



CARING FOR THOSE EXPERIENCING DEPRESSION AND ANXIETY

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Anglican Futures offers day-to-day practical and pastoral support to faithful Anglicans. Our online events are designed to help lay and ordained church leaders to:

- Think Ahead (in the light of today's evidence)
- Think Afresh (in the light of eternal truth)

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Caring For Those Experiencing Depression and Anxiety

I. A Resource For, And From, Fellow Strugglers

What does this resource set out to do?

This resource is based on a series of Ideas Exchanges led by Matthew Mason for Anglican Futures. In preparing this event we hoped to do four things:

- 1) Raise awareness of mental health issues in our churches
- 2) Help us help ourselves
- 3) Help us help other people; in our families and friendships and churches.
- 4) Point us to the Lord Jesus

It is not designed to be an 'expert' guide but a means of sharing the wisdom of those involved in the events. As Matthew said in his introduction:

"I am not a trained therapist, I am not a doctor, I am a fellow struggler who is sort of groping after things that are helpful for me and for others."

It is in that spirit that we share these thoughts. We pray that they will be useful and we want to make clear from the start that we are open to correction from those with greater knowledge or different experiences. To that end we are grateful for all who took part and We hope this will be the start of a wider conversation.

*Blessed be the God and Father of our Lord Jesus Christ,
the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God. For as we share abundantly in Christ's sufferings, so through Christ we share abundantly in comfort too.*

2 Corinthians 1:3-5 (ESV)

*Behold my servant, whom I uphold,
my chosen, in whom my soul delights;
I have put my Spirit upon him;
he will bring forth justice to the nations.
He will not cry aloud or lift up his voice,
or make it heard in the street;
a bruised reed he will not break,
and a faintly burning wick he will not quench;
he will faithfully bring forth justice.*

Isaiah 42:1-4 (ESV)

*Take my yoke upon you, and learn from me, for I am gentle and lowly in heart,
and you will find rest for your souls.*

Matthew 11:29 (ESV)

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2a. Thinking about Mental Health

The Mental Health Continuum

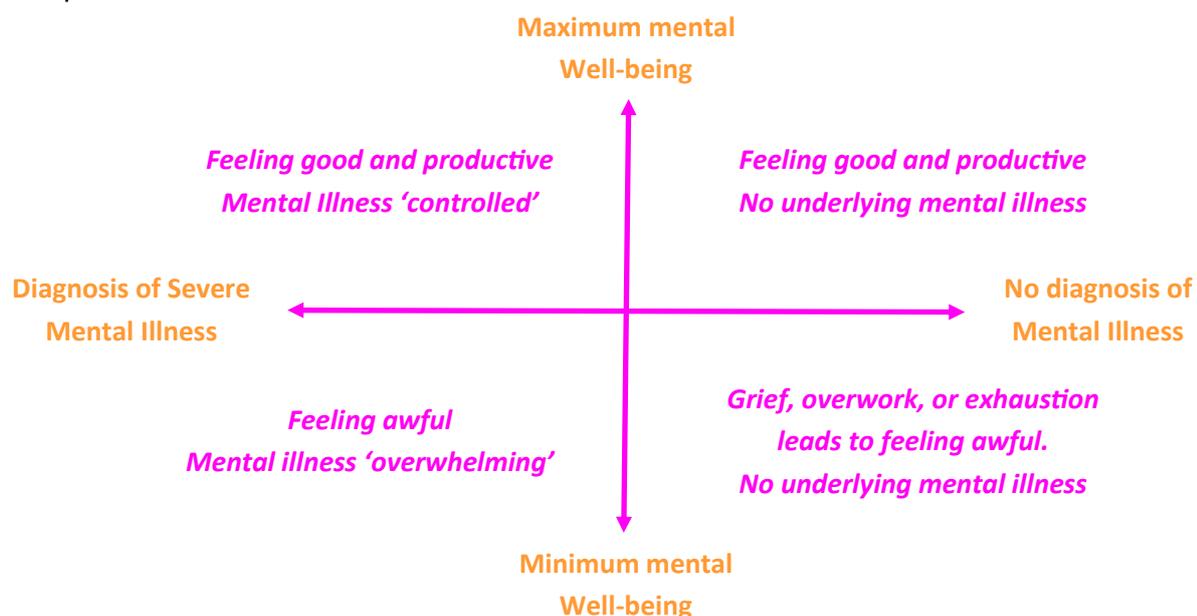
The World Health Organisation defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.”

