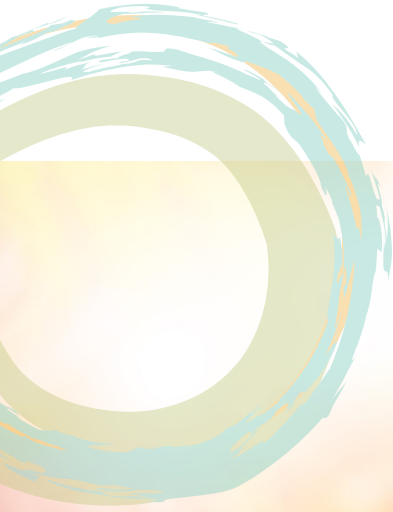


charis

A Care and Counseling Initiative



Serious Mental Illness

offering support, community and hope



Charis is an Urban Alliance initiative. www.urbanalliance.com

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Suggested citation:

Sanderson, J. (2022), Serious Mental Illness (pp1-15);

East Hartford, CT; Urban Alliance.

Through Charis, Urban Alliance works with churches and parachurch organizations to help them communicate about mental health in ways that offer hope and create safe environments where people feel comfortable seeking help.

Many people who are struggling with their relational, emotional and mental health do not receive the support they need. They often do not know where to turn for help, or are embarrassed to acknowledge they are struggling. Additionally, a lack of resources in the community, poverty and stigma are barriers that keep people from receiving help.

Research shows that the church is one of the most common places people go to seek help when they are struggling emotionally. This is why it is so important for pastors and care providers to be equipped to offer care and connect people to appropriate help. Many churches offer support groups, care ministries or pastoral care. And, professional counselors who offer care from a Christian perspective provide services in the community.

Through Charis, Urban Alliance works with churches and parachurch organizations to help them communicate about mental health in ways that offer hope and create safe environments where people feel comfortable seeking help. Urban Alliance also equips care providers to respond sensitively, effectively connect people who are seeking care to appropriate support, and provide care, so they may cope well and heal.

The Charis website is a tool, managed by Urban Alliance, that can be used by individuals and organizations to help connect people in need of support to high-quality professional counselors, support groups and specialized support services offered from a Christian perspective.

These collaborative efforts have helped hundreds of people overcome barriers and more effectively cope, have ongoing support, strengthen their relationships, experience hope, joy and peace, and persevere despite life's challenges.

To learn more about Charis, visit www.urbanalliance.com/charis.

To visit the Charis website, visit www.charisnetworkct.org.



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What is serious mental illness?

When we think about mental illness, a number of conditions come to mind such as depression, anxiety, and post-traumatic stress disorder. In many cases, a person struggling with mental illness is able to function. While it may be more difficult, they are able to work, care for their family and engage with friends.

Serious mental illness (SMI) is different. SMI is a term used to describe mental health conditions that impact functioning more dramatically and make it difficult for a person to care for themselves or others.

What is Serious Mental Illness?

The line between serious mental illness (SMI) and other mental health concerns can be confusing. Several national efforts to define SMI came to similar conclusions. In the early 1990s, the Center for Mental Health Services (CMHS) had to define serious mental illness in order to distribute mental health block grants that were proportional to the number of cases of SMI in each state.

They defined SMI as **a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.** It is not a mental health diagnosis; rather it is a term that describes various mental health conditions that significantly impair functioning.

Another effort to define serious mental illness and calculate the number of people it affects took place in 1993. The Senate Appropriations Committee asked the National Advisory Mental Health Council to report on how much it would cost to provide insurance coverage for people with “severe mental illness” commensurate with the coverage of other illnesses.

It stipulated that **“severe mental illness” is defined through diagnosis, disability, and duration, and includes disorders with psychotic symptoms such as schizophrenia, schizoaffective disorder, bipolar disorder, autism, as well as severe forms of other disorders such as major depression, panic disorder, and obsessive compulsive disorder.** Using that definition, they concluded that 3% of adults have severe mental illness.

Examples of Serious Mental Illness

- **Schizophrenia:** Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning, and can be disabling. People with schizophrenia require lifelong treatment.
- **Severe Bipolar Disorder:** Bipolar disorder, formerly called manic depression, is a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression). When you become depressed, you may feel sad or hopeless and lose interest or pleasure in most activities.
- **Severe Major Depression:** Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Severe major depression can be treatment resistant, chronic and impair functioning.

