

# How to respond practically?

*Disclaimer: this is an automatically generated machine transcription - there may be small errors or mistranscriptions. Please refer to the original audio if you are in any doubt.*

Date: 03 May 2025

Preacher: Steve Midgley

[ 0 : 00 ] Thank you, Corey, as well, for stimulating thoughts on, particularly thoughts on boredom. I find it fascinating when I was doing the thinking that I've been doing about trauma, up to writing! very much an introduction for church care. One of the themes that I hadn't expected to encounter was the way in which we can think about speaking of beauty into the experience of trauma.

And that Psalm 27, to gaze upon the beauty of the Lord, as the beginnings of a way of how we speak into the ugliness of trauma is really intriguing.

So I ended up sort of doing a little bit of thinking about that in the book, which had been stimulated by others. 1 John 4, why do we have that? We had that because it's just such a lovely, lovely vision of a church community that loves one another.

I'm always struck by that moment in the reading. I'm in a slightly different version, but I can't remember. I think it was the same as you heard.

No one has ever seen God. And you know that John has used that phrase before. No one has ever seen God. Prologue to his gospel account. No one has ever seen God, but God the one and only has made him known.

[ 1 : 33 ] And intriguing here that he starts the same way. No one has ever seen God. But he finishes in a different way, doesn't he? No one has ever seen God, but if we love one another, God lives in us.

And his love is made complete in us. And you get this sort of picture that Jesus is no longer here on earth, physically, ascended, but has left his spirit to his people to form the body of Christ, in which those characteristics of love make him known.

It's a lovely, lovely vision. And in a sense, in this second session, what I want us to try and do together is think, particularly in relation to the experience of struggles with mental health, what does a loving community look like?

Well, here are a few things at the beginning. There is an eagerness in relation to helping people with mental health struggles. So it's not sort of, oh, bother.

You know, we've got some people in our congregation who seem to be struggling with anxiety and depression. You know, it looks as though we need to try and look after them. But there's an eagerness to step into the struggles and difficulties of people's lives.

[ 2 : 45 ] I think we've got some slides that we'll just work our way through that. The second thing is that we might be compassionate rather than critical. There's nothing about our church's attitude in this area that's sort of wagging the finger to people, but is driven by a sense of compassion for people who are suffering.

Third, that our approach is gospel-shaped, not worldly. That we really have done the hard work of thinking, how do you come at these things with a biblical worldview?

How do you bring the riches of Scripture to bear? You know, we don't want just to sort of do a Christianized version of what the world is saying, because the Christian faith is radically distinctive. God has done something utterly turn-upside-down-ness about it, isn't it? And then thirdly, that our approach would be wise and not reckless.

To recognize that this is tender territory, to recognize that people are vulnerable in these kind of struggles, and to know the bounds of our abilities.

[ 4 : 02 ] That will vary from person to person, but not to trespass beyond our competencies in this area. What's going to help us do that?

Well, the first thing that I want to suggest is going to help us do that is have some sort of a way of understanding our approach to this. And I didn't manage to get to this model, and I have no idea what time we need to finish this session, because we are slightly behind schedule.

So who knows what might happen? Maybe it'll be a shortish lunch break. But a model. Okay, so here is a model. It's not original to me.

I find it really helpful in thinking about mental health difficulties from a biblical perspective. So the model begins with the heart, and the Bible uses the language of heart as one of its ways to describe the inner person, the kind of the real me.

Other words are sometimes the soul, the mind, the inner person, all sorts of different words with slightly overlapping meanings.

[ 5 : 13 ] They're not identical, but they sort of overlap with one another. But it's describing the bit of me that makes commitments, the bit of me that forms allegiances, the bit of me that says this is what my life is about.

And we know that. That's how we use the language contemporarily, don't we? Her heart's not really in it. Or you can see a heart for that. And what we mean is this is something that really matters to you.

And so in a sense, the heart in biblical terms is that with which we worship, which is to describe the ultimate significance to something.

Okay? So the model begins there. But as well as this inner person, we also have an outer person. We are, if we go back to the language of souls, we are embodied souls. We have a physical frame. That's how, you know, you are listening to me with physical ears. You're looking at the screen because photons are bouncing off your retina.

