Raising Mental Health Awareness in the Black Church©

A seminar presented by

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PRESENTOR'S BIOGRAGHY

Pastor Joel A. Bowman, Sr. is a native of Detroit, Michigan and a product of a Christian home. Pastor B, as he is called, accepted Jesus Christ as his personal Lord and Savior at the age of 12. He was licensed to preach the Gospel in 1994 and was ordained to the ministry in 1996. Pastor B received his Bachelor of Social Work degree (1991) and Master of Social Work degree (1992) from Wayne State University. He is also a graduate of Moody Theological Seminary- Michigan (1999). In 1999, Pastor B received the call to pastor the Greater Tabernacle Missionary Baptist Church, in Louisville, Kentucky, where he served for 2 years. In 2001, Pastor B became the founder and senior pastor of the Temple of Faith Baptist Church, also in Louisville, where he continues to serve.

By profession, Pastor B is a Licensed Clinical Social Worker (LCSW), with over 25 years of experience in the mental health field. He has practiced as a clinician in the states of Michigan, Kentucky, and Indiana. Currently, he is a therapist with the U. S. Department of Veterans Affairs (VA), providing mental health treatment to America's military veterans and their families. His experience also includes work within the Department of Defense (DoD), public school systems, child welfare agencies, community mental health centers, and a private practice setting. Pastor B is also an experienced trainer and consultant. He has guest lectured at the University of Louisville's Raymond A. Kent School of Social Work, Baylor University's Diana R. Garland School of Social Work, and the Baptist Seminary of Zimbabwe, located in the Southern African country of Zimbabwe.

Pastor B is a former board member of the North American Association of Christians in Social Work (NACSW), and previously served on the Board of Advocates for the Garland School of Social Work, as well as the Church Relations Council of Campbellsville University. Pastor B provided leadership as the Dean of the J. L. Roberts School of Religion, an annual Christian education conference sponsored by the Central District Baptist Association. He is a free-lance writer, blogger, poet, *"spoken word"*, and voiceover artist. He is currently completing an audio recording of his poetry with background music and sound effects which will feature 10-time Grammy Award winner, Alvin Chea of the vocal group, Take 6. Pastor B has the distinction of receiving the highest honor awarded by the Commonwealth of Kentucky which is that of *"Kentucky Colonel."*

Pastor B and his beloved wife, Nannette Mitchell Bowman, are the proud parents of 2 daughters, Kayla Michelle and Katie Malia, as well as 1 son, Joel, Jr. (also known as J.B.).

For engagements, Pastor B can be reached at pastorb@templeoffaith.us

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Biblical Framework for Understanding Mental Illness

1 Thessalonians 5:23 (NIV)

[23] May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ.

3 John 2 (NIV)

² Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.

Luke 2:52 (NIV)

⁵² And Jesus grew in wisdom and stature, and in favor with God and man.

Genesis 2:17 (NIV)

¹⁷ but you must not eat from the tree of the knowledge of good and evil, for when you eat from it you will certainly die."

Romans 8:19-22 (NIV)

¹⁹ For the creation waits in eager expectation for the children of God to be revealed. ²⁰ For the creation was subjected to frustration, not by its own choice, but by the will of the one who subjected it, in hope ²¹ that[a] the creation itself will be liberated from its bondage to decay and brought into the freedom and glory of the children of God. ²² We know that the whole creation has been groaning as in the pains of childbirth right up to the present time.

6 Reasons Why African-Americans Don't Seek Mental Health Treatment
By Rev. Joel A. Bowman, Sr, LCSW ©
Founder & Senior Pastor
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1. **In general, African-Americans have different help-seeking habits than the dominant culture.**

2. **History of racism and maltreatment of African-Americans by white healthcare providers and others in power positions.**

3. **Negative past experiences with providers who are both culturally insensitive and incompetent.**

4. **Lack of financial resources, insurance, and/or access to quality mental health care.**

5. **Tendency among some to spiritualize all of life's problems (*"Have more faith; the Lord will make a way somehow"*).**

6. **There is a national stigma related to mental illness that impacts all ethnic groups, but especially African-Americans.**

<u>KEY DEFINITIONS</u>

"Stigma" is a mark of disgrace or shame associated with a particular circumstance. It is the perception that something, such as mental illness, is socially unacceptable or taboo.