SMI is a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Prevalence and Treatment of Mental Illness

Any Mental Illness (AMI)

Prevalence

- In 2020, there were an estimated **52.9 million** adults aged 18 or older in the United States with any mental illness (AMI). This number represented **21.0%** of all U.S. adults.
- The prevalence of AMI was higher among females (25.8%) than males (15.8%).
- Young adults aged 18-25 years had the highest prevalence of AMI (30.6%) compared to adults aged 26-49 years (25.3%) and aged 50 and older (14.5%).
- The prevalence of AMI was highest among the adults reporting two or more races (35.8%), followed by White adults (22.6%). The prevalence of AMI was lowest among Asian adults (13.9%).

Treatment

- In 2020, among the 52.9 million adults with AMI, **24.3 million (46.2%)** received mental health services in the past year.
- More females with AMI (51.2%) received mental health services than males with AMI (37.4%).
- The percentage of young adults aged 18-25 years with AMI who received mental health services (42.1%) was lower than adults with AMI aged 26-49 years (46.6%) and aged 50 and older (48.0%).

Serious Mental Illness (SMI)

Prevalence

- In 2020, there were an estimated **14.2 million** adults aged 18 or older in the United States with SMI. This number represented **5.6%** of all U.S. adults.
- The prevalence of SMI was higher among females (7.0%) than males (4.2%).
- Young adults aged 18-25 years had the highest prevalence of SMI (9.7%) compared to adults aged 26-49 years (6.9%) and aged 50 and older (3.4%).
- The prevalence of SMI was highest among the adults reporting two or more races (9.9%), followed by American Indian/Alaskan Native (AI/AN) adults (6.6%). The prevalence of SMI was lowest among Native Hawaiian/Other Pacific Islander (NH/OPI) adults (1.2%).

Treatment

- In 2020, among the 14.2 million adults with SMI, **9.1 million (64.5%)** received mental health treatment in the past year.
- More females with SMI (69.9%) received mental health treatment than males with SMI (54.9%).
- The percentage of young adults aged 18-25 years with SMI who received mental health treatment (57.6%) was lower than adults with SMI aged 26-49 years (63.0%) and aged 50 and older (72.9%).

1 in 20 people suffer from serious mental illness.



(Prevalence and Treatment data taken from the National Institute of Mental Health)



Several factors may contribute to a person's risk of developing SMI, including:

Genetics: Serious mental illness such as schizophrenia and bipolar disorder can run in families. However, just because one family member has SMI, it does not mean that other members of the family will also have it. Studies suggest that many different genes may increase a person's chances of developing SMI, but that no single gene causes the disorder by itself.

Environment: Research suggests that a combination of genetic factors and aspects of a person's environment and life experiences may play a role in the development of SMI. These environmental factors may include living in poverty, stressful or dangerous surroundings, trauma, and exposure to viruses or nutritional problems before birth.

Brain structure and function: Research shows that people with SMI may be more likely to have differences in the size of certain brain areas and in connections between brain areas. Some of these brain differences may develop before birth. Researchers are working to better understand how brain structure and function may relate to SMI.

A Christian Perspective on SMI

Suffering

“I am a person with the disabling pain of a broken brain”

The internal suffering of those struggling with serious mental illness is overwhelming. The Bible provides hope and comfort for those suffering in a broken world. God describes Himself as, “the God of all comfort” and reminds us to “take heart for I have overcome the world.”

First, and foremost, it is important for the church to acknowledge the immense suffering of those with SMI and pain they endure each day. Many scriptures offer comfort and encouragement amidst pain and suffering:

