



nami

Working with Congregations



To Reach African American Families with Mental Illness

Prepared by:

**Majose Carrasco
2005**

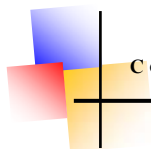
A Word from NAMI's Multicultural Action Center



NAMI affiliates across the nation are actively reaching out to African American communities. Last year, at NAMI's 2004 *African Americans: Facing Mental Illness & Experiencing Recovery Symposium* we had the opportunity to hear from many of these NAMIs and from their African American leaders. Many of them mentioned African American congregations as wonderful venues to reach the community. The message from these NAMI members was clear: Our families need to learn about mental illnesses, their symptoms, and treatment. Our families need caring and loving congregations that will support them when dealing with mental illness. Our families invite the faith community to work with us in order to educate our communities, provide much needed support, and avoid unnecessary suffering and stigma.

This manual is a call for NAMI members and faith leaders to come together for those who most desperately need them. What follows are highlights from research finding, examples of programs that have proven to be successful in the field, and available resources for faith leaders and NAMI members. Chapter 1 highlights research studies that explore the role of faith communities in reaching families with mental illness, especially the role of African American congregations. Chapter 2 discusses different strategies congregations could use to educate themselves about mental illness and to provide support for people with mental illness and their families. Chapter 3 explores what people with mental illness and their families can do to educate faith communities by highlighting different NAMI activities that have proven to be successful in the field.

This manual was developed as a companion to *Spirituality & Faith in Communities of Color: A Family Perspective Track* during NAMI's 2005 Annual Convention. This is a follow up event to NAMI's 2004 *African Americans: Facing Mental Illness & Experiencing Recovery Symposium*. The track and the manual are the result of the valuable input and contributions of African American NAMI leaders who participated in the 2004 Symposium and came together to organize this follow-up event. While this manual highlights efforts in Christian congregations, these outreach strategies can be tailored to other faith communities.



NAMI would like to specially thank Nancy Carter, Brenda Coleman-Beattie, Marietta Noel, Rev. Dorian Parker, Lynne Saunders, Shari Thompson, Jennifer Weiss, and NAMI Texas for making this idea a wonderful reality.

NAMI would also like to thank Miriam Righter, Carole Wills, Kathy Bayes, Dr. King Davis, Linda Preuss, Rev. Susan Gregg-Schroeder, Wayne Trudeau, Ruth Karr, Dr. Gunnar Christiansen, Dr. Joan Lafuze, Rev. Gibson, Kim Farris, Marcus M. McKinney, Dr. Jackson H. Day, Teri S. Brister, Gary Gaddy, and Jeannette Hauver for sharing valuable information for this manual. Special thanks to Lynne Saunders and Jennifer Weiss who dedicated countless hours to research the highlighted resources and model programs.

Sincerely,

Majose Carrasco
Director, NAMI Multicultural Action Center

Why should the African American Church Care about Mental Illness?

The African American church should care about mental illnesses because these diseases affect many of our members and their families. Without proper treatment, the lives of our brothers and sisters are disturbed and hindered. The results have a direct effect upon the church and its ability to carry out its mission.

We should also care about mental illness because we, as community faith leaders, have a lot of influence in the communities we serve. Pastors and other faith leaders can bridge the gap between the mental health profession and the church. In our community, there is a lot of mistrust toward mental health institutions and professionals. This, as well as the stigma attached to people who have mental illnesses, prevents our community members from seeking treatment. Our congregations look to the church leaders to lead them in the right direction. We, the church leaders, must be ready to assist vulnerable families.

African American congregations need to learn about mental illness and treatment. Often, congregations have more opportunities to observe a person that might be experiencing mental illness. This could help us intervene and find appropriate treatment. Early intervention could save unnecessary anguish and suffering. If the congregations and their leadership take an active role in this problem, it will reduce the discrimination of thinking people are crazy who have mental issues. It will also bring hope that people lives can be better, even with the disease.

More African American congregations are implementing lay counseling programs and support groups to serve this population. Here at The Potter's House, we have a full-time Christian Counseling Center that offers both individual, family, and group counseling. Both licensed professionals and paraprofessionals offer these services. We have trained approximately 90 lay counselors to assist the counseling center with spiritual enrichment groups in the last three years. Unlike traditional counseling, we combine spiritual truths with a clinical approach. We also have a substance abuse treatment program that offers both inpatient and outpatient care.

We are doing a lot, but there is a lot more to do. I applaud NAMI's efforts to educate faith leaders and their congregations. I encourage every congregation to start this wonderful journey.

Elder Bobby Gibson SR., M.A., L.P.C.

"The Potter longs to put you back together again." -Jeremiah 18:3,4

The Potter's House is a nondenominational church, located in Dallas, Texas. It has more than 28,000 members who step out in force, inspired and spiritually armed by Bishop T.D. Jakes to help others in their communities and across the world. Christian Today and The Dallas Morning News tag The Potter's House church as one of the fastest growing churches in the nation.

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Chapter 1 : Why do Outreach through Congregations?

Spirituality and faith play a very important role in the African American community. Across the nation, congregations of all denominations bring African American families together and provide emotional support to their members. Researchers have found evidence that African Americans seek help from the clergy more frequently than from other professionals. Mental health issues are no exception. When dealing with mental illness, African American families might look for guidance, support, and understanding from their faith community. Unfortunately, often times faith leaders do not know about mental illness, how to help families dealing with mental illness, or they provide misguided recommendations. The articles below, one from Dr. Joan Lafuze and Dr. David Perkins and the other from Dr. Harold Neighbors, explore the role of faith communities in helping people with mental illness and their families.

