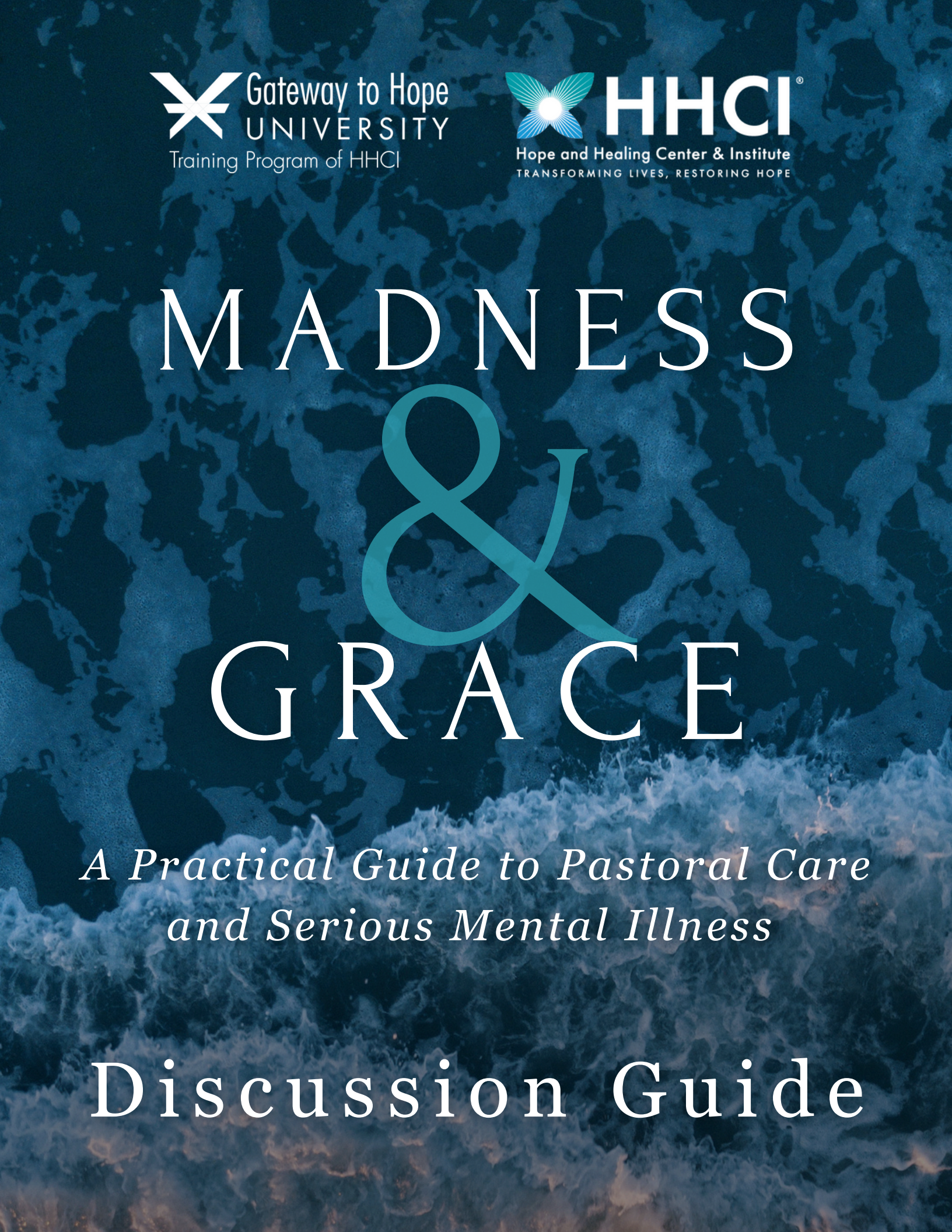
Gateway to Hope
UNIVERSITY
Training Program of HHCI
HHCI
Hope and Healing Center & Institute
TRANSFORMING LIVES, RESTORING HOPE
MADNESS
&
GRACE
A Practical Guide to Pastoral Care and Serious Mental Illness
Discussion Guide

MADNESS & GRACE

12-week Discussion Guide

This resource is for everyone—whether you are silently navigating a mental health challenge, trying to support a loved one who is, or simply seeking to understand this important issue. We created this guide to help individuals and churches move beyond surface-level conversations and use a new perspective to help themselves and others. We believe it will be a vital tool in reducing stigma within yourself, your family, and your entire faith community.

