

When Should Lay-ministers Ask for Help? (obtain consultation from/make referrals to mental health professionals)

(Karl D. Lehman MD, New 1/14/2005, Revised 10/11/2025)

An important question for any ministry in which lay-people work with recipients is, “When should lay-ministers obtain consultation from or make referrals to mental health professionals?” Even without knowing anything about diagnosing specific mental illnesses, a lay minister can use the following criteria to identify recipients who need consultation/referral.

I. The recipient has suicidal thoughts/suicide risk *that you don’t feel comfortable with/don’t know how to handle*. If you are a lay minister, you should make a referral or obtain consultation any time the recipient has suicidal thoughts/suicide risk that you don’t feel comfortable with/don’t know how to handle.

The good news is that you can avoid many unnecessary consultations and referrals if you study my “Recipients with Suicidal Thoughts: Brief Comments” essay.¹ For example, you will be comfortable continuing to work with a recipient who says, “I just wish I could die,” but then in response to clarifying questions reassures you that they are just wishing they could escape the pain, but that they are *not* actually thinking about suicide or intending suicide. With the information from the “Recipients with Suicidal Thoughts: Brief Comments” essay, you would realize that this recipient poses no real suicide risk and does *not* require consultation or referral.

II. The recipient’s symptoms are causing serious disability: At mild to moderate levels, distressing symptoms, such as anxiety and/or depression and/or irritability and/or self-medication and/or exaggerated triggered reactions, serve a useful purpose – they motivate the recipient to get help, and they guide the recipient and facilitator in finding the underlying causes. However, as symptoms become increasingly severe they can become *disabling* instead of providing motivation and guidance. For example, as anxiety becomes increasingly severe, fearful thoughts can race so uncontrollably that the person is unable to think effectively, fearful emotions can become so overwhelming that the person has difficulty functioning emotionally, physical symptoms such as dizziness and trembling can be disruptive, and persistent difficulty sleeping can cause all of the problems associated with chronic sleep deprivation. In these situations, the person will have great difficulty fulfilling his job responsibilities, relating to his spouse, taking care of his children, or participating in Immanuel Approach work to address the underlying causes.

If you are a lay minister, you should make a referral or obtain consultation any time the recipient’s symptoms are causing serious *disability*, as opposed to just providing motivation and guidance. One of the most important appropriate uses for psychiatric medications is to moderate disabling symptoms during the time required for the recipient to resolve the underlying causes.²

¹Available as a free download from the Special Subjects/Advanced Topics section of the Resources page of our Immanuel Approach website (www.immanuelapproach.com)

²For additional discussion of symptoms causing disability as opposed to providing motivation and guidance, and discussion of the place of psychiatric medication in moderating disabling symptoms, see chapter seventeen in Karl D. Lehman, *Mind and Brain: Separate but Integrated* (Evanston, IL: Immanuel Publishing, 2024).

III. The recipient is experiencing strange and/or alarming symptoms *that you don't understand or know what to do with*: If you are a lay minister, you should make a referral or obtain consultation any time the recipient is experiencing strange and/or alarming symptoms that you don't understand or know what to do with.

I include “that you don't understand or know what to do with” because strange and/or alarming symptoms do *not* require mental health consultation if you understand them and know what to do about them. For example, demonic oppression can cause dramatic, strange, and alarming symptoms, but these do not require mental health consultation if the lay-minister understands them, and if binding prayer and/or Immanuel Approach ministry resolves the problem. Dissociation provides another good example. It can cause strange and/or alarming symptoms, but mental health consultation is *not* needed if the lay minister recognizes the dissociative phenomena and knows how to work with it.