The Role of the Church in Serving Persons with Mental Illness

By Joan Lafuze, Ph.D., Indiana University East and David V. Perkins, Ph.D., Ball State University

Since the 1950s, psychotropic medication and changes in the funding of social service programs have led to widespread deinstitutionalization of persons with serious mental illness (Grob, 1994). This development has drawn increasing attention to the nature and amounts of social support resources available to persons with mental illness in the community.

Churches have long been considered community resources offering support to persons in need. Church pastors are readily available and accessible (e.g., in times of crisis) and enjoy high levels of public trust (Gallup, 1990 [see Weaver, et al., 1997]). The relationships clergy have with individuals and their families are often long term, and many pastors can mobilize the assistance of sizeable numbers of volunteers, greatly amplifying their impact.

As helping resources, churches are rather distinct from formal mental health services. Paradoxically, however, their very differences may allow church pastors and mental health professionals to accomplish more in collaboration with each other than when working separately. Working together they can provide more different kinds of help and greater continuity of help. Walters and Neugeboren, 1995, for example, argue that concrete collaborations between mental health programs and churches (especially social clubs) are valuable integrative resources that increase the support available to persons with mental illness in the community.

Effective collaboration between distinctly different institutions assumes similarity in basic views of mental illness. What do we know about the knowledge and attitudes of clergy concerning mental illness and formal treatment services, and how much direct support do they presently provide to people with mental illness and their families? Empirical data and scientific understanding of clergy involvement in mental health care are extremely limited (Weaver, et al., 1997), and evidence indicates that clergy are less confident in counseling persons and families with mental illness than they are in counseling in other domains such as alcohol or drug problems (Mannon & Crawford, 1996).

Furthermore, churches are not monolithic institutions with uniform views and activities. Even within a single large denomination there may be considerable variability in attitudes and experiences regarding issues like mental illness. In this regard, the personal and church-related characteristics of pastors that are most associated with involvement would be worth identifying.

We created a 57-item survey that asked pastors “to document current information about perceptions and activities ... regarding mental illness, persons who have mental illness, and their families.” Three conference offices of the United Methodist Church (two in Indiana and one in Virginia) agreed to make the survey available to their pastors. A total of 1,718 surveys were distributed, and 1,031 were returned, a return rate of 60%. Among pastors who returned completed surveys, 83.1% were male and 16.9% female; 95.3% were Caucasian, 2.3% African-American, and 2.4% of other ethnic backgrounds.

Pastors endorsed a wide range of direct involvement by the United Methodist Church in support and advocacy on behalf of people with mental illness and their families:

- 90% or more agreed that the church should sponsor programs that educate pastors about “...mental illness”, “...supporting families of persons who are mentally ill,” and “...effective services.”
- About 90% also agreed that the UMC should advocate for improved services.
- Pastors are moderately positive about their degree of personal comfort with mental illness.
- Over half are “comfortable advising families of people who have mental illness”
- Two-thirds were neutral or disagreed that they are “uncomfortable working with persons who are mentally ill.”
- However, slightly more pastors disagreed than agreed that they “have sufficient information about available services... in this area.”
- Pastors are less sure about how well prepared they are to help people with mental illness and their families.
 - Two-thirds disagreed that pastors “have sufficient information to be helpful to persons with mental illness.”
 - Almost as many disagreed that they are “well prepared to advise the families” of such persons.
 - However, most pastors agreed that pastors “are helpful in making referrals regarding services for persons who are seriously mentally ill.”

Experience Helping People With Mental Illness

- Although 442 (43%) of 1,031 pastors reported having (or having had) an immediate family member with mental illness, in their professional roles most pastors reported only occasional contact with people having mental illness and their families.
- A little over 10% of pastors counseled persons who have mental illness at least weekly, and only about 20% interacted with them in any other professional capacity at least weekly.
- Pastors counseled families of persons with mental illness even less frequently, with only about 7% of pastors counseling such families weekly or more often.
- Most pastors knew of relatively few families with mental illness in their congregations, with almost 80% of pastors knowing of 5 or fewer such families attending services at their

churches.

- Less than a third of pastors served churches that offered any outreach programs for persons who have mental illness.
 - The most common types of outreach programs were support groups (provided by 11% of churches) and food kitchens (8.5%).
 - 14% of churches sponsored a support group for families of persons with mental illness.
 - Less than 20% of pastors were familiar with NAMI, and only 17 (less than 2%) described themselves as “very familiar” with this organization.

To Summarize:

- Nearly all pastors endorse education, support, and advocacy efforts by the UMC on behalf of persons with mental illness and their families.
- Most pastors are comfortable with the idea of working with people who are coping with mental illness, but most do so only infrequently and many would like more information (especially about services).
- Interestingly, almost half of pastors in this study report the occurrence of mental illness in their immediate family.
- Few churches sponsor family support groups, and even fewer provide outreach programs for people with mental illness.
- The large majority of pastors are unfamiliar with NAMI.

Discussion

In general, pastors endorse broad involvement by the church in helping those affected by mental illness. However, most pastors report relatively limited individual involvement in counseling and outreach efforts. This may reflect a need pastors perceive for having more information (especially about services) and better overall preparation.

It is not surprising that having a family member with mental illness is associated with more involvement in helping people with mental illness, independent of the other predictors. Similarly, the greater amount of support from female pastors mirrors the generally greater involvement of

women in our society in caring for people in need. This caring role is especially characteristic of women when they have ongoing relationships with those in need (Eagly & Crowley, 1986), as pastors often do with church members.