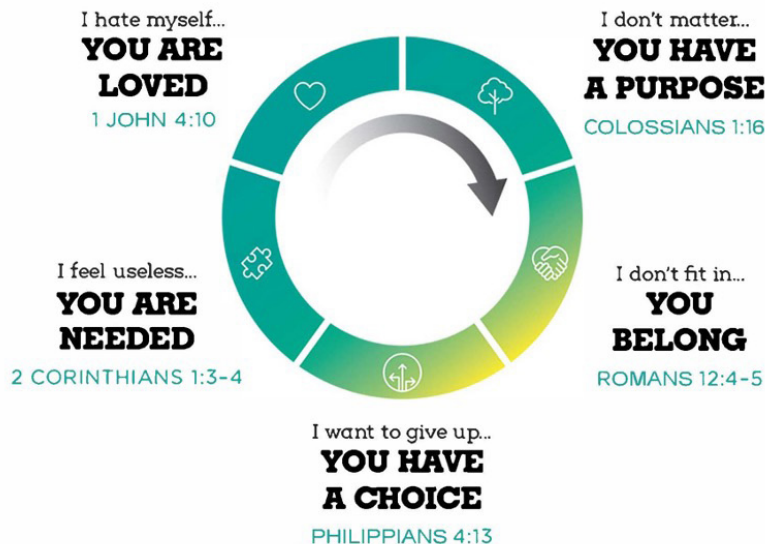
- “The Lord is close to the brokenhearted and saves those who are crushed in spirit.” (Psalm 34:18)
- “Even though I walk through the darkest valley, I will fear no evil, for you are with me; your rod and your staff, they comfort me.” (Psalm 23:4)

Stigma

Unfortunately, people can add to the pain by perpetuating stigma. Stigma is an unfair negative belief about a person or group of people. Stigma is common with schizophrenia and bipolar disorder. In the church, SMI is often associated with immorality, sinfulness, and demons. And while these things are real, when applied incorrectly to a situation they cause further harm. Stigma is a form of judgement, and Scripture is clear that believers should not judge each other (Matthew 7:1).

It is important for people living with SMI to know they are “fearfully and wonderfully made,” “loved by God” and given gifts to further His kingdom. Saddleback Church created the Hope Circle that outlines 5 truths that shape their approach to mental health ministry.

The Hope Circle: Saddleback Church



Physical Illness

SMI is most often caused by physical problems in a person's brain. In particular, bipolar disorder and schizophrenia are widely believed to be caused by an imbalance of neurotransmitters in the brain. There is much overlap in the areas of the brain impacted by these two disorders.

In the body of Christ, we seek God for all healing.

"Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord." (James 5:14)

Therefore it is important for believers to pray for physical, emotional, mental and relational healing for individuals with SMI.

Unfortunately, people often forget that most serious mental illness has a physical cause. They attribute a person's struggles to poor character, sin, demons or other factors. Instead of offering support, they offer condemnation. It is important for the body of Christ to have accurate balanced information about serious mental health. As with all forms of illness, struggling families may need extra support and care.

Perseverance

SMI is often a life-long struggle. Therefore, individuals with SMI and their loved ones experience a prolonged period of suffering and challenge. Perseverance is defined as, "continued effort to do or achieve something despite difficulties, failure, or opposition."

The Bible has a lot to say about perseverance and trials:

- *"You need to persevere so that when you have done the will of God, you will receive what he has promised." (Hebrews 10:36)*

- *"Consider it pure joy, my brothers and sisters, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Let perseverance finish its work so that you may be mature and complete, not lacking anything." (James 1:2-4)*
- *"And as for you, brothers and sisters, never tire of doing what is good." (2 Thessalonians 3:13)*
- *"Blessed is the one who perseveres under trial because, having stood the test, that person will receive the crown of life that the Lord has promised to those who love him." (James 1:12)*

As believers, we are called to persevere through trials. This requires a grounding in Biblical truths, a strong support system and healthy rhythms of self-care to balance ongoing chronic stress.

Support

"Carry each other's burdens, and in this way you will fulfill the law of Christ." (Galatians 4:6)

The body of Christ has an opportunity to offer support to individuals with serious mental health as well as their families. A holistic approach involves considering ways to offer support in each of the following ways:

emotionally

- offer encouragement, point out strengths, listen

spiritually

- pray for the person, share Scripture, invite to church events

relationally

- spend time with the individual or their family, invite them to participate in your small group

practically

- prepare a meal, help with chores, offer transportation, offer referrals

Unique Challenges

Treatment Noncompliance

Individuals with serious mental illness often require long-term support from a multidisciplinary team of providers including a psychiatrist, a mental health counselor, support groups and a strong natural support system. Despite the need for ongoing support, a high percentage of individuals with SMI are noncompliant with their treatment plan. For example, a review of literature found that overall, 49% of major psychiatric disorder patients were non-adherent to their psychotropic medication. Of these, medication non-adherence for schizophrenia, major depressive disorders, and bipolar disorders were 56%, 50%, and 44%, respectively (Semahegn, Torpey, Manu, 2020).