While reading ***Madness & Grace: A Practical Guide for Pastoral Care & Serious Mental Illness,*** by Dr. Matthew Stanford, Ph.D., provides valuable biblical and scientific knowledge, combining it with personal reflection and group discussion is where real application happens.

To facilitate this, we have structured each week of the Discussion Guide to include:

- How to Prepare
- Key Scriptures
- Key Statement
- Self-Reflection
- Group Discussion Questions

This guide is designed for small group settings, and we encourage you to complete the Self-Reflection section beforehand to deepen the conversation. Feel free to begin your group time by allowing members to share their thoughts if they wish. We are excited for you to start this journey toward a more integrated and grace-filled perspective on mental health.

TABLE OF CONTENTS


Week One

Introduction
Week One: Engaging the Crisis

How to prepare:

Read the Introduction ("Engaging the Crisis")

Key Scriptures

- Matthew 25:35-40
- Psalm 34:18
- Romans 12:15

Key Statement:

The Church has a historical calling and a divine opportunity to lead in caring for those with mental illness by providing compassion, grace, and love in a world with a broken mental health care system.

Self-Reflection

The introduction tells the story of Geel, where peasant farmers cared for the mentally ill out of "charity and Christian piety." What does this story teach you about the Church's historical role and potential future role in mental health care?

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The author contrasts the comprehensive "Health Care System" with the disjointed "Mental Health Care System." What stood out to you in the case examples of Linda and Tonya?

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Reflect on the three barriers to care: availability, affordability, and acceptability (stigma). Which of these have you witnessed or experienced, either personally or in your community?

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Week 1: Group Discussion Questions

1. The introduction opens with the history of St. Dymphna and the town of Geel. How does this story of faith-based community care challenge our modern perceptions of mental illness ministry?
2. Discuss the statistic that almost 60% of adults with a mental illness receive no treatment. Why do you think this number is so high?
3. The author describes a "divine opportunity" for the Church because people in distress are more likely to seek help from clergy first. What makes the church a first stop for so many?
4. This section introduces the "four Rs" of mental health ministry: Recognition, Referral, Relationship, and Restoration. Which of these areas do you feel most comfortable with? Which one feels most challenging?
5. After reading this introduction, what is one thing you hope your church could do better to engage the mental health crisis?


Week Two

Part One: Recognition

Week 2: Understanding Mental Illness

How to prepare:

Read Chapter 1: "Understanding Mental Illness."

Key Scriptures

- Psalm 139:13-16
- James 5:14-15
- Romans 8:38-39

Key Statement:

Mental illness is a significant disruption in a person's thoughts and moods, resulting from a complex interaction of biology and environment, not a weakness of faith.

Self-Reflection

Chapter 1 explains that mental illnesses are brain disorders. How does this biological perspective challenge or confirm your previous understanding of conditions like depression or anxiety?

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The chapter presents the Mental Health/Illness Spectrum. Where do you see yourself on this spectrum today? How does this concept help you view mental health as something everyone has?

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Reflect on the story of Martin, whose small group leader told him to stop his medication to show his faith. Why do you think such "naïve and inaccurate opinions" are common in Christian circles?

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Week 2: Group Discussion Questions

1. The author states that for a mental state to be classified as a disorder, "it must cause dysfunction in the person's life." Why is this distinction between normal struggle and a clinical disorder so important?
2. This chapter lists common mental illnesses (Anxiety Disorder, Mood Disorder, Substance Use Disorder, etc.). Were you surprised by the prevalence rates or any of the "What to Watch for" symptoms?
3. A comprehensive approach to treatment includes medication, psychotherapy, healthy lifestyle, and social support. What is the unique role the church can play in providing social support?
4. How does the truth of James 5:14-15, which encourages prayer for the sick, coexist with the medical treatments for mental illness described in this chapter?
5. What is the difference between "curing" and "symptom management" in the context of chronic mental illness? How does this change our expectations for recovery?


