Ministry to the Marginalized

Part 2 of 2: Ministering to People Suffering with Mental Illnesses
with Meghan Wall, Darrell L. Bock, and Michelle Attar
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It strikes me in talking about this that there's an odd disconnect. In other words, in this way. You know when a family goes through an illness that enters into the family. Say someone gets cancer or something like that. And you watch people rally around that. There's almost a natural thing that happens. When that happens the way people rally around, which is small group comes forward. You know, does the meal plans, all that kind of thing.

It's like we have this default capability that we can fall into if you want to think of it that way. And people go there pretty naturally when it's a physical illness, and we know someone is going to be sick for a while. They're headed for surgery or they're headed for chemo or whatever. That we seem to be able to handle.

But when it's in the special needs area, all of a sudden it's like, "I don't know what that bridge looks like." You know, and yet the process I take it is actually pretty similar. It's just that the long – it's more long range.

I think that's what scares people away is that this isn't something that we can say, "Okay chemo is going to last for six months, and then everything is going to be okay," because with like the happy ending of the story.

That's exactly right.

But whenever you're looking at it and saying, "Okay this baby was born with Spina Bifida and they have a road ahead of them 18, 20, 30 plus years, how are we going to be able to support this family." It's tiring to think about it. And that's where I try to tell people who are asking how to help, take it day by day. Don't look and say, what am I going to be able to do for them in ten years, because that makes me exhausted. It's thinking today, "I'm going to the grocery store. I have extra time could I pick up something for you? Do you need milk? Can I drop it off?"
Maybe next week you're going out with your kids and you could take another child with you. Can I take the sibling out with us so that you can have some time just to rest? It's those little things. It's not trying to bite off the whole elephant.

Dr. Darrell Bock: Right.

Meghan Wall: It's biting the little piece, one piece at a time. And that just naturally becomes that relationship that is built that we go back to relationship and to love and just taking it step by step.

Dr. Darrell Bock: Yeah and the hard part of this I would take it is whereas for the person that comes alongside and helps they can kind of step in and out of the situation and there's an escape, if I can put it that way. For the person who is in the middle of it, who is right next to it, there is no escape. That is where you are.

Meghan Wall: It is, yeah. And that's what's over – I mean if you think it's overwhelming to be a friend of someone –

Dr. Darrell Bock: Right, right, exactly.

Meghan Wall: It's even more so overwhelming to be the parent, but to have that outside support where you could escape for even a little bit or just someone to come in and take one load off every once in a while does a world of difference for their well being and for their outlook on life and for feeling like they're not in this alone.

Dr. Darrell Bock: Yeah, we have in our small group one couple that has a special needs child. In fact we were just with them this weekend celebrating Christmas together with the parents. And they were talking about, I hadn't even thought about this, but they're – talking about taking this child who is approaching teenage years out on an outing to a special needs barn, where they ride horses. And they're like – they were describing the process of what it takes to get this child up on a horse so they can have some semblance of an experience like this.
And I'm – it's 30 miles away. You have to plan it. It's a full family outing when you do it. That kind of thing and what's all is involved I'm amazed of thinking about imagine having – that's doing something special. Imagine having to deal with this constantly, all the time.

Well imagine having to do that just to go to church.

Exactly.

Because there's not a church around every corner that has a special needs ministry. They can't—They don't have the luxury of being able to walk into the church that they've gone to for 30 years and have a ministry ready to take care of their child. And so for some families it's a matter of driving 30 minutes or an hour one way just to find the church that has volunteers who are willing to watch after their child to allow them to go to service. And it might mean getting up at 5:00 to get all the meds and everything done, driving, finding a parking spot.

And so if they finally come to our church and then we're like, "You know can't really do that." Or let's make it a little bit more difficult for you to get from your car to our building—then they're done.

Yeah.

That's it. They're not going it spend the time and energy to go and do something, especially church, where they don't feel loved and accepted and where it's not made comfortable and welcoming for them. That's my big passion is that churches have got to start looking at this and not everyone can come to Stone Briar or Bent Tree. Not everyone wants to come to Stone Briar or Bent Tree. We all have different churches for different reasons.