We often think of mental health issues as falling along a simple spectrum - at one end of the line are those who have no diagnoseable mental illness, the mentally strong or healthy people, and at the other are those who are very unwell with a severe mental illness - severe depression, psychosis or overwhelming obsessive-compulsive disorder. In the middle, might be people suffering from mild depression or those feeling more anxious than ‘normal’.



Although we might all be able to place ourselves somewhere along that line, it is not a very helpful way of understanding mental health. By focusing on whether or not people have a diagnoseable mental illness we fail to diagnosis take account of the fact that our mental health, our state of well-being, changes a lot over relatively short periods of time whether we have a diagnoseable mental illness or not. It is also easy for those who have been diagnosed with a mental illness to feel ‘labelled’ or ‘trapped’ by the diagnosis or a ‘fraud’ on days when they feel well.

So, thinking about our mental health and mental illness as two separate spectrums which form a matrix can actually be more helpful. As this leads to a better description of the two co-exist in our experience.

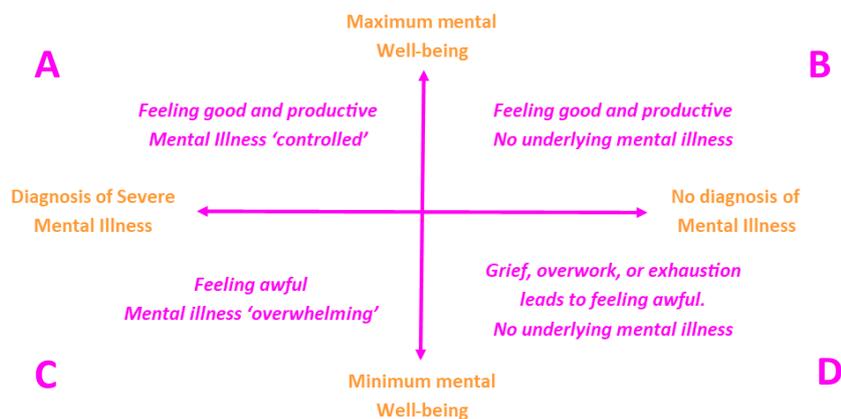




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2b. Thinking about Mental Health

What's the difference?



A and C may represent the experience of the same individual with the same diagnosis - but over time with medication, therapy and support an individual may move from experiencing very poor mental well-being to living a productive and satisfying life.

B and D may represent the experience of the same individual at different times - From time to time the effects of grief, physical illness, exams, a stressful time at work, relationship breakdown, lack of sleep, caring for others - or a combination of these things can cause many of the symptoms of depression or anxiety . The difference is that in quadrant D the symptoms diminish as some of the external factors change. It might be as simple as getting a good night's sleep, having a holiday or removing a particular stress factor.

A and B may on the surface look very similar - both individuals are living productive, active emotionally positive lives - but those prone to serious depression and those caring for them might need to be a little more aware of the self-care tips and early warning signs of depression or anxiety. Ongoing treatment may be necessary.

C and D may also look similar on the surface - the symptoms of sleeplessness or lethargy, anxiety or numbness, under or over-eating etc may be the same. For those experiencing, or caring for those experiencing, poor mental well-being the difference is often in the longevity of the symptoms or the history of the individual.

“Pastorally, it is helpful to be thinking in these categories. Not to assume that because someone has a mental health diagnosis they are always going to be just limping along through life. At the same time not to totally panic when someone seems to be having a difficult time of it because they are bereaved, for example.. And not to despair of someone, or help that person not despair if they are experiencing overwhelming anxiety or depression - things can get better - at least partially.”



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3. How Does Depression Feel?

Isolating...

One of the hardest things for people with depression is that the depression itself is isolating and the fact that you can't explain how it feels is even more isolating. Well meaning people may say or do clumsy things - which can add to the sense of isolation.

It can also be isolating if you are the spouse or child or parent or friend of someone who is severely depressed - you feel so helpless - it can be baffling not to be able to understand.

Two common metaphors...

A State of Darkness

- Darkness - even when the sun is shining the world feels dark - lights switched off
- Fog - internally and externally. Words fail, names disappear, no sense of what has happened that day, an empty brain
- Blankness and emptiness

Feeling Weighed Down

- A little like the experience of having flu - limbs are heavy, it is too hard to do anything
- It feels like having concrete blocks on my feet
- I feel weighed down - as if I am drowning - wave after wave crashes over me
- Suffocating

Biblical metaphors (from CH Spurgeon)

- a frail leaf (Job 13:25)
- the wounded spirit (Proverbs 18:14)
- the fainting soul (Psalm 46:2)
- the bruised reed (Isaiah 42:6)
- Jesus: the man of sorrows (Isaiah 53)

Physical Pain

Some experts believe that depression can make you feel pain differently. Depression might be related to improper functioning of nerve cell networks or pathways that connect the brain areas that process emotional information. Some of these networks also process information for sensing physical pain. Many people say they experience:

- Headaches, dizziness
- Back, muscle, joint pain
- Stomach ache, digestive problems

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4. How Does Anxiety Feel?