Week Three

Part One: Recognition

Week 3: Child & Adolescent Mental Health

How to prepare:

Read Chapter 2: "Evaluation and Assessment."

Key Scriptures

- Mark 12:30-31
- Proverbs 18:13
- Galatians 6:2

Key Statement:

Recognition involves thinking holistically and asking clarifying questions to understand a person's level of distress, not to diagnose but to determine if a professional referral is necessary.

Self-Reflection

Chapter 2 encourages pastoral counselors to "think holistically," considering the physical, mental, spiritual, and relational facets of a person. How have you seen these four areas interact in your own life during a stressful time?

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Review the Kessler Scale (K6) questions. How could asking these simple questions help you move from simply worrying about someone to understanding their need for a referral?

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The author states that a pastoral counselor's primary goal is that the person "leaves feeling he has been heard and understood." Think of a time you felt truly listened to. What made that experience impactful?

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Week 3: Group Discussion Questions

1. This chapter states that a pastoral counselor's role is not to diagnose, but to recognize the need for a referral. Why is this distinction crucial for both the counselor and the person seeking help?
2. Discuss the five situations where a referral to a mental health provider is necessary (e.g., delusions, substance misuse, high distress). Were any of these surprising to you?
3. Look at the case example of Mark. What were the "red flags" that indicated he needed more than just pastoral counseling for his feelings of worthlessness?
4. In the case of Jess, her behavior was paranoid and delusional. Why was the immediate next step a trip to an emergency room rather than continued pastoral counseling?
5. The chapter ends by emphasizing the importance of "burden bearing" (Galatians 6:2). What does it practically look like to bear someone's burden without trying to "fix" their problem?


Week Four

Part One: Recognition

Week 4: Child & Adolescent Mental Health

How to prepare:

Read Chapter 3: "Child & Adolescent Mental Health."

Key Scriptures

- Proverbs 22:6
- Matthew 19:14
- Luke 18:15-17

Key Statement:

Since half of all lifetime mental disorders begin by age 14, the Church must be equipped to recognize signs of distress in youth and create inclusive, supportive environments for them and their families.

Self-Reflection

Chapter 3 notes that the average delay between symptom onset and treatment is 11 years. What barriers might prevent a parent from seeking help for their child sooner?

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The book provides a guiding principle that "children are not simply little adults." How does this change the way you might view a child's hyperactivity, shyness, or defiance?

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What pressures or stressors do you see affecting the mental health of children and teenagers in your community today?

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Week 4: Group Discussion Questions

1. This chapter outlines signs of common childhood disorders like ADHD, anxiety, and depression. How might these symptoms be misinterpreted as simply "bad behavior" or a spiritual issue in a church setting?
2. Discuss the case of Jack, whose struggles in school were causing him and his parents significant distress. How did the assessment questions help clarify the need for a professional evaluation?
3. What are some of the "simple suggestions for how parents can reduce damaging stress" in this chapter (e.g., routine, safety, spiritual life)? Which do you find most practical?
4. The book suggests a "buddy system" to make children's ministry more inclusive. How could your church implement this or a similar idea to better support families affected by childhood mental illness?
5. How can a church create a culture where parents feel safe to voice concerns about their children's mental health without fear of judgment?


Week Five

Part Two: Referral

Week 5: Suicidal Thoughts and Behavior

How to prepare:

Read Chapter 4: "Suicidal Thoughts and Behavior."

Key Scriptures

- 1 Kings 19:1-9
- Hebrews 11:1
- Ephesians 1:4-7

Key Statement:

Suicidal thoughts are driven by hopelessness and intense psychological pain. Our role is to courageously ask direct questions, connect individuals to immediate help, and remind them of their unshakable worth in Christ.

Self-Reflection

The chapter debunks the myth that "asking or talking about suicide will lead to or encourage suicide." What fears or discomfort do you have about asking someone directly if they are thinking about taking their life?

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Reflect on the story of the prophet Elijah in 1 Kings 19. A great man of faith, fresh from a spiritual victory, wanted to die. What does this teach you about who can be affected by suicidal despair?

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The author states that for Christians, "hope is more than a feeling. It is a confident expectation that God's good and perfect will is being worked out in our lives." How have you experienced this kind of hope?

