



Mental Health Ministry 101

Compassion, Peace & Justice Ministry

Presbyterian Mission Agency

Updated November 24, 2020

PC(USA) Mental Health Initiative

- ▶ Adopted by 223rd General Assembly in 2018 (10th Anniversary of *Comfort My People Policy Paper on Serious Mental Illness*)

Called for:

- ▶ Churchwide survey on status of mental health ministry
- ▶ New \$250,000 Mental Health Ministry Grant Program (2019/2020)
- ▶ Launch of new Presbyterian Mental Health Network
- ▶ Review/update of *Comfort My People Policy Paper* (ACSWP)
- ▶ Full-time Associate for Mental Health Ministry (2-year term position)
- ▶ Report and Recommendations to next GA (2020)

Progress

- ▶ [Grant program](#) (continued at 50% funding for 2021/2022)
- ▶ [PCUSA Mental Health Survey](#) - conducted in autumn 2019: 6000 respondents including nearly 4,000 clergy
- ▶ [Report and Recommendations](#) (Item 02-094) deferred to 2022 GA
- ▶ [Sign-up form](#) Presbyterian Mental Health Network (PMHN)
- ▶ [General Mental Health Ministry Resources](#)
- ▶ [COVID-19 Mental Health Resources](#) (categories: national crisis helplines, everyone, families & children, faith communities, specific populations/concerns, stories to inspire)
- ▶ [Race and Culture Mental Health Resources](#) (racial trauma, resources by community grouping)

Survey learnings

- ▶ Mental health focus seen as important and timely
- ▶ Interest and motivation strong but need/want to be better-equipped.
- ▶ Top two barriers:
 - ▶ Lack of knowledge about mental health issues/conditions
 - ▶ Not knowing how to respond to an individual showing signs of a mental health condition/illness
- ▶ 70% of ministers said resources for responding to mental health issues arising in pastoral situations would be helpful.
- ▶ New resourcing is needed to inspire and equip the church for mental health ministry (Item 02-094, Recommendation 8).

Mental Health Ministry through a Matthew 25 lens

In Matthew 25 (and elsewhere), Jesus confronts the tendency to rank and sort people into systems that elevate some and diminish others as if all were not equally loved and precious in the eyes of the creator.

Mental health status (like race, gender, class, religion, ethnicity, etc.) is one of the ways people experience unearned privilege, or encounter 'othering,' stigma, and marginalization that can perpetuate isolation and pain.

Mental health ministry happens in communities that nurture authenticity, know how to respond when someone is in crisis or pain, and develop the capacity to 'walk alongside' with healthy boundaries, recognizing our common human frailty and individual gifts, whatever our mental health status.

Overview of Mental Health Ministry through a Matthew 25 Lens

Resourcing

information, tools, website & curated resource collections, fielding inquiries

Partnering with Presbyterian Mental Health Network

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Grant Program generating models & leadership

Presbyterian Mental Health Network (PMHN)

promoting mental health ministries, facilitating connections, networking & model-sharing

Relationships—the heart of mental health ministry

- ▶ Humans are fundamentally relational. Our connections with one another
 - ▶ Are vital to human mental and physical health and well-being across the lifespan.
 - ▶ Are powerfully protective, promoting resilience and helping to mitigate the impact of adverse life experiences and trauma.
 - ▶ Foster hope, healing and recovery during illness.
 - ▶ Help prevent relapse.
- ▶ The capacity for mental health ministry involves developing the capacity for certain kinds of relationships.

‘First Responder’ Relationships

- ▶ Jesus’ parable of the ‘Good Samaritan’ in Luke 10—when someone is in crisis or hurting, to stop and do what we can rather than pass on by . . . And to examine our pre-existing assumptions about who has something of worth to offer.
- ▶ ‘First responder’ relationships
 - ▶ Need mental health first aid training/skills, ‘gatekeeper’ skills in suicide prevention.
 - ▶ General public can learn.
 - ▶ Not substitute for professional care, but helps people feel heard and get help they need. Like medical first aid, can save lives.
 - ▶ Examples: Mental Health First Aid training and suicide prevention training programs for the general public.

Relationships of presence, accompaniment, companionship

- ▶ “Companionship asks us to walk ‘side-by-side’ a person and to share the journey toward health and wholeness. Through the side-by-side presence and orientation and through participation in the other four core practices of companionship - listening, providing hospitality, ‘neighboring,’ and expanding the circle of care - we become more acutely aware of a common humanity, of our experience of frailty and suffering, but also of the eternal significance of each human heart. . . . We discover that mutuality is more powerful than a one-up, one-down helping relationship, and that people who have experienced mental illness have gifts and unique insights from which we would benefit if we could only learn to see and embrace them.”
- ▶ “Companionship is at once both elegantly simple and profoundly difficult. Anyone can participate in companionship. Anyone can be a fellow human being who comes alongside another and in hospitality listens to that person’s dreams, hopes, and statements of faith. However, sometimes it is not so easy to avoid giving too much advice or to relinquish the lure of being a heroic helper. As ‘helpers,’ whether consciously or subconsciously, we often strive to affirm how impressive we are by comparing ourselves to the ‘poor person’ in front of us whose troubles appear to be greater than our own.”
- ▶ Excerpted from [The Way of Companionship: Discovering the Heart of Mental Health Ministry](#). For more information: <https://www.thecompanionshipmovement.org/>