Overwhelming

We all recognise the feeling of stress levels rising slowly; sometimes over a few minutes in a difficult conversation; sometimes over weeks or months as multiple pressures build up. Or we have experienced the way the sound of footsteps in a dark alley or a phone ringing when you are waiting for good (or bad) news can cause stress levels to rise over a few seconds.

Some anxiety disorders lead to a constant sense of dread and worry about a range of everyday issues. Others lead to panic attacks, a type of fear response - where the 'stressometer' goes from 0-100 in less than a second and often for no reason. Some have described it as being sucked into a vortex with no ability to control what is going on.

If someone is suffering from anxiety there does not need to be a particular trigger for these responses to take place - or they may 'over-react' to something very minor.

Fight, Flight, Freeze, Flop - 4 responses to the 'stress'

Fight - irritability, uncontrollable fury

Flight - eyes darting round the room, fidgeting, the desire to run for safety or pacing

Freeze - going tensed, still, silent, shutting off (deer in the headlights)

Flop - body collapses, some people might faint (bird in the dogs mouth)

Physical Sensations

Racing heart/shortness of breath/ tight throat

Sweating/hot flushes/ chills

Nausea/ abdominal cramps/diarrhoea

Agitation - can't sit still. No chair is comfortable. Can't stay in bed. Pacing. Fidgeting.

Racing mind / uncontrollable overthinking/ difficulty concentrating

Skin itching - scratching

Hands tingling

Nightmares

Insomnia

Dissociation—where you feel you are not connected to your body, or watching what is happening without feeling anything

Supporting someone who is experiencing anxiety

If you are supporting someone who is having a panic attack - try to remain calm, be reassuring, keep them safe and if they are hyperventilating encourage them (against their natural response to gulp air in) to breathe out, breathe through pursed lips, into a paper bag or cupped hands, to even hold their breath for 10-15 seconds. Encourage them to return to their 'senses' by asking them to focus on the world around them - what can they see? what can they smell? what can they hear?

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5. What are the early warning signs?

EARLY WARNING SIGNS

Not getting things done	Erratic/unacceptable behaviour	Irritability, aggression, tearfulness	Complaining re lack of support	Complaining re workload	Being fixated with fair treatment	Being withdrawn
Increased consumption of caffeine, cigarettes, alcohol	Inability to concentrate	Indecision	Difficulty remembering things	Loss of confidence	Unplanned absences	Arguments/conflicts
Being quick to use grievance procedures	Increased errors or accidents	Taking on too much work	Being adamant they're right	Working too many hours	Being louder or more exuberant than usual	

EARLY WARNING SIGNS—PHYSICAL

Constant tiredness	Sickness absence	Being run down	Frequent minor illnesses	Headaches
Difficulty sleeping	Weight loss or gain	Lack of care over their appearance	Gastrointestinal disorders	Rashes/eczema



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6. Facing the prospect of suicide

The thought is not uncommon

Suicidal thoughts and attempts are not as uncommon as you might think,

Mind report that :

1 in 5 people in England will have suicidal thoughts in the course of their life

1 in 15 people in England will attempt suicide in the course of their life.

They also note that this does not include those living in prison, hospital, sheltered housing or rough sleeping.

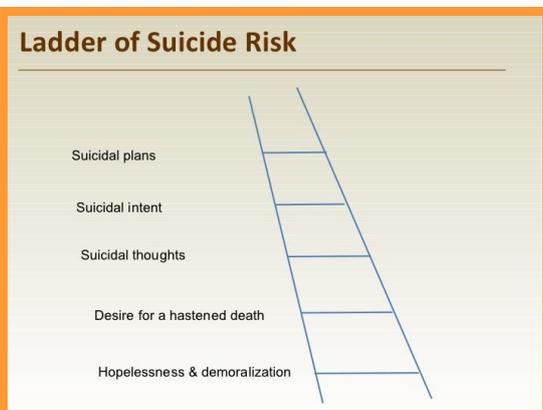
Job and Elijah's Experiences

"I would rather choose strangling and death rather than my bones. I loathe my life" Job 7

"Now, O Lord, take away my life" 1 Kings 19

Don't be afraid of asking questions

Asking someone who is struggling with their mental health, "Have you thought about suicide?" is not going to put the idea into their mind or tip them over the edge. Being open about it may give them permission to bring the dark thoughts into the light and may help them take a step back or help you help them seek help.