How Might One Increase Overall Pastor Involvement in Supporting People With Mental Illness and Their Families? Increasing pastors' comfort with mental illness, emphasizing the belief that the church has a role in supporting people and families affected by mental illness, and endorsing an appreciation of the situational factors affecting mental illness, might encourage more pastor involvement.

The large sample, geographic variety, and mainline (representative) denomination used in this survey are strengths of this study. Of special interest are the findings that 43% of pastors who responded have (or have had) an immediate family member with mental illness, yet pastors report only occasional contact with church members who are coping with mental illness in their families. Does the high percentage of pastors reporting mental illness in their own families reflect more openness about this issue, or perhaps more liberal definitions of what "mental illness" or "family member" include? Were pastors who have experienced the effects of mental illness on family members simply more likely to return the survey? Does the limited contact they have with pastors suggest that families of persons who have a mental illness are reluctant to share that information within the church (at least with pastors)? If such reluctance to share is the reason, what causes parishioners to refrain from seeking the same kind of pastoral support that they would for other illnesses? People of faith often turn to the church for comfort and support in times of trauma and when challenged by serious illnesses such as cancer, diabetes, and cardiac dysfunction. What keeps them from taking similar measures when they or a loved-one faces the devastating neurobiological disorders that we call mental illness? Much room remains for further research on the church's role in providing community support for individuals and families affected by mental illness.

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The African American Minister as a Source of Help for Serious Personal Problems: Bridge or Barrier to Mental Health Care?

By, Dr. Harold Neighbors, Associate Professor, Health Behavior & Health Education, School of Public Health and Director, Center for Research on Ethnicity, Culture and Health, University of Michigan.

A survey conducted in 2001 by the University of Michigan asked respondents, “Has the church helped or hurt the condition of Black people in America?”

- 82 percent of respondents indicated that they believe it has helped;
- 4.9 percent indicated that it has hurt; and
- 12 percent believe it makes no difference.

(National Survey of Black Americans (Taylor & Chatters, 2003). Religion in the Lives of African Americans. Sage Publications.)

Eighty-two percent of respondents said the church helps the Black community by providing spiritual assistance, providing personal support and guidelines for moral behavior and

by sustaining and strengthening community and individuals. They also said it actively encourages social progress and serves as a community gathering place.

Frequency of Religious Participation and Degree of Religious Involvement:

- ◆ A high proportion of African Americans attend or participate in church.
- ◆ 70% attend religious services at least a few times a month.
- ◆ 67% are church members and less than 10% have not attended religious services.
- ◆ 50% of African Americans go to church at least once a week, read religious materials, watch or listen to religious programming and listen to religious music.
- ◆ 80% of African Americans pray nearly every day, say religion is very important in their lives and say it is very important to take children to religious services.
- ◆ 30-50% of this group pray frequently and think of themselves as religious.
- ◆ 10% of African Americans do not have a religious affiliation and 10% have never attend religious service.

Stress, Religion, and Mental/Physical Health:

A study conducted in 1994 by Ellison showed that religious involvement may reduce psychological distress and increase health in at least four ways. It may shape behavioral patterns and life styles, generate social resources and social support, provide specific coping resources and enhance psychological resources such as self-esteem and personal mastery.

An early, generic study of highly religious high school seniors, conducted by Wallace and Forman in 1998, indicated an influence on participants' health behavior. Highly religious subjects exhibited less cigarette use, less marijuana use and less binge drinking than those who were less religious.

Mental Health and Help Seeking:

The National Survey of Black Americans found that the prevalence of serious mental illness in African Americans is roughly equivalent to that of Whites. However, African Americans with a serious mental illness are significantly less likely than Whites to seek treatment for mental problems. When a need for treatment is defined by the presence of psychopathology, African Americans underused mental health services. African Americans in distress rely on a variety of

resources to compensate for their lack of access to specialty mental health care. Clergy play a crucial role in meeting mental health needs of African Americans.

Ministers:

African American pastors are positioned to play two critical roles: a primary mental health treatment source and a gatekeeper and referral source to specialty mental health care. A fair amount of research has been published on the socially supportive role of African American churches. However, not as much has been written about African American ministers in counseling African Americans with mental health problems. Areas that need to be addressed include: the mental health service delivery role played by African American pastors, documentation of the extent to which African American in need of mental health care obtain it, locations of help sources for African Americans and specific actions taken by African American ministers on behalf of help seekers.

Despite attempts to make mental health services more culturally relevant, most African Americans view services as foreign. It makes sense that ministers, as respected community leaders, are one of the first sources contacted by Blacks in psychological distress. Therefore, it is important to establish an accurate description of the mental health role played by African American clergy.

We know little about the specific types of help offered by Black clergy during counseling sessions. Questions that remain to be answered include:

- ◆ How do pastors operate with respect to referrals?
- ◆ Do these factors vary according to the type of problem presented?
- ◆ Do ministers refer to mental health professionals, or are they more likely to counsel themselves?
- ◆ To what extent are African Americans satisfied with the mental health services of ministers?

In 1986, Mollica, et al. found that African American clergy placed importance on the use of theological beliefs such as sin, guilt, forgiveness, penance, redemption and salvation in counseling. African American ministers placed the greatest importance on the therapeutic use of such religious practices as prayer, meditation, confession, faith healing, quoting scripture and church attendance. African American ministers said that they often sought out troubled individuals rather than waiting for them to refer themselves for help.

Mollica's study also found that African American clergy did make referrals to mental health specialists, although most of the referrals were to other clergy. African American clergy also indicated that they never received a referral from mental health professionals. This study is consistent with the view that there is limited contact between Black ministers and specialty mental health. Explanations for this lack of connection included confusion about role-related tasks, lack of respect for clergy by mental health professionals and philosophical conflicts between religious beliefs and psychological theories.

