Synod of Victoria and Tasmania

Mental Health Kit
for Congregations

Uniting Church in Australia
SYNOD OF VICTORIA AND TASMANIA

equipping Leadership *for* Mission

Front Cover Main Image

Crossroads, by Louise Marson, depicts hope when coming from a dark place.

This publication can also be found at **https://victas.uca.org.au/ministry-mission/disability-inclusion** The online version has additional materials and detail, such as links which include personal stories, poems, artworks, music and videos contributed by individuals and outreach initiatives across the Synod of Victoria and Tasmania.

Acknowledgements

All contributors and artists who have given their time, skill, wisdom and experience:

- Members of the Yarra Yarra Presbytery mental health network.
- All respondents to the mental health survey.
- Stav Stathopolous, Uniting - Prahran Mission.
- Staff members of equipping Leadership for Mission, eLM.

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- *Olive Way*, P1, P9, **Cindy Woods.**
- *Hope Springs Underwater Paradise*, P1, **Paul Henry.**
- *Brunswick Town Hall*, P2-3, P14, **Cindy Woods.**
- *Coughing Fit on the No.19 Tram*, P20, **Cindy Woods.**
- *Colourful & Bright Crowd*, P22-23, **sourced from iVet Vaicule.**
- *Meditation*, P24-25, **Alexander Tikhonov.**
- *Christ and His Disciples*, P26, **Paul-Daniel Florea.**
- *Blue Eyes*, P28, **sourced from iEverest.**
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- *Black Dog Journey*, P11, **Jean Cornell.**
- *Communion*, P26, **Jean Cornell.**

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Contents

One in four Australians will suffer from a mental illness at some point in their lifetime

Moderator's Foreword

Most of us are touched by the reality of living with mental illness at some time in our lives. For some this may be short-term, while others of us may live with illness periodically or ongoing throughout our lives. We may be directly affected ourselves or share our lives with close family or friends who are unwell, neighbours, work colleagues, or members of the communities of which we are part.

Neither our physical nor mental health is ever something we can take for granted; illness is part of the spectrum of human life and experience. With one in four of us suffering from mental illness at some point in our lifetimes, our church communities can provide support and care through the changing circumstances of life for those living with mental illness and for those who care for them. But because of the fear of stigma, many live with the added burden of isolation as they work to keep their illness hidden; whilst for others whose illness is more obvious, isolation comes from rejection of unfamiliar behaviours and exclusion.

Whether a congregation or faith community, men's shed or play group, children's choir or justice committee, we can be communities of compassion and care that hold us and support us when we need it most[1]. As followers of Jesus, we are called to compassion. But Jesus' ministry was also marked by inclusion and restoration for those stigmatized and excluded from their communities and families: tax collectors, women, lepers. Jesus restored them to their families and the communities so they could participate and contribute to those communities once more. As Christians, we are called to be communities where each person can feel safe, included, and valued[2]. When we are each able to participate and contribute our gifts and talents – no matter our health or wealth, walk of life or social status – all of us are the better for it.

This Mental Health Kit is a rich collage of poetry, art, ideas, personal stories, advice and resources. I pray it may deepen our insight into mental illness, equip us as we offer companionship and friendship to people who are mentally unwell, and enhance our understanding of how to be communities of compassion and life in the reconciling love of God.

Rev Denise Liersch
Moderator
Synod of Victoria and Tasmania
Trinity Sunday 2019

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1 'Creating Welcoming Communities'. Research Report - Yarra Yarra Presbytery Mental Health Ministry (April 2018). read online here https://victas.uca.org.au/download/296/resources/6402/creating-welcoming-communities

2 Faith Communities Council of Victoria *'Statement concerning People with Disability'* read online here www.faithvictoria.org.au/images/stories/fccv-disability-13-09-16.pdf

What is Mental Illness?

Mental illness affects all of us in some way. Research suggests that one in four people experience mental health issues.[3] Almost half of the world's population will experience a mental illness at some point in their lives.

Mental illness is characterised by a disruption in a person's thoughts, feelings or mood to a level that interferes with daily functioning and relationships.

Most treatments and support for mental illness are delivered in the community, often allowing people to remain at home. Community awareness about mental illness is increasing, stigma is slowly declining and support is available. Some examples of diagnosed mental illness include schizophrenia, depression and anxiety disorders.

A detailed account of each type of mental illness is beyond the scope of this guide. Information about the major categories of mental illness can be obtained from some of the organisations mentioned in the Resources section (Page 29). However, some general points include:

- Firstly, the term 'mental illness' refers to many conditions and is even used differently by different professionals. Symptoms range from an exaggeration of everyday difficulties and interpersonal issues to disturbing experiences such as hearing voices and having visual hallucinations. This can make understanding mental illness a complex task.
- Just as a person might have a slight cold, or a raging flu, 'mental health' spans reactions to the stresses and strains of modern life, through to chronic or severe mental illness. Most people recover and fully participate in community life. In contrast to the past, the outlook today is more optimistic and the focus of care is on recovery and prevention.
- While a lot is known about mental illness, there are also many unknowns. This is why professionals sometimes seem unclear about what may have caused the illness or what exactly can be done. If you're frustrated and confused by not getting a clear and simple explanation of what's happening, it's important to realise that professionals aren't necessarily withholding information. Confidentiality also needs to be respected.
- It can be painful to watch loved ones suffering or having difficulties. Indicate your concern in a way that doesn't come across as critical. Ask the person if they're also worried and try to discuss options for addressing your concerns. A good rule of thumb is, as much as possible, to include the person in any discussions and decisions.
- You may never get answers to all your questions. It's all right to leave the sometimes unanswerable question "*Why did it happen?*" to one side and instead focus on asking "*What will help?*" It is important to try and build a trusting relationship and acknowledge what can and can't be done.