According to the National Alliance on Mental Illness, *"Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life."*

<u>MENTAL ILLNESS MYTH BUSTERS</u>

Myth – Mental illnesses are uncommon.

Fact – One out of every five Americans has a mental illness in their lifetime.

Myth – Mental illness is caused by personal weakness or moral inferiority.

Fact – Just like many major illnesses, mental illness is not the fault of the person who has the mental health condition. There are complex biological and situational factors involved.

Myth – People with mental illness can't handle work or school.

Fact – Many people with mental health conditions have jobs, go to school, and are successful people in society. Most do not have to be hospitalized.

Myth – People with chronic or severe mental illnesses like schizophrenia are dangerous to society.

Fact – The vast majority of people with schizophrenia and other psychotic disorders are nonviolent. In fact, persons with such disorders are more likely to become the victims of violent crimes.

Myth – Overcoming mental illness is as simple as praying and reading the Bible more.

Fact – While prayer and the Bible are foundational, God works through people to bring about our healing. While all illnesses find their origin in the fall of Adam, mental illnesses are medical conditions that require medical interventions, just like diabetes, high blood pressure, or sleep apnea.

Depression©
By Joel A. Bowman, Sr., LCSW

It's the common cold of mental illness.

I can personally relate, since I have fought this.

Clinical depression will make you frown.
A heavy weight, it can press you down.

Depressive symptoms we must understand.
Here's a list for you to closely scan …

Ruminating is first what comes to mind.
It's dwelling on the negative all the time.

Irritable people are often depressed.
Out of the blue, they are easily stressed.

Depression can result in sleepless nights,
It can cause the loss of appetite.

Some tend to gorge; for their comfort eat.
But the void inside, they can never reach.

For some, sleep has become their great escape.
But the problems of life won't go away.

Some folks try to self-medicate,
But alcohol or drugs will further devastate.

Some on their face have an empty stare.
It seems to others like they just don't care.

Hobbies were once enjoyed by them,
Then depression knocked the wind out of them.

Some took their lives; another suicide.
They would isolate; no one by their side.

It's a serious problem we can't ignore!
If you are depressed, there is hope, for sure!

Some get better through talk therapy,
And there are good meds from psychiatry.

Don't be ashamed if you need some help!
When you go to be treated, that is love for self!

"REMOVING THE STIGMA OF MENTAL ILLNESS IN THE BLACK CHURCH"©

(Part One of a Three-part Series)
By Rev. Joel A. Bowman, Sr., MSW, LCSW
Founder & Senior Pastor, Temple of Faith Baptist Church, Louisville, Kentucky
Licensed Clinical Social Worker, Commonwealth of Kentucky

"Beloved, I pray that in all respects you may prosper and be in good health,
just as your soul prospers."
3 John 1:2 (New American Standard Bible)

I am one of a relatively small group of individuals in this country. I am an African-American pastor who is also a mental health professional. In fact, there aren't many African-Americans in the mental health field, period, be they clergy or lay members of local congregations. In 2004, the National Alliance on Mental Illness (NAMI) found that African-Americans account for only 2% of psychiatrists, 2% of psychologists, and 4% of social workers in the United States. As a licensed clinical social worker (LCSW) with over 20 years of experience; I have a unique bi-vocational perspective on the problems that plague people and congregations of all types. By God's grace, I have been able to effectively integrate my Christian faith and theological studies with advanced clinical training for the purpose of providing holistic ministry to the flock under my care. I have a particular burden concerning mental illness within the African-American Church. Unfortunately, this is an issue that has not received much attention, until recently.

There are several reasons for this. One reason is that the *"help-seeking"* behaviors of African-Americans are often different from those of the Dominant Culture. Both in the Western world as well as in Africa, persons of African descent have tended to look to the family for emotional and

social support, rather than to a therapist or counselor. They have also received help and hope from elders and/or spiritual leaders. The clinician should view faith and supportive family resources as strengths on which they can build. Secondly, throughout history, African-Americans have been subjected to racist and harmful practices on the part of health care professionals who falsely claimed to be instruments of healing. For many who read this, *"the Tuskegee Experiment"* comes to mind. In our current context, the disproportionately fewer African-Americans who seek mental health treatment are often misdiagnosed and mislabeled by mental health professionals who evaluate them based upon a Eurocentric paradigm of practice. Such a paradigm gives way to cultural bias on the part of the mental health professional. As a result, African-Americans have not *"failed"* at therapy; many therapists have failed to provide them with culturally competent treatment. This understandably feeds distrust of therapists within the African-American Church.