Helping Role of Ministers:

Mental healthcare professionals need to recognize the integrated, intimate role ministers play in the Black community. African American ministers are firmly embedded within African American neighborhoods in a way that mental health professionals will never be. They are almost as accessible as most friends and family and they have a level of respect and responsibility that places them in a special category. This study hopes to clarify the ambiguity in how best to characterize the helping role of ministers.

Goals of the National Survey of Black Americans:

- ◆ Documenting the function of family and informal community relationships;
- ◆ Compiling national data on mental health needs; and
- ◆ Address how those needs were being met.

Research Questions:

- ◆ What demographics are related to seeking help from clergy?
- ◆ What social factors are related to contacting clergy?
- ◆ What personal problems increase use of clergy?
- ◆ Are those who contact ministers also likely to seek help from other professional help sources?
- ◆ What types of help do ministers offer?
- ◆ Are help-seekers satisfied with help from clergy?

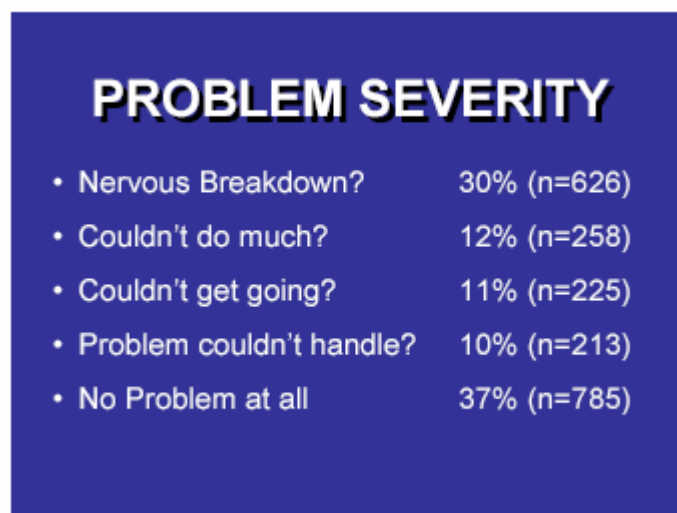
Study Sample and Methodology:

The study was conducted as a national probability household survey based on the distribution of the African American population. Multi-stage area probability sampling ensured that each African American household had an equal chance of being selected. One member of each selected household was chosen for an interview. Procedures resulted in 2,107 interviews of people age 18 and older and the response rate was 67%. The survey was conducted over a seven-month period during 1979 and 1980 (Jackson JS (ed.): Life in Black America. Newbury Park, CA, Sage, 1991 and Hess I: Sampling for Social Research Surveys: 1947-1980. Ann Arbor, Institute for Social Research, University of Michigan, 1985.).

The NSBA pre-ECA/DIS used a problem-focused approach. Researchers asked questions such as “have you ever had a serious personal problem,” “what was it about,” “tell me more about the problem” and “did you go to any of these places for help.”

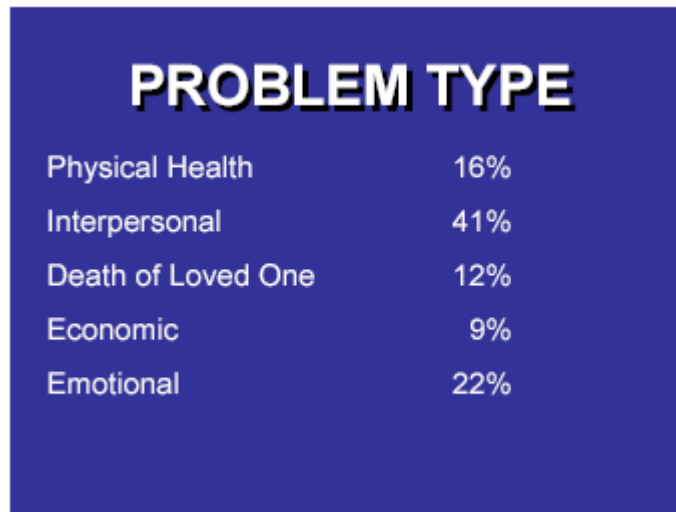
Problem Severity:

Researchers also asked questions concerning the severity of the problem, including “when problems have come up, has there ever been a time when you were at the point of a nervous breakdown,” “have you ever been so nervous you couldn’t do much,” “have you ever been so down you couldn’t get going” and “have you ever experienced a personal problem you couldn’t handle.” Out of 2,107 respondents, 1,322 said they had experienced a problem.



Problem Type:

Researchers asked respondents, “Thinking about the last time you felt this way, what was the problem about?” They explained that respondents need not go into great detail, but they wanted to have some general idea of what the problem was about. They asked, “How much more can you tell me about that?”



Help-Seeking:

Among respondents with a problem, 87% went for informal help, while 49% went for professional help. Respondents seeking professional help accessed it in different ways:

- ◆ Emergency room 10.6%
- ◆ Physician’s office 10.9%
- ◆ Social services 3.8%
- ◆ Mental health center 1.9%
- ◆ Psychiatrist/psychologist 2.5%
- ◆ Minister 9.2%

The study also found several patterns of help-seeking. 43% of respondents accessed informal help only. 4% only relied on professional help. 44% percent received a combination of informal and professional help. 9% received no help at all.

