

Trinity United Methodist Church

November 3, 2019

“Roof Diggers”

Pastor Dan Elmore

Scripture: Mark 2:1-5

A few days later, when Jesus again entered Capernaum, the people heard that he had come home. They gathered in such large numbers that there was no room left, not even outside the door, and he preached the word to them. Some men came, bringing to him a paralyzed man, carried by four of them. Since they could not get him to Jesus because of the crowd, they made an opening in the roof above Jesus by digging through it and then lowered the mat the man was lying on. When Jesus saw their faith, he said to the paralyzed man, “Son, your sins are forgiven.”

Sermon

Would you pray with me? Oh Lord, open our ears and our hearts. Let us hear what we need to hear and show us what we need to do to become more faithful disciples of our Lord Jesus Christ. In His name we pray, amen.

So as we have shared, today is All Saints Sunday. It's one of my favorite days in the calendar of the church year, maybe even more so than Christmas and Easter, if for no other reason than, let's face it, as a pastor, Christmas and Easter are just plain *nuts*. But also because it's the day when we give thanks for those saints in our lives, both the dearly departed and even those who might still live among us. Particularly, we give thanks for those who have set an example of faith before us, ones which we might seek to emulate.

But the connotation when we think of saints is that sometimes we think that these individuals are somehow perfect. Maybe even superhuman, especially as we think of “the” saints, like Saint Francis or others. We sometimes think that maybe these are individuals without defect, without weaknesses or struggles, when in reality, nothing could be farther from the truth. One of the earliest lists of saints of the faith is found in Hebrews Chapter 12, where we read of Noah, Abraham, Isaac, Jacob, Moses, Rahab, and David. A closer look at their lives reveals that they were, indeed, far from perfect. And often when we think of the saints, one that easily comes to our minds is Saint

Teresa, otherwise known to us as Mother Teresa. Known for her tireless work for over half a century with those on the ragged edge of society: Orphans, the poor and dying, the sick, especially the “untouchable” lepers. She did so despite 50 years of spiritual dryness in her life, a dark night of the soul that seemed endless, as revealed in her posthumous letters. She felt utterly bereft, cut off from God and His grace for reasons she could not quite comprehend. To one confidant she wrote: “Jesus has a very special love for you, but as for me, the silence and the emptiness is so great that I look and do not see; listen and do not hear; the tongue moves in prayer, but does not speak.”

Her story echoes many lives of the saints made official by the Roman Catholic Church and those who we hold dear in our hearts. Her story echoes even with some of our own stories, because struggling and suffering are simply part of the human experience. And yet what makes us saintly is nothing we could ever hope to do on our own, but what God does in us and through us, even sometimes redeeming our struggles and sufferings for God’s glory.

So many of our struggles, like those of Mother Teresa, are hidden, sometimes deep within the recesses of our minds and spirits. Hidden until they are manifest in actions like addictions, erratic behavior, or harm to ourselves or others. These struggles are no less real or in need of healing than physical struggles like cancer or diabetes or a broken bone. Yet often because of the stigma, we keep them buried. We keep ourselves buried in darkness rather than bringing even these struggles to the light of Christ and to methods for treatment and healing revealed through modern medicine and practice.

So, therefore, an increasing number of us here at Trinity feel that these struggles and others should no longer be buried. By now hopefully you’ve heard of the work of the Lizzy Foundation, led by Mike Altizer and Lisa Munford, as they work to end the stigma and to raise awareness about the epidemic of suicide rampant in our culture today. And two other individuals who may not be as familiar to you in your life here at Trinity; they go to the 9:30 service – Maye and Jason Jepson, who even just this week have returned from conferences to which they go, sharing their journey of being a family together through a mental health diagnosis. And so, would you welcome these saints of Trinity as they share their journey with us.