[ 6 : 20 ] Your only way of interacting, you know, your inner person can't interact with the world, interact with anything except through the medium of your body because we are embodied. That's how God chose to make us. And the interaction between the inner person and the outer person is complex.

And there is a flow in both ways, which we could explore further, but we're not going to. But as well as being embodied, as well as having this physical frame, we are also embedded, which is just a way of getting two E's because we like that, us speakers.

Embedded, I just mean we're plonked into a particular context, circumstances. You know, you have a particular family. You have a particular family background.

But you're also, you know, you are embedded in 21st century Edinburgh. And that has a bearing upon all sorts of things about the way that you encounter life.

Both stuff from your past and stuff in your present. A whole realm of circumstances around you. And those three elements all have a bearing upon you.

[ 7 : 34 ] And the way that you are experiencing life, the way that you're doing life. And they have a bearing upon your mental health. So, let's take the model for a moment and think about somebody who is experiencing low mood.

And so, our world describes them as depressed. Well, there could be things, all sorts of things. You know, maybe some awful things have happened to them in their past.

Or maybe some awful things have happened in the present. A bereavement, a loss of a job, really difficult life circumstances. Which have a bearing upon them having this low mood.

Stuff has happened in the world around them. Maybe they have an illness. All sorts of physical illnesses are associated with low mood.

Underactive thyroid. Various sorts of cancer can be associated with a dip in mood.

[ 8 : 38 ] Parkinson's. Lots of things. You know, really very sort of bodily, physical complaints that one of their effects is a low mood. So, things can be going on in the body which affect our mood.

But stuff can be going on in our hearts that affect our mood as well, can't they? A lack of hope. A crisis of faith. You know, those things make a difference to our mood.

In other words, it's not neatly tucked up. That when we find that somebody is depressed, we know what might be causing it.

All sorts of things could be causing it. And it could come from any of these three realms. Or a funny mixture of all of them. Apply the model once more to Susie.

Think about another example. Not somebody who is depressed, but somebody with anorexia. Has Susie's context, has her circumstances, has her environment contributed to the development of anorexia?

[ 9 : 47 ] Well, it certainly might have done. I mean, anyone who has been brought up sometime in the last sort of 50, 60, 70 years can't help but be aware that in Western civilization, views about the

ideal female form, pressures from the media about what we should look like, or particularly what women should look like, although it's also now tipping over into men a little bit, have been really powerful.

In a way that was very different to several centuries ago, when the ideal female shape was very different. So, yes, circumstances have had a bearing. Has Susie's body had a bearing on the existence of anorexia?

Well, for the six months I knew her, she was starving. A starvation state physically does all sorts of stuff to your mood, to the clarity of your thinking. So, were physical factors at play in her experience of anorexia?

For sure. Were there genetic factors? Maybe. Maybe. We see, if we look, that eating disorders seem to run in families, even apart from sort of family influences just on a genetic level.

So, there seems to be something at play there. Again, we can look at somebody and say, there are factors at play here. At the moment, in psychiatry, the big emphasis is on body.

[ 11 : 25 ] So that we are in an era where biological psychiatry, an understanding of mental health disorders that come from our bodies, particularly from our brain chemistry, is utterly dominant.

So, we look at the next slide. I've made the yellow bit much bigger. Because that's the big emphasis at the moment. And we think in these terms, you go and see a psychiatrist, you are going to see somebody who is bringing a model that says your biology explains your difficulties, and therefore the remedy that we're going to be looking for is going to be medication.

I'm generalising, but I think the generalisation is helpful. It wasn't always like this. When I started in psychiatry back in the 1980s, we were at the tail end of a period where there was much more of a nature on...

there was much more of an emphasis on nurture, on the way in which our circumstances, our family of origin, or our social...

sort of... the deprivation could have an impact. So there were lots of studies about factors that contributed to people becoming depressed, or studies that said, you know, double binds and schizophrenogenic families contributed to psychotic illness.

[ 12 : 59 ] And that was the... that had been the dominant model for a long time. But then the pendulum swung, and we're now in this biological phase. I don't think we're going to stay here. I think the pendulum will swing again, and I think to some extent, some of the concerns that are now being expressed about the overuse of psychotropic medication is the beginning of that swing in a different direction, when we're going to pay a little bit more attention to influences of circumstances around us.

