



# Reaching Out:

## Connecting Religion, Spirituality and Mental Health in our Faith Communities

### Breakout Session A:

#### *When it's More Than the Blues: Understanding depression and suicide*

**Dr. Jerry Halverson** is a board-certified adult psychiatrist with a subspecialty in psychosomatic medicine. He serves as medical director for adult services at Rogers Memorial Hospital-Oconomowoc. Dr. Halverson has been honored by his colleagues for clinical and leadership excellence. He has been selected for a 2010 "Forward under Forty" award by the University of Wisconsin Alumni Association and has also been awarded an American Medical Association Foundation 2010 leadership award for outstanding community and peer leadership.

Dr. Halverson is a recognized leader within the Wisconsin Medical Society and the Wisconsin Psychiatric Association and has held key leadership positions within professional organizations both locally and nationally. He has spoken extensively on mental health disorders and advocacy efforts to academic, legislative and community audiences. Prior to joining Rogers, Dr. Halverson was the medical director of adult psychiatry at Meriter Hospital in Madison and was an assistant professor of psychiatry at the University of Wisconsin School of Medicine and Public Health where he directed the Treatment Refractory Psychiatric Disorders Program.

**The Rev. Dr. Scott Stoner** currently serves as the founding director of The Samaritan Foundation for Church and Family Wellness, located in Milwaukee. Scott has thirty years experience as an Episcopal priest, spiritual director and licensed marriage and family therapist. He has always focused on the integration of spirituality and mental health in his clinical work.

Scott is the creator of the Living Compass Faith and Wellness Program, a whole-person program done in partnership with churches, the YMCA and other non-profits. Living Compass combines education and coaching skills to help individuals, couples and families strengthen spiritual, emotional, relational and physical wellness. Scott and his wife Holly Hughes Stoner, also a licensed marriage and family therapist, co-host the weekly Living Compass Radio Show heard Sunday mornings on WTMJ.

Reaching Out: Connecting Religion, Spirituality and Mental Health in our Faith Communities.

Breakout Group: When It's More Than the Blues

**The Unique Role Faith Communities Can Play  
In Helping People With Depression**

**Education:** The biggest barrier to people receiving treatment for any mental health issue is the stigma that is still attached to mental illness in our society. Faith communities can be true voices of hope when they dare to break through the silence and stigma that surrounds mental illness in our culture. Some of the ways that faith communities can educate their members about depression and other mental health issues, include:

- Newsletter articles about common mental health issues.
- Adult education series on common mental health issues--these can be taught by faith leaders, a mental health expert from the congregation or from the community. They can also include members telling their own first hand stories about dealing with mental health issues in their lives.
- Preaching. The preacher can normalize the experience of depression and other mental health issues through sharing real life examples of treatment and recovery in sermons.
- Supplying pamphlets, brochures, booklets, etc. that are easily available to members that they can pick up discreetly and get good information about spirituality and mental health issues.
- Faith communities have too often colluded with our culture in stigmatizing mental health issues through their own silence on these issues. All of these educational efforts listed provide concrete ways to change this pattern.

**Early Detection:** Leaders in faith communities are in a very unique position to spot the early signs of depression in their members. By the time a person shows up in the office of a therapist, psychiatrist or doctor to talk about their depression, their depression has usually been going on for some period of time and has probably reached the point of crisis. Medical and mental health professionals do not have the luxury that faith leaders have of seeing people function in their daily lives.

Once faith leaders know the symptoms and signs of depression, they can recognize them more easily in their members and find a way to gently raise the possibility that a person may be struggling with depression.

One of the most important ways faith leaders can help with early detection is to educate their members as to when they are at most risk for developing depression. This would include the following:

- Those who are in the midst of loss. People regularly turn to faith communities when they are dealing with loss. It is important to educate people that sometimes loss can make a person more vulnerable to developing depression and to tell them what the difference is between normal grief and depression. Warning people ahead of time as they start their journey of grief can equip them to

self-diagnose their depression and to get help much earlier than they might have otherwise.

- People who are dealing with chronic illness. Faith communities do so much to help support those who are sick. One additional way is to help people with chronic illness know that they also are more vulnerable to developing depression.
- Depression in the elderly. There is high incidence of depression in the elderly and faith communities are usually important support communities for the elderly. This gives faith leaders the chance to again educate their elderly members about the risks and signs of depression.
- Compassion/Caregiver's Fatigue. Caring for a chronically ill loved one also makes a person more vulnerable to developing depression. Faith leaders can often spot the warning signs of this happening and intervene before things get worse.
- Depression and the Soul. A congregational member may first approach a faith leader about going through a "dark night of the soul" in their life. Echoing some of the words from the Psalms, they may report that they feel God has abandoned them and that they are in a very dry place spiritually. The faith leader is uniquely qualified to guide them through this spiritual depression AND to also be curious about whether there is also a biochemical component to the person's struggle as well.
- Depression and Relationships. It is common for a faith leader to first learn about depression in a member of the congregation by hearing from a family member or friend of the person who is depressed. "I'm think my wife/husband/teen is depressed--would you be willing to talk to them?" Knowing how to respond to this kind of message and not get "triangulated" in the process, is a key skill for faith leaders!

**Support:** Once you know that someone in your faith community is struggling with depression or some other mental health issue, it is so important to stay in touch with that person and offer them ongoing support. Staying in touch and providing support reduces any stigma or isolation that the person may be experiencing due to their depression. Parish nurses and lay visitation ministries can be invaluable sources of support to people recovering from depression. Many faith communities offer grief and loss support groups as well.

All of this show the unique and important role that faith communities play in making an important difference in the daily lives of their members as they do all they can do support them in their spiritual, emotional, physical relational wellness.

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## Vignettes for Breakout Group Discussion: When It's More Than the Blues

1. Sarah, a member of your congregation, comes to talk with you because she is concerned about her husband Ron. Ron is a 45 year old "type A" male who was laid off from his job six months ago. Sarah reports that Ron has become increasingly isolated and irritable over the last month, and that he doesn't seem to have much initiative to even look for work any more. She reports that he has become very critical of her and their two teenage children. She reports that she has now become resentful herself and no longer feels sorry for him. In fact she can't understand why he's so unhappy when she is the one that has to work extra hours now while he gets to lay around the house all day and do whatever he wants. She says that if this keeps up she's not sure they will still be married a year from now. She wants to know if you can do something, but she doesn't want Ron to know that she came and talked with you.

While there is no one "right" response here, what are some options you might consider?

2. Betty is a 75 year old widow. Her husband died two years ago and she recently moved to your town to be close to her adult children, two of which are members of your congregation. Betty has recently joined your congregation as well now. She schedules an appointment to come and see you because she feels that God has abandoned her and that her prayer life has all but vanished. She spends most of the whole appointment crying. She says she is so alone and that she so misses her husband and her former home town. She says her adult children have no time for her and she wonders why she moved here. She reports that she feels a great relief after she meets with you. You meet with her several more times and these meetings go the same way. She cries the entire time, but feels a little relief at having the chance to express all of her sadness and frustration. You sense that she may be suffering from depression, but when you even hint at her getting additional help she expresses strong resistance. She would prefer to keep meeting with you because you are so kind and understanding and you are helping her with her prayer life.

What are some responses you might consider to be helpful to Betty?

3. A senior at the local high school recently committed suicide. He was not a member of your congregation, but many of the youth in your congregation knew him well. At a recent meeting of the youth group you overhear some kids making fun of the young man saying how "psycho" he was.

How might you respond to this situation?