Mike Altizer: Just a few short words about mental illness and suicide. Mental illness has been a part of my family, a part of my life, since I was a senior in high school. My mother was hospitalized to be treated for depression and bipolar disorder, but we didn’t talk about it outside of the house because of the stigma attached to it. As my life has passed, I have been exposed to bipolar disorder, depression, anxiety, ADD, etc. However, June 1, 2017, my life changed forever. But I was not alone. I would say that

there are a number of people present today whose lives changed as well on that day. The impact of the suicide ripped through the heart of our quaint little town. What we must realize is mental illness is real, and it's not a stigma.

I want to share this, and I want you all to pass this around. That picture is very real. It's not a stigma. It's a stigma that I want to shatter, along with the Jepsens.

We have an opportunity that we want to share with the Lizzy Foundation of some training sessions we're going to have, which tell us how to recognize and how to be aware of what we're looking at and understand how to help people. So I want you to take advantage of that if you can, if you want to make a difference. But be one that wants to make a difference, because mental illness is very real. And I'm going to repeat that and repeat that and repeat that. It's not a stigma. It's filled my life.

I don't have much more to say than that. I know I'm a man who's usually got many more words than that, but all I want you to remember is that it's real. There's no stigma attached to it. And what I want you to do is I want you to take away from here part of our theme which has been, if we change one person's life, or one person's mind about a decision like that, it's well worth it for all the efforts we put forth. Thank you.

Lisa Munford: Good morning. We're here today to raise awareness about mental health and suicide, and we will not be whispering. In fact, we hope to help you become more comfortable talking about mental health, as well.

Suicide is a global problem. Worldwide, over 800,000 people die by suicide every year. That works out to a suicide every 40 seconds worldwide. In 2017, the last year with statistics, in the United States 47,173 people died by suicide. Suicide is the tenth leading cause of death, but for Americans age 15 to 24, it is the second leading cause of death in America. Suicide takes more lives than homicide, war, and natural disasters combined.

For every death by suicide, it is estimated that 25 others attempt, so that's about a million Americans each year who survive a suicide attempt. Research has consistently shown that 9 out of 10 people who die by suicide have a mental health condition at the time of their death. It may or may not have been diagnosed or adequately treated. But mental health issues are not the only reasons that contribute to suicide.

One of the big questions that researchers explore is, why do people take their own lives? And there's no single cause. Suicide most often occurs when several stressors and health issues converge to create an experience of hopelessness and despair.

We know that mental health conditions are not the whole story because mental health conditions are common, and the vast majority of people who suffer from these illnesses do *not* die by suicide. Research has also shown that the brains of people who die from suicide differ from those who die from other causes in terms of structure and function, specifically in the areas related to stress response and impulse control.

Research has also helped us determine the factors that increase our risk to suicide. Just like somebody who has an increased risk to heart disease because of a family history or high blood pressure, some people are at higher risk for suicide than others. The main risk factors can be grouped into three categories:

- Health factors, including biological and physiological aspects of a person's health, the most significant of which are mental health conditions
- Historical factors, or things that happened in a person's family or past history
- Environmental factors, including societal and cultural factors, access to lethal means, and individual life events.

These risk factors can collide in different times of life and increase a person's risk for suicidal behavior.

Samantha Borders-Shoemaker: So...this can seem like quite a bit. It's a tough topic to take on. For those of you who don't know me, I'm Dr. Samantha Borders-Shoemaker, and I specialize in interpersonal conflict. But I'm also someone who is intimately acquainted with the effects of suicide. I've been a caretaker to a survivor and helped lead many to help.

So I come before you today with some tips on how to tackle something that's "icky," to say the very least. We don't like talking about it. It seems like a gross monster that creeps between us all. When I do trainings, the first thing I ask people to do is listen. Listen very, very carefully. And in the same way I'm asking you all, when you interact with people: Listen closely. Watch out for warning signs, in yourself and in other people. Don't be afraid to be honest about it and to ask; "You've been different lately, and I'm concerned. Have you been thinking about suicide?" When we do trainings, we encourage people, don't dance around the subject. Ask directly.

