



Introduction: *Shadow Voices: Finding Hope in Mental Illness* is an intimate, inside look at what it is like to live with a mental illness and how individuals and their families find their way through a tangle of medical, governmental, societal and spiritual issues. Ten persons from all across the U.S. with mental illness tell their stories, plus many experts and advocates in the field add helpful perspectives. The program focuses on people's experiences with stigma, recovery and rehabilitation, parity in insurance programs, and how faith communities can do a better job responding to those with mental illness.

Preparation: *Shadow Voices* is one hour long. You will be better prepared if you preview it. When viewing with a group, we recommend watching it in two or more sessions so you have adequate time for discussion. Pick and choose which questions to use with your group. You may also want to read some of the supplementary material found on the website www.ShadowVoices.com before leading a discussion.

Introduce the video: Begin by asking the following before viewing the program:

1. What is mental illness?
2. Do you believe there is stigma surrounding mental illness? Why or why not? What experiences have you had that support your answer?
3. How do you honestly regard a mental illness? Is it the same as a physical illness? How do you treat people or think about persons with mental illness?
4. Why do you think some people never seek treatment for a mental illness?

A. History and deinstitutionalization

1. The program talks about the fact that when the mentally ill were moved from state hospitals to treatment centers in the community, there was a breakdown in follow through by communities, causing many mentally ill to end up in jails and prisons. Were you surprised by this information?
2. Discuss the negative and positive effects of deinstitutionalization. Do you think the effects were worth it (more homelessness, more mentally ill in prison, more community-based programs)? How can society change some of the fallout?
3. Dr. William Anthony said that with deinstitutionalization, "We opened the doors of the hospital and gave people a prescription for their medicine when they left. Now we have to open the doors to the community, and help people develop a prescription for their lives." How can we help do this?

4. Dr. Anthony says the psychiatric community is still working at re-orienting the training philosophy for psychiatrists and physicians to include rehabilitation. Is this a need among the doctors in your community?

B. Media images and stigma

1. What kinds of images of the mentally ill have you seen in the media or in the news?
2. How has the media's treatment of mental illness affected your own attitudes about mental illness?
3. Rosalynn Carter comments that mentally ill are more often victims than the cause of violence. Do you believe this is true? Why or why not?
4. Why are people afraid of those with mental illness?

C. Criminal justice system and mental illness

1. How can the church be helpful in breaking the cycle of persons with mental illnesses passing into and out of prisons when not finding help or treatment?
2. How can the church speak to systemic issues of communities not being equipped or educated to deal with mental illness issues in the criminal justice system?

D. Rehabilitation and recovery

1. The medical community and rehabilitation circles have often operated in separate spheres or "silos" according to the experience of Lyn Legere. Do you think that is changing and how can the church aid in that change?
2. Why is goal setting helpful for psychiatric needs? How can you apply that in your own life?
3. Vonnie Williamson says that putting on the clown face and acting funny and happy helps bring her out of a down mood. Have you ever found that to be true, even if you don't don a clown's make up or mask? Is it good to sometimes fake cheeriness or a positive outlook? What is the flipside of this?
4. Kari Broadway says that accepting mental illness is one key to recovery. This is true in many situations. Talk about times acceptance has helped you overcome a problem. How might acceptance be different with a mental illness?
5. Is it misleading to talk about recovery in regard to mental illness? Have you known situations where recovery seemed impossible?

E. Health insurance

1. Dr. Joyce Burland says society has no "social contract" on mental illness. A social contract is where everyone in society agrees that this is a problem that needs solving and that money, a cure, and prevention need to be worked at. Why do you think society does not have a contract on mental illness? If it did, how would that make a difference?

2. Some feel that it would cost employers less than a 1-4% increase to achieve parity in insurance coverage for mental illness. Is this surprising? How do you respond to the fact that of the times persons with mental illness needed medical attention, only one third of their medical needs related to their mental illness?
3. Why do insurance companies and employers fear that the amount of treatment will escalate if insurance covers it? How can treatment for mental illness save companies money in the long run?
4. Do you think mental illnesses ought to be covered exactly the same as any other illness? Should there be limits? As businesses deal with trying to provide insurance that they can afford and stay viable as a business, how can they deal with this issue? How do they cope with excessive claims—like recovery from jet lag being claimed as a mental disorder?
5. Is there an advocacy role for the church regarding public policies on insurance parity?