So, nature or nurture? You know, do we run into mental health problems because of our nature, biology, genes, brain chemistry? Do we run into mental health problems because of our nurture, because of the things that happen to us, our family, circumstances around us?

But here's an interesting thing. Where is the person upon whom nature or nurture is acting? It's a big debate in psychology.

You know, is it nature or is it nurture? How do we understand how a person becomes the person that they are? Which of those two? And you want to say, well, it's a funny mixture of both. Yeah, okay, I agree. But it's interesting that psychology doesn't seem to have a lot of room for the person who is being impacted by their nature and their nurture.

Do you see what I mean? Because there's a me, the Bible tells us that there is a me that takes decisions. I am not just the product of what's happened to me. I'm not just, well, I hope you don't believe you're just the product of your biochemistry.

[ 14 : 31 ] If you do, that's a pretty sad place to be, isn't it? You don't really love anyone. You've just got some brain chemicals that are, that's love. Just a few sort of neurochemistry bouncing around and you love somebody.

It's not you loving anybody, it's just your chemistry. Not many of us work with that kind of way of understanding ourselves, do we? We believe that we are a person, that we make choices and they're real choices and they're our choices.

They're not just the product of our chemistry. So there's an us that the Bible talks of in terms of the soul, making decisions. And in a funny sort of way in the world of psychology, that moral, choice-making, determining person sort of disappears under either being who we are as a result of our biology, our nature, or who we are as the result of what's happened to us, our nurture.

So you see that Christianity brings a very fresh, different gaze on this. And why I think this model is very important is because it says, look, all three things matter.

What happens in your life matters to you, makes a big impact on you. Traumatic events in your past, deeply sad things in your present, really difficult relationships that you're facing.

[15:56] Those things really do matter and they impact us profoundly. What's going on in our bodies matters too. Of course it does. We are embodied. Physical stuff makes a big difference to our experience of life.

But as Christians, we want to hang on to the notion that what we are doing in relationship with the Lord, who we are worshipping, how could it not make a difference to your mental well-being getting worship right?

It feels pretty obvious, doesn't it? I mean, God created us, that's what we profess as Christian believers. And he created us for the purpose of bringing him glory, loving him, glorifying him.

And by and large, doing that is good for us because it's what he made us for. And if we fail to do it and instead we worship something else, life does not go as well.

How could that not have an impact on our well-being? Now hear me carefully. I'm not now arriving in the place to say that if you've got mental health problems, you're a miserable, wicked sinner worse than all the rest of us.

[17:06] You know I'm not saying that. Because I'm saying there are lots of factors at play. But I'm not wanting to let go of the idea that what we are doing with our worshipping hearts is unimportant.

Of course it's not. It's important to all of us. All of us want to, if we're Christian believers, we want to worship the Lord more fully, more richly. And whether or not we've got mental health problems, we want that.

So we come to somebody with a mental health problem. I don't know what funny combination of stuff in your life, activity in your body, or the worship of your heart is contributing to your mental health problem.

I don't know if it's sort of 70, 20, 10. And I never will. But I don't need to.

Because I know that for all of us, whether we've got a mental health problem or we haven't, growing in our love for the Lord, deepening our worship and the giving of glory to Him is good.

[18:23] It's glorifying to Him, so we want that. So we will want that for one another. And it makes sense to do so. And to be able to do that without heaping a sense of guilt upon people as if this is the problem.

Do you see the difference? To hold to that, not to let go of it, but without making people feel as though this is the problem. All sorts of things may be contributing to their experience.

Okay, I've spoken lots on this. Pause for a moment. Here's my question to you. Does this model make sense to you? And does it help you as we think about whether mental illness is either spiritual or biological?

I asked you that miserable question earlier on and forced you to choose one of those two. Well, does this model help you to arrive at an answer to this question which is more nuanced, that is able to hold both of these ideas together helpfully in a conversation with somebody?

Just talk to the person next to you for about sort of 10 or 12 seconds. Okay, let me interrupt again and break into your conversations. I won't take feedback on that. We'll have some feedback on some other things in a bit.