Given all that has been stated so far, there is a stigma concerning mental illness in the African-American Community that is especially powerful in local churches. This stigma must be removed if the health disparities between Black and White are going to be erased. *"Stigma"* is a perception that is often rooted in shame. It is the belief that something, such as mental illness, is socially unacceptable or taboo. At its best, the African-American Church has been a place of hope and healing for those confronted with mental illness. But at its worst, it can, like any other major institution, be a place of disgrace and judgment. Historically, African-Americans who have struggled with chronic mental illness have been referred to as *"crazy", "coo coo", or "not-wrapped-too-tight"* by others in their faith community. In addition, within certain congregations, persons with schizophrenia or other psychotic disorders are sometimes mistakenly presumed to be demon-possessed. Persons with personality disorders, Obsessive-Compulsive Disorder (OCD), or *"hoarders"* have been viewed as being *"touched"* or *"off"*. I can recall going to gatherings every year and noticing that one of my uncles would stay in his room and very rarely interact with the family. Most of us never considered that he could have been suffering with Social Anxiety Disorder (SAD) or Post Traumatic Stress Disorder (PTSD). We dare not discuss this possibility, too deeply, as mental illness was seen as a moral weakness by some in my family. Such beliefs continue to be held within the Church.

There are those in the Church who might say to the Christian struggling with mental illness, *"The Lord will make a way somehow. You just need to have more faith, and God will make everything alright."* Or, some might say, *"You just need to read your Bible and pray more and a breakthrough will come."* Still others might say, *"If the elders of the Church lay hands on you, you will be delivered."* While I certainly don't discount the importance of trusting God, the

value of Scripture and prayer, or God's power to deliver, I understand that, generally, mental illness has a medical, not a spiritual basis.

I believe that if we're going to remove the stigma of mental illness in the African-American Church, we must first define it. According to NAMI, *"Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life."*

Now, take diabetes, for example. African-Americans are disproportionately affected by this chronic illness. If *"Brother So-and-So"* was struggling to maintain proper blood sugar levels, his pastor or fellow church member would probably not say, *"You just need to pray more."* If they had any kind of sense, they would say something like, *"Have you been taking your insulin?"* *"How's your diet been, lately?"* *"Maybe you need to go to the doctor."* But, ironically, when someone is struggling with mental illness, people in the Church might respond with some misapplied cliché like, *"Just a little talk with Jesus will make it alright."* While I certainly believe Jesus is sufficient to meet all of our needs, there is a clear biblical principle that God works through people. Yes, God not only works through preachers, but he also works through psychiatrists. They have been equipped to prescribe medications that can have a positive impact on one's mood. In my estimation, this is nothing short of a miracle!

In Part Two, we will address the prevalence of mental illness in the African-American Church.

If you would like to contact Pastor Bowman with questions on this subject, or if you desire to engage him as a speaker or presenter, he can be reached at pastorb@templeoffaith.us

***"REMOVING THE STIGMA OF MENTAL ILLNESS
IN THE BLACK CHURCH"* ©**

(Part Two of a Three-part Series)
By Rev. Joel A. Bowman, Sr., MSW, LCSW
Founder & Senior Pastor, Temple of Faith Baptist Church, Louisville, Kentucky
Licensed Clinical Social Worker, Commonwealth of Kentucky

"Beloved, I pray that in all respects you may prosper and be in good health,
just as your soul prospers."
3 John 1:2 (New American Standard Bible)

It is the proverbial elephant in the sanctuary when African-American congregations gather for worship. Many know it exists, but they are ashamed to talk about it. The *"elephant"* to which I refer is mental illness. As stated in Part One of this series, the National Alliance on Mental Illness (NAMI) says, *"Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning . . ."* We must address mental illness because it is yet another public health issue that disproportionately impacts African-

Americans. NAMI found that *"African-Americans are often at a socioeconomic disadvantage in terms of accessing both medical and mental health care: in 2006, one-third of working adult African-Americans were uninsured in the preceding year."* It will be interesting to see how the *Affordable Health Care Act* (*"Obamacare"*) addresses this problem.