Table 1. Percentage Seeking Help From Clergy

Sociodemographics	%	Problem Types	%	Problem Severity	%
Sex		Economic		Breakdown	
Female	16.3	Yes	11.0	Yes	17.6
Male	12.0**	No	15.9**	No	12.4**
Age		Interpersonal		Felt nervous	
<30	14.6	Yes	15.6	Yes	11.6
30-39	15.6	No	14.2	No	15.6
40-49	13.9	Death		Felt depressed	
50-59	17.7	Yes	22.3	Yes	12.4
60+	12.7	No	14.0**	No	15.3
Marital Status		Health		Could not handle problem	
Married	14.0	Yes	14.8	Yes	13.3
Not Married	16.4	No	14.8	No	15.0
Employment Status		Emotional		Could handle problem	
Employed	14.7	Yes	15.6	Yes	12.8
Not Employed	15.0	No	14.7	No	15.0
Education					
<12 years	13.8				
High school	14.6				
Some college	16.7				
College graduate	16.7				
Family Income					
<\$5,000	14.9				
\$5,000-\$9,999	16.7				
\$10,000-\$19,999	14.2				
\$20,000+	14.0				

P<.05*P<.01.

Summary of Findings:

- ◆ African Americans who go for professional help eventually turn to ministers.
- ◆ Those who go to the ministers first go to a few additional places.
- ◆ The satisfaction received when first going to a minister was sufficient, and those who went to a mental health professional first and were unhappy eventually found satisfaction in going to a minister.
- ◆ Many who go for professional help in emotionally difficult times eventually turn to ministers.
- ◆ When African Americans contact the pastor they receive what they need; as a result they feel no need to turn elsewhere.

Discussion:

- ◆ Powerful social and cultural forces pull African Americans toward African American ministers for counseling.
- ◆ Strong forces including stigma, cost, mistrust and a philosophy of self-reliance push African Americans away from specialty mental health care.
- ◆ The vast majority of African American help-seekers are satisfied with the help they receive from pastors.
- ◆ Compared to other sources of professional help, African American ministers tend to impede access to other forms of specialty mental health care.
- ◆ The idea that ministers should operate only as referral agents for mental health practitioners should be thought through more carefully.
- ◆ African Americans turn to ministers for help with problems for which it appears ministers are qualified to handle. For example, African Americans are most likely to contact ministers for help with death of a loved one.
- ◆ Viewing Black ministers only as referral agents assumes they are facing conditions they are not qualified to address, which is not uniformly true. However, it is not always clear whether ministers or mental health workers are most qualified to treat the kinds of problems African American experience.
- ◆ There are two sides to this situation; there are times when professional help is necessary and appropriate and times when ministers should make a referral.
- ◆ Other analyses of the NSBA data show people experiencing problems dealing with the death of a loved one also report the highest levels of distress.
- ◆ 10% of those with problems dealing with death of a loved one meet DSM criteria for major depression. This is where mental health education efforts should focus.

Prevalence of Depression:

Using a modified diagnostic interview schedule to more closely approximate depression, a panel study of African American mental health, found that 17% of African Americans are depressed at some point during their life, compared to 12% (18% for Whites) found by a national

co-morbidity study.

Help-Seeking for Depression:

Among the 17% who were depressed, 62.3% “talked to someone,” 36.5% sought professional help and 7% went to a mental health specialist.

Help-Seeking Conclusions:

Under-utilization of mental health services is a problem for African Americans, especially when service use is related to the number of mental health problems in the community. Social networks are extremely important; family, friends and neighbors continue to carry the bulk of the helping burden. Ministers are very, very important.

Conclusions:

- ◆ It is important to differentiate between problems more appropriate for treatment by mental health professionals and the mental health problems that community support systems seem to be able to handle, especially given the extensive use of informal helpers by African Americans.
- ◆ There is a link between diagnosis and referrals; if ministers are able to identify the clinical severity of the problems they may make more referrals.
- ◆ Mental health educators should engage ministers in discussions about disorders such as depression, bipolar disorder and schizophrenia.
- ◆ This study’s findings indicate a need for mental health education programs focused on African American church members as well.
- ◆ The majority of African Americans conceptualize personal distress within a religious framework, rather than the perspective employed by mental health professionals. When these differing perspectives are coupled with the high levels of distrust African Americans have for mental health care, substantial barriers must be overcome before reaching the goal of these two professions working together for the betterment of African American mental health.
- ◆ Ministers hold the most potential for opening a pathway between the Black community and mental health. Therefore, programs designed to bring the Black clergy and the mental health professional closer together are needed.
- ◆ The Black minister is the best hope for bridging the gap between the Black community and mental health professionals.

Chapter 2: What Can Your Congregation Do?

There are many things congregations can do to help people with mental illness and their families and to educate all their members about these illnesses.

Steps For A Congregation Ministry With Those With A Mental Illness

By Gunnar E. Christiansen, M.D.

First Step – Get Approval from Senior Clergy

- ◆ The first and most important step is to gain the approval of the senior clergy person. It is highly unlikely that a congregation will have a successful program develop without it. He or she is the gatekeeper to the congregation.
- ◆ The best way to get the attention of a senior clergy person is for him or her to hear a personal story concerning the trials and tribulations of having a mental illness, being the caretaker of a loved one who is ill or having a friend with one of these disorders.
- ◆ There is no better method of education for a clergy person than having personal involvement. When a clergy person hears a testimony from someone that they know and respect, that clergy person becomes personally involved. The value of one person talking from the heart to another listening with his or her heart is immense.
- ◆ In the testimony, it is extremely important that one include the importance that his or her faith has played in recovery or in the ability to cope with being a caretaker and/or friend.
- ◆ It is extremely important to stress the value of faith, because nurturing of one's faith by the clergy and congregation is the most important part of its role in the mental health of its members.
- ◆ The clergy and congregations need to hear how valuable their ministry is in one's recovery from mental illness.
- ◆ The perception that you are sincere in your desire to work with your clergy person in develop-

ing a program is indispensable. No member of the clergy wants to start or expand a program if it appears that all the responsibility for its success falls solely on his or her shoulders.