[19:39] So just hold that. There are clever QR codes. We've got this Q&A; after lunch which I'm very grateful for and if you're able to stay for that and you've got questions about how does this model work, please throw them in there.

but I want to get to some practicalities so I'm going to keep pushing on. Let me think then with you about what might this look like.

I mean, I would frequently, with somebody, it wouldn't be unusual for me to draw that model with somebody who is struggling with depression, with anxiety just because it provides me with a framework that I can begin to talk about all the different things that are going on in their lives and keep all of them in the frame simultaneously.

So I just find it personally helpful in that kind of way. Okay, what are we aiming for in our churches? Here's five things to emphasize straight away. Think of Jin.

You remember Jin? He was the new dad with these intrusive thoughts of causing harm, abusing his own little baby daughter, desperately struggling and troubled with that.

[ 20 : 58 ] What do we want for Jin? Well, first up, we want to listen really well. When I met Jin, he had not yet told his wife about these thoughts because he was so ashamed of them.

He thought it was just so awful that he was having these terrible thoughts about abusing his own daughter. How could he say that to his wife? Now, astonishingly, he managed to say them to me. I guess probably I have a bit of an advantage because people know I'm into this kind of stuff. So maybe they find it easy to come and talk to me. But wouldn't it be good if in our churches we had a reputation as a church for listening well to this kind of stuff?

So that those who are living with a deep sense of shame, with a deep sense of loneliness and isolation, with worries and struggles and fears, do get to talk to about them.

So listening, being able to attend. Second, to attend first to suffering. The very first thing about Jin is that he's hurting.

[ 22 : 10 ] He's an awful place that he's in. Miserable to be where he was. And so the first thing again and again we want to do is respond with compassion to those whose lives are really hard in the face of difficulties like this.

And then to think about... Oh, slides have disappeared. That's exciting. And then to think about how can we be practical in our churches? Often mental health struggles create all sorts of sort of practical difficulties.

Walking into a church building, getting to a small group, anxieties that make that overwhelming. Are there practical things that we can do as a church? Even if we don't feel like experts and we're not sure what words we would have to say to try and help somebody, there may be all sorts of practical stuff we can do to support somebody who is in the midst of these kind of difficulties.

Are there ways in which we can just remind a person of essential Christian truths? Just because it's encouraging to be reminded that we're loved by a God who has promised us eternity with him.

And you don't need to say, you know, if you'll just believe this, you'll stop feeling depressed. You know, that would be clumsy and a bit sort of gauche. But to say, you know, I'd love to pray that, you know, in the midst of everything you're going through at the moment, God helps you to hang on to just how much he loves you.

[ 23 : 49 ] Again, it's not rocket science. But to have the, you know, just to feel as though that is something that I could do. Of course I could do that. And then to persevere and pray. Lots of struggles in this area last a long time.

There are people whose experience of depression is not sort of a little episode of depression that they then get better from. But it's a sort of chronic, low grade, low mood that might last most of their adult life.

Someone who develops anorexia in their teens, about a third of women who have struggled with anorexia nervosa in their teens will struggle with battles with eating, weight, shape for the rest of their lives.

So to persevere. And that has a bearing on the way in which we organise our church life and to keep praying. So there would be just five headlines.

I'm going to get you to do a bit more talking because Corey said this was the miserable slot. What did you call it? Where's he gone? The what? The noonday demon.

[ 25 : 02 ] Okay, so we're in that zone. So you need to do some talking to keep you awake. Here's the next question then. What I've just described, you know, we're all sitting here thinking, yeah, I'd like our church to be like that.

That'd be good. What stops us from doing that? Because I don't think that the church that I'm a part of does that very well. I think we've got a long way to go. And I want to ask you what gets in the way?

I think that, you know, I can think of sort of five or six things that I think get in the way of us doing this as well as we might. Just talk to the person next to you. See if you can come up. And I'm going to get feedback on this one.

So you need to come up with something or else the rest of the talk doesn't work. Okay, let's see what we've come up with. I think there are lots of ways of answering this question. But intrigued to know what kind of things occur to you.

