healthy theology. At the ministerial day in July 2015, Irma Janzen spent some time addressing this concern. This article is a condensed version of a blog post I wrote in 2015 following that session. Here are several beliefs that are in need of addressing.

The Belief that Depression is Always the Result of Sin

If everyone who sinned became depressed, then everyone in the world would suffer from

depression. Even if it were a specific sin, this would still not line up with reality. While sin does influence our lives in profound ways, clinical depression is an *illness*, or a disease in the brain. Our spiritual lives can and do affect our physical bodies, from mental illness to heart disease.

Yet even people of incredible faith in the Bible are believed to have suffered from depression. Elijah experienced such grief and sorrow that he wished he was dead (1 Kings 17-19). The same is true of Moses (Numbers 11:15).

What we know is that no one thing causes depression. We also know that sin is not helpful for us whether we live with depression or not. We live in a fallen world, and we can no more blame depression on sin than we can asthma.

The Belief that the Only Therapy People Need is Prayer

Let me say this bluntly: I believe we all need prayer and that praying is healthy for all of us. That belief, however, does not negate my other belief that sometimes we need more than prayer. This belief is deeply rooted in the Scriptures.

James 2:14-17 reminds us that faith without works is dead. Trying to solve our neighbour's hunger only by praying—when we have food to give—is a ridiculous notion. James 4:17 even calls it sin when we do not help when it is in our power to do so.

When someone comes to you, you can refer them to a mental health professional and in this way be a help to them. That does not negate the need for prayer because it is powerful, and many miracles have happened through prayer.

God has created us to live in a physical body. Whether it is food for the hungry, a cast for a broken bone, or medication and treatment for a mental illness, there are times we must couple prayer with physical action.

The Belief that Hallucinations and Delusions are Demonic

I will again state my beliefs bluntly in hope that you will not misunderstand me. I believe that demons are real and that they can create real problems for humanity. I also believe that “the one who is in you [God] is greater than the one who is in the world” (1 John 4:4). Colossians 2:13-15 says Jesus “disarmed the powers and authorities, he made a public spectacle of them, triumphing over them by the cross.”

Though I believe that demons can cause problems for us, we are assured by the Scriptures that Jesus disarmed those powers, and that all who are in him can be free from such bondage. If hallucinations and delusions are demonic, then asking God to take them away is appropriate.

However, if delusions and hallucinations are the result of an illness, asking God to remove them will lead to disappointment and further blame may be put on the person who has them or the people who are praying. For many people they can be cleared up with medication.

Some street drugs have chemicals that can cause hallucinations—such chemical imbalances in the brain can cause this. The difference in mental illness is that it is *not* self-induced. To insist it is only spiritual places a huge burden on those who are suffering. When there is mental illness and spiritual leaders insist that it is a spiritual problem, it causes great damage and becomes spiritually abusive. It is preventing someone from receiving proper treatment for their illness and becomes negligence.

The Belief that Health and Wealth are the Ultimate Evidence of a Godly Person

This is the prosperity gospel as it applies to mental illness. My wife went years with an undiagnosed medical condition. Some people told her that she was sick because she had a weak faith.

These people believed that since God can miraculously heal people, that he always would if the person had a strong enough faith. Thus if healing did not occur, it meant that the sick person did not have a strong enough faith. Since then, my wife has received medical treatment for her condition and she doing well. God answered our prayers through the work of human medical professionals.

The idea that God answers prayers in Scripture is also deeply rooted in Scripture, from Jonah preventing catastrophe for Nineveh, or using pagan nations as a means to accomplish God's purposes, such as Assyria and Babylon.

In the Bible, even Paul and the other apostles eventually died. No person, no matter how great their faith, was able to avoid death. Even Jesus went to the grave.



I do believe that miraculous healing can and does happen. I also believe that how we live in the midst of suffering can also reveal evidence of strong faith. Prior to my wife receiving the proper diagnosis, there were several dire possibilities. Yet her consistent faith in the midst of suffering resulted in someone coming to faith.