Reach out to individuals. And reach out to others if you're struggling. And seek mental health services if you are depressed or if you know someone who is. You can contact us at any time at the Lizzy Foundation, and we can help connect you to those

resources. And there's also the Mental Health Crisis Hotline, which you should definitely have saved in your phones.

But let's talk about some primary ways you might identify suicidal behavior in others. Talk, behavior, and mood. Some of the more obvious things, such as someone discussing ending their lives, whether jokingly or seriously, or they may talk about having no reason to live. But there are more subtle signs as well. Talking about being a burden to others or being too weighed down by everything that's going on in their own life. When you hear these things, again, listen closely. Listen for those cues. Take them seriously. Don't let it be slid off as a joke.

In terms of behavior, people thinking about suicide can express some obvious and subtle behaviors as well, such as increased alcohol consumption or drug consumption, acting recklessly. But then there are other ones, like losing sleep, or withdrawing from activities that they normally enjoy and isolating themselves from friends or family who clearly care.

They also can express a certain range of moods, such as depression, apathy, rage, irritability, impulsivity, humiliation, anxiety. Look for actions and moods of someone who seems quite desperate. This is a clear sign that something is going on. An uncharacteristic change is something you need to be looking for in an individual who might be having suicidal ideation.

Trust your instincts. If something doesn't seem right, it probably isn't. Assume you are the only one who notices, and ask. Please do not wait for somebody else to take up the responsibility. Please ask. It could save a life.

Here's a rule of thumb. If you are wondering if someone is having suicidal thoughts or overly depressed, overly anxious, that's a sure sign you should reach out. And it goes for you as well. If you're having suicidal thoughts, please do not hesitate to get help. Members of the Lizzy Foundation will reach out to you. We will help connect you with resources. We are here to help support you in your time of need. Don't be afraid to ask, and don't be afraid to seek support.

It's so important to have a conversation. Much of where conflict lies is where we don't have those important conversations, those difficult subjects that we'd really rather just sweep under the rug, avoid, or pretend like they're not there. But when you do bring it up, it shows you care, in a way other people might not have expressed. It also allows you to gain more information and gauge the situation. How immediate is their need?

Because talk saves lives. It's really quite that simple. And if you're nervous about starting a conversation, there's a very great infoserries you can find on YouTube called Seize The Awkward. They're humorous little skits, but they're actually very informative in

terms of how you can break that awkward barrier and start asking real questions about a person's mental state.

We at the Lizzy Foundation understand how difficult this can be and how awkward it might feel. But we don't need you to just feel something today. We need you to act. Which is why, on November 12, we're offering a training from 6:30 to 9:30 on safeTALK. Yes, it's three hours, but it is such important training. It will help you learn the ways that you can engage. It makes you a better citizen to this community and a better friend and family member. Please consider joining us. And you can always talk to us, visit our website, or ask a friend, "Hey, would you like to come with me to safeTALK?" It'll be held here in the FAC.

The Lizzy Foundation is here to serve this community and to support you. We are looking for some volunteers and some board members. If you feel led, please talk to one of us or email us through the website, and we would love to talk to you about it.

If you have your cell phones, which you may very well in your hand – it's okay, today is the day we'd like for you to take out your cell phones. In the bulletin you should find the Crisis Text and Hotline numbers for you to be able to store in your phone. Think of it not as a step for you, if that's not where you're at, but think of it as a life-changing tool you may need for someone else. The Hotline is simple – you can even call it to test it out. There's no charge, and they're very willing to talk you through the process of what it would look like. But trust me when I say that this is a lifesaving tool that I've used with others to help them start that process of getting help.

Together as a church and a community, we can create a society and an atmosphere amongst ourselves and our friends and our loved ones that supports individuals who are struggling with depression and thoughts of suicide. Please don't be afraid to start these conversations. Please take that brave step and help save someone's life. Thank you for supporting the Lizzy Foundation.

Maye Jepson: Good morning. I'm Maye Jepson. Now, you don't need to remember that name, but I do hope you will remember and take to heart what I'm going to talk to you about for just a few moments.