Anyone want to just sort of shout out suggestion? What gets in the way of our churches doing this as well as we would like to? Range of things. Anyone want to suggest the first one? Fear of getting it wrong.

[ 26 : 05 ] Yeah, thank you. Absolutely. Fear of getting it wrong. Yes. The fear. So interesting. Fear on the two sides. Fear of the person helping getting it wrong.

Fear of the person sort of speaking about their vulnerability and their struggle. Yes, excellent. Other things that occur in two? Britishness.

Yes. I don't think we're describing it but it's that kind of we don't get too close. Yeah, yeah, yeah.

So, yeah. Yeah, I kind of a sort of gritted out and sort of persevere and stiff upper lip.

Though, yeah. And interesting how some of that is shifting and we might reasonably say that part of the explosion of mental health struggles in the kind of the under 25s is associated with almost an inverse of that.

And if we had more time we could do some fascinating comments about it. Yeah. Do you want to do what we can't fix? Yes, because we think, you know, where's this going to lead?

[ 27 : 14 ] I mean, if I'm not able to fix this, how much time will this take from me? How awkward will it feel if I've got nothing to say? So we feel kind of de-skilled. Yeah, can't fix it.

Yeah, thank you. One or two more? Anything else that occurs to you? Yeah, yes. Yeah, a limiting capacity because we've managed to fill our day looking at our phones instead of talking to people. Sorry, no, that's naughty. Yeah. But, yeah, it can and often is actually a huge investment of time to commit to caring for somebody with severe struggles with their mental health.

and we may feel, I can't do that, it's too much. Anything? The sermon can be a compassionate amateur and actually this is a person for a profession.

Yes. Yes. Yeah. Yeah. And thinking, you know, am I going to do, it sort of comes back to the am I going to do harm bit, feeling as though I'm going to be outside my range of competency and this is something I should be leaving to the experts.

[ 28 : 30 ] Great. And we could go on and those are all really helpful. Let me bounce it straight back to you then and go to the first of those. Let me capture one of the, and it sort of comes in with, I think, your comment about, you know, vulnerability and so on.

Those stigma in relation to mental health problems has gone down. There is still stigma around. And the sense of, is it okay to talk about this kind of struggle?

Actually, let's do this as a group as a whole because we can do this. I think it's on the next slide, I hope. Yeah. What can we do in the church to reduce the stigma of people with mental health struggles? How would you answer that?

How can we make it easier for people to talk about their mental health struggles in our churches? Yeah, so building better friendships so that people feel safer with, you know, because there's a stronger pre-existing friendship.

So that'll help. Yeah, so improving the relational quality in our churches. Other things? Through, yeah, through trainings and talks.

[ 29 : 41 ] I mean, so in a sense, you know, I mean, what we're doing today is contributory to that. Because by having spent a morning thinking about these things, it will be in all of our minds more when we go to church tomorrow.

And so it just raises our thoughtfulness. And the fact that, you know, we've done this or you do something like this in your local church, you know, here's an interesting thing.

If you ran an evening on, you know, Christian thinking on anxiety, even if only 10 people came and you've got a church of several hundred, say, maybe, several hundred people will have nevertheless got the message that ours is a church that thinks anxiety is worth thinking about.

You know, so even if you can't attract many people, actually, I think loads of people would come.

But you see my point. Simply, simply, you know, simply doing events, some sort of, you know, training, some sort of information events, find somebody in your church who has some expertise or, you know, grab somebody from New Growth Counselling to come along and do an evening's training.

You know, even if you've only got a little bit of time, it communicates something about, as a church, we're interested in this. Okay, what else? I think church leaders seem authentic and real about their own struggles.

[ 31 : 08 ] Yes. So, if you can find yourself a church leader who's not sort of British like me and sort of, you know, nervous about fessing up to the... I mean, none of us like feeling vulnerable, do we?

None of us like admitting weakness. If we had time, I'd tell you stories about, you know, a point in my life where God very powerfully pressed upon me that me not being honest with my staff team

and with the wider church about a period of real difficulty in my life was just a lack of trust in him. and needing to get over myself by being willing to talk about it more because, yes, those of us at the front bear a particular responsibility for the setting of the culture of our churches. Thank you. Other things? Yeah? Yeah. Yes.