Mental Health Culture in the Church

- ▶ What is the culture around mental health?
- ▶ What education is needed to increase awareness and understanding of mental health, mental illnesses, and the impact of trauma?
- ▶ Is it safe to talk about mental health, be visible, share vulnerability?
- ▶ Are people with lived experience of mental health challenges and their loved ones in the conversation and leadership (“nothing about us, without us”)

- ▶ Facts & Figures
 - ▶ USA prevalence: 1 in 5 persons has a diagnosable condition in any given year (CDC); 7.4% with a substance use disorder (SAMSHA); 5.1% with a severe mental illness in the last year (NIH)
 - ▶ Nearly 50% lifetime risk (CDC)
 - ▶ in COVID-19, between 30-50% estimated to have diagnosable anxiety or depression
 - ▶ Mental health impacts of COVID-19 are compounded by systemic racism and economic injustice. Black, Indigenous, and other communities of color are being disproportionately impacted as are women and younger people.

Intersection of COVID-19, race and gender

% of Americans reporting symptoms on screening for anxiety or depressive disorder:

Pre-COVID-19 (Jan/Jun 2019 NHIS benchmark) 11%

Oct 28 - Nov 9, 2020 (from [Pulse Survey](#))

▶ Overall	41.4
▶ By Gender	
▶ Female	46.2
▶ Male	36.1
▶ By Race/Hispanic ethnicity	
▶ Hispanic or Latino	48.0
▶ Non-Hispanic Asian, single race	32.9
▶ Non-Hispanic black, single race	45.0
▶ Non-Hispanic white, single race	39.4
▶ Non-Hispanic, other races and multiple races	48.5

COVID-19 and Age

% of Americans reporting symptoms on screening for anxiety or depressive disorder:

- ▶ Pre-COVID-19 (Jan/Jun 2019 NHIS benchmark) 11%
- ▶ By Age Oct 28 - Nov 9, 2020 (from [Pulse Survey](#))
 - ▶ 18 - 29 years 58.7
 - ▶ 30 - 39 years 49.5
 - ▶ 40 - 49 years 42.6
 - ▶ 50 - 59 years 38.6
 - ▶ 60 - 69 years 32.9
 - ▶ 70 - 79 years 26.6
 - ▶ 80 years and above 18.4

Resilience, hope and healing

Mental Health Ministry

Nurturing healthy relationships and mental-health aware community, ending stigma.

Capacity to respond when someone is in crisis or pain

Capacity to walk alongside with healthy boundaries in ministries of presence, accompaniment, companionship

Awareness of trauma and its impacts

Informed by context and culture

COVID-19

Structural racism

Systemic poverty

Adverse Mental Health Impacts

Advocating beyond church walls

- ▶ Do we have a working knowledge of local services and providers?
- ▶ Do we have a good referral network and know when and how to refer?
- ▶ Are we engaged with other community stakeholders working to identify gaps, address systemic issues, solve problems, and improve access and quality of mental health care in our community for everyone?

Questions for conversation

- ▶ Where are we with first responder capacity?
- ▶ Where are we with the capacity for ministries of presence and companionship?
- ▶ What is the culture around mental health in our community? Are we mental-health friendly and trauma-informed?
- ▶ What capacity do we have for advocacy beyond the church walls?
- ▶ As you consider next steps, what is on your heart when it comes to mental health ministry?

Selected Resources

- ▶ [PCUSA Mental Health Ministry Resources Collection](#) (Mental Health Ministry 101, Mental Health Ministry through a Mathew 25 lens, Comfort My People Policy Paper on Serious Mental Illness)
- ▶ [NAMI Education and Advocacy Programs](#) (National Alliance on Mental Illness)
- ▶ [Being a Stigma-free Faith Community](#) (National Alliance on Mental Illness)
- ▶ [Companionship Movement & Training](#) (Pathways to Promise, an interfaith cooperative)
- ▶ [Mental Health Ministry—A Toolkit for Faith Communities](#) (Pathways to Promise)
- ▶ [Sample E-spotlight newsletter from Mental Health Ministries](#) (editor: Rev Susan Gregg-Schroeder, UMC Minister, published six times/yearly, excellent source for timely seasonal content)
- ▶ [Mental Health First Aid Training](#) (National Council for Behavioral Health)
- ▶ [Suicide Prevention Resource Center](#) (online training comparison sheet with links)
- ▶ [Center for Faith and Community Health Transformation](#) (Trauma-informed congregations)
- ▶ [Compassion in Action Guide](#) (HHS)
- ▶ [COVID-19 Mental Health Resources](#) (PCUSA Mental Health Ministry website)
- ▶ [Race and Culture Mental Health Resources](#) (PCUSA Mental Health Ministry website)

For more information

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