Every church should have some sort of ministry whether it's defined or not defined to be able to love on these families whenever they walk in their door. So that this legacy of attending church, of building relationship with Christ will continue from there on out.

Now go ahead.
The Table Podcast  Ministry to the Marginalized

Michelle Attar

I was going to say just from a person with an adult that lives with mental illness. They may feel like they don't fit and their schedule may feel like it doesn't fit. Church happens typically on a Sunday morning, and a lot of people that are taking psychiatric drugs that's a difficult time for them to get up.

So to get a body to church they may not be fully mentally there, but it helps the family so much if the whole family can be there together, to have the acceptance. And I think that's what you're talking about if a church, even if they don't have the special needs ministry, if they can make allowances for making it okay for a child and a family to come into the church and to have somebody that can be partnered with that child or for a family that's coming in with someone that's living with mental illness who may not be totally awake, almost still in their pajamas or in their clothes that they've worn for three days, because that's how he dress themselves. And to have that not be awkward and strange and weird and have people stare at you. But to just have them be part of the body.

And yea, we'll celebrate that they got there today and how can we help you.

Dr. Darrell Bock

Yeah, we've spent a lot of time talking about the people who are around the person who has the special need. But I take it ministry actually to the special need person is also an important part of this equation and ministering directly to them, giving them someone else other than the parents or the caregiver with them they spend an inordinate amount of time—other outlets to relationships. I suspect that's pretty important in this, in this conversation.
Meghan Wall

Oh, absolutely. And not only outlets for relationships with other children or adults with disabilities like themselves, but also just peers and other adults to speak to in their life that more importantly to help them build a relationship with Christ. We believe that every child that comes in, every adult that comes into our ministry they're coming into the church for a reason. And our goal is to point them towards Christ. And that they all are actively pursuing a relationship with Jesus Christ. And so in every Sunday morning class that we have we present the gospel and we do it in different ways. We do it in ways that are appropriate for their cognitive level, but we want them to develop relationships with us so that they trust us. We want them to develop relationships with other children in the classroom so that they enjoy being there and love coming. But more importantly, we want them to develop a relationship with Jesus Christ and know that he has a purpose and a plan for their life and that he died on the cross for them. And that He is so loving towards them and that he wants them to go on and do good and great things in this world.

And so we're hoping that while mom and dad have a little bit of respite and enjoy church and worship on their own, that their children are able to do the same through worship, through teaching, through crafts, through games, through relationships, whether that's all pointing towards a relationship.

Dr. Darrell Bock

Now if you're going to point people to Christ and then you're also going to point them to community in the midst of that. Because I mean that's where they're going to see the presence of God and sense the presence of God in powerful ways.

Meghan Wall

Absolutely.

Dr. Darrell Bock

Well, that's the children's side of it. I want to shift gears, because this is really a completely, in some ways, different discussion now that we're turning our attention to. And that is the adult situation, and the mental illness situation, particularly the situation that's like what you've been through Michelle, which is you've gone through life. It's swimmingly normal. You know—“normal.” And then all of a sudden, something comes in and you realize that this isn't – I didn't sign up for this.
Talk about what that experience is like and what a church should and shouldn't do in the midst to that, because I mentioned their mistakes that people make in dealing with this as well.

Michelle Attar  
Yeah, you've got two sides of the picture. You've got the person who is living with the mental illness. They're on their own journey as they explore what's really happening to them and learning to accept the illness themselves. With mental illness that's key. Is that they, "Okay, I've got whatever the diagnosis is. And here's my treatment plan. And I'm the patient. And I'm the one that decides whether I progress or not."

Then you've got the family members. And the family members are going through their own swirl of emotions and need to accept and their needs as far as care giving. Now I forgot the question.

Dr. Darrell Bock  
Well, take us through the process of what it is that a church can do to –

Michelle Attar  
To help, yeah.

Dr. Darrell Bock  
To help and then how to – what kinds of mistakes can a church make in dealing with this.