Insofar as the Church is a microcosm of the larger society, mental illnesses are prevalent in African-American congregations. In 1968, the year of my birth, suicide was not perceived to be a problem within the African-American Community. It was thought to be *"something that White folks did."* However, NAMI also reported that, across a recent 15-year span, suicide rates increased 233 percent among African-Americans aged 10-14 compared to 120 percent among Caucasian Americans in the same age group across the same span of time. So, it is highly likely that every Sunday I preach at the Temple of Faith, some of the people present have considered or attempted suicide. At some point in their life's journey, they felt an overwhelming sense of hopelessness and despair such that they saw death by suicide as the best way to end their pain. It has been well-documented that suicidal ideation and behavior are problems in the pulpit. Some of the recently publicized clergy suicides have involved African-American ministers. Most notable among these suicides was one that occurred on November 10, 2013. It involved the late Rev. Teddy Walker, Jr., who, at the time of his death, was pastor of the Bibb Mount Zion Baptist Church, in Macon, Georgia. Reportedly, Pastor Walker had been struggling with mental illness.

Per a 2010 report of the *New York Times*, *"Members of the clergy now suffer from obesity, hypertension, and depression at rates higher than most Americans . . ."* Since pastors, in general, are disproportionately impacted by certain illnesses; one can only imagine the extent to which these illnesses impact African-American pastors. In 2009, journalist, Greg Warner wrote an article in *USA Today* in which he said, *"Being a pastor – a high-profile, high-stress job with nearly impossible expectations of success – can send one down the road to depression . . ."* This is especially true for African-American pastors since the pastorate has historically been one of the few prominent places in society where Black men have held *"real"* power. The perceived threat of losing power, or, even one's position, can produce an enormous amount of pressure. In the *New York Times* piece, 25 percent of clergy reported not knowing where to turn for help with a personal conflict. In view of this, many African-American pastors feel isolated and suffer in silence, rather than running the risk of people, including other pastors, *"knowing their business."* Further, many find unhealthy ways to medicate their pain, such as substance abuse, overeating, gambling, use of pornography, and/or illicit relationships with church members.

With regard to a possible correlation between clergy mental illness and illicit relationships with church members, there are some serious issues to consider. In 2008, my friend and colleague,

Dr. Diana R. Garland, Dean of the Baylor University School of Social Work, conducted some ground-breaking research on Clergy Sexual Misconduct (CSM). According to her findings, African-American ministers were 3 times more likely to engage in CSM than their Caucasian counterparts. Although Dean Garland's research did not explore reasons for this differential in rates of misconduct, I surmise it is the result of some complex sociological and psychological factors. My premise is that these factors have a cultural basis and are not the result of any moral inferiority on the part this demographic. To restate the point made in Part One of this series, many African-Americans tend to have a stigmatized view of mental illness. Consequently, they are less likely than others to seek treatment. Also, they have comparatively limited access to quality mental health treatment and fewer opportunities for proper self-care. Many are bi-vocational, and thus, stretched to the max. Many feel powerless every other place besides their church. Thus, it is conceivable that some may resort to abuse of power in their church as a means of self-medication and ego validation. Power, to them, is a drug. Of course, I am not justifying unethical and/or illegal behaviors, as the real *"victims"* are those who have been violated by predatory preachers. I'm simply presenting a context in which CSM occurs.

Additionally, I believe that untreated mental illness within African-American churches can directly impact congregational health. Over the course of decades, I have witnessed many instances of interpersonal conflict within the Church. Some of this conflict has resulted in *"church splits."* To be sure, Satan was, in some way, at work in all of these situations. However, I don't believe that *"the spiritual forces of evil"* is the only cause of church conflict. In retrospect, all of the major conflicts I have witnessed have one thing in common: persons who showed evidence of having an undiagnosed and/or untreated mental illness. For instance, persons with Bipolar Disorder could be given to mood swings and an inflated sense of power. Persons who are extremely narcissistic may think that their church exists primarily for the purpose of serving them. Such persons could be toxic to a local church or one of its ministries. Also, if a person has Histrionic Personality Disorder, he or she may have a tendency towards attention-seeking behavior and extreme emotionality. In lay person's terms, such a person could be described as a *"Drama King"* or *"Drama Queen"* within a local church. To be sure, drama has no gender. If left unchecked by the pastor or church membership, such *"problem people"* can wreak havoc in a congregation.