It seems that those who respond to suffering in Christ-like ways—both in Bible times and today—demonstrate an even greater faith than those who never have to linger in the depths of such sorrow. Since those years, my wife has received a diagnosis, along with medical treatment for her condition and she is doing very well. God answered our prayers through the work of human medical professionals.

The Belief that Human Action is Not an Answer to Prayer

Sometimes the answer to our prayers lies in the work of people—Christian or otherwise—which is an idea that is deeply rooted in Scripture. Jonah's ministry prevented catastrophe for Nineveh. Even gentile nations were used as a means to accomplish God's will; the nation of Assyria being used as an instrument for God's purpose (Isaiah 10:6).

The parable of the Good Samaritan (Luke 10:30-37) is a story about someone whom the Jews despised meeting the physical needs of someone else; Jesus ends it with the command to do likewise. In the same way, the help offered by mental health professionals is often a profound answer to prayer.

Theological Truths

There are also some theological truths that are extremely helpful when dealing with mental illness.

People Can Experience God's Unconditional Love in Times of Darkness

Palm 46:1 tells us that, "God is our refuge in time of trouble," which means that we will have trouble. Romans 8:31-29 reminds us that nothing can separate believers from the love of God, and this love can be experienced even in times of darkness. Read the passage for yourself, and you will see that there is nothing, not even a mental illness, that can prevent God from loving you.

Even If You Are Not Cured, You Can Experience Forgiveness and Healing

1 John 1:9 says, "If we confess our sins, he is faithful and just and will forgive us our sins and purify us from all unrighteousness." This plainly tells us that we surely can experience the amazing grace and forgiveness of God.

No matter how sick you are, how much pain you're in, or how dark the valley is, these promises from God still hold true. You can cling to those truths even if you don't feel them. Psalm 23 reminds us that God is with us even when we walk through the valley of the shadow of death.

Furthermore, God may heal you even if he doesn't take away your illness. Healing sometimes looks different than we imagine; sometimes it is our hearts that need more healing than our bodies.

We Can Find Meaning in Suffering

God can use our suffering in profound ways. There are many stories in Scripture of God using people's suffering in incredible ways. Joseph, David, Paul, Jesus, and many others demonstrate this in the Scriptures. In 2 Corinthians 12, Paul experienced some sort of "thorn in his flesh" and though he pleaded with the Lord to have it removed, God tells him, "My grace is sufficient for you, for my power is made perfect in weakness" (12:9). There is meaning in suffering.

The Bottom Line

Discussing mental illness should not be at odds with our faith. Our response to it becomes more powerful when we view it holistically and through the lens of God's Word, offering spiritual and emotional support even when referring people to those that can help them deal with the physiological realities of their condition. Let us acknowledge both spiritual and physical realities for the glory of God and the love of God's people.

Kevin Wiebe, BA, is the pastor of New Life Christian Fellowship (Stevenson/Tilbury, Ont.) and has held various administrative and educational roles in the EMC.





Mental Health Initiative 2018

Being Restored

by Irene Ascough

For the past year *The Messenger* has published articles that have spoken about Mental Health and Mental Illness. As a Mental Health Initiative in the EMC, we hope to have sparked conversation and discussion among our churches. Our articles have asked people to consider how the church can care for people who have a mental illness. We have looked at how we can become communities that promote the mental health and well-being of youth. We have also considered our role in supporting the healing work of God and how can we interact with the systems and supports that surround us.

This article contains part of my story, and is an example of how we all experience brokenness, pain and challenges to our mental

While I knew a sense of longing for it to be true, I also wondered what had happened to my soul?

well-being. It is based on the belief that our mental, emotional, spiritual, relational and physical health are inter-related. In 1 Corinthians 12:26 we read, "If one part suffers, every part suffers with it; if one part is honoured, every part rejoices with it." I believe that this is true of both our individual selves and of the Church.