Michelle Attar  
A key mistake that can happen is that in – as this family is learning to understand the mental illness, and as the person who has just been diagnosed is still acting a little strangely, differently than the typical population the church gets afraid and begins to exclude. And there have been churches that have asked someone to leave or a family to leave. This probably happened with physical illnesses as well as mental illnesses, because there's no way to integrate them.
And the way our church is set up there's no place for you. It would be better if you leave. And they try to say it as kindly as they can, but unfortunately they get banished from a church and try to find another one. And oftentimes there's not. There's not one close or they don't feel comfortable. For me what was so helpful is not being isolated. There are support groups that are so helpful for people and family members that are living with mental illnesses. And most of them aren't Christian. Within the church I found that my support system, my friends and the church really helped me get through when I was dealing with the acceptance of the mental illness, which highlighted for me how important it is to have those real honest relationships.

People that can just let you cry. People who weren't trying to fix it, but were there for you. That's what a church can do. Make sure — integrate that family and when there's been that diagnosis to circle around them and ask how you can support them best.

For the pastor to be educated enough to when that person is sitting in your office and, "Help, we just got this diagnosis. Now what?" To take them to – listen, take them to Jesus. Remind them that this isn't consequence for sin. That this is a fallen world that we live in and how can we come alongside you in this to support them.

For my husband he had to navigate his own understanding of, "Alright, I've got this mental illness. I have to be a good patient. Now how do I integrate into the church?" We had a huge blessing early on for him; serving is so helpful. People – part of community isn't just sitting in a group together, it also is serving. People with mental illnesses often are highly intelligent. So trying to find what is your area of expertise? What would you enjoy doing? Lots of them – my husband is on disability, so he doesn't go and clock in at a job every day. He has much more disposable income – I mean disposable time than I do. Early on our pastor asked him to do studying for him. To background study for the sermon series he was doing.

Well, Mike had all kinds of time to be doing that, and he loved it. So he would compose every week a whole paper on the background information for this book in the bible that we're – that you're preaching through. And he would submit that to the pastor and that gave him value. So for churches to be creative and to get to know the family and find a way that they can serve and be part of the body. That was a huge thing.
“It's huge.”

Right at the beginning and helped Mike to feel like, "Okay, this is going to work. I'm still part of the church now."

So you're in the midst of adjusting. And then in the back of my head there's the church that has 60 or 100 people in it that’s the single pastor. They're located in a – maybe they're located in a rural environment. Or maybe they're in a particular community and all of a sudden this happens to them and they – and their tension is we have no way of being able to cope and deal with this.

I take it that part of being sensitive to that as a church having thought enough about this to know how to do the hand off if I can say it that way. In other words to say, "We really aren't equipped to deal with us, but here is a church that we know can handle it. It would be a terrific community for you to be a part of it. And we're willing to introduce you and kind of open the door." Is that a helpful way to deal with it from the church's standpoint?

I don't know.

Or is the challenge to say, "All right, this is in our community now and we're going to go for it and try and see what we're going to do?"

That's pretty –

I like number two better.

Okay, all right.

Yeah and then allow the family to help the church understand how to – how can we deal with this together? Rather than looking at it as a problem and we don't have a way to handle this problem, so let's send you someplace else. No, we're in this together.

And we're going to learn it together.

This illness happened to the whole body not just to you as a family. It happened to all of us. So let's figure this out together.
Meghan Wall: Yeah.

Dr. Darrell Bock: Okay.

Meghan Wall: Totally agree.

Dr. Darrell Bock: That's interesting, because I suspect that that's the default category that we're talking about is the hand off.

Meghan Wall: Yes.

Dr. Darrell Bock: Or even worse the default category is, "We can't help you. We're done."

Michelle Attar: And I think how that happens too is the people – the family is looking for some community. They're looking to fit. And look around, look around, have a different conversations and can't find it and they just slip away. More often than not I bet they're not asked to leave. They just realize this isn't a place we're gonna fit. And no one is making any effort to do any adjusting on their end. So that they're isolated.

Michelle Attar: So that's sad to me. So for a church of 100 people. They know each other. And when this happens to take it on as a, "Okay, this is our commitment as a family together. And we're going to figure this out."

Meghan Wall: And it's going to change. It's going to change from year to year. And things are going to change. The church body is going to change and there's going to have to be adjustments made. And it's just a continually molding that to make it fit that one individual. And then another individual might come along with the exact same diagnosis and you think, "Okay, we've got this, because we've done this." They're going to break that out. They're going to break the mold and they're going to need something different.