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Week 5: Group Discussion Questions

1. Chapter 4 highlights that men die by suicide at nearly four times the rate of women. How does this statistic challenge us to be more aware of the men in our lives who may be struggling in silence?
2. Discuss the warning signs of suicide. Which signs might be easily missed or dismissed in a church community?
3. Review the five questions for assessing suicidal risk. Practice asking these questions with a partner in a calm, non-judgmental tone. How did it feel?
4. The book addresses the question, "Is Suicide a Sin?" How does the author's explanation—distinguishing between a reasoned choice and an act driven by mental illness—help foster compassion for victims and their families?
5. What are some of the key scriptural truths from this chapter (e.g., chosen, redeemed, forgiven) that pastoral counselors can use to remind a suicidal person of their immense value and worth to God?


Week Six

Part Two: Referral

Week 6: Mental Illness & Violence

How to prepare:

Read Chapter 5: "Mental Illness and Violence."

Key Scriptures

- 1 John 4:18
- Romans 8:39
- Ephesians 1:7

Key Statement:

Overcoming the false, media-driven narrative that links mental illness with violence is critical for the Church to minister effectively and create a safe environment for everyone.

Self-Reflection

Be honest with yourself: Before reading this chapter, what was your perception of the link between mental illness and violence? How did the facts presented challenge that view?

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The author notes that individuals with serious mental illness are more likely to be victims of violence than perpetrators. Why do you think this is the case?

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Reflect on the list of risk factors for violence (e.g., substance abuse, history of violence, social stress). How does this help you see violence as a complex issue, not something caused by a single factor like mental illness?

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Week 6: Group Discussion Questions

1. This chapter states that only 3-5% of violent acts are attributable to people with serious mental illness. Why do you think the public perception is so different from this reality?
2. According to the book, what is the actual relationship between mass shootings and serious mental illness?
3. Discuss the difference between premeditated violence and impulsive aggression. Why is a pastoral counselor more likely to encounter impulsive aggression?
4. Review the safety suggestions for pastoral counselors (e.g., give yourself an exit, avoid working alone). Why are these proactive steps important for anyone ministering to those in distress?
5. Discuss the five-step process for pastoral care following a violent act (e.g., identify behavior, avoid enabling, allow consequences). Which step do you think would be the most difficult for a family to implement?


Week Seven

Part Two: Referral

Week 7: Community Mental Health Resource

How to prepare:

Read Chapter 6: "Community Mental Health Resources."

Key Scriptures

- Luke 10:33-34
- Proverbs 11:14
- Romans 13:1

Key Statement:

An informed advocate is a blessing to a hurting family; effective referral requires knowing how to navigate the confusing landscape of community mental health resources.

Self-Reflection

This chapter distinguishes between a "crisis" and a "problem." Think of a time you faced a difficult situation. Was it a crisis needing immediate action or a problem that could be managed over time? Why is this distinction important?

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The book suggests creating a referral list of trusted providers. What is one step you could take this week to learn about a single mental health resource in your community (e.g., a local counselor, a support group)?

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Reflect on the story of the Good Samaritan. He used the resources he had (oil, wine, his donkey, money) to help. What "resources" for mental health care do you personally know how to access?

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Week 7: Group Discussion Questions

1. This chapter lists several crisis resources (Welfare Check, Mental Health Warrant, etc.). Which of these were new to you? Why is it important for church leaders to be familiar with these before a crisis happens?
2. Discuss the different types of mental health professionals (LPC, LMFT, LCSW, Psychologist, Psychiatrist). Why is it helpful to understand what each one does?
3. Making a referral can be met with resistance due to stigma. How does the book suggest explaining the need for professional care while affirming your ongoing role as a pastoral counselor?
4. The book explains that HIPAA can be a major challenge for caregivers. What are some of the exceptions that allow a provider to share information with a caregiver? How can this knowledge empower families?
5. For churches in rural settings, the author suggests referrals to primary care physicians and tele-psychiatry. How can a church be a vital link to care even when there are no local mental health providers?


Week Eight

Part Three: Relationship

Week 8: Religious and Spiritual Factors

How to prepare:

Read Chapter 7: "Religious and Spiritual Factors."