A few years ago when my husband received a cancer diagnosis, we were showered with love and support and encouragement from all of our friends and families. There was lots of food brought in, there were cards, there were offers of trips for treatments, there were gifts that came to our house, flowers...you name it, they were there to give us all the support that we needed to get through that very difficult time in our lives. But a few years ago when our son was diagnosed with a mental illness, there were no casseroles

brought to our house. There were no flowers that arrived. In fact, nobody really wanted to talk about it. You see, that's the kind of illness that is sometimes even called a "no-casserole illness." Because people really don't want to talk about it.

And if I ask you today, what do you think is the reason that most people do not get help for mental illness, you probably might say something like, "well, it's so expensive." And health care is expensive. And you would be right about that, because so often a mental illness is a lifetime diagnosis. But that would not be the reason that people don't get help for mental illness.

And you might say, "well, it's probably the cost of mental illness. That's probably what causes people not to get treatment." And that can be very expensive for some people.

But you know the biggest barrier to people getting help for mental illness? It is the stigma that is attached to mental illness. You don't find that stigma attached to other illnesses, physical illnesses. But when it comes to mental illness, nobody wants to talk about it. It's a different kind of illness that no one wants to talk about.

Today I'd like to give you a few ideas of ways that you can fight stigma, those negative attitudes and thoughts that we have about mental illness and those who have the diagnosis of a mental illness.

One of the ways that we can fight mental illness is by talking openly about mental illness, not trying to hide it. When our son was diagnosed with a mental illness, I quickly got online and began to study and read and research everything I could about his mental illness. I wanted to become the expert in what the illness was that he was diagnosed with. I searched and searched and I learned everything I could. But the one thing I needed that I could not find was another person that I could talk to. I wanted to talk to another mom. I wanted somebody just like me who was going through this situation, another family who had dealt with this, and what did they do and how did they manage. But I couldn't find it.

So that's when we made a decision in our family. We decided that we were not going to be the family that hid our mental health diagnosis. We were going to talk openly about it. And that's exactly what we've done. I've spent the intervening time and will spend the rest of the time that I have left advocating for people who have a mental health diagnosis and helping to break down those stigmas and barriers that keep people from getting help. I want people who have mental illness to know that there are many, many treatment options out there for them that they need to consult with their doctors about and find out all they can about them.

I want to live in a world where physical illness and mental illness are treated with equality, and I hope that's the world that you want to live in, too.

You know, if you are a person who's diagnosed with diabetes, as our pastor is, you learn what your triggers are. The pastor says that one of his triggers is a church pot luck. I can understand that, because we have some really good cooks in this church. He's learned how to handle, how to manage, his disease, and we're all thankful for that.

Well, a person who's diagnosed with a mental illness does exactly the same thing. A person who's diagnosed with a mental illness learns how to manage the symptoms of their mental illness. They take medication, and the medication helps them to be able to treat and manage their illness.

There's something else we can do to fight stigma, and that is to be conscious of the language that we use. Words like *crazy* and *ready for the loony bin* – those words ought not be a part of our vocabulary at all, under any circumstances, when we're referring to mental illness. But not only speaking about mental illness, but when you see mental illness portrayed in a negative way, like in the media or on social media, I hope that you will call them out and just say, "those words are not appropriate for the people that I love and that I care about."

A person who has an eating disorder cannot just pull themselves together. A person who has depression or anxiety attacks cannot just make it go away, go for a walk, have an ice-cream cone, and everything be better. That's not the way it works. It's a brain disorder. A person who has OCD is not trying to be funny. A person who has bipolar disorder does not represent just the ups and downs of life.

I'm sure you're like me, too, in that you've probably been someplace and you've seen a soldier in a military uniform. And you've gone up to that person and thanked them for their service. We do that because we want to show them that we care. Well, if you are ever around someone that you feel like might have a mental illness because of maybe their behavior or something about the way they're acting, I hope that you will show them compassion. I hope that you will give them a warm handshake or a hug or a smile, or even something as simple as making eye contact with them with a smile. Let them know that *they belong*. It's true that little bitty things like that can really make a big difference when it comes to fighting stigma.