A number of factors contributed to treatment noncompliance including but not limited to unemployment, low educational status, low-income, lack of access to health insurance, the high cost of psychotropic medication, perceived stigma, negative attitudes toward the psychotropic medication or treatment, substance abuse, medication side effects, and lack of social support.

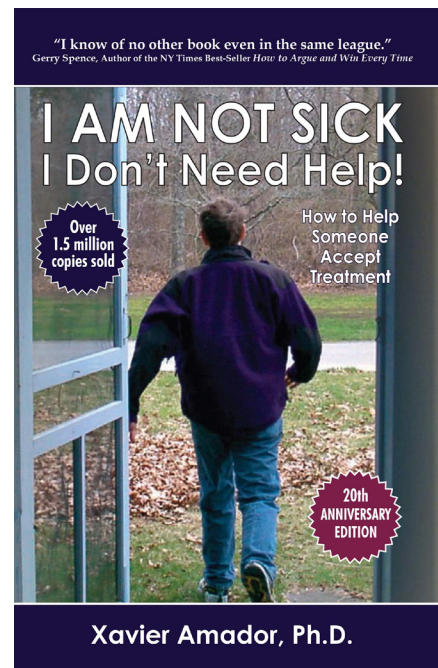
LEAP Model

Anosognosia is a neurological condition in which the person is unaware of their neurological deficit or psychiatric condition. It is associated with mental illness, dementia, and brain injury. Approximately 50% of people with SMI are not treatment compliant because they do not understand the severity of their symptoms. LEAP is a model, developed by Xavier Amador, that offers tools to persuade someone in “denial” about mental illness to accept treatment and services.

L.E.A.P

- L** **(L)isten:** Listen reflectively to delusions, anosognosia, and desires without any judgement and instead communicate genuine respect.
- E** **(E) Empathize:** Strategically express empathy without and actively normalize the person’s experience.
- A** **(A) Agree:** Identify areas of agreement; agree to disagree.
- P** **(P) Partner:** Quickly form partnerships and move forward to achieve common goals (ultimately linked to acceptance of treatment and services).

For more information and training visit:
<https://leapinstitute.org/>



Safety Concerns

Suicide

People who live with serious mental illness (SMI)—such as major depression, bipolar disorder, and schizophrenia are at increased risk of suicide. The rate of death by suicide for people with mood disorders—such as depression or bipolar disorder is estimated to be 25 times higher than the general population. Among adults diagnosed with schizophrenia, 1 in 20 dies by suicide, a rate that is 20 times higher than the general population.

Consequently, it is important for individuals to proactively engage in treatment and have a strong support system. Safety plans are developed collaboratively with the person at risk of suicide to identify specific behaviors, actions, and situations that help them stay safe. This plan is developed in conjunction with a mental health professional and often includes family members and close friends.

Violence

Most individuals with serious mental illness are not dangerous; most acts of violence are committed by individuals who are not mentally ill. People with mental illness are more likely to be victims than perpetrators of violent acts.

It is also true; however, that violence is more common in people with serious mental illness, especially when psychosis with paranoia or “command hallucinations” is present. The National Institute of Mental Health (NIMH) estimates that people with serious mental illness are three times more likely to be violent than the general population. When substance abuse, a previous history of violence, or non-adherence to medication is involved, the risk becomes much higher. Mental health treatment has been found to reduce the risk of suicide and violence.

Among adults diagnosed with schizophrenia, 1 in 20 dies by suicide, a rate that is 20 times higher than the general population.

Important Numbers:

- Call 2-1-1 for mobile psychiatric support
- Call 9-1-1 for emergency situations
- Call 9-8-8 for the national suicide hotline

Unique Challenges Cont.

Caregiver Burnout

While some individuals with SMI live independently, others require ongoing support from loved ones. Family caregivers for adults with serious mental illness often face remarkable challenges. These challenges can last a lifetime and can result in chronic stress and even burnout for family members, including parents of adults with SMI, spouses, partners, siblings and children.