If you are concerned about your mental health or that of others please speak to your doctor.

[3] State Government of Victoria, Australia, Department of Health: (2015 factsheet: 'A Guide to Mental Health Terminology'; Victorian Mental Health Services).

Certified

Bi-polar disorder
For that, certified
Sent to Larundel
and locked up inside

Alone in a bare room
a mattress on floor
Footsteps departing
beyond the locked door

Not one person told me
how long I'd be there
I thought 'this is it!'
It's grossly unfair

Undressed, in a white gown
Cut off from the world
Identity lost
My whole self unfurled

When darkness descended
I thought I was gone
No family, no friends
Light no longer shone

I prayed and I prayed,
for although I was mad
I knew I had lost
the freedom I had

I longed for the daylight
I tossed through the night
Waiting for morning
an end to my plight

I cannot remember
when rescue arrived
My prayers were answered
My hopes came alive

Released from my prison
A God-given chance
to slowly recover
Take a new stance

Now forty years onward
from being a wreck
Thanks be to my God
I'm here, still on deck

Supported by family
and aided by drugs
I worship at church
and thrive on the hugs

Insights From a Traveller

Sensitivity and tact are extremely important. Play it by ear. One person is often depressed or over the moon. This fluctuates a lot. It isn't a crime to cry. People shouldn't be whisked away because they are upset. They may or may not want to talk about why they are crying. Don't force upon them what you think is best for them. If people want to be included in church practices such as Bible readings etc, they should be encouraged to do so. This helps them to feel they belong, helps with building confidence and self-esteem and reduces the stigma which is still in our society.

Getting to church may be difficult. It isn't easy for people having to ask for lifts when it is on a permanent basis. People may stay away rather than feel the embarrassment of continually having to ask others. Church people who can provide transport would take away added stress by offering. People may have trouble conversing. Their condition often takes over so they don't have a lot to talk about. They may not do a lot because motivation is often hard to find. Living in supported accommodation doesn't lend itself to interesting topical conversation. A smile says a lot. A hug often says more than words. Here again discretion is needed.

The majority of people suffering mental illness don't look sick as such (no broken bones or visible symptoms). People can often find themselves in situations where they are out of their depth. We appear strong, healthy and capable and want to do things, but when it's actually time for them to be done, we become overwhelmed and are not able to.

Heather Anne Brown

A Black Dog Journey

These black dogs of mine
crave attention –
they'd like to take over my life.
If I try to ignore or dismiss them,
they get up to all kinds of strife.

The four-legged one is less trouble
than the other black dog in my head.
Max is easy to soothe
with a dog treat or two
and he sleeps with such bliss in his bed.

But this sick one in me is persistent –
he even inhabits my dreams –
inflates all my woes,
and creates more of those –
taking everything out to extremes.

When I need extra help to control him,
the psychologist's there as before,
and her practical skill
tackles what makes me ill ...

'til I'm fit to go walkies once more!

Young Adult's Perspective

I have struggled with my mental health since I was about 14. I struggled to fit in all the way through primary and high school. I was bullied, my relationships with my family were more than a bit strained and in the case of my relationship with my Mum, it was emotionally abusive. I left the church I had grown up in because I didn't fit in with the kids my own age and started attending another church with friends from school. I was assaulted by a former youth group leader.

I've never had good self-esteem and I've struggled on and off with anxiety, depression, self-harm, suicidal ideation and disordered eating. I've received help from GPs, counsellors and psychologists as well as alternative therapies. I've been on meds twice.

As a young person going through mental illness and not feeling like you have your family to turn to, it's very easy to heavily rely on someone who shows concern and wants to help, which isn't always a good thing, especially if the support person is older and is attracted to the gender of the young person in need.

While it never happened to me, I have seen how an inappropriate relationship can form when there is an imbalance of power. It's an opportunity for someone older to take advantage of vulnerable young people. I did experience the change of heart that some support people have when they realise that mental illness isn't an overnight fix and that it can hang around longer term. It's a difficult situation to be in.

There was no way I wanted my parents informed of what was going on (at one point they did find out a few things and my life became almost unbearable because of how they decided to deal with it) and I had bad experiences with certain counsellors and a psychologist that made me less than keen to go down that path again.

However, I eventually found a psychologist who I am comfortable with, and after talking with a supportive friend I am on meds again. The hope is that they will stabilise me enough to make the most of therapy and then I can discontinue them. But until then they make day-to-day functioning possible.

Anon

View Mental Health: In Our Own Words, an excellent UK video.