Mental illness is a humongous *"elephant"* in the African-American Church. Like a literal elephant, it can leave a mess that local churches will have to clean up. Ignoring the mess will only perpetuate the stigma of mental illness and produce much collateral damage. Admission is the first step to true healing and wholeness . . . starting with the pastor.

In Part Three, we will explore practical ways of removing the stigma of mental illness in the Black Church.

If you would like to contact Pastor Bowman with questions on this subject, or if you desire to engage him as a speaker or presenter, he can be reached at pastorb@templeoffaith.us

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"*Beloved, I pray that in all respects you may prosper and be in good health,*

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It was a typical Sunday at the Temple of Faith, so I thought. Of course, for any pastor, there's no such thing as a typical Sunday. I was in worship preparing to preach, and I needed to step out of the sanctuary, briefly. As I returned, a person in attendance pulled me aside and said, *"Pastor, I'm thinking about taking myself and my kids out of here."* This person was not talking about leaving the service, but leaving *"the land of the living"*. It was believed that death was the best *"solution"* for emotional pain and stress in the family.

Given my training, I knew how to handle this very delicate situation so that everyone involved was safe. The person was referred for an emergency psychosocial evaluation as well as family-focused services. I praise God for my training, as it often comes in handy in my role as a pastor. However, the thought occurred to me, *"What might have happened if I were not present and the person shared homicidal and suicidal thoughts with one of our members?"* Perhaps because of the stigma and shame associated with mental illness, one of them might have responded by saying, *"How could you think of such a thing?! You should pull yourself together, everything's gonna be alright!!"* Someone else might have said, *"I'll be sure to lift you up in prayer"*, while tip-toeing to the other side of the sanctuary and crossing his or her fingers, hoping that nothing *"bad"* happens. The first hypothetical response is rooted in shame and the second is rooted in avoidance. But shaming, moralizing, preaching at, or avoiding persons struggling with mental illness often pushes them deeper into isolation. Despair and hopelessness thrive in isolation. Further, such trite responses perpetuate a stigmatized view of mental illness.

Removing the stigma of mental illness in the African-American Church, or any church for that matter, is no small task. It has always been my contention that talking openly and honestly about an issue that is taboo helps to remove the stigma. Given the cultural dynamics of the African-American Church, I strongly believe, depending upon the denomination or church fellowship, the senior pastor, presiding elder, ruling elders, or bishop should initiate the discussion. I find that in the Black Baptist context in which I serve, if you don't have the pastor's buy-in, you might as well forget about trying to change a congregation's negative view of mental illness. The pastor's approval and support in this regard are essential. Showing the pastor genuine respect can go a long way toward breaking down barriers and removing stigma. As the *"head"* goes, so goes the *"body"*.

If you are a pastor, please prayerfully consider doing a sermon series on topics related to mental health. These might include *"Dealing with Depression"*, *"Growing through Grief"*,

"Responding to Rape", or *"Freedom from Addiction"*. All of these topics are addressed, in some way, in the Bible. It would be a good idea to have literature or other resources available after your service for anyone struggling in these areas. Additionally, a pastor may consider having an annual *"Mental Health Awareness Day"* on which someone could share a testimony of how he or she is living victoriously despite a diagnosed mental illness. What would really go a long way toward removing the stigma is if pastors became more transparent and talked about how they've personally dealt with mental illness. I know this is risky, but it gives others permission to share. I'm not ashamed to say that I have dealt with a chronic, mild form of clinical depression, called Dysthymia. However, due to professional intervention, I am now happier than ever and a more effective husband, father, and pastor. Praise God from whom all blessings flow!

Constructive conversation about mental illness in the Black Church helps to *"normalize"* it. In a 2012 survey cited by the National Institute of Mental Health (NIMH), it was found that there were an estimated 43.7 million adults age 18 an older with any mental illness (AMI) in the past year. This represented 18.6 per cent of all U.S. adults and included individuals with substance use and developmental disorders, such as Autism and Attention Deficit Hyperactivity Disorder (ADHD). Let's keep it real, mental illness impacts all of our families, in some way. Part of normalizing mental illness is giving real-life illustrations of people who are living victoriously because they are availing themselves of on-going treatment. Former football great, businessman, and devout Christian, Herschel Walker, whom I recently met, is a prime example of this. He tells the story of how, prior to his receiving proper treatment for Dissociative Identity Disorder (formerly known as Multiple Personality Disorder), he attended a deliverance service at a church. The people performed *"the laying on of hands"* with him as if they were attempting to exorcise demons whom they thought were responsible for his psychotic symptoms. Brother Walker jokingly recalls leaving the service saying, *"I'm not the one who's crazy!"* Through the encouragement of renowned pastor, Dr. Tony Evans, he sought psychiatric treatment. Brother Walker is now living victoriously and sharing his testimony with others across the country and beyond.