It's all about just allowing the church body to kind of meld and form.

Dr. Darrell Bock: So there's a flexibility to this that's very, very important.
Absolutely. We have no standard things for special needs. It is all about being flexible in that child. So we can't say that for this diagnosis we're going to do X, Y, and Z, because they're all so different.

Everyone is a little bit different.

That's the joy of it.

My old memory. I can't remember now what I was going to say.

That's okay. We've talked a little bit about the adjustment for the adult and for the spouse. But there's a whole other category here that I think is pretty important and also is probably also at the same time pretty tricky. And that is if this does happen in a marriage than you probably have children who are also having to adjust to what's going on.

Go through and again kind of two scenarios, what advice do you have in relationship what the children can expect to go through and then again what is the church doing rallying around those children as they're going through this?

What I was going to say is that the church isn't the only source of support. That there are programs in the community as well as national programs that help families. In the area of mental illness there's the National Alliance on Mentally Ill. So there are groups associated with them. There are online sources. There are doctors. The person who has – lives with the mental illness has counselors and doctors that they're seeing.

So the church is just one area in a multi –

And I take it you were going to say that, because what you're going to say to the church of say 100 people is, "Don't think you have to face this alone. There actually is a box and a set of resources from which you can draw that can help you navigate this so that you don't end up having to isolate the person who is in your community."
Michelle Attar

Right. And that relates to the family. So with the children, having – being able to be honest and processing. I always encourage families, talk about the illness. Talk about what the diagnosis is. And how that makes mom or dad act. Or makes the sibling act. That it's because it's in our brain and our brain is the thing that regulates everything about us. The words that we say, the movements that we make, when the brain is sick then all of those things that we see in a person look different. And to make that a normal conversation in a family that goes a long way to help the family relax and understand. Especially the children. The siblings to try to understand what's going on with their sibling.

And then these other organizations can help a lot too, to help get them connected to those groups. In a Sunday school class to give them some freedom to be away from their sibling who may be taking so much attention at home and allow them to be with kids their own age, that are doing normal activities to give them a little breather from the attention that this other one gets.

Meghan Wall

Yeah, we did a sibling class last semester. And it was so interesting to pull all of the siblings aside and to – we walked through some designated lessons every week. But we just talked to them a lot about what their life is with a brother or sister with special needs. And to my surprise whenever we said, "What is the one thing about your sibling that makes you all different?" We really wanted them to just have an open and honest conversation about that. And I was expecting some of the typical things like, “We can't go to movies. We can't go to restaurants. He's loud in public, and it embarrasses me.” Every single one of them their answer was, “I get to go to Johnny and Friend's Family Camp, and I wouldn't get to go if I didn't have a sibling with special needs.”
Or, “I get to go and do this, and I wouldn't get to do that if I didn't have a sibling with special needs.” It was all very positive. It was all those things that they get to do, because they have a sibling with special needs. And I think so many times we're so ready for the negative that we forget that some of these kids, these siblings love the fact that they have a sibling with special needs, because that makes them different than everyone educational. And they get special privileges. Yes, they have a lot of heartache, but the things that stand out in their mind are those special privileges that they get. They get to go first in line at certain things, because they're with this child with special needs. They get to go and make a wish trips because their sibling has special needs. So there's so many advantages. It was just so precious to hear them recall all the advantages and none of the disadvantages.

Dr. Darrell Bock

Interesting. I'm going to do a slight transition here. And I want to deal with a category. And I don't even know if you all classify this in special needs or not. It's kind of why I'm asking the question. And that is and we're still dealing with particularly now with adults and perhaps teenagers. We're going to host an event out of this center on April 20th, called Ministry of the Marginalized. And we've asked Kay Warren to be plenary speaker, as you all know. And of course she's been through a son who went through depression and eventually committed suicide, a very tragic story that was lived out very much in public.

And she's had all kinds of interesting things to say about her process of when she was going through that and then the after math. She's just recently written an article for example for Christian Today, urging people who send Christmas cards to people who have been through this experience to not pretend that nothing has happened. It's a very interesting piece in a lot of ways.