► **www.youtube.com/watch?v=_y97VF5UJcc**

Remembering Fouad Osman

PERSONAL PERSPECTIVES

You may have known him as Fred (a version of his name he offered for people who had trouble pronouncing 'Fouad').

You may have known him as the 'electric bike guy'. To most he was simply Fouad. He would often come to Olive Way with his bike helmet left firmly in place all day, sometimes disappearing out front to have a coffee and cigarette, and read the newspaper in the sunshine. He always had a bright smile that would cause his eyes to squint up and disappear. That smile appeared less frequently over the past six months as he battled many health complications and challenges at home.

He used to call me his 'mister'. I had no idea what that meant until one day when he was retelling the story of Jesus telling his disciples that to be a 'mister', you must first become a slave. "*Ah!*" I thought, "*Master! Now I get it.*" His heavily accented English put a slightly different spin on the story.

Fouad was a devout man, an Assyrian Christian. I once asked him if he would like to say prayers before the Wednesday lunch, he respectfully declined.

The next day he came to me and said, "*Peter, after you asked me to say prayers before the meal, I went home and recorded myself saying prayers on my phone. Please have a listen, it goes for 17 minutes!*" I realised afterwards that he had refused because he couldn't think of a way to say grace in a couple of sentences; it was all or nothing with Fouad.

Fouad will be remembered fondly by many people at Olive Way, myself included. He had a complicated life, but he found a semblance of peace and companionship at Olive Way. There are many details of his death that are unclear; we will respect the family's privacy as they continue to deal with the loss. He will always be a 'mister', a servant-hearted man.

Peter Blair

A Rural Minister's Perspective

I'm not sure if it was actual learning or perceived learning, but somewhere along the way I feel I learnt to be very careful with how much of myself I share as a minister. There are wise and important reasons for this, but there can also be some significant and meaningful ministry lost as a consequence.

I've never kept my own struggle with depression a particular secret, but when I was first in ministry, trying to live up to expectation (my own and others), it seemed like something I had to deal with privately. It was not for the minister to have problems or show vulnerability, except in a private context where it was helpful in ministering to another. It took me longer than it should have to learn that my internal expectations, and my perception of outside expectations often just get in the way.

I'm not saying that I share everything, nor do I constantly have my own vulnerabilities on display, but sometimes ministry is enhanced and deepened by sharing part of our selves.

I can't recall the text or the context for this revelation – perhaps it was mental health week; maybe it was a psalm of lament – but the call of God upon my heart was to expose my inner brokenness.

And so I shared my journey with depression.

From initial struggles, to some of the feelings that have overwhelmed me at times, how it makes me behave, and also how I struggle to manage through it all with medication, counselling and various manifestations of self-care. I shared it all.

For just as the psalmists shared their heartache and lament, why are we so afraid to share ours? Should we not be setting the example of talking about mental health? And did our God not make himself wholly vulnerable upon the cross in order to secure our redemption, so that we would know that Godself has endured the worst of the worst so that God could know just what it is to be entirely human?

My risk in sharing my story came with unexpected anxiety, and a near change of mind, and the silent reflection that immediately followed left me unsure. But with liturgy complete and the sharing of the peace, people came to me – not only with peace – but also with thanks for my sharing, gratefulness for my brokenness, and a renewed flowing of others sharing their own brokenness in mutuality.

If we as ministers are to be fractional embodiments of Christ to others, then surely this means embodying Jesus as fully as we can – not just the infallible Son of God, but also the dying man who cried out from the cross as the suffering Son of Man.

I am a broken and blessed Child of God - there is blessing in my illness, and there is brokenness in my ministry. Thanks be to God.

Rev Susan Malthouse-Law
Weeroona Uniting Church
Bendigo

What Helps Most in Recovery from Mental Illness?

In most (but not all) situations, there are some important factors that promote recovery and reduce the chance of relapse.

Medication

For most people, appropriate medication can make a significant contribution to reducing the troubling symptoms of mental illness: thought disorder, auditory hallucinations and disorders of mood. For some people, medication may be less effective, but it still plays a stabilising role.

Over recent years there have been improvements in the range of medication available, including a reduction in some associated long-term side effects. Legally, treating doctors are required to give full information regarding all forms of medication and other treatments, including possible side effects.

