INTRODUCTION

Today I’m starting a new sermon series. During the five Sundays of August, we’re going to be reading from the Gospel of Mark, chapters five through seven. As we read these stories, we’re going to consider Jesus’ ministry of healing and what that means for us today. Each Sunday, we’re going to consider a different aspect of “Jesus and Health.” Next Sunday, we’re going to talk about “Jesus and Physical Health.” On August 16, we’ll discuss “Jesus and Relational Health.” On August 23, we’ll cover the subject of “Jesus and Societal Health,” and, on August 30, we’ll talk about “Jesus and Spiritual Health.” Today, to get this all started, we’re going to dive right in to the very difficult topic of “Jesus and Mental Health.”

1—THE BIBLE STORY

We begin with the Bible story. At the end of Mark, chapter four, Jesus had just finished calming a terribly frightening storm. Now, in chapter five, Jesus and the disciples have landed on the other side of the sea, in the Gentile country of the Gerasenes. If Jesus could bring peace to a storm of nature that threatened their lives, then surely he would be able to offer healing calm to this man who was tortured by an unclean spirit.

Mark’s Gospel gives us plenty of details so we can imagine how terrible this man’s life was. He lived in the tombs among the dead. Others had tried to chain him up, but he had great strength and was able to break the chains. Yet, even when he was free of external constraints, he was tormented by forces within him that caused him to howl like a wild animal and bruise himself. The New International Version translation says that the man “cut” himself with stones. The man’s problems were so many that he identified himself as “Legion”—a reference to the thousands of soldiers in a Roman battalion. We don’t have to read the contemporary term “mental illness” in these verses to know that’s what was going on
here. The man’s emotions and thoughts were waging war inside him and causing him to inflict pain upon himself and those who tried to care for him.

As we consider this biblical story, we recognize, gratefully, that not every mentally ill person experiences the depth of anguish this man felt, and not every person with mental illness expresses their pain in such scary ways. But we also recognize, regrettably, that many people today never find the healing relief from their suffering that this man received. Even those among us who don’t howl or cut skin or break chains may feel terrorized by thoughts of death and emotions of darkness that threaten well-being and the functions of daily life. And since some mentally ill people inflict their pain on others—sometimes in large numbers—we certainly need to be aware of how the issues of mental illness affect us all. The more informed we are, the more we will be able to bring about hope and healing.

2—MENTAL HEALTH STATISTICS

I’m sure there are many of us here today who know about mental illness from our own personal experience, through living with a family member with mental illness, or through professional involvement with mentally-ill clients and co-workers. But maybe it would help to review some mental health statistics. Statistics can vary depending on how the research was done, what definitions were used, and the goals of the reporting agencies. The information I’m giving you today comes from the websites of the National Alliance on Mental Illness, Mental Health America, and Cure Alliance. Since statistics can be hard to hear and hold in your mind, I’m going to ask those of you in the front of the sanctuary to help me make these numbers visual. This exercise in no way reflects on you personally. I just need you to help represent the numbers and percentages of people who are affected by mental illness.

I’m not sure how many people are here in worship today, but we generally have around 100. So, for every percentage point in these statistics, I’m going to ask that many people to stand up so we can get a visual idea of the extent of our human suffering.
I need one (pink) person to stand up for the 1% who live with schizophrenia. (Please remain standing.)

I need 3 more people (yellow) to stand up for the 2.6% who live with bi-polar disorder.

I need 7 more people (green) to stand up for the 6.9% who live with major depression.

I need 7 more (blue) people to stand up to total the 18% of American adults who live with anxiety disorders.

I need 2 more (red) people to stand up to represent the nearly 20% of American adults either living with a chronic, long-term mental illness or who have experienced a short-term episode of mental illness in their lives.

20% is the average across the United States for adults who have experienced some kind of mental illness. Here in Utah, the number is 22%, so I need 2 more (brown) people to stand up. By the way, this 22% is the highest of all 50 states plus the District of Columbia. That’s the adult population that has experienced any kind of mental illness. Do you see that that’s between 1/5 and 1/4 of us?

Now, let’s imagine that all these people standing represent adults who have chronic mental illness. How did these adults get to this point in their lives, we might wonder?

One half of the chronically mentally ill (1 pink, 3 yellow, & 7 green raise your hands) began suffering from mental illness by the time they were 14 years old.

