Greetings on behalf of the Peer Advisory Committee

Bon Jour, Hola, Hallo, Ciao, Ola, Namaste, Salaam, Hello!

These are different languages used in different cultures, but all around the world it means our hello. Greetings to all of our readers. It’s fall again and it’s time to invite everyone to our 4th Annual Opening the Doors to Spirituality Symposium. Ya know whether it’s Jewish, Christian, Buddhist, or Muslim, it all comes down to one word, one very important word—spirituality. This one important word is one of the most, if not the most, important coping tools in our life’s journey with recovery and healing for mental illness.

At our symposium we shall hear a few great testimonies that will explain how spirituality has really been a main key to their lives when affected by mental illness. Please join us Sunday, October 16th from 2:00—4:00 pm. It is an afternoon you won’t soon forget. Bring a support friend, spouse, sibling, or clergy person, but most importantly bring yourself with an open mind and heart, and together we will open the doors to spirituality.

Peace and blessings,
Brother Christopher Lee
NAMI St. Louis Peer Advisory Committee

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4th Annual Opening Doors to Spirituality

This interfaith event connects mental illness and spirituality by featuring people with mental illness and clergy as speakers. The event will be held on Sunday, October 16th from 2:00–4:00 p.m. at the Central Reform Congregation, 5020 Waterman, in the Central West End.

Light refreshments and conversation are part of the program.

Sponsored by NAMI St. Louis, Peer Advisory Committee. RSVP to Sharon Lyons, NAMI St. Louis, 314-962-4670.
Jesus Christ Has Had an Influence In My Life and Changed My Life Forever
By Joanie Milligan

I have schizoaffective disorder, depression, anxiety and OCD. These have made my life difficult. Some days are good and some days are bad. This has made me realize that I am not going to make it without His faithfulness, forgiveness and strength to help me in my daily life.

The Book of Psalms in the Old Testament is filled with emotions and inspiration. It speaks about God’s love, power and strength. One of my favorite psalms is Psalm 59:16. “But I will sing of your strength. In the morning I will sing of your love, for you are my fortress, my refuge in times of trouble.” Being a Christian has helped me in my ongoing recovery from mental illness. Jesus has made a profound difference in my life in dealing with mental illness. All these illnesses have made me rely on Him when I am afraid from symptoms. Psalm 56:3 says “when I am afraid I will trust in you”. He has helped me with my depression because he was “a man of sorrows and familiar with suffering. He took up our infirmities and carried our sorrows”. Isaiah 53:4

When I am anxious, the bible says cast all your anxieties on Him because He cares for you. 1 Peter 5:7

I believe that mental illnesses are brain disorders. There is nothing wrong with taking medicine. God made us and gave some people the ability to discover medicines to help us.

I believe the bible is the word of God and He speaks to me in it. I receive guidance, comfort and encouragement to live my life. I believe that Jesus is the son of God and my savior and that he purchased my salvation by dying on the cross and rising from the dead. John 14:6 says I am the way, the truth and the life.

Because of my relationship with Him, I pray to Him about everything. Psalm 62:8 says “trust in Him at all times, all people pour out your hearts to Him for God is our refuge.”

God has given me hope, forgiveness for my sins, love, strength and purpose in my life. In conclusion, I want to share something Jesus said. “Come to me all you who are weary and burdened and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble of heart and you will find rest for your souls.” Matthew 11:28-29
Jewish Values and Mental Illness

Jewish tradition is concerned with the health and well-being of the mind. Maimonides wrote, “When one is overpowered by imagination, prolonged meditation and avoidance of social contact, which he never exhibited before, or when one avoids pleasant experiences which were in him before, the physician should do nothing before he improves the soul by removing the extreme emotions.” Before addressing a person’s physical needs, physicians must first attend to the patient’s emotional and mental needs. In the tradition of mi she-beirakh prayer for the sick, we pray for a refuah sheleimah—a complete recovery—which includes both refuat ha-nefesh u’refuat haguf, a healing of the soul and body. Judaism acknowledges a distinction between mental and physical health. However, tradition treats them on an equal plane, recognizing that both a healthy body and a healthy mind are necessary for human beings to be complete.

Mental illness is a Jewish issue. Many loved ones feel they are on the outside of the community when they reveal the reality of mental illness to their family. And where one is not welcomed, our tradition tells us that we are to welcome the stranger because we were once strangers.

The above was taken from www.jweekly.com.

Why Faith Is Important to African American Mental Health

By Monique Tarver Feb. 05, 2016

A connection to faith has long been recognized as having a deeply profound impact on emotional well-being. Throughout history, a connection to a higher power has been the cornerstone of the resilience of empowerment that has sustained generations of individuals from the African diaspora. Trauma and health disparities faced both historically and currently by African Americans contribute to the enduring legacy of faith/spirituality. To this day, it remains a powerful source of hope for the community.