- ◆ If a letter is necessary to obtain an interview, do not hesitate to write one. Whether writing a letter or having a personal interview, be organized, dwell on the positive aspects of having an outreach program and, as always, speak from your heart.
- ◆ I emphasize the word "step." One should take care that a large sack of frustrations and demands for immediate restitution are not suddenly dumped on the desk of the clergy person or lay leader.
- ◆ Make certain you do not just give her or him a large packet of material and then leave without giving your testimony.
- ◆ In fact, do not give a large packet of material unless it is requested. A few pamphlets will be more effective.
- ◆ Remember the clergy are inundated with mail and have very little time to read it.

Second Step – Create a Task Force

- ◆ Establish a task force. The longevity of your program is dependent on this committee, so choose carefully. A "One Man Show" is likely to fail, whereas the encouragement of each other in a hard working group can result in significant accomplishments.
- ◆ In addition to seeking those with a mental illness, family members and health professionals, ask one or two members who are leaders in the congregation who have had no previous involvement with mental illness to be on your task force. I have found that it is often those with no experience that are the key to your involvement of the entire congregation in an outreach program.
- ◆ As in any committee there will be a variance of opinions, but do not be distracted. Follow the advice of Thoreau: "Be as the sailor who keeps the polestar in his eye. By so doing we may not arrive at our port within a calculable period, but we will maintain a true course."
- ◆ Listen to the desires and utilize the talents of each member of your committee rather than concentrating on getting them to do something that you feel is most important.
- ◆ Before a congregation can respond to a need effectively, it must understand the scope of the problem. This requires the third step, education.

Third Step - Education

- ◆ Talk to anyone or any group that will listen to you. For those of you in a Christian congregation, if you have a Stephen Minister's group and/or deacons, you will find these groups to be particularly receptive.
- ◆ Remember those who will listen to you will undoubtedly already be prone to giving love and compassion to those with a mental illness. They are in attendance because they are looking to you for understanding.
- ◆ It is not necessary for a congregation to have knowledge of all the latest scientific information on the subject.
- ◆ An attempt should be made to convince the members, however, that serious mental illness is the result of an abnormality of the brain and in almost all cases amenable to medical treatment.
- ◆ Equally important is to stress that mental illness is not caused by a lack of character by the person with the illness or by poor parenting. It is amazing and disheartening that so many in our society still have this antiquated opinion.
- ◆ Despite the glaring need for housing, improved treatment facilities, etc. by many with a mental illness, I advise against making requests for one's congregation to become involved in these issues until the members have been educated concerning mental illness.

Fourth Step – Support Groups

- ◆ It is important not to forget the family members. Having a loved one struck by a mental illness is devastating for the family. Particularly in the early stages, family members will likely have multiple concerns about daily living and the future as well as have distress about the past. Guilt, anger, fear, confusion and exhaustion are commonly experienced emotions.
- ◆ Siblings may worry about developing a mental illness themselves or their children developing one. They are prone to blaming their parents for the illness of their sister or brother.
- ◆ A spouse may be deeply concerned about the family's economic situation and the long-term viability of the marriage.
- ◆ Children are almost always confused about the illness of a parent. They are likely to be embarrassed and sometimes even frightened.

- ◆ It is usually extremely helpful for a family member individually or together with other members of the family to express these feelings to someone who is willing to listen not only with his or her ears, but with his or her heart. Family members need healing as well as the ill loved one. It is unlikely that this healing process will begin without the opportunity to vent these powerful emotions.
- ◆ It is important that the support groups are faith-based. If a Christian church sponsors it, it should be conducted from a Christian perspective. If it is sponsored by a Jewish tabernacle, it should be conducted from a Jewish perspective and etc.
- ◆ The leader should have respect for the faith of those in attendance.
- ◆ Leaders for a family support group must be knowledgeable about the availability of services in the community and about the various serious mental illnesses. It is ideal to have a psychologist, but I have observed leaders that have no degrees do a wonderful job.
- ◆ One of the most valuable aspects of these groups is the presence of other families who have survived the original trauma of having mental illness strike a family of faith and now want to serve others.
- ◆ For those families going through a crisis stage in the care of loved one, hearing from others who have "been there and done that" is very helpful.
- ◆ This opportunity to serve others in a support group has been very meaningful for many families. A crisis for one family can be an opportunity for another family.
- ◆ It seems that for many families, mental illness is a life-long commitment. In those situations supporting such families by a congregation needs to be a long-range commitment as well. If we as congregations are truly sanctuaries, such commitment will be part of our mission.

Fifth Step – Provide Ministry with People who Have a Mental Illness

- ◆ Whether or not we have a mental illness our basic needs are the same. We need to have the feeling of acceptance in our community, to have responsibility, to have the opportunity to contribute and to experience God's presence in our lives. It is in the suggested fifth step of ministry with those who have a mental illness that these needs can be met.
- ◆ It will happen when those in the congregation accept those with mental illness in the same manner that they accept those without a mental illness and give support to them in the same

manner as they support those with a different illness.

- ◆ It is in this step that people "touch" people and that God's presence is best manifested.
- ◆ Not every congregation will have someone who has the experience necessary to conduct a support group for those with a mental illness. If such a person is available and those with a mental illness desire such a group, it can be a great success.

Sixth Step – Outreach

- ◆ Reach out to those with mental illness living in the community surrounding a congregation.
- ◆ This could involve providing low-cost housing, providing or assisting other organizations with a "drop-in center," financially supporting non-profit organizations that give assistance to the homeless, adopting a board and care facility, sponsoring conferences such as we are having today and/or making facilities available for classes conducted by organizations such as NAMI.