Three quarters of them (2 red & 2 brown also raise hands) began suffering from mental illness by the time they were 24 years old.

I gave you those last bits about young people because, often, we don’t accept the fact that our children and youth are mentally ill until after they have suffered far too long. Here in Utah that has been especially bad. Of the 50 states plus the District of Columbia, Utah ranks next to worst in the percentage of children and youth who needed but didn’t get access to mental health services. When we don’t treat the mental illnesses of our children and youth, then we end up with Utah having the highest percentage of adults suffering with some kind of mental illness. (hands down)

The mentally ill are around us and among us. In fact, many times, they are us. That could scare us into the tombs, like the man in the Bible story. We could hide in embarrassment. Or, possibly, the prevalence of mental illness could help us to come out into the light of God, to the help and healing of Jesus. (sit down)
**3—MENTAL HEALTH TREATMENT**

And that brings us to mental health treatment. In some Christian circles, exorcisms are still practiced. I just heard on National Public Radio a few days ago that there’s a shortage of Catholic priests in the Philippines. They didn’t report a shortage of parish priests or priests who administer orphanages or teach in schools. Instead, they reported a shortage of priests who specialize in exorcisms. Apparently, in the Philippines, many people still believe that mental illness is caused by demon possession, and that a specialized priest can cast out those demons through the power of religious rituals and prayer.

In our culture here in the United States, we’re more likely to think that mental illness is caused by brain injuries and chemical imbalances. So we’re more likely to seek the help of our family physician, a Master’s degree-level talk counselor, a Ph.D.-level psychologist, or a psychiatrist, which is an M.D. who specializes in mental health care. While we people of Christian faith certainly pray to God for healing of mental illness, we believe that God has also given us other resources that we should use, as well.

It used to be that only the rich could afford to get mental health care. Fortunately, today, health insurers are required to cover the treatment of mental illnesses, as well as physical ones. The opportunity to talk with a caring professional who understands how the brain works, the opportunity to take medications that provide some relief from emotional pain, and the opportunity to receive emergency care, if needed to prevent harm to self or others, are incredible — and often effective — resources. Because of huge advances — miraculous advances, even — in public perception and brain research, there are people among us who are living, working, functioning, loving, and finding meaning in their lives — who otherwise might not be able to get out of bed or who might have found a very final way to end their misery.

Sadly, though, we have a long way to go before some of the most difficult cases of mental illness can be cured. That’s why it’s important for us as Christians to keep advocating for the mentally ill and for more-effective treatment. In my preparation for this sermon, I found a comparison chart for national spending on health research. “Through the US National Institutes of Health, we spend more than $5 billion
each year on cancer [studies], an investment that is paying off in declining cancer mortality. But less than half of that amount is spent on studying the brain and researching treatments for mental illness. While cancer can affect children and youth, generally it’s a disease that affects older people. In contrast, mental illnesses—especially the worst ones—generally develop in childhood and adolescence, and people have to suffer with them for a very long time. That isn’t to say that we shouldn’t spend money on cancer research, or heart disease, or any of those problems. But, as followers of Christ, we must also care about the mentally ill and provide to them—and us—the healing power of God.

CONCLUSION

This summer there’s been a big deal made about the sale of Harper Lee’s book Go Set a Watchman. I haven’t read the new release, or “first draft,” as some are calling it. But it got me to thinking about the character Boo Radley in To Kill a Mockingbird. Do you remember Boo? He was thecreepy, reclusive neighbor that the children Jem, Scout, and their friend Dill were obsessed with throughout the summer. The reader is given the sense that Boo is mentally ill, and that his family confined him out of public sight. But, one night, Boo ended up coming out of his house and saving the children’s lives before he slipped back into obscurity. In the story, Boo brings health to the children, and they, by coming to understand him better, are able, in a sense, to make their community a safer and healthier place for Boo to live.

Jesus and the disciples crossed a stormy sea and left the spiritual safety of Jewish norms to enter into the “unclean” Gentile country and help the man who was possessed with tormenting spirits. They went out of their way to bring healing to that community and to the man who suffered so horribly. Afterward, the man traveled around the 10-city Decapolis and proclaimed what Jesus had done for him. What will we do? How can we join Jesus in promoting mental health?

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1www.nami.org  2www.mentalhealthamerica.net  3www.curealliance.org/educate