Many studies reveal that when faith is included in wellness planning, individuals experience shorter recovery times, fewer hospitalizations and fewer relapses. A 2009 survey of individuals with mental health conditions and family members conducted by the California Mental Health and Spirituality Initiative revealed that 88% of African Americans agreed or strongly agreed that faith is an essential component to their or their family member’s wellness.

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Why Faith Is Important to African American Mental Health

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The church and its leadership is a first choice for many individuals in times of personal distress. During a given year, clergy see more people than psychologists and psychiatrists combined. As first responders, African American faith leaders play a compelling role in speaking with the community messaging. It is imperative that community leaders are well equipped to respond appropriately to mental health needs while helping remove barriers to care.

Stigma is a significant barrier to accessing the needed support and care for individuals facing mental health concerns. Having a conversation with trusted community leaders who are aware of cultural concerns can improve mental wellness for individuals and families.

The assurance that mental health awareness is uplifted in the community often begins with faith leaders. For this reason, partnering with the African American faith community can be very helpful. Not only to foster collaborative relationships for on-going support, but also for preventative care and the reduction of the pronounced health disparities found in the African American community. Encouraging the mental health and faith communities to mutually learn from and respect one another is a progressive and necessary step in the right direction.

The following are a few helpful tips to for faith leaders serving the African American community:

1. **Realize that mental health conditions are medical conditions that are very common.** It is very likely that several families in your congregation are impacted by mental health in some way or another, which makes mental health a significant concern for the entire church.

2. **Mental health conditions are like all other medical conditions and should be treated as such.** The individuals and families seeking your guidance deserve to have their needs addressed appropriately and from an accurately informed source. To learn more about mental health, faith leaders are encouraged to take the Mental Health 101 for African American Faith Leaders as part of the Mental Health Friendly Communities Training series.

3. **Everyone deserves an equal opportunity to offer their gifts, talents and strengths to the community.** Individuals living with mental health concerns are valuable community members. Remind them of they are part of an incredible community and greatness lies in them!

1. **Faith communities should not replace trained mental health services providers, but work to support them.** Faith leaders should seek opportunities to collaborate and work together to help members of the community and their families.

While we are taking time to acknowledge and celebrate the incredible contributions of this community during African American Heritage Month, we must not forget that some individuals who are living with serious mental health concerns need our support. Our goal, if not responsibility, is to ensure that all individuals and families have a sense of community that will encourage them and give them the hope they deserve.

*Minister Monique Tarver, L.E., is the Program Manager of the Mental Health Ministries division of Good Times Ahead Family Ministries. As a survivor of mental health distress and family member, Minister Tarver uses her experiences in the mental health system and faith/spiritual community to advocate for the collaboration of these communities to allow for a holistic approach to wellness and recovery.*
I’ve heard somewhere that “LGBTQ are the last group it’s considered okay to discriminate against.” I beg to differ. There have been huge cultural attitude changes in the last 20 years regarding people who are gay, transgendered, etc. But attitudes towards people with mental illness have changed very little, if at all. One out of four or five people has had or will have mental illness at some time, and one out of seventeen people has a chronic long term mental illness. There are laws against discrimination towards mental illness, but discrimination against this group is rarely, if ever, disclosed in news media. As far as I can determine, the news media and entertainment are still reinforcing the ideas that the mentally ill are violent. If mental illness is mentioned in the news, it is almost always about some violent killer “with a history of mental illness” or a “brave celebrity” who openly talks about his or her mental illness. There are little or no stories about ordinary people with mental illness who aren’t famous and who haven’t committed murder. If you are looking for a job, don’t say you have a history of mental illness, because you won’t get hired. Definitely don’t go to a job interview looking or acting “mentally ill”—don’t look sad or anxious, don’t pick your skin, etc., because you won’t get hired. Most people go with their gut feeling when they encounter someone with possible signs of mental illness and avoid this person. If you have mental illness and it’s causing problems for you in the workplace you have the legal right to ask for an accommodation from your doctor. But, there’s no guarantee you won’t face discrimination anyway, and it can be very difficult to find advocates or attorneys who are willing to help you.