Caregivers often face challenging situations including:

- Should I allow an adult child or spouse with frightening tendencies or threats of violence to remain living in the home?
- What do I do when my loved one who struggles with psychosis refuses to take their medication or remain in treatment?
- How do I safeguard other family members from the words and actions of the member with SMI?
- How do I meet the needs of all my children when my child with SMI requires so much of my time to remain stable and manage crisis situations?
- In the midst of potentially unsafe situations at what point should I call the police, an ambulance or mobile crisis?
- How do I set healthy boundaries when my loved one with SMI cannot take care of themselves?

*And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching.
Hebrews 10:24-25*



The Role of the Church

The church can play a crucial role in supporting individuals struggling with SMI as well as their families. They benefit from a combination of practical, emotional, relational, and spiritual support.

The good news is there are a number of resources available to churches to assist them in supporting individuals struggling with their mental health. A leader in this effort has been Saddleback Church in Lake Forest, CA. After the loss of their son to suicide, Pastor Rick and his wife Kay launched Hope for Mental Health, a ministry to raise awareness about mental health, decrease stigma and equip churches to offer support.

Saddleback has created a Church-Initiated Mental Health Strategy that can be built over time, adapted, and implemented into all areas of ministries in any church. Start small and gradually expand. It is helpful to look at building a mental health ministry through the stages of crawl, walk, and run.



CRAWL



WALK



RUN

CRAWL



Crawl steps do not require money, training, resources or paid staff. They are beginner steps for easing into creating your mental health ministry. All churches can implement crawl steps. It is helpful to look at building a mental health ministry through the stages of crawl, walk, and run.

Crawl

- Refer to mental illness within sermons
- Within weekend services pray for people who are living with mental illness and their families
- Invite people who are living with mental illness to share their testimony in a church service
- Study God's plan for every member to be involved in caring for the sick in a tangible way
- Give your congregation a survey that asks them questions related to mental health
- Provide a referral list of mental health resources available in your community
- Educate and raise awareness in your congregation by inviting mental health professionals to speak about mental illness
- Take a meal to someone newly diagnosed with mental illness
- Befriend someone living with mental illness – go to a movie together or get a cup of coffee
- Give hope to people who are mentally ill by providing encouraging connections: call, text, e-mails, letters, etc.
- Provide space for free NAMI support groups to meet at your church

Role of the Church Cont.

WALK



Walk steps require some training and minimal financial support. There is a greater level of commitment, but most churches can take these steps.

Walk

- Preach sermons specifically about mental illness
- Participate in mental health awareness month
- Create care teams of three or four individuals who will commit to an on-going relationship to an individual or family to help with basic needs (helping with household tasks, transportation to doctor visits, basic home repairs, etc.)
- Train volunteers to be “companions” during a church service to anyone appearing distressed, depressed, or lonely
- Regularly connect your church members with SMI in opportunities to serve
- Help connect people in your congregation who have similar mental health challenges (with their permission)
- Build a mental health library with books and resources available
- Use local mental health professionals to offer frequent educational meetings for your staff, volunteers, and parents

Mental Health Awareness and Education Resources:

Saddleback Church: Hope for Mental Health

The **Hope for Mental Health Ministry** extends the radical friendship of Jesus by providing transforming love, support, and hope through the local church. This ministry offer tools to equip churches to support people living with mental illness and their families. Learn more at hope4mentalhealth.com.



Educational Videos: hope4mentalhealth.com/watch/media/series
kaywarren.com/mentalhealthchurchvideos

National Alliance on Mental Health

nami.org or namict.org

Offers an array of resources on mental health education, support, advocacy.

- Awareness and Advocacy Resources
- Education for Individuals, Families and Churches
- Find Support Groups



Role of the Church Cont.

RUN



Run steps require a higher level of commitment, more extensive training, financial support, and trained church staff. Some churches can take these steps.