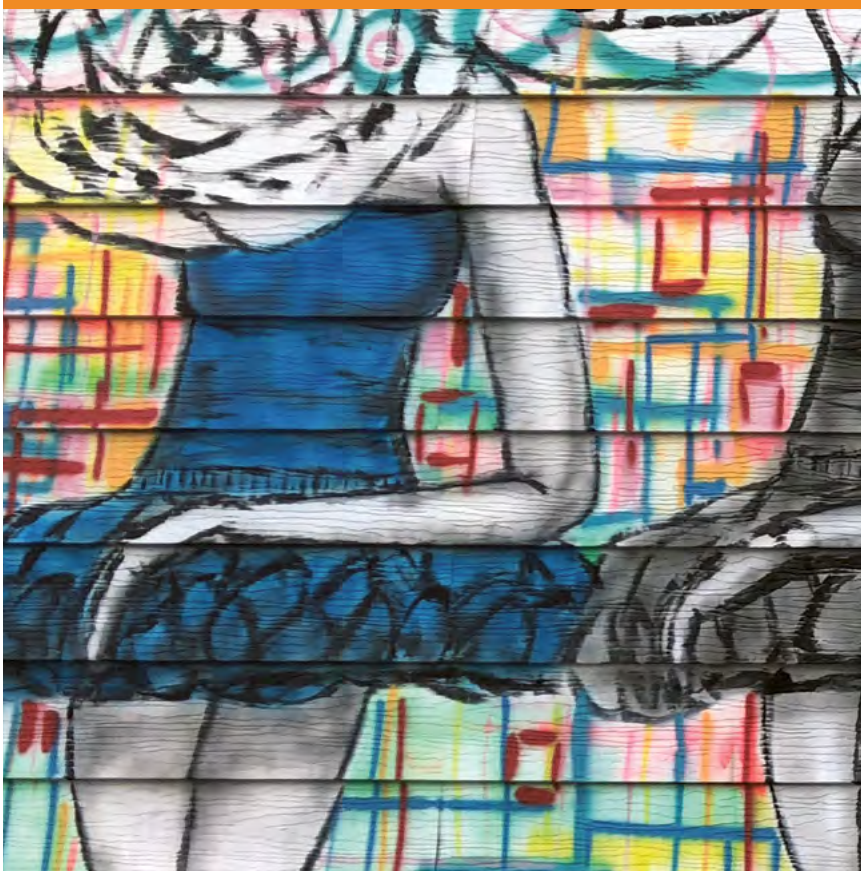
Sometimes, tensions can emerge as a result of a person's faith understanding, and using medication. Sometimes people feel that to be faithful they should not take their medication, and regrettably this action is sometimes supported by congregation members and pastors. It is important to recognise that healing comes to us as much through the agency of human care as it does from miraculous intervention, and that ultimately both have their source in the love and compassion of God. As people of faith, we need to work together with the medical community, and discover where our understandings of life and wellness overlap, rather than be in competition.

Accommodation

Having a place to live where one feels safe, secure and supported is essential to recovery. Churches can assist with inquiries and advocacy for suitable accomodation and respite, and provide visitation where possible.

Individual Counselling

As part of a total approach to care, counselling which is holistic and respects a person's belief system and life goals can be of enormous benefit. A good counsellor - whether clergy, private psychologist or therapist - will be one who is willing to work collaboratively with other health professionals. It is important to know that Mental Health Care Plans, which may include counselling, can be prescribed by a General Practitioner.



Supportive Family or Friends

Standing alongside someone with mental illness can be a very traumatic experience, and yet supportive friends and family are critical elements for recovery.

Being non-judgmental, compassionate and considerate in our listening, and recognising that it is not our role to 'fix' the person, are important attributes for carers.

If you are a carer it is important to take care of yourself. Make sure you have good supportive people and structures around you. Congregations can play a key role in being a safe and supportive environment, not just for the person experiencing mental illness, but also for their friends and family.

Collaboration and Cooperation

No single person, worker or carer has all the answers. Each person can bring their valuable insights and gifts to the healing environment. In our culture, where so much of life is compartmentalised and left to the 'experts' it is proving a new journey for us all to rediscover that we must work together for the best outcomes to be achieved.

Respect, honesty and careful listening are key tools in developing collaborative relationships across the realms of religion, science, medicine and therapy.

It's hard to separate the effects of good treatment and rehabilitation, appropriate accommodation, supportive family and friends or to say which is more important. They all play a vital role in positive outcomes. The absence of these positive factors usually impacts recovery from illness.

The following may also have a negative impact:

- A second (dual) disability, such as an acquired brain injury.
- The use of street drugs such as 'speed' or marijuana.
- Language and cultural barriers which make it hard for people to use mental health services.
- Violence or sexual abuse at home.

Suggestions on How to Respond to Unfamiliar Behaviour

It is important to remember that different behaviours are sometimes symptomatic of mental illness, not necessarily related to an individual's personality.

It may be the result of a person's medication (eg lack of muscle control, dry mouth). It is very important not to immediately dismiss someone on account of behaviour you may be unfamiliar with. Seek information and ask the individual to describe what symptoms they are experiencing.

Symptoms

Symptoms of mental illness vary for each person. They may include difficulty concentrating, agitation, excitability, fearfulness, marked distrust, insecurity, irritability and withdrawal from normal activities and relationships. Confusion about what is real may also be apparent.

Care-full Responses

Accept and value the person; accept that illness is present. Respect the person's dignity. Being there as an informed listener is important.

Don't argue with what is said to you, especially on topics that are highly emotional. The thinking behind it may be delusional.

Communication Needs to be Calm, Clear and Direct

You may invite the person to join you in simple activities. Don't be tempted to take over the things they are able to do – encourage them to do the best they can.

Encourage the breaking of bigger tasks into smaller ones.

Praise the achievement of small steps. Reduce the intensity of inter-personal engagement.

If you are unfamiliar with the behaviour and it relates to delusional thinking it is probably best not to pursue the content. Instead, calmly advise the person of the consequences of his or her behaviour (if harm to self and/or others).

It is often wise to pay as little attention as possible to any bizarre behaviour, focusing instead on positive, healthy activity and behaviour.