Yeah, however we do that to, you know, to break down the us and them-ness. And maybe that is the way that those of us who are preachers reference mental health struggles.

[ 32 : 25 ] and we don't talk about sort of difficulties as if they exist outside our church community which we can sometimes fall into but emphasize that these are problems within.

Yeah. One or two more? Yes, thank you. Yeah. Yeah. To, to, to, to, to, and, and for those of us who are church leaders to, to where it's appropriate and where people are willing to give some space and some time for those who are prepared to talk about their struggles to share their testimony in that kind of way.

And, and, and just to think about what testimonies do we listen to? Very easily we listen to the testimony of the person who says, you know, I, I, I was struggling with this terribly, terribly difficult problem and the Lord met me in it and now everything is marvelous.

And, you know, that communicates, I mean, I suppose it's better than, it's better than not having a testimony but, but it really does communicate to everybody, you know, that the people were interested in the people who've, who've sorted themselves out.

You know, how about the testimony of the person who, who says, I have been struggling with anxiety and fears all of my adult life. It comes and it goes.

[ 33 : 53 ] I'm learning to turn to the Lord. Inch by inch I'm learning to turn to him a little bit faster and these are some of the ways that I do it. But then a bad day comes and I crash again.

But the Lord is faithful. Even as I continue in my struggle. You know, what a very different picture of how the Lord meets us in our difficulties.

That would communicate to our churches. So, so there, let's flip through the next three slides and see if there are things I've forgotten in this area. Oh, yeah, just be careful with humour.

The way in which we speak about mental health problems, sometimes, you know, we can fall into very stereotype ways. Describing people in terms of a diagnosis, anorexics, schizophrenics, you know, that sort of identify a person by a diagnosis.

I don't think we should be avoiding that. that we do talk about, about, if, I'm slightly off-piste here, but not a long way off.

[ 35 : 00 ] If, if in our sermons we never apply the scriptures to a person struggling with, with an addiction to alcohol, or if we never apply a passage to how we might engage with domestic abuse, then, implicitly, we're saying alcohol dependency and domestic abuse does not exist in our church.

That's why we don't have to talk about it. That's why you'll never hear it mentioned from the front, is because that doesn't, we don't have that in our church. So if you've got that, please don't talk about it. Do you see what I mean?

That becomes the message. If we're prepared to talk about it, then it lowers that threshold to make it possible for people to say, you know, this is my problem. And it looks as though I'm in a church where people are ready to listen to me on that kind of problem.

Sorry, just flip through again. Where else we go? Oh, books and booklets. You know, do we have books on these kind of topics? There are a number of really short little booklets.

I mean, you know, very limited comments about coping with obsessive-compulsive disorder, coping with the aftermath of an affair.

[ 36 : 20 ] If we have those sort of booklets prominent in our churches, again, it communicates this is stuff that this church bothers about.

And if this is your struggle, then you're in the right place. We've talked about that. Flip on another one.

you know, the next one. We'll do this and then we'll stop, I think. I've heard variations of this statement a number of times over the years. Maybe you have too.

Somebody saying, with my mental health struggles, the people who've shown most interest and have been most ready to talk and simply been there for me have been my non-Christian friends. why do you think that might be? Any thoughts? I mean, yeah, I think I have heard this lots of times.

[ 37 : 21 ] Any thoughts why you think this might be the case? Yeah. Oh, sorry, I'm going behind you, Louise. Louise. yes so the person that they're talking so they're you mean their christian