Key Scriptures

- Colossians 1:27
- Ephesians 2:10
- John 15:15

Key Statement:

Faith is a powerful force in recovery, but mental illness can distort one's religious experience. The pastoral role is to help individuals differentiate between genuine spirituality and pathological symptoms, grounding them in the truth of their identity in Christ.

Self-Reflection

The author describes hyper-religiosity, where symptoms like delusions or compulsions take on a religious theme. Have you ever witnessed behavior in a church setting that you suspected might be a symptom of mental illness rather than spiritual zeal?

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Chapter 7 discusses how destructive behaviors (e.g., excessive spending, promiscuity) can be a result of a mental disorder, not the person. How does this understanding help you extend grace instead of judgment?

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Review the "How God Sees Me" section, which lists scriptural truths about our identity in Christ. Which of these truths do you most need to be reminded of today?

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Week 8: Group Discussion Questions

1. The story of Marcus, who developed psychosis from an anti-malarial drug, illustrates the confusion between spiritual experience and pathology. Why is a pastoral counselor uniquely equipped to help someone navigate this?
2. Discuss the difference between healthy religious practice and scrupulosity (a form of OCD). What are the key indicators that religious behavior has become pathological?
3. The book emphasizes focusing on "what God has done for us rather than what we must do for Him." How do the three areas of pastoral care—Hope, Identity, and Purpose—accomplish this?
4. Look at the "Discovering Hope" exercise. How does reminding someone of Christ's own suffering (poverty, rejection, loneliness) help build a foundation of hope?
5. The author notes that "mental illness does not hinder God's purposes nor does it alter God's plan for a person's life." Why is this such a crucial message for someone who feels defined by their diagnosis?


Week Nine

Part Three: Relationship

Week 9: Supporting the Caregiver

How to prepare:

Read Chapter 8: "Supporting the Caregiver."

Key Scriptures

- Isaiah 40:29-31
- Galatians 6:2
- Matthew 14:12-21

Key Statement:

A supportive relationship is not complete without ministering to caregivers, who bear an immense burden. This involves moving them from enabling to empowering and giving them space to grieve.

Self-Reflection

This chapter describes caregivers as the "hidden patients." After reading about the toll caregiving takes, what is one practical way you could support a caregiver you know this week?

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The author distinguishes between enabling (shielding from consequences) and empowering (providing opportunities for growth). Reflect on a relationship where you may have enabled someone out of a desire to "help."

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Think about the grief caregivers experience for the loss of the person they once knew and the future they expected. How does acknowledging this grief create space for healing?

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Week 9: Group Discussion Questions

1. This chapter lists many problem behaviors caregivers face (argumentativeness, refusing treatment, etc.). Which of these do you imagine would be the most emotionally draining to deal with day after day?
2. Discuss the five stages of grief as they apply to a caregiver. Why might a parent need to grieve the "hopes and dreams they once had for their child"?
3. The book outlines three truths to help caregivers overcome guilt (e.g., "It's not your fault," "There is no perfect caregiving"). Why is it so important for caregivers to hear and internalize these truths?
4. What are the differences between positive and negative religious coping strategies described in this chapter? How can a church community encourage positive coping for caregivers?
5. Psychoeducational support groups are highlighted as highly effective for caregivers. What are the key benefits of these groups (e.g., reducing isolation, increasing support, enhancing spiritual growth)?


Week Ten

Part Three: Relationship

Week 10: Communication

How to prepare:

Read Chapter 9: "Communication."

Key Scriptures

- Proverbs 18:13
- Proverbs 18:21
- Proverbs 25:11
- Ephesians 4:29

Key Statement:

Our words have the power of life and death; effective ministry requires us to practice active listening and use communication that validates emotions, de-escalates conflict, and builds others up.

Self-Reflection

The author states that the goal of listening should be to "fully understand the distressed individual's situation while offering support and empathy." How does this differ from how you normally listen in a conversation?

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Think of a conversation where you felt truly heard and valued. What did the other person do that made you feel that way?

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This chapter advises against using stigmatizing language (e.g., "committed suicide," "he's a schizophrenic"). What is some life-giving, person-first language you can commit to using?