Now I'd like to introduce you to someone who means an awful lot to me and who has a very special place in my heart.

Jason Jepson: Hello. One in four people have a mental illness. That means you either know somebody with a mental illness, or you are that person with a mental illness.

Well, let me introduce you to somebody else with a mental illness. My name is Jason Jepson. I was diagnosed with schizophrenia in 2003 while serving in the United States Army. I received some bumps and bruises on the way to get to this place where I am today, but with the help of God, medication, and counseling, I am in recovery. That does not mean that my schizophrenia has gone away, but I can manage the symptoms.

When most people think about schizophrenia, they think of that homeless person on the street, talking to themselves, maybe some erratic behavior, or even a mass shooter. However, this is rarely the case with mental illness. A person with mental illness is more likely to be the victim of a crime rather than the perpetrator of a crime.

When you think of severe mental illness, I want you to think of me or someone like me. I take medication just like many of you. Yes, I have a brain disease, but I'm also a writer and a mental health advocate who works every day to fight the stigma that surrounds mental illness. Thank you.

Pastor: Thank you all very much. Let's tie it all together. Today's Scripture reading comes from Mark Chapter 2, and it is one of my favorite Bible stories that I first remember learning on that felt board that I talked about in Children's Time. Much can be said about the story, but I simply want to lift up three things in relation to raising awareness around matters of mental health.

The first is that sometimes we are the friends who bring our loved ones to get the help that they need, especially to Jesus, and to resources like those lifted up today. I love the thing that I've seen recently on Facebook that says, "It's okay to love Jesus *and* have a therapist, too."

Sometimes we run into obstacles getting them the help that they need. But as today's story shows, we need to do whatever it takes, as best we know how and as best we know of the need, even proverbially digging holes through rooftops to get them there.

When it comes to mental health struggles, it can be hard to know how to help. But hopefully today we've given you some steps you can take and resources that you can use, which you can find on the back of the safeTALK information that is in your bulletin.

But secondly, and harder to admit, is that sometimes we're the person lying on the mat. We're the one in need, be it physically, spiritually, or mentally. And especially in our culture of "pull yourselves up by your own bootstraps," that can be a very hard place to be, to accept help from others. It's hard when you're the one that's supposed to have it all together. The parent, the doctor, the community leader, the teacher, the

pastor. One of the great challenges of mental illness, even if it just seems that we're having a bad day or string of days, is that it often tricks us into thinking we're *not* the ones who need the help, that someone else is, or *everyone* else are the ones that need help; that we're actually fine. But oftentimes it's quite simply our pride that gets in the way of recognizing when we are the ones in need on the mat.

Now the man on the mat has obviously got a physical struggle going on. He is unable to walk. And yet when he is lowered down in front of Jesus by his friends, Jesus takes note of *their* faith. Friends who love him, who want the best for him, who want to see him made well. And Jesus first speaks a word of forgiveness over him. Later in the story he heals him physically by saying, "take up your mat and walk." But Jesus first speaks to his inner state of being, his state of mind. That whatever struggle this man is facing, he is first and foremost and always a forgiven and beloved child of God, evidenced by the faith of his friends, who know this to be true as well.

That's the promise that we proclaim over those for whom we pray who struggle physically. It's a promise we proclaim when we ask for prayer when we ourselves struggle physically. But it's also a promise to proclaim over our loved ones and those who we encounter when they struggle internally as well, in the mind and the heart. And especially, it's a promise of hope to remember when we find ourselves on the mat.

Thanks be to God for these saints who have shared of their lives with us. Thanks be to God for the saints who have gone on before us, who we can look to and say, "you know, if they graduated into the Church Triumphant, victoriously through faith in Jesus Christ, and lived that faith day by day in whatever struggles they faced, we can, too."

Thanks be to God. Amen.