F. Faith communities' involvement

1. What agencies are available in your community for those with mental illness or their families?
2. Persons with mental illness say that telling their stories to others helps them to cope and recover. Is there a way your church can aid this process? How can we make people comfortable with sharing their story?
3. What is the role of faith? While the participants in the documentary would not say they needed to “pray more” to get better, many of them do point to strength they found in God to cope. What is the difference? Have you ever heard anyone talk about a mental illness as a moral or spiritual failure? Does this still happen? Have you ever heard anyone who hints that if a person really has faith in God they shouldn't have to take medication?
4. Why does Chet Watson say that among clergy they talk about those with mental illness as being “high maintenance?” How can clergy set boundaries and still deal compassionately and helpfully? How can fellow church members also set boundaries so they don't become burned out caring for others?
5. Why has there often been a hostile relationship between mental health providers and faith communities?
6. Is it true in your church that people don't send casseroles or cards to families experiencing a mental illness? Does that depend on how open the individual or family is about it?
7. Discuss the voucher system offered to churches at the Crown Counseling Centre in Ohio. What would it take for your community to offer a similar program?

G. Family support

1. Family support is important for those struggling with mental illness; yet there do seem to be cases where no amount of help or support can help an individual get better.

How can family or church members balance support and encouragement with realistic evaluations or the knowledge that sometimes you've done everything you know to do?

2. Do you know anyone attempting to self-medicate for depression or other problems? What can be done? Is it ever helpful?
3. Susan Gregg-Schroeder and her husband, Stan, say the role of a spouse should change as a mental illness changes. Discuss the difficulty in changing from being a caretaker and protecting a person with illness, to relating as equal married partners who both have needs and differences.
4. Dr. Burland says families are the shadow mental health system in America. What do you think this means and do you agree?
5. In your experience, have families been kept at arm's length from persons in treatment? Why is this particularly hurtful? Is that ever helpful? In your experience, have family members blamed the person who is ill for their situation?

H. Hope

Tom Bornemann says that hope is the great antidote. Lyn Legere shared how someone else held on to hope for her when she didn't know if she could go on. How can you "hold onto hope" for another person? What are ways to offer hope and presence?

I. Summary

How has this program helped you see persons with mental illness in a different way? What did you learn that surprised you? What changes would you like to see in your congregation, in your community, and in your own life as you relate to those with mental illnesses?

Resources: Websites of organizations mentioned in the documentary:

- www.bu.edu/cpr/about – Boston University Center for Psychiatric Rehabilitation
- www.cartercenter.org – The Carter Center
- www.hopehaven.org – Hope Haven
- www.mentalhealthministries.net – Mental Health Ministries
- www.nami.org – National Alliance On Mental Illness
- www.pennfoundation.org – Penn Foundation

Related Books and Video: Available from Mennonite Media 800-999-3534 or at www.ShadowVoices.com

- *Helping Someone with Mental Illness: A Compassionate Guide for Family, Friends, and Caregivers* by Rosalynn Carter with Susan K. Golant
- *In the Shadow of God's Wings: Grace in the Midst of Depression and In the Shadow of God's Wings Study Guide*, by Susan Gregg-Schroeder.
- *Creating Caring Congregations*, VHS and DVD with discussion guide by Susan Gregg-Schroeder, 29 minutes, closed captioned.

Bonus Content (on DVD only)

Don't miss the bonus content available on the DVD. Along with more personal stories, topics include history, how churches can help, support of family and friends, husband-wife relationships, and stress and self-care.



Artwork by Jerome Lawrence. Diagnosed with paranoid schizophrenia in 1983, Jerome (Atlanta, Ga.) began his journey toward recovery through his artwork. His art is displayed in galleries across the state of Georgia. Jerome also works for the Georgia Mental Health Consumer Network. For more information and to see Jerome's art visit his web site at www.jeromelawrence.net.

Visit www.ShadowVoices.com for:

- More personal stories
- History of treatment
- Role of church and faith
- Criminal justice system
- Rehab and recovery
- Stigma and insurance parity
- Photo gallery and quotes
- More complete study guide

Shadow Voices is the fourth documentary produced by Mennonite Media for national television. Others include:

- Fierce Goodbye: Living in the Shadow of Suicide – www.fiercegoodbye.com
- Journey Toward Forgiveness – www.journeytowardforgiveness.com
- Hunger No More: Faces Behind the Facts – www.mennomedia.org/hunger

Visit Mennonite Media's website at www.thirdway.com for a wide variety of topics about Mennonites. Additional Mennonite Media resources are available at www.mennomedia.org/resources.

Produced by

Mennonite Media

A department of Mennonite Mission Network
1251 Virginia Avenue
Harrisonburg VA 22802
800-999-3534