I have had depression and anxiety for as long as I can remember and I am 59 years old. I worked for the Missouri Department of Mental Health and faced harassment and discrimination in the workplace. Let that sink in, please, yes, the Missouri Department of Mental Health harassed and discriminated against a mentally ill employee, the kind of person they claim to protect. I did what I was supposed to do, I got a letter from my doctor, but as I neared retirement age in 2013 I endured harassment that drove me to nearly kill myself. My workplace was fully aware that they were causing me to self-harm. Did they try to help? No. They removed my doctor’s letter from my HR file and pretended they knew nothing about my mental illness. I called the Director of Missouri DMH, a woman answered the phone and said “Dr. Schaffer doesn’t want to get involved.” I went to the EEOC and they told me there was “no evidence of discrimination.” I asked the EEOC representative if it was okay for a workplace to drive someone to suicide and he said “OH YEAH!” in a very enthusiastic way. Really, I’m not making it up, that’s what he said. I finally got a lawyer. I sued the MO Dept of Mental Health and the case settled out of court in my favor after 1 year and six months; I won a substantial amount of money. I wasn’t as much money as I expected, but no amount of money would be enough to take away the suffering I went through. I had punched myself in the head so hard that it caused a brain hemorrhage. It required surgery and physical therapy for me to get “back to normal.” All I really wanted was for the harassment to end. They could have ended it, but they chose not to do so. I tried contacting the Governor, the Police, even the White House, and none of them would help. I was told to admit myself to a mental hospital, well, sure, I could have done that, but all I really wanted was for the harassment to end. If the harassment ended, I wouldn’t feel bad enough to want to die. Wasn’t harassment against a person with a disability illegal? If so, why wasn’t anyone able or willing to stop it from happening?

The website for Missouri DMH proudly states they are “dedicated to combating the stigma against mental illness.” Sounds good, doesn’t it? I’m retired now, I work a little bit part time and for the most part I’m functioning pretty well. If anyone wants to talk to me about discrimination against the mentally ill, my name is Wallace Pryor, I live in St. Louis, my phone number is 314-249-0316. Thank you for reading.
Until a few years ago, I may not have put those two ideas in the same sentence.

But thanks to a member of my congregation, I have had a chance to learn a few things about a few mental health diagnoses and treatments, about the mental health community in the St. Louis area, and about now a pastor (and the congregation) can be a valuable part of the circle of support around a person who is struggling.

The first lesson is simple: **Listen.** It takes time, but listening gives the struggling person space for expressing his feelings and concerns. By listening, I can learn to recognize his patterns of behavior and encourage him using toward all their resources.

Secondly, as a pastor, I cannot be the sole caregiver, but must **be aware of the multiple partners in mental healthcare.** Medical doctors, counselors, community agencies, family, and friends - all these must pull together in building circles of good health and support. I can be a stronger helper if I know who else is in her circle and which one to call for which need.

Next, in walking alongside one receiving mental health care, I have taken time to think about **how my own emotions and self-control are related to my spirituality.**

As a Christian, I put my daily hope and trust in eternal God – Creator, Redeemer, and Sustainer. Although I cannot understand why Creator God has made each of us the way we are, I believe that God has made people with the capacity for creativity, relationship, and an awareness of what is holy. God has good plans and purpose for each of us! We make mistakes and must live through consequences, but Redeeming God loves us always and is ready to embrace and restore relationship.

We live through many challenges, but I believe Sustaining God is an ever present help in the midst of pain and doubt. The God who has brought me through much in the past will sustain me through the next season, too.

Since God is eternal, I also believe in life beyond this physical, temporal realm, an eternity in which God’s goodness and love is the only operating system.

**For me, the practice of faith and nurture of spirit build a positive sense of hope,** something to hold on to when life is dark and difficult. Prayer, meditation, the reading of sacred texts, and exposure to the arts can keep me in touch with my emotions and God’s holy work within me. The community of faith then becomes another circle of support and encouragement around me.

In several faith traditions, the most important thing is to “love the Lord your God with all your heart, all your soul, all your mind, all your strength.” Relate to the Holy One with all of who you are!
Newsletter Mission:

The newsletter, established by the NAMI St. Louis Consumer Advisory Committee, will tell the stories of individuals with mental illness who are doing interesting things. It is a forum for information, inspiration, and creative expression.

Publication Guidelines

- Materials should be from individuals living with mental illness in the St. Louis area, unless invited by the Consumer Advisory Committee.

- In an attempt to decrease stigma and isolation that often accompany mental illness, we ask that you identify yourself by providing your name, address, and either phone number or email address. You will be contacted if there are questions about your material. You will also be contacted if your material or question is published. Names will be published, but no other identifying information will be made public.

- Items for publication should be free from profanity or language that is prejudicial toward any culture, race, religion, gender, type of mental illness, or type of disability.

- Submission does not guarantee publication. Items are published at the discretion of the Consumer Advisory Committee.

- Please keep stories, articles, and poetry to two pages or less. Please do not send originals as they will not be returned.

- Submissions may be made by email, U.S. Mail, or fax.

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