

Voices: Three reasons why churches fail at mental health

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“Will you please stand if you have been diagnosed, or medicated or gotten counseling for anxiety, depression, ADD, phobia, PTSD or OCD?”

“Or if you’ve sought out counseling for relationship issues—family, teens, parenting, marriage?”

“Or if you take sleeping medication, stress medication or pain medication?”

I asked my church these questions from the pulpit during a sermon series titled “[The Struggle is Real](#).” On that Sunday, about 85 percent of the church stood.

A similar percentage stood when I asked about having a psychological dependence on or an addiction to pornography, alcohol, cannabis, caffeine or illicit drugs. I can only assume my church isn’t an outlier when it comes to mental health issues.

Mental health and the church

I am a lead pastor and a licensed professional counselor. I already know how broken, hurting, addicted and traumatized the people in our churches are.

I have a good guess as to what a high percentage of them [struggle with diagnosable mental illness](#). It likely is relatively close to the general population, which is about 20 percent in any given year. More than 50 percent will be diagnosed at some point in their lives.

If so many people in our communities and congregations face these issues, why did half of pastors say in a recent Lifeway Research study that they [“rarely or never speak” about mental illness?](#)

This answer is even more perplexing given that 23 percent of those pastors acknowledge they also have faced mental illness. And I assume that number is vastly underreported.

We may understand why by looking at three traps our churches, congregations and leaders fall into when it comes to mental illness and the church.

The perfection trap

I grew up going to a church where everyone was expected to be on their best behavior, dressed in their “Sunday best” and “scrubbed pink.” Church was a place to perform and sometimes compete with one another in appearance and behavior.

I remember the rather childish habit people had, looking around and whispering when a child was acting well. If this perfection was the standard for children, imagine the unspoken demands on the other members, much less the church staff.

Maybe this started with the idea of presenting your best to God, but I believe the hint of pride took hold and made Sunday morning about competitive perfectionism. Does this “Sunday best” mindset fit within the teachings of the New Testament?

Jesus said he came to save the sick, not the righteous (Matthew 2:17). He considered the lowly prayers of the humble heart the kind that justifies (Luke 18:14). Paul clarified it is in our weakness that God’s strength is most evident (2 Corinthians 12:10).

Churches have made good progress since I was a kid. More churches seem to grasp the message I heard Rich Mullins give in a concert back in 1995: “Every time you go to church, you’re confessing again to yourself, to your family, to the people you pass on the way there, to the people who will greet you there, that you don’t have it all together and that you need their support, you need their direction, you need some accountability, you need some help.”

The same study I cited above indicates 68 percent of Americans say they would feel welcome in church if they were mentally ill. I am gratified by that, but I wonder if that applies yet to mothers of kids with special needs or other issues that might be seen as disruptive?

I submit there is room to grow more like Christ for those of us tempted to glare judgmentally at the mother with the disruptive child who might easily have a history of trauma, ADHD, autism or just lots of energy.

The “not-here” trap

Many churches probably still do some kind of special count of children to celebrate Mother’s Day. But we don’t notice the women who never attend on Mother’s Day.

We may assume none of these women have faced abortion, miscarriages or unasked-for pregnancies from abuse, assault, incest or adolescent decision-making. Surely the women in our churches don’t deal with issues like that, right? But some do, and Mother’s Day easily can be a day for confusion, regret and grief.

Mother’s Day is just one example of the kind of challenges people can face when coming to church after experiencing trauma. Consider how much more complicated the experience can be for people facing clinical depression, obsessive-compulsive disorder, phobia disorders, or any of the

other mental illness burdens so many members of our congregations carry.

The “Bible is sufficient for everything” trap

We know we cannot learn how to drive a stick shift from the Bible. However, the patience, endurance and temperance required for driving a standard vehicle can be learned from living out the biblical text.

Is dealing with mental illness something we need only the Bible for, or is it like learning to drive a stick shift? The study cited above reports about one in three Americans believe mental illness can be overcome with Bible study and prayer alone, but I think it usually requires skills outside of the Bible.

Of course, what the Bible teaches us about life and godliness, training, reproof and correction are applicable to every aspect of our lives—including mental illness. Consider how they also apply to medical learning, rehabilitation and other skills.

Just as with these examples, biblical truth does not somehow cancel out medical learning, driving techniques or therapeutic theory when they also are true.

In other words, all truth is God’s truth.

Truth is sourced in him, no matter whether that truth is rooted in math, law or treatment for mental illness. We must never be moved from what God’s word reveals is true. We ought never to fall into the trap of thinking every single true statement in the universe also is found in the chapters and verses of the Holy Bible.

Fortunately, it is clear to me as a pastor and as a professional counselor that these traps are being avoided more frequently in churches. Local

churches are making real progress in offering safe havens for those of us struggling with mental illness.

I hope this trend continues.

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