The Ladder of Suicide Risk can help frame the kind of questions that might be appropriate to ask and the level of risk someone is .

How hard are you finding life? Do you ever think about death?

Have you thought about suicide?

Have you ever thought about how you might do it?

Do you have what you would need?

Do you have a plan at the moment?

If someone is feeling suicidal the main thing you can do is remain calm, avoid over reaction and just keep listening.

They may need someone to stay with them, to be a distraction - watch TV, play a game, do a jigsaw, make a cake. They may need someone to help them call their GP or a helpline. If they have bought tablets or a knife it may be appropriate to suggest you take care of them.

If they are not in crisis you could help them write a safety plan to help them think through what to do if/ when they are in crisis (see next page).

Mind have a very helpful booklet - [Supporting someone who feels suicidal](#) which you can download from their website.

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7. Suicide Safety Plan

This plan can be found at (<https://www.getselfhelp.co.uk/docs/> along with examples of what might be included.

If you sometimes struggle with suicidal thoughts, complete the form below.

When you are feeling suicidal, follow the plan one step at a time until you are safe.

Feeling suicidal is the result of experiencing extreme pain, and not having the resources to cope. We therefore need to reduce pain and increase coping resources.

These feelings will pass.

Keep the plan where you can find it when you need it.

What I need to do to reduce the risk of me acting on the suicidal thoughts:

What warning signs or triggers are there that make me feel more out of control?

What have I done in the past that helped? What ways of coping do I have?

What I will do to help calm and soothe myself:

What I will tell myself (as alternatives to the dark thoughts):

What would I say to a close friend who was feeling this way?

What could others do that would help?

Who can I call?

Friend/Relative

Health professional?

Telephone helpline

A safe place I can go

If I still feel suicidal and out of control:

I will go to the A& E department - If I can't get there safely, I will call 999 (112, 911 etc)

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8. Where do depression and anxiety come from?

This is an important question but one which in specific terms can be really tricky to answer so we should be very slow to jump to any conclusion about the cause of an individual's experience of mental illness. However there are some general principles, which it might be worth keeping in mind.

Two theological truths

1) The Fall = The Devastation

Depression and anxiety are not part of God's original good plan for humanity and they will not be part of the new creation. The theologian, Paul Griffith describes 'the fall' as 'the devastation', which begins to describe the reality of the consequences we face. We live in a world that has been devastated - like a city that has been bombed - we can see glimpses of the original beauty but we are surrounded by the fall-out of sin. We can also see the way that humanity has been devastated. Some of this devastation comes from the fact that because we are sinners we sin but there are also non-moral consequences; we get sick, our minds and bodies do not work as they should and there is no moral aspect to that.

"As he passed by, he saw a man blind from birth. And his disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "It was not that this man sinned, or his parents, but that the works of God might be displayed in him ..."

John 9:1-3

It could be said that depression and anxiety can be a rational response to the impact of living in a devastated world.

2) A human person is a soul-body unity

We need to remember that we are not a disembodied soul - but a soul-body-mind unity and so what happens with our body affects our soul, our psychology and our minds, and vice versa. So sometimes a physical trauma can have profound mental effects and a mental trauma may express itself physically. Both can affect how we feel in our 'souls'.

Three types of depression

- 1) Circumstantial - bereavement, illness, unemployment, trauma (NB: trauma does not have to be dramatic—it might be a one-off event, or it might be the ongoing stress of broken relationships or high pressure situations).
- 2) Physical - genetic predisposition, impact of brain chemistry
- 3) Spiritual - Psalm 32 and 38 would suggest that sometimes mental illness can be the result of a specific sin or satanic attack. We must be careful not to assume all mental illness has a spiritual 'cause' and we should not jump on a general sense of guilt or shame (which is often present in those who experience depression) but if there is a specific unrepented sin there just may be a link and there is a spiritual remedy.

HOWEVER: These are not watertight categories, they often overlap and are interrelated so we must be very careful to tread carefully and not rush to a specific diagnosis in any particular situation.

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9a. How can we help?

Three benefits of the church community

Those who experience depression or anxiety (or those who are supporting those experiencing depression or anxiety) often feel very lonely and quite helpless. As we seek to minister God's grace and God's Word to them three things might be helpful to consider:

- All of us are different: We know this - and yet somehow we still want to think there is a 'set pattern' for helping people. Thinking about the person rather than treating the 'problem' is likely to be more effective.
- None of us can be or do 'enough': we cannot solve the problem and different people will support a person in different ways - wherever possible gather a group.
- Being there matters: we may feel helpless but those who hang in there despite the despair, boredom and confusion are lifelines.