Seventh Step – Be a Model to the Community

- ◆ Provide a model as an employer by offering employment for those with mental illness.
- ◆ The longer the illness is allowed to persist either untreated or inadequately treated, the less likely the affected individual will be able to assume a full-time and/or stressful job.
- ◆ Thus, in consideration of employing someone with a mental illness, these factors must be considered. But if the job can be tailored to the capability of the person, it can be of tremendous value to the person, the family and society. The rewards from having the opportunity to have employment is particularly significant for those that were once so ill that they and others did not feel they would be able to work again. Sometimes having an easy job to start with will give them the self-confidence necessary to handle a much more demanding and rewarding job in the future.

Eighth Step - Advocacy

- ◆ Although I add an eighth step of advocacy by the congregation to the city council, the county board of supervisors, the state legislators, governor and etc., I am respectful of those who feel that we should keep government and religion separated as much as possible.
- ◆ At the same time, I also respect those who through prayer and study of the Bible are con-

vinced that a congregation should become politically active, particularly in areas that it appears that justice is not being served by our representatives in government.

In establishing outreach by a congregation it is important to keep in mind that one set of guidelines does not fit every circumstance. One's approach must vary in accordance with the needs and capabilities of those to whom the outreach is directed and of the people desiring to reach out.

Do not be too structured. Just as one of the biggest mistakes in raising children is to try to raise the second child exactly the same as the first, so is trying to have a set procedure in ministering with those with a mental illness.

It always helps of course to do the right thing at the right time. Wisdom is a great help in making good decisions. For this reason there was a group of people that went to great effort to seek a "mighty" guru to ask the question, "How do we become wise?" They finally found him on top of a tall mountain from where he answered, "Make good choices." When the group asked, "How do we make good choices?", he answered, "By getting experience." They of course then asked him, "How do we get experience?" to which he answered with a smile, "By making bad choices."

I am certainly not recommending that we make bad choices. At the same time we should not refrain from making decisions because of a fear of failure. We need to keep in mind that doing nothing is a major problem that we are trying to rectify.

Also, we must avoid focusing only on outcomes. Instead we should appreciate the importance of our daily efforts. Sometimes what we do will have a significant influence on another, who will take our ideas to completion.

I do not believe that God is asking us to be perfect, but he is asking us not to give up. Our congregations, and we, as individuals, have been given the choice as to whether or not we accept an active roll. I pray that it will be the choice to make ministry with those with mental illness and all other illnesses central to our mission.

But we are not alone, I believe God is with us. How could we have a better co-worker?

Gunnar Christiansen, M.D is the co-chair of NAMI FaithNet.

Congregations Could Implement the Following Specific Recommendations:

1. Adopt a resolution that outlines specific action steps to deal with this issue.
2. Create a mental illness working group or network to help in the implementation of the adopted action steps.
3. Work with organizations like NAMI to provide education and support for faith leaders and their congregations.

1. Adopt a Resolution

NAMI members can work with their congregations to make them aware of any resolutions adopted by their denomination or to request the adoption of a resolution about mental illness. Highlighted below are excerpts from the resolutions adopted by the American Baptist and the Presbyterian Churches.

American Baptist Resolution on Mental Illness

Adopted by the General Board of the American Baptist Churches - June 1992. Modified by the Executive Committee of the General Board - March 1995 and March 1999.

According to the National Institute for Mental Health, today there are approximately thirty-five million persons who suffer the burdens of some form of mental illness. Twelve million are children. Ten million have chronic mental illness. Since one in four families are affected in some way by mental illness, so also are our churches, communities, institutions, hospitals and governmental entities all deeply affected.

Although symptoms of mental illness may be present in many situations, the term mental illness is used here to describe disorders causing severe disturbances in thinking, feeling and/or relating, the result of which is a substantially diminished capacity for coping with the ordinary demands of life.

...Jesus Christ became known as the one who healed persons with mental illness and demonic possession as well as physical illness (Mark 5:1-20).

He did not avoid persons who had symptoms of mental illness, but had compassion for them, and wished them to be freed from their distress. He preached good news to the poor, deliv-

erance to the captives, recovery of sight to the blind, and the setting free of the oppressed (Luke 4:18). Jesus offered comfort to the burdened (Matthew 11:28).

Today we are still uneasy when people with these types of disorders become too visible in a congregation or neighborhood. The conditions of today should cause people who are followers of Jesus Christ to burn with compassion in their hearts and minds to have that same drive to risk with people.

Therefore,

We, the people of the American Baptist Churches in the U.S.A., solemnly resolve:

- ◆ To examine our hearts, our theology, and our actions to see that there is no judgment of or avoidance of persons who suffer from the effects of mental illness;
- ◆ To address those factors contributing to mental illness in our society that could be corrected;
- ◆ To educate American Baptists that mental health is related to faith and should be included in church school curriculum for adults, youth and children, in seminary curriculum, special themes and emphases, and worship/preaching series;
- ◆ To provide a living witness as individuals, families, congregations, associations, regions and national boards and agencies, by exemplifying a mature Christianity which affirms life and encourages mental health;
- ◆ To offer a ministry of hospitality and caring which is based in our congregations, but which influences community attitudes and includes acceptance and support of persons with mental illness and their families, befriending them, and integrating them into the church and the larger community;
- ◆ To encourage inter-professional cooperation among psychiatrists, social workers and clergy;
- ◆ To seek ways for persons with mental illness to recognize their own gifts and strengths, and use them in service and ministry to and with others in congregations and communities, including employment.
- ◆ To assess needs in the community and recognize the relationships between deinstitutionalization and homelessness and mental illness;
- ◆ To respond as appropriate with programs of respite care, after-care, support groups, suppor-

tive housing, food pantries, volunteerism in mental health care facilities, socialization and recreation and special emphases; and to support already existing public and private health services that serve persons with mental illness;