And so I guess my question is, because I actually don't know the answer. I'm asking a question I don't know the answer to. When someone is moving through into severe depression, is that considered a special need situation in your churches or how – where is the bucket that that situation drops into? Because that seems to me to be almost this floating thing out there that the church kind of doesn't know what to do with. And this experience I think that Kay went through is an example of a church struggling to cope with this.
Michelle Attar  Yeah, our churches have people living with mental illness in them. At any one time 25 percent of our population has a mental illness. So one out of four people sitting in the church service on Sunday is struggling with it somehow.

We need to be equipped as a church for how to recognize the signs.

Dr. Darrell Bock  There you go. That's what I'm fishing for.

Michelle Attar  Yeah, so certainly the staff of churches can be trained. And then talking about it too helps make it normal. That people live with depression and probably there's a spectrum for special needs. There's also a spectrum for mental illnesses. And it can go all the way from I'm having a blue day to postpartum depression, but if you keep going on this line, this spectrum it'll end up at the psychotic behaviors that we see on the news with the mass killings. People are at all different places on that line. It doesn't look the same. Bipolar doesn't look the same in one person as in another.

But there are certain signs that are danger. So the clearest one is is this person a danger to themselves or to others? That would be a person if they're in a Sunday school classroom; it could be a teenagers in a Sunday school classroom who is beginning to be unruly, they're acting out toward other people. Or it might be a leader noticing that a teenager has pulled back. And is totally in a corner quiet, sullen, whatever the expression is. Take note of that. And if you're seeing that there's a pattern, it doesn't just happen – it doesn't just happen in a flash. And then suddenly this person commits suicide. It's – I've never heard that. So this is happening through time; it's a gradual process. People are observing it happen. The family is. Teachers at school, teachers in the classroom at church. Take note of it and then call the parent and have a little talk with the parent, “I’ve noticed this about this, about your child. Have you noticed it?” And don't be afraid to talk about it.

We shy away from it for some reason when it's an illness in our brain and we're noticing the behaviors that happen because our brain is not firing correctly. Let's talk about it. And see if we can curtail something from happening before it happens.

Dr. Darrell Bock  Yeah, so the sensitivity is really important here in staying alert. I mean it is – depression is a very tricky animal. And –
Michelle Attar: Let me be a little bit more clear. So if a child is losing weight. If they're sleeping too much or not at all. If they're – if they have a history of psychosis at all. If you're starting to see or hear from them that they're hearing voices or they're seeing things that's a dangerous signal. If they've ever taken medication before for psychiatric illness that's something to be looking for too. So all of those things working together, if you're noticing any of those, any of those talk about it with the parent or talk about it with the person, the adult that's in your classroom and don't shy away from it.

Dr. Darrell Bock: Yeah, and another clue oftentimes is extreme withdrawal.

Michelle Attar: One more thing. It may be a situation where if they're a danger to themselves or to others that's 911. You call right now and get help.

Meghan Wall: Yes.

Michelle Attar: The police departments are trained to recognize mental illness. So if you're calling the police, you're not doing something bad.

Dr. Darrell Bock: Yeah, I remember in our counseling classes, this goes back you know when dinosaurs walked the earth. In our counseling classes we were told if anyone ever starts talking about the contemplating suicide don't take that as an aside remark. Really take that seriously. That that's an indication that there's something going on. That's a real clue that that person may need real help.

Michelle Attar: And you can press into that and did them further, "I hear what you're saying. And have you made a plan? Have you decided how you would do it?" And that gives more of a clue that if they've got a plan that's dangerous. They're a danger to themselves.

Dr. Darrell Bock: It pushes them into the category. Well, it's – I mean as you quoted the statistic one out of four, if you just think about that. Just think about looking as a speaker at a church, I look out at an audience I see the 300 or 600 or 1,000 or 6,000 that I'm speaking to. And you sit there and you think on every row, that means on every row there is someone who is going through this.
And it is a reminder of again the fact that we do live in a fallen world. That people are in different places. That there's a lot of pain that expresses itself in a lot of ways. Some people are coping with it well. And other people are struggling with it. In a community that's designed to be there to help. It's interesting how we think about church. It comes at a full circle thing. You think about church as the place where I go to worship God. I sing to God. Or I go and I study the – I hear about the bible. We think about the activities that happen in a church. But actually one of the most powerful things that happens in a church are the relationships that form the community that make the church the church. And in some ways give the opportunity for the church to be a place that's different than most other things we're involved with. And so the pursuit of genuine community is important and how special needs are dealt with in the midst of that is kind of a signal of what it is that – what kind of community the church is aspiring to be. And so it's a very, very important area, it seems to me in that regard.

