



Creating caring congregations for  
people with mental illness  
and their families



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SUBSTANCE ABUSE and MENTAL ILLNESS: A father reports that when his son was struggling with mental illness early on, those who were accepting of his strange and unusual behavior were those also marginalized by society – substance abusers. In ways difficult for a parent to understand, at least then, the drugs provided a relief of some kind from the devastation of mental illness. In the face of illness and isolation, it became a matter of self medicating and finding acceptance in a troubled peer group, neither helpful to healing and recovery. It would be wonderful if the youth group of this congregation could reach out to those like that son, but also crucial is good diagnosis and knowledgeable, supportive treatment.

There are things that a congregation can do (to Paint a Different Picture of Mental Illness):

- ❖ Establish a drop-in center, a safe place to come and socialize; have peers and adults trained to be trustworthy listeners, able to help individuals connect with care, and support healing and recovery.
- ❖ See that there is access to a psychiatrist who is competent to work with dual diagnosis.
- ❖ See that basic needs are met: residence, employment, health care, social, etc.

Also, we can be understanding and supporting of that person's parents/care-givers, those for whom this journey can be so difficult.

Faith resources are important for that journey. Understanding can replace fear and un-warranted judgment. Respect for the person inside the illness. Yes, even forgiveness.

“I acted strangely, and you welcomed me. I was sick and you sent someone to see me, and found me help. I was hungry and you brought me food.”  
(Matthew 25: 35, 36, paraphrased)

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There are things that a congregation can do (to Paint a Different Picture of Mental Illness):

- ❖ Establish a drop-in center that would be a safe place to come and socialize. Develop a buddy system such that a young person experiencing a mental illness could have a relationship that is safe, yet with some structure.
- ❖ See that there is access to a psychiatrist who is competent to work with dual diagnosis.
- ❖ See that basic needs are met: residence, employment, health care, social, etc.

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