- ◆ To advocate for non-discriminatory and humane practices throughout society, and in particular to press for revision of legal commitment procedures to balance protection of one's civil rights with the genuine need for treatment, using "optimum therapeutic setting" rather than "least restrictive setting" as the criterion;
- ◆ To utilize ABC publications to highlight examples of the above resolutions, and other models and resources for ministry with and by persons with mental illness and their families overall;
- ◆ To affirm and live out an internally liberating as well as an externally liberating Gospel.

For more information contact:

American Baptist Churches in the USA
P.O. Box 851, Valley Forge, PA 19482-0851
(610) 768-2000 or (800) ABC-3USA
webmaster@abc-usa.org

Presbyterian Church (U.S.A.)

Report and Resolution Approved by the 200th General Assembly (1988).

The need to address chronic mental illness is urgent. Mental and emotional disorders afflict more Americans than any other category of disabling illnesses. Serious mental illnesses, such as schizophrenia and the affective disorders (mood disorders, bipolar disorder, depression), afflict 7% of our U.S. population. The affective disorders, which occur at the rate of six persons per hundred, are a major cause of suicide.

Laws of social responsibility and hospitality are clearly stated in the Old Testament and relate to those whose illnesses have made them strangers within our gates. Our Judaeo-Christian understanding sees that "God's holy purpose is for humankind to be of worth and be well; to be in health and nurturing health for one another." ("Toward a National Public Policy for the Organization of Health Services," Minutes, UPCUSA, 1971, Part I, p. 585). The witness of the Christian faith is that through Jesus Christ, God heals and makes whole a hurting and broken world.

During his life, Jesus not only proclaimed the good news of God's favor to all but also demonstrated God's love through his ministry and obedience. His ministry of healing very often touched those seriously troubled in mind and spirit. We are called into communion with our Creator as members of the body of Christ. By God's grace, this community of believers heals, nourishes, and enables wholeness just as by God's grace each of us helps to heal, nourish and make whole the community of believers. We deny the healing God when we overlook or turn away from persons suffering from mental illness and their families, failing to recognize the fullness of their grace, to acknowledge them as ones for whom God also wills abundant life.

Though the biblical understanding of life unites body, mind, and spirit, it is often easier for us to see and accept afflictions of the body than of the mind and to support, nourish and heal those whose illness is physical rather than mental. Our thoughts, language and actions serve to define these persons by their disability, thus denying their dignity and identity as persons created and loved by God. Rather than healers of isolation, we often become part of the barrier experienced by those struggling to live with mental illness insofar as we continue to accept their social isolation as inevitable. We often thus miss the possibilities of being ministered to by the gifts which they bring to the community.

The 200th General Assembly (1988) of the Presbyterian Church (U.S.A.) affirms anew the ministry and mission of the church and all its people and parts with those suffering from or affected by severe mental illnesses.

The General Assembly further:

1. Recognizes and extends prayerful support to the diversity of persons whose lives are touched and affected by mental illness: to persons who experience mental illness and to their families; to professionals who are trained and called to the healing arts; to clergy whose ministry will inevitably include people affected by mental illness; to lay persons who in many diverse ways maintain a community of healing and support.
2. Requests sessions and appropriate governing body committees to review their current response to the needs of those with severe mental illness and their families and consider new or strengthened approaches drawing on suggestions put forth in the *Report of the Consultation on the Church and Serious Mental Illness*.
3. Encourages clergy and lay staff of congregations, governing bodies and church-related institutions to learn about mental illness so that programs, policies and pastoral counseling will be based on up-to-date medical and scientific information; and encourages seminaries to con-

sider expanding opportunities for such learning in Masters of Divinity, Doctorate of Ministry and continuing education programs.

4. Directs the appropriate ministry units or committees, as determined by the General Assembly Council, to:
 5. Continue taking initiative in the formation of an ecumenical, interfaith task force, to focus on ministry with persons who are chronically mentally ill and their families in cooperation with any existing denominational or ecumenical efforts;
 6. Inform sessions and appropriate governing body committees as to the availability of educational and program resources, on an ecumenical or interfaith basis to help Presbyterians and others deal knowledgeably and constructively with problems of mental illness; provide resources for families that encounter mental illness; and give guidance in planning programs of ministry, mission and advocacy in relation to mental illness;
 7. Develop patterns of relationship and support for the Presbyterian chaplains who work with the mentally ill and their families in either the hospital or community setting

For more information contact:

Presbyterian Church (U.S.A.)

100 Witherspoon Street

Louisville, KY 40202-1396

http://www.pcusa.org/health/usa/policies/thechurch_and_mental_illness.htm

2. Create a Mental Illness Working Network

Different Congregations have adopted mental illness resolutions and some of them have created networks to implement these resolutions. Highlighted below are two of these networks.

Episcopal Mental Illness Network

The Episcopal Mental Illness Network provides a compassionate presence within the Episcopal Church for persons with mental illnesses and their families.

The EMIN is a place where we can share information. It also is a resource for Episcopalians, both clergy and lay persons, to find out more about mental illnesses and how to incorporate persons with mental illnesses into the full life of the Church.

The mission of the Episcopal Mental Illness Network (EMIN) is:

- ◆ To seek out and support, through prayer and action, consumers, families and/or service providers