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Week 10: Group Discussion Questions

1. The book suggests several simple changes to help start a conversation about mental illness in a church (e.g., praying by name, sermon topics). Which of these seems most achievable for your congregation?
2. Practice the skills of active listening. Have one person share a minor problem while another person practices paying attention, paraphrasing, and asking open-ended questions without offering advice.
3. Discuss the Validate-Affirm-Reconcile method. Why is validating the emotion more effective than arguing with the words of a person in distress?
4. Review the de-escalation steps for dealing with an agitated person. In the case example of the man upset about his electric bill, how did the counselor maintain control and engage him effectively?
5. Read Proverbs 18:21. How have you seen words bring "life" or "death" in a situation involving someone's mental health?


Week Eleven

Part Four: Restoration

Week 11: Mental Health Ministries

How to prepare:

Read Chapter 10: "Mental Health Ministries."

Key Scriptures

- Matthew 25:35-40
- 1 Corinthians 3:6-9
- Nehemiah 2:17-18

Key Statement:

Restoration involves moving from informal support to intentionally building "biblically-rooted and clinically informed" ministries that relieve suffering while revealing the unconditional love of Christ.

Self-Reflection

The author states that because of ministries to the addicted, incarcerated, and homeless, "churches are already involved in mental health care, they just don't realize it." Do you see this as true in your own church?

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This chapter discusses various types of addiction (substance, hypersexuality, overeating, gambling). How does viewing addiction as a compulsive drive, rather than just a moral failure, change the way a ministry might approach it?

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Think about the "little acts of grace" mentioned at the end of the chapter (a smile, an encouraging word). How can these small acts make a big difference for someone who feels isolated by their illness?

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Week 11: Group Discussion Questions

1. A "clinically informed" addiction ministry recognizes that relapse is a common part of recovery. How should a church respond to a relapse with "grace and mercy rather than judgement and condemnation"?
2. The book notes that jails and prisons have become "our de facto mental asylums." What are some practical ways a jail/prison ministry can become more clinically informed?
3. Discuss the unique challenges of trauma-related ministries (e.g., natural disasters, sex trafficking, combat veterans). Why is it critical for volunteers in these ministries to be trained in recognizing PTSD symptoms?
4. The author shares the story of developing "Shifa groups" in Libya. What does this story teach us about the power of mental health ministry as a door for sharing the gospel?
5. What is one mental-health-related ministry that already exists in your church? How could it become more "clinically informed" based on the principles in this chapter?


Week Twelve

Part Four: Restoration

Week12: Successful Mental Health Ministries

How to prepare:

Read Chapter 11: "Successful Mental Health Ministries."

Key Scriptures

- John 13:34-35
- Hebrews 12:1-2
- Philippians 1:6

Key Statement:

God is already at work through churches of all sizes that have chosen to embrace this calling. Their success provides a model and encouragement that our own faithful steps, no matter how small, can bring restoration and reveal the love of Christ.

Self-Reflection

As you read the examples of successful ministries in this chapter, which church's story or approach was most inspiring to you? Did the size, denomination, or setting of the church surprise you?

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This study has covered the 4 R's: Recognition, Referral, Relationship, and Restoration. In which of these four areas do you feel most equipped to grow personally?

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What is one specific, personal commitment you will make as a result of this study? (e.g., "I will add a crisis number to my contacts," "I will check in on a caregiver I know," "I will pray for my church leadership about this topic.")

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Week 12: Group Discussion Questions

1. The book outlines five characteristics common to successful mental health ministries (e.g., leadership support, partnerships, passionate lay leaders). Which of these do you think is the most crucial for getting started?
2. Notice the variety of ministries offered by the churches, from support groups and educational classes to one-on-one coaching and community partnerships. What does this variety tell you about the many ways a church can serve?
3. The ministry at St. Luke's, a church with only 35-45 attendees, started with just five lay volunteers. How does this story encourage churches that feel they are "too small" to make a difference?
4. The author concludes that for the Church to transform the mental health care system, "it is not necessary for every congregation to be involved at the same level, it is only necessary that each congregation become involved." What does "getting involved" look like for your church?
5. Looking back on the whole book, what has been the most challenging idea for you? What has been the most hopeful? As a group, what is one tangible next step you can take together to continue the momentum from this study?