**Michelle Attar**

I'm so glad – I'm sad for the Warrens that they have gone through the death of their son. But because of their very high profile, they're able to push an issue that has needed to be talked about in the church.

**Dr. Darrell Bock**

And they've done it. I mean they've taken it on. And it's – and that's why we invited Kay, because I watched them years ago on CNN right after this happened walk through the telling of their journey and what it taught them and where they felt like – the wrestling that always goes on in that kind of a tragic situation. What could we have done differently? Is there anything that we – the struggle with guilt and all this kind of thing. And yet at the same time the recognition that they were – they were in the midst of a very, very difficult kind of situation and to have people deal with it rather than simply pretend that it doesn't – do the American thing and put it somewhere else. Put it on the shelf somewhere else. That's not how we respond. That's really why we've invited her to come and speak is because we do think she will set the table very, very nicely for the conversation that we need to have and to get churches thinking.
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<td>And I think, as you suggested earlier, not suggest a church is okay. &quot;There's some special elite churches over here that can handle this. And we'll leave it to them. And the rest of us will just sit back and watch it – let someone else do it.&quot; No, this is something the churches across the board need to face up to no matter where you are and be prepared to deal with.</td>
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**Michelle Attar**

The church is called to it. And we have such a unique opportunity. Actually it's a common opportunity throughout the history of the church that we have attacked the ills of the world. You know the hospitals, the illnesses people have had. The church has gone after that and included those folks. This special needs and mental illness are a couple of areas that the church has not done a good job. And we have an opportunity now to bring that to the forefront. And this conference will help train pastors and people who are part of churches to be ready to be able to recognize how to come along a family that's struggling. And how to recognize signs in someone who might have a mental illness. And have it be part of the ministry rather than relegate that to society outside the church walls.

**Meghan Wall**

And because this knows no socioeconomic divide it's not something that is only going to affect this population of people. It's affecting everyone. It's affecting I think if you look at church staff's now, there are a lots on church staffs that have either children with special needs, adults with special needs, spouses with special needs, mental illness. I mean – it's not compartmentalized to this one population. It's affecting everyone.

And so I think that it's just something that we can't steer away from anymore. It's there and it's not going away until the Lord comes back. But there are a group of people and their families who need Jesus.

**Dr. Darrell Bock**

And if the statistics on some of these, some of these areas is one in four, I mean you aren't walking down your block very far before you're running into this.

**Meghan Wall**

Right. And when I started eight years ago, the autism rate was 1 in 115. And now it's 1 in 68. So whether that's more diagnoses or better diagnoses, whatever your belief is for why that number is going up so high.
Michelle Attar

Same thing is happening with mental illness. When my husband was diagnosed he was 33, which was right at the typical age that you're diagnosed with bipolar disorder. These days I'm hearing more and more the diagnosis is happening in the teenage years. Now he recognizes, my husband, that it was going on back then. There was no diagnosis. Now we're either getting better at diagnosing or it's happening more. I don't know. Kids are being diagnosed with mental illnesses very frequently.

Meghan Wall

But it doesn't matter why it's happening or what's causing it, the fact is that –

Dr. Darrell Bock

Everybody has to deal with it when it happens.

Meghan Wall

And we've got to be there as a church to support them.

Dr. Darrell Bock

Well, I thank you all for coming in and being a part of this conversation. We just remind people for the conference for those who will hear this before the date April 20th that Ministry of the Marginalized will be a conference that will be held at the seminary Kay Warren is the plenary speaker. There will be a series of workshops dealing with a variety of areas that help churches and communities think through how to deal with this area so that they're able to cope with whatever God sends their way, if we can say it that way. And we want to thank you Meghan and Michelle for coming in and being a part of the conversation, helping us think through special needs. And we thank you for being a part of the table and hope to see you again soon.