If the behaviour is relatively innocuous, try to divert them to something constructive or more practical.

If the behaviour is unacceptable to you and others, calmly state what they can and cannot do and possible consequences (eg police intervention).

Behaviour limits are best communicated beforehand. No-one should be left on their own with someone who exhibits threatening behaviour.

In the unlikely event of a direct threat to yourself or others call 000.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How a Congregation Might Respond: A Mental Health Checklist

Many congregations do not know who among them lives with mental illness. Stigma may cause an individual and family to experience intense aloneness. This stigma may lead to hesitation in seeking support and understanding from the congregation.

A congregation can respond by recognising that mental illness:

- like diabetes, cancer or heart disease, can occur in any family or individual.
- knows no barriers of age, culture, or economic status.

Congregations can let the person know they are not alone, by:

- listening and offering support.
- avoiding being judgmental.
- not interrogating someone's background/circumstances.
- looking for opportunities to involve them in church activities/social events.
- extending the hand of friendship.
- avoiding focusing on the 'cure' of the illness.
- encouraging the person to work with their strengths, with their gifts.
- being aware that energy levels and motivation may be reduced.
- being supportive of the entire family, when necessary and appropriate.
- inviting them to share their story/ poems/artworks.
- avoiding the expectation that unusual behaviours or habits may be easily corrected.
- accepting the person's point of view.
- avoiding dismissive contradictions.
- offering appropriate prayer.
- refraining from offering simplistic solutions to complex problems.
- designating individuals to be there for the person and/or family when help is needed.
- encouraging connection with a support group in the community.

Congregations may consider educating themselves and opening up their churches by:

- attending or organising a Mental Health First Aid course here:
  - ▶ https://mhfa.com.au
- encouraging ministry leaders, elders and Council members to learn about mental illness.
- raising awareness about mental illness in a sermon or the church newsletter/website/communications.
- Invite a speaker from a mental health service agency.
- hosting a group of people from a community centre or facility.
- exploring the possibility of visiting local boarding houses or special accommodation homes; offer transport if needed.
- offering some form of worship 'on their turf'; sponsoring a social club or drop-in centre.
- adding materials about mental illness in the congregation's foyer.
- contacting a local agency or service to see if volunteers are needed.
- using Mental Health Week in October to highlight the needs of people living with mental health in your community.

Mental Health in a Diverse Australia

It is important to acknowledge that Australia has not been tolerant of ethnic or linguistic diversity in the past. Colonisation by European settlers saw the dispossession of the country's Indigenous people, initiating decades of discrimination against Aboriginal and Torres Strait Islander communities. In the 1800s, various colonial authorities passed laws to restrict Chinese immigration, later replaced by the Immigration Restriction Act 1901. From the 1950s to the 1970s, immigration policy gradually became less restrictive.

Modern Australia is home to people from many cultures. Since Europeans first settled in Australia people from all over the world have come to make Australia their home, including people from the Pacific Islands, Asia, Europe, Africa and the Middle East. The 2016 Census showed that two thirds (67 per cent) of the Australian population were born in Australia. Nearly half (49 per cent) of Australians had either been born overseas (first generation Australian) or one or both parents had been born overseas (second generation Australian).

Indeed, the results of the latest national Census (2016) reveal we're a fast changing, ever-expanding, culturally-diverse nation.

This diversity is also reflected within the Uniting Church in Australia. According to the latest statistics there are 198 Culturally And Linguistically Diverse (CALD) worshipping groups (congregations and faith communities), with 30 different languages spoken across Australia.

In the Synod of Victoria and Tasmania we have 58 ministers from CALD background with 22 CALD congregations and 20 CALD Faith Communities. Fourteen languages other than English are used every Sunday.

We know that mental illness can affect people of all ages, from all cultures and social groups, and that its prevalence among people born in Australia is similar to the rate for people born overseas. However, there are some particular issues that should be considered in regard to the mental health of immigrants, refugees and those from CALD communities.

People from diverse cultural backgrounds have a range of risk factors and protective responses in regard to their mental health and wellbeing. A person's cultural background will affect how they interpret and respond to life experiences. Something that is characterised as a mental health issue by one person might be viewed as an experience of personal growth or spiritual significance by another. Cultural values and personal circumstances will also influence whether a person seeks support primarily from friends and family or from professional services.

However, whatever age, culture or ethnicity it's important not to be silent. Silence can kill. Silence is not a healthy option. Reach out and get help if you feel vulnerable. There is no shame in reaching out!

Excellent resources can be found at:

► **https://mhfa.com.au/mental-health-first-aid-guidelines#carers**

and a glossary of terms:

► **www.ceh.org.au/glossary-terms-mental-health-services**

Rev Swee Ann Koh
Intercultural Community Development Advocate

Suggestions for Health Promoting Worship

The Power of Ritual

Worship and ritual, in its best sense, contributes an enormous amount to our spiritual and emotional well-being. Good ritual helps us to connect with the rhythms of life, as well as the interplay of our own spirit with that of the Divine. This may happen at both an unconscious and conscious level. For example, fellowship with a faith community, and its practice and teaching help shape understanding of self, our world and of God. We have a 'consciousness' and awareness about this. Yet ritual also works at an unconscious level. The experience of attending worship may lift a burden that we had not even been aware of.