The church can create a wonderful community to gather round an individual who is experiencing depression or anxiety - using the different gifts we have been given - supporting one another and consistently bringing our friend before the Lord in prayer.

Mark Meynell suggests three responses

Presence: the experience of depression or anxiety is isolating. Hanging out or calling up week by week by week matters. Knowing someone cares enough to do that really matters - even if it is not appreciated at the time. Be prepared to be 'rejected' sometimes - sometimes even talking or being with someone is too hard.

"I had a friend who would appear at the door with a bag of fruit and nuts and herbal tea. Sometimes I would just send him away - other times he would come in for a coffee"

Prayer: the experience of depression or anxiety can make it hard to pray or even be prayed for in person - it can feel too intimate or too pressured. Yet knowing others are praying is helpful. Consider sending a card or a text to say you have prayed and what you have prayed.

"If I can't trust the promises of God myself it is wonderful to know that my brothers and sisters are trusting them for me"

Patience: the book of Job is long boring and bewildering. It goes round in circles and nothing gets resolved. It is a helpful way of entering into the experience of the one who suffers. Often people need a friend to patiently listen to the same thing again and again and again and again... eventually there may be the chance to reflect on the way things have changed a little bit for example, "six months ago you wouldn't have said..."

"Don't demand people get better. We will be better in heaven. By God's grace there may be improvements here and there in the here and now but some of us may live with these experiences until God calls us to glory."

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9b. How can we help?

Things that can help

- Taking the initiative - people with depression or anxiety rarely can.
- Getting outside - seeing the seasons, natural world, feeling the wind/ sun on your face - it allows us to experience something outside your own head.
- Sometimes easier to chat when walking/ driving rather than 'sitting face to face'.
- Long-term friendships - where there is no need to explain it all.
- A group of friends to gather round the individual - who can help one another.
- Encourage people to seek professional medical and therapeutic help - this can be daunting so offer to sit with them as they make a call or go with them to an appointment.

Things that might not help

- Being in a rush.
- Staying too long when people are tired.

Things that might help at church or other meetings

- Help create a safe space by saying it is OK to leave, it's OK not to speak, it's OK not to be OK ...
- Some people need an anonymous space.
- Think about the fine line between noticing and caring that someone has 'missed' church and making people feel.
- Avoid making people feel that they have to come and 'do' and 'be involved'.
- Is church a place you can be miserable? Songs that people can sing however they are feeling; focused on truth rather than personal experience; balancing lament with celebration; mourn with those who mourn and rejoice with those who rejoice.
- Avoid the phrase - "putting aside the week/ setting aside the distractions" - and instead acknowledge that church is a place to bring the realities of life.

Remember God's grace

- The Lord will redeem the mistakes. Sometimes it is good when we mess up - as it is often then that we turn to God in prayer for the person we are seeking to help.
- *"I'm a guy who is there to help other people - and for three months I could barely get out of bed. Yet God did not love me less when I could 'do' nothing. But that is hard to believe that God really does work in our weakness, our brokenness."*

Remember 'helpers' need help too

- Find someone outside the situation that you can talk to - someone who has no expectation of or demand on you
- *"Everyone (including the pastor) needs a pastor, everyone (including the pastor) needs a friend and sometimes everyone (including the pastor) needs a therapist"*
- *"The doctor who has himself as a doctor has a fool for a doctor"* Eugene Peterson

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10. Resources that have been helpful

Books about depression

- Mark Meynell, *When Darkness Seems My Closest Friend* (IVP, 2018).
- Zack Eswine, *Spurgeon’s Sorrows* (Christian Focus, 2015).
- Bessel van der Kolk, *The Body Keeps the Score* (Penguin, 2015)
- Matthew LaPine, *The Logic of the Body* (Lexham Press, 2020).
- Catherine Haddow, *Jars of Clay - Peace for the Anxious Soul* (10Publishing, 2020)

Bitesize devotions

- Philippa Ruth Wilson, *A Certain Brightness* (Christian Focus, 2021).
- Matt Searles, *Tumbling Skies: Psalm devotions for weary souls* (10ofthose, 2017).

Secular music, art, books, beauty

- *“a carefully constructed joke”*
- *“a slow book - what I need is something that gets me out of my own head and into someone else’s experience - but at a steady pace so I am not overwhelmed.”*
- *“Wagner - which reminds me the world is ordered”*
- *“The huge Turners - which are full of light”*
- *“Beauty has always been a hugely important category for me in battling these things - giving a language to my own emotions”*