friends aren't willing to talk about their problems so they shut down the person who does want to talk about their problems yeah okay that's interesting yeah i go with that um if we've created a culture in our churches just doesn't do honest conversation about honest struggles um yeah that'll that'll happen any other thoughts why this might be yeah yeah if we if we haven't got a category to put it in i mean i mean earlier on i was sort of you know saying you know sort of faith is here and mental health struggles are here if we haven't somehow found a way of of of thinking through what is my understanding of what what's going on in a mental health problem in other words you know if you haven't i mean i'm not saying my model's perfect the other one i put in front of you but some kind of way of tying these things together we haven't got that then we just sort of feel a bit stuck oh i don't i quite have to do this yeah anything else yeah um say again yes so so the the the the yeah we are we're fearful of of what the church's approach will be um or and has been in the past yes um my gaze there's one that we haven't quite touched on yet anyone want to see what i'm thinking for it's exciting isn't it can you guess what the speaker at the front is thinking at the moment um yeah yes um a fear of what is going to get said about them um and how that will how that will spread around for me that i think one of the one of the big issues here is that a person's non-christian friends and it sort of maybe we've said it already and maybe so that's why you're not saying it i think somebody over there mentioned earlier on i think i think our non-christian friends don't think that they know how to fix us and i think in our churches we think we've got jesus we've got the gospel we should be able to make this better and so in a conversation with a non-christian friend who just thinks oh wow this sounds awful and i'm out of my depth and i don't know what to think so they just listen and seek to be compassionate in other words they do the right thing uh christian friends think i need to to make you better i need to sort this out and i've got jesus so i should be able to do it and so we dive in too quickly too clumsily too thoughtlessly without having listened or understood um or worked it out i think we are um so a couple of slides here that will pick up some of these things um yeah thanks um our churches very easily have a culture of efficiency success and sortedness you know who are the people we we value the people who you know

a church that can be efficient and spending time grappling with long-term mental health problems isn't very efficient and that can sometimes happen um and a conviction that actually or not enough of a conviction that that the gospel is for weak people um and that we are we bring our weakness and our need um for salvation safety to the lord and he meets us um in that um problem the next slide um for that um that is what the gospel is for i i mean maybe you do this already i mean sometimes in our in our church we we use the language of saying um you know we're a hospital for sinners not a museum for saints we know all of us are people who needed the medicine of the gospel um and when we sort of level the playing field in that way you know people struggle in different ways people's battles are in different places but we are all essentially similar as people who needed a savior and and that sort of way of speaking about church removes some of the the the sense of i need to be a sorted person to fit in here um somehow we need to to reverse that and the the last thing i want to say um is is just to think about the the out of depth issue that we talked about earlier um um when we feel de-skilled when we feel out of our depth um what what can we do then and of course all of us will feel that in this territory to some degree and i think the things we can do is is is ask don't pretend if somebody you know says oh you know my child's just been diagnosed with adhd and you're not sure you can remember what the letter stand for never mind what it actually means will ask so i don't know very much about that but i'd you know i'd love to to know a little bit more to tell me tell me what that means tell me how it's affecting you and your child just be interested be curious in a in an appropriate kind of way um if you find yourself talking to somebody you feel out of your depth well then involve somebody else is there somebody else in your church who's a little bit more skilled brings resources that you don't have um in terms of experience well with the person's permission draw them in um particularly if you find yourself in a place where you're talking to somebody and you're worried about safety absolutely draw somebody else in um or read yeah if you don't know very much about autism and you've got a friend whose child has been diagnosed with a diagnosis of autism then do a bit of self-education find a bit out so that you can be a good friend to them um ask them what they've been given to read and say you know could i read that as well you know i'd love to understand um your situation and what it is you're facing um or you know get some training but bcuk is not sort of only limited to sort of the mental health world um in all sorts of ways what we're trying to do with with bcuk is discipleship more broadly pastoral care is not just about problems pastoral care is about sort of maturing as

believers and as churches together um and the courses you've heard about um and that there are leaflets at the back um are our contribution um to try and help um our churches move forward in this area um we have overrun i'm going to say a prayer and then i'm going to hand back to zach uh our father god we we thank you for the the wonderful gift of church uh thank you that you have in bringing us to know jesus you you don't bring us uh simply to an individual relationship with you uh marvelously and wonderfully you do do that um but it's more than that you you bring us into a community uh brothers and sisters around us uh who share faith in christ um and your your glorious plan is to to use us in one another's lives uh to to grow us uh more and more uh like the lord jesus and and as we think this morning about the the particular um ways in which we can help those um who struggle with with mental health issues uh lord we we pray that just one or two things from this morning uh might land with us that we would take back into our church communities um something that might be different about a conversation we have tomorrow something that might be different about the the coming uh year in our church um that means that we love one another uh better um and therefore we glorify you um because we we love as you have loved us um help us with these things we pray in christ's name amen