Healthy ritual helps to create a sense of connectedness, and a pattern to life that words struggle to describe. Indeed, the power of ritual does not stop at the walls of our churches. Our lives are full of little and big rituals, from how we go about getting up in the morning to the celebration of major life events, such as birthdays, weddings and funerals. Healthy ritual is one of the cementing factors of life.

Ritual and Mental Health

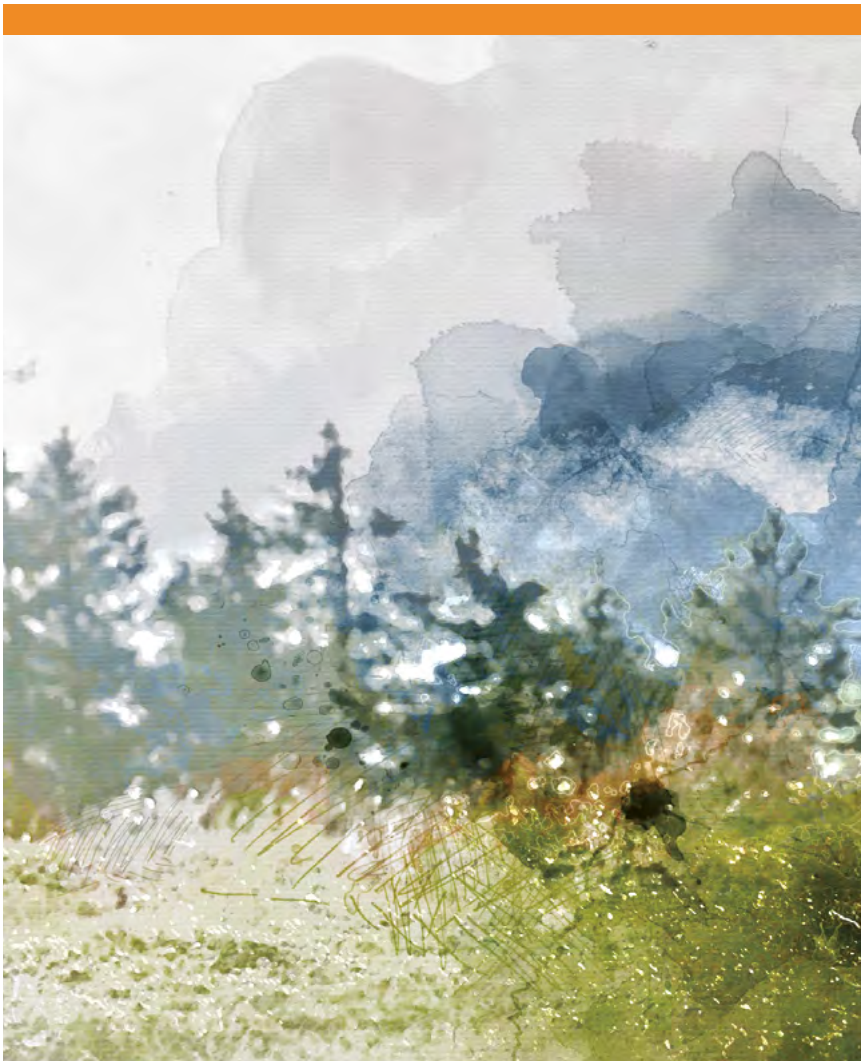
When we are living with mental illness, minor or major, or are supporting someone we care about, creative, life-affirming, and hope-centred worship can offer significant contributions to our sense of self, emotional resilience, and our experience of hope. The Christian motifs of death and resurrection, insight and suffering, hope and forgiveness, are powerful images that speak to our lives in moments of pain and confusion, and support the journey to recovery.

Remembering that the power in ritual often works at an unconscious level, in addition to words or sermons about such things, the use of images and icons, prayer, and participation in inclusive rituals such as the Eucharist are all powerfully sustaining.

What Can We Do?

Helpful considerations for worship leaders (applicable to worship for all people):

- The power of ritual lies beyond words. Take this into consideration when planning worship, making use of images and symbols, and the mystery of central sacraments such as the Eucharist.



■ Avoid the perpetuation of cycles of guilt and unworthiness.

■ Avoid language and theology which suggests illness is God's punishment.

■ Seek to involve people in the leading of worship.

■ Use modes of worship that lead people on journeys of self-discovery and that are open-ended, rather than telling people what they should do or believe.

■ Present a sound theology of hope – one that is realistic and compassionate, not one that raises false expectations nor leads people to believe they have failed if unrealistic goals are not met.

■ Create an environment where people can move in and out of worship without embarrassment – being able to take 'time out' is important in allowing people to feel safe and respond to what is happening for them. (Some medications and conditions mean people experience restlessness and have shortened attention spans).

■ Occasionally, behaviour and language may be confronting to some in your congregation. Positive education of the congregation is important. Invite someone to speak to your elders, congregations and groups about mental health. On the other hand, don't be afraid to explain the accepted patterns of behaviour in your faith community – approach everyone with the same respect and expectation. Tolerating unacceptable behaviour is not necessarily acceptance – it can be patronising and demeaning to all concerned.