Run

- Integrate mental health into existing ministries within the church
- Develop a lay counseling ministry
- Hold mental health support groups for children
- Create a mental health safe place where people who are living with mental illness can come and find comfort and support
- Provide staff with more advanced mental health care training
- Create care teams of three or four individuals who will commit to an on-going relationship to an individual or family to help with mental health needs (Assist in making connections to resources, programs and professionals who might be helpful to their specific needs—advocate for them in a holistic way)
- Establish serving opportunities for people living with severe mental illness
- Hold a mental health ministry event; host a one-day mental health conference
- Build a team of volunteers who can help others in your community to become involved in caring for people living with mental illness and their families
- Become a model of what every church can do about mental illness by being a reliable source of information about mental illness.
- Start mental health specific ministries such as support groups for adults and youth
- Start a Celebrate Recovery

Mental Health Ministry Models



Celebrate Recovery
celebraterecovery.com
Weekly large and small group
(offers start-up toolkit with training and materials)



for mental health 
Hope for Mental Health Ministry Toolkit
celebraterecovery.com
(offers start-up toolkit with videos, sermons, materials)



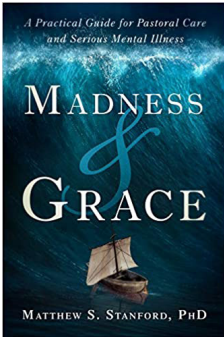
Hope for Mental Health Ministry Toolkit
freshhope.us
(offers start-up toolkit with training and materials)



NAMI
National Alliance on Mental Illness
NAMI
<https://namict.org/find-support/sgtraining/>
(training for support group facilitators)

Resources

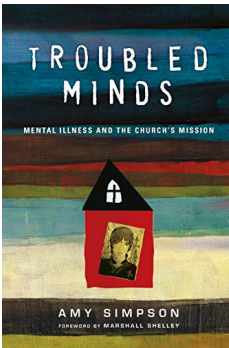
Below are resources that equip pastors and ministry leaders as they support people with SMI at their churches.



Matthew Stanford

Madness and Grace: A Practical Guide for Pastoral Care and Serious Mental Illness

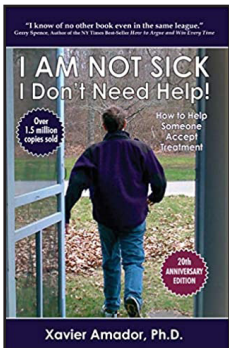
What should you say to people who are dealing with trauma or tragedy? In this biblically-based guide, Wright draws on his clinical experience to help counselors and care providers coach believers and non-believers through the first 72 hours after a crisis, support them through the weeks ahead, and lead them toward restoration and peace.



Amy Simpson

Troubled Minds

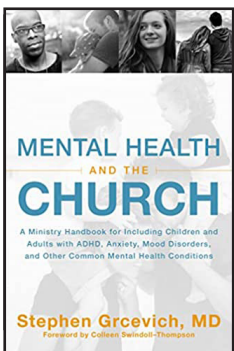
Mental illness is the sort of thing we don't like to talk about. It doesn't reduce nicely to simple solutions and happy outcomes. So instead, too often we reduce people who are mentally ill to caricatures and ghosts, and simply pretend they don't exist. They do exist, however statistics suggest that one in four people suffer from some kind of mental illness. And then there's their friends and family members, who bear their own scars and anxious thoughts, and who see no safe place to talk about the impact of mental illness on their lives and their loved ones. Many of these people are sitting in churches week after week, suffering in stigmatized silence.



Matt Xavier Amador

I Am Not Sick, I Don't Need Help! How to Help Someone Accept Treatment

Dr. Amador's research on poor insight was inspired by his success helping his brother Henry, who had schizophrenia, accept treatment. Like tens of millions of others diagnosed with schizophrenia, bipolar disorder and addictions, Henry did not believe he was ill. In this latest edition, all chapters have been updated with new research on anosognosia (lack of insight) and much more detail on LEAP. Read and learn as have hundreds of thousands of others...to LEAP-Listen, Empathize, Agree, and Partner-and help your patients and loved ones accept the treatment they need.



Stephen Grcevich, MD

Mental Health and the Church

Dr. Stephen Grcevich presents a simple and flexible model for mental health inclusion ministry for implementation by churches of all sizes, denominations, and organizational styles. The model is based upon recognition of seven barriers to church attendance and assimilation resulting from mental illness: stigma, anxiety, self-control, differences in social communication and sensory processing, social isolation and past experiences of church.

Citations

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