There are two final ways we can remove the stigma of mental illness in the African-American Church. The first has to do with language. Rather than saying that *"Sister So-and-so shared during the prayer service that she is Bipolar"*, one should say, *"Sister So-and-so has Bipolar Disorder and has requested prayer from our church family"*. A person is much bigger than his or her diagnosis. A person should not be called *"mental"*, *"loony"*, or *"retarded"* because he or she is living with an intellectual disability. Such language is demeaning to fellow human beings made in the image of God. Remember: mental illness does not have to ultimately define who one is. Secondly, our local churches must be intentional about including and affirming people

with various mental illnesses. They can be utilized, in some way, in the leadership, worship services, and/or ministries of our churches. We need to fully embrace them as valued members of our faith communities.

In closing, I encourage pastors, deacons, and decision counselors to utilize any mental health professionals who are members of their congregations. For instance, one of the Temple of Faith's members, LeTicia Marshall, has a Master of Science in Social Work (MSSW) degree. She helped me to develop a referral list which includes numbers to Child Protective Services (CPS) as well as local homeless shelters. People like Sister Marshall can greatly assist in removing the stigma of mental illness and equipping members. They can also help us to identify competent counselors, therapists, and psychiatrists in our area to whom we can refer. Some of these professionals integrate their Christian faith with their clinical practice. However, because of the potential for conflicts of interest or *"dual relationships"*, I would not recommend that in-house professionals, personally, provide treatment to fellow church members. On rare occasions, they may be allowed to do so as a part of a professional, church-based counseling ministry, but clear boundaries must be set.

If you don't have mental health professionals within your congregation, don't worry. Through some research and consultation with professionals, you can identify helpful resources in your community. Meanwhile, will you join me in removing the stigma of mental illness in the African-American Church … one person at a time?

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LET'S KILL THE STIGMA!
By Rev. Joel A. Bowman, Sr., LCSW©
Founder & Senior Pastor, Temple of Faith Baptist Church, Louisville, Kentucky

People don't like addressing stigmas,
So they tend to grow into huge enigmas.

"Just sweep it under the rug," some say.
"If we don't discuss it, it'll go away."

Stigmas are really big in the Church,
Some sit and judge on a prideful perch.

There's a stigma of mental illness.
But if we come together, we can kill this.

Let's kill the stigma … one person at a time!

Rather than talking about suicide,
Many bury their heads; trying to duck and hide.

But if we don't talk, there's a price to pay.

One hundred plus suicides each and every day.

So, if mental illness is your struggle,
You can't just pull yourself from the rubble.

Many people with problems need therapy.
That doesn't make them weak or crazy.

People say, *"the problem's just spiritual,"*
And any talk of treatment is immaterial.

Sadly, this line of thinking is typical,
But when you think about it, it's hypocritical!

Some of these same people take insulin,
Since diabetes treatment involves medicine.

You see, all illnesses began with Adam's sin.
That includes the ones that cause our heads to spin.

You may have a chemical imbalance,
That requires medical assistance.

If your serotonin level is low,
Meds can help you get up and go.

Does it make a brother less of a Christian,
If he's diagnosed with clinical depression?

Why is it that we whisper about a sister?
Is it because she has a form of bipolar?

Do they necessarily lack faith,
If every day some pills they must take?

Those suffering with mental illness,
Are no less human than the rest of us.

So, don't call them *'retarded'*!
To God, they are highly regarded.

There's no shame in Christians seeking help,
To address the emotional pain they've felt.

Yes, prayer and the Bible are foundational,
But God also gave us health care professionals.

There are Christians who love the Lord Jesus,
They've been trained to help when they see us.

But how can they help us if we never go?
This is the reason some may never grow.

The bravest thing you could ever do,
Is to seek help and find life anew.

People don't like addressing stigmas,
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