■ Create a culture where worship is respected and appreciated, but where we do not take ourselves too seriously. Be willing to be flexible, delight in the unexpected, and be willing to share laughter as one of the greatest unclaimed sacraments.

COMMUNION

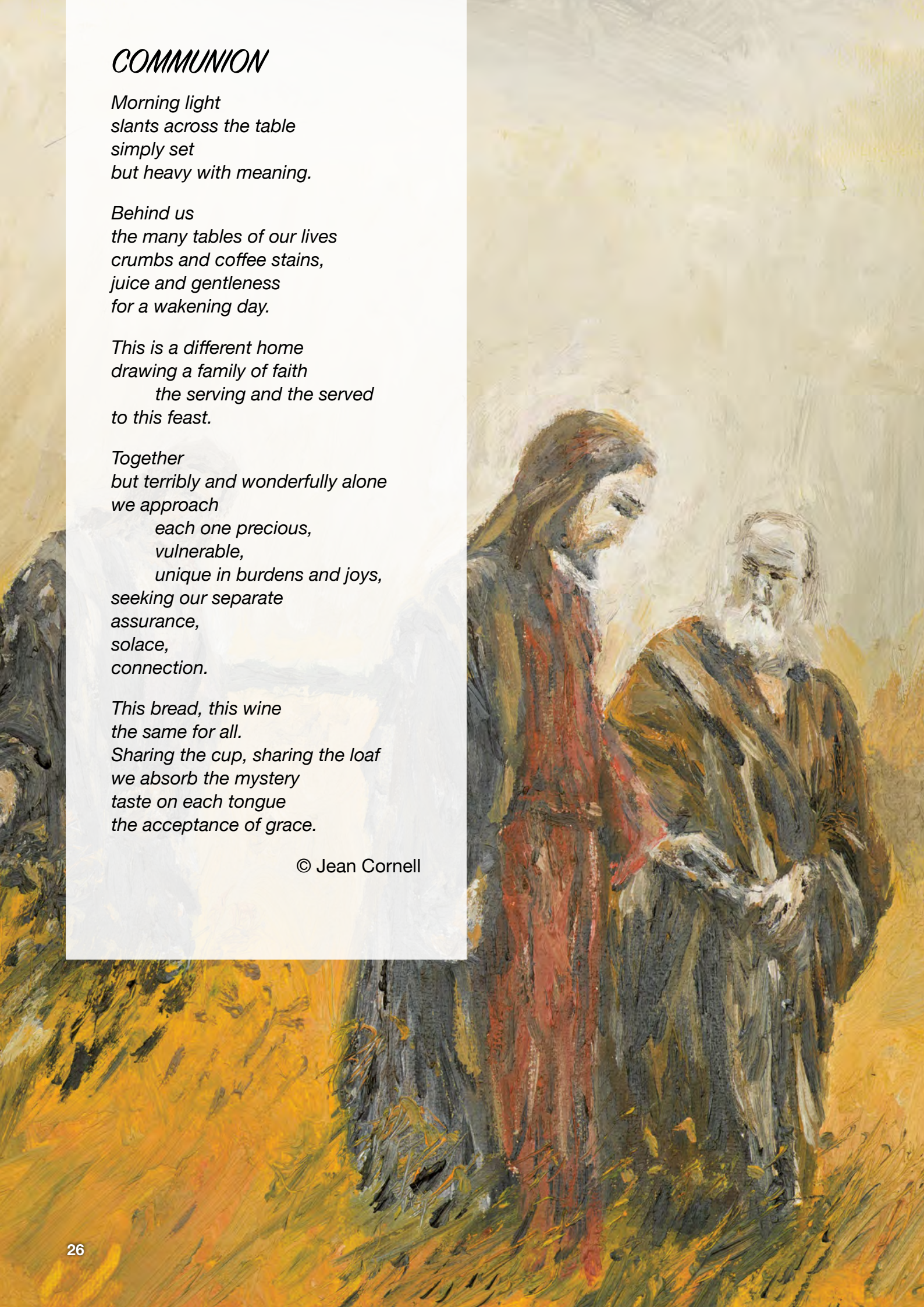
Morning light
slants across the table
simply set
but heavy with meaning.

Behind us
the many tables of our lives
crumbs and coffee stains,
juice and gentleness
for a wakening day.

This is a different home
drawing a family of faith
the serving and the served
to this feast.

Together
but terribly and wonderfully alone
we approach
each one precious,
vulnerable,
unique in burdens and joys,
seeking our separate
assurance,
solace,
connection.

This bread, this wine
the same for all.
Sharing the cup, sharing the loaf
we absorb the mystery
taste on each tongue
the acceptance of grace.



Sermon and Bible Study Starters

1 Samuel 16:14-23

King Saul's troubled spirit is soothed by David.

Saul is said to be tormented by 'an evil spirit from the Lord'. Young David is introduced to the troubled King who finds relief in David's presence and music. The inexplicable, that which mystifies or frightens us, is sometimes explained as an evil spirit or divine punishment. Contemporary medical science, which is a gift of God, might have helped Saul. It has been theorised that Saul lived with either manic depression or schizophrenia. Both these mental illnesses have physical causes and are treatable. More than music, David's compassion and care, his willingness to befriend Saul, even in the face of his terrible rages brought the King peace and comfort.