My Story

One day this summer I was out for a walk and listening to a devotional app that I use. The reading that day was Psalm 23 and as I heard the familiar words, "He restores my soul," it became personal and clear to me that God is restoring my soul. While I knew a sense of longing for it to be true, I also wondered what had happened to my soul? While we all suffer under

original sin and need restoration, I knew that I had committed myself to God many years ago and had not walked away from that commitment. So, I wondered, what had happened to my soul?

Albert Barnes, in his commentary, says that the reference to the soul here is not to the soul as wandering or backsliding from God, but to the life or spirit as exhausted, wearied, troubled, anxious, worn down with care and toil. And the heart, thus exhausted, He re-animates. He brings back its vigour. He encourages it, excites it to new effort, fills it with new joy.

Well, that described my soul at the time. I had experienced multiple losses that were sudden and unexpected and, therefore, traumatic. My spirit was exhausted, weary, sad, troubled, anxious and worn down with care; and it was amazing to hear God speaking to me through His Word that He would restore my soul.

Restoration

I got curious about the word *restore*, and thought about where else we use that word. I thought about the things people restore, such as old buildings which probably cost more to restore than to tear down and build new. Or old furniture that is given new life and purpose with fresh paint and hardware. There are art restorers who

The difference between Mental Health and Mental Illness: <http://www.heretohelp.bc.ca/ask-us/whats-the-difference-between-mental-health-and-mental-illness?>

painstakingly clean the dirt and grime off an old painting to uncover the original colors, shadows, and vibrancy that the artist first created.

People restore things because they see the original beauty and the value of the craftsmanship. They recognize that they do not have some mass-produced, cheaply made, disposable item, but something interesting and unique and made to last. They also know that they will never get back what they put into it, and that doesn't matter because what they do is a labour of love and it brings them great satisfaction and joy.

Now think of yourself as the building or furniture or piece of artwork and imagine God as the restorer. We are His creation and in the beginning we were very good (Genesis 1). However, our souls become weary and worn, battered and bruised from a combination of many things, including our choices, the things that happen to us, and the fact that we live in a broken world.

Ephesians 2:10 says "For we are his workmanship, created in Christ Jesus for good works,





which God prepared beforehand, that we should walk in them.” Masterpieces aren’t made by run of the mill craftsmen; they require the skilled hands of a genius. They are one of a kind, never to be repeated gifts to the world. Stripping off the false layers and dirt that cover up your unique qualities and life is complex.

What adds to the complexity is that we are not inanimate objects that God works on as He wills. We have our own will and can choose how we respond to His work in our lives. If we consent to His restoring work in our soul, then we can join Him by creating an environment that will allow him to do what only He can do in our lives.

Making Room

For me this has meant that I make space for God to do His healing work in my life in the following ways. I accept the prayers and support of family, friends and my church family, and I am grateful for the way God meets me in those relationships. I went to see my physician and a mental health professional and rely on their expertise as they guide me in ways that encourage my physical and mental well-being.

I also meet with people who provide pastoral and spiritual care to me, and I am grateful that they understand my journey and help me to process grief through spiritual practices such as reading scripture, praying, participating in community, worship, and service.

These practises are becoming like food and water to my soul rather than the things I should

do. I am discovering that I can read the Bible so that I know the “Word made flesh” more deeply and intimately. When I pray, I spend less time telling God what I want Him to do and I am learning to say as the boy Samuel, “Speak, Lord, for your servant is listening.”

As I am being shaped and formed by the Holy Spirit in these practices, my life in community, my worship and my service are also changing. For example, when I spend time with others who are being restored, I am able to focus less on what we are doing and see more of who we are becoming. This allows me to hear others’ stories with compassion and grace.

I like to think that the work God is doing in me is just one small part of the work that He is doing in each of us and in all of creation. Even though the journey always has ups and downs, I am grateful that in the process of restoring my soul, I am also finding greater health in my physical, mental, and emotional well-being. I trust the words of Philippians 1:6, “He who began a good work in you will carry it on to completion until the day of Christ Jesus.”

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The series was published monthly in *The Messenger* in 2018 and 2019.

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Compiled in April 2020.

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An EMC Board of Church Ministries Project

