The Silent Pandemic: LDS Missions are Ill-Equipped for Mental Health Challenges

As we approach the two-year mark of one pandemic, let's examine another pandemic plaguing our missionaries.

I stopped wearing makeup on my mission because I would cry it all off by 10 a.m.

In a one-room loft above a member's garage, my companion and I took turns having emotional breakdowns. Sometimes she'd cry while I did personal study, other times she'd return from the bathroom to a pile of used tissues next to my scriptures.

We were encouraged to wear makeup as sister missionaries, and I loved the routine of applying my products, the difference I felt taking the extra steps to get fully ready before representing Christ on the streets of Nevada. My companion and I would put on our snow boots and scarves, leave our apartment, and barely make it two feet before I'd swipe at my stinging eyes to find black smudges on my fingertips. My companion didn't even wear makeup at all, and soon we spent that extra time in the morning eating candy for breakfast and sitting in our depressed and miserable thoughts.

I returned home from my mission just shy of the six-month mark. If my mission leaders were properly trained in mental health areas and my concerns taken seriously, I likely would have lasted longer out in the field.

My generation is known as the "anxious generation." One in five adults has a diagnosable illness and half of mental health issues develop by age 14. In 2020, The Church of Jesus Christ of Latter-day Saints reported 51,819 full-time missionaries. That means roughly 10,363 of those missionaries had a diagnosable mental illness, with over 5,000 of those young adults already displaying symptoms.

In 2014, a study found that about 6% of missionaries return home before the completion of their expected 18- or 24-month service period. In "Return with Trauma," a BYU study from 2015 that examined the experiences of over 500 early-returned missionaries (ERMs), researchers found that 38% of early releases were for mental health reasons, with 72% of missionaries returning early due to comorbid mental health conditions. Additionally, the study found stress—a common symptom of depression and anxiety—played a factor in 38% of the early returns.

These are the two most recent studies specifically regarding ERMs and mental health. This staggering lack of research is a disservice to the missionaries silently suffering from their stigmatized struggles, unable to sleep or feel the Spirit due to forces out of their control.

I would know. I'm the president of a club at BYU full of returned missionaries—some early, others not—who felt alone, guilty, and ashamed because of their mental illness in the field.

You would know. There's someone in your ward, or your friend's ward, or your friend of a friend's ward who had their child come home early.

Why are these missionaries returning early? A mission is a time of spirituality and growth, devoting all hours of your day to service and teaching the restored gospel of Christ. The scriptures teach that while missions are difficult, Heavenly Father "will give unto [missionaries] strength such is not known among men" (Doctrine & Covenants 24:12).

The Church provides free LDS Family Services therapy sessions before, during, and after missionary service, particularly for those with preexisting mental health issues. Countless General Conference talks recite the blessings of overcoming trials, relying on Heavenly Father and Christ's Atonement for healing and strength, and how if you "forget yourself and go to work" your burdens will be made light. Additionally, the Church published "Adjusting to Missionary Life," a manual with tools for recognizing symptoms of stress and ideas to improve social, emotional, physical, and spiritual health.

These resources are wonderful, but is it enough?

"Return From Trauma" found that it's not. The most common treatments for the ERMs surveyed were therapy (83%) and medication (52%), but only a third of those who received therapy felt the sessions were effective, and only a quarter of those treated with medication believed that was helpful. The mission therapist—if one was accessible—was often hard to meet with in person, resulting in phone calls or video sessions.

We need to do more for those struggling, and welcome those that pack their bags to seek treatment at home with loving and judgement-free arms.

Mission presidents are inadequately trained in mental health management. Leadership at all levels of missions need to be regularly, thoroughly trained by a professional—including district leaders, sister training leaders, and zone leaders. Mission conferences would be a convenient opportunity to offer this so even missionaries not in leadership positions can benefit.

My companions were all younger than 21 and had no prior experience helping a person in emotional distress. My zone leaders did their best but caused more harm than help. How could they, when their training began with contacting techniques and ended with reading "Preach My Gospel?"

Most importantly, we need to stop spreading the narrative that missions are the cure for any ailment, sin, or grief. Mental health challenges will not go away, and missionaries won't be magically cured of their depression or anxiety disorder, by knocking on more doors or praying

harder. I couldn’t even keep makeup on my face, let alone feel the Spirit through a cloud of depression.

There are tens of thousands young adults giving up years of sports, school, and socializing alongside their peers to preach the restored gospel of Jesus Christ, and approximately 5,000 of them are silently suffering. Christ left the 99 to go after the one—who’s going after the 5,000?

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