People of faith have always shared God's love in appropriate ways with people who are hurting. As we learn more about what mental illness is, and destigmatise it, more than anything it is compassion and care which bring God's healing and comforting grace into troubled lives.

Mark 5:1-20

The Gerasene Demoniac

Jesus approaches a man cast out by society because of his 'demons'. Jesus, unafraid, identifies the demon who replies: "*My name is Legion; for we are many.*" Once named, the demon loses its power to cause fear. It becomes knowable and understandable, and can be engaged with.

By identifying the man's demon for what it is, Jesus was able to exercise authority over it, heal the man and restore him to this community.

Today we rarely think in terms of demons. Yet, we are still afraid of what we do not understand. Once mental illness is understood, we no longer need to fear it or shun those who suffer. Compassion and understanding, and recognition that the person and the disease are separate, are powerful indications of God's loving grace, and are instrumental in care of persons living with mental illness.

John 10:7-10

Jesus the Good Shepherd

Karl Menninger observed: "*Religion has been the world's psychiatrist throughout the centuries*." Mental illness is not a sin, nor is it a spiritual weakness, nor is it something a person will 'get over' if she or he just puts their mind to it. It is a serious problem affecting millions of people.

Jesus, the Good Shepherd "*came that they may have life, and have it abundantly*". Our Lord's ministry was often directed to those cast out by society. He sought to bring them into his fold and to heal their bodies, minds, and spirits. Those whom others shunned, Jesus welcomed with open, loving arms.

From *Pathways to Partnership*

Rabbi Jeffrey Cohen and Rev Walter Hill

See additional resources:

► **https://victas.uca.org.au/ministry-mission/disability-inclusion/resources**

Individual

If you are in an emergency situation contact 000. If you need to talk to someone, get in contact with some of the mental health services below. Hours of availability vary.

Beyond Blue

1300 22 4636
www.beyondblue.org.au

Information and support to help people achieve their best possible mental health, whatever their age and wherever they live.

Lifeline

13 11 14
www.lifeline.org.au

24-hour access to crisis support and suicide prevention services.

Suicide Call Back Service

1300 659 467
www.suicidecallbackservice.org.au

24-hour telephone and online counselling for people who are affected by suicide.

MensLine Australia

1300 789 978
https://mensline.org.au

Telephone and online support, information and referral service for men with family and relationship concerns.

HeadSpace

(03) 9027 0100
https://headspace.org.au

Tailored and holistic mental health support to 12-25 year olds.

Kids HelpLine

1800 551 800
https://kidshelpline.com.au

Free, private and confidential **24/7 phone** and online counselling service for young people.

QLife

1800 184 527
https://qlife.org.au

Anonymous and free LGBTI peer support and referral for people to talk about sexuality, identity, gender, bodies, feelings or relationships.

Organisational

First People's Disability Network

https://fpdn.org.au

FPDN provides systemic research and advocacy but not individual advocacy. It makes referrals to the above organisations.

Uniting - Prahran Mission

www.unitingprahran.org.au

A Uniting Church Synod of Victoria and Tasmania entity offering a range of services and programs for people with mental illness, including psycho-social rehabilitation, open employment and an ethnic access program. Contact for possible speakers at congregations.

Uniting Church Mental Health Responses

https://victas.uca.org.au/ministry-mission/disability-inclusion

In addition to funded services provided by the Uniting Church in Victoria and Tasmania, there are a number of congregations across the Synod providing support in various ways: hospitality via outreach, drop-ins, 1:1 pastoral care, visitations, art programs, coffee shops. There are also some funded positions for chaplaincy and pastoral care roles, operating within presbyteries.

Contact Andy Calder 03 92515489, andy.calder@victas.uca.org.au

Mental Health First Aid

https://mhfa.com.au

Provides high quality, evidence-based mental health first aid education. Extensive and excellent guidelines are also available for free download from https://mhfa.com.au/mental-health-first-aid-guidelines#carers

Mental Health Victoria

www.mhvic.org.au

The peak body for mental health service providers in Victoria, its purpose being to ensure that people living with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in society.

Carers Victoria

www.carersvictoria.org.au

Provides care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who is an older person with care needs. Works with government and other support organisations to improve the lives of carers.

Spiritual Health Victoria

www.spiritualhealthvictoria.org.au

Peak body enabling the provision of quality spiritual care in all health service settings in collaboration with faith community members, spiritual care practitioners and health services in Victoria. It is supported by the State Government of Victoria through Safer Care Victoria.

SANE Australia

www.sane.org

Supporting the mental health of Australians affected by complex mental illness.

Suicide Prevention Australia

www.suicidepreventionaust.org

National peak body for suicide prevention. Advocates for the meaningful reduction of suicide.

National Disability Insurance Scheme

www.ndiscommission.gov.au

The NDIS Quality and Safeguards Commission is a new independent agency established to improve the quality and safety of NDIS supports and services.

Download an extended version of this publication online from:

► ***https://victas.uca.org.au/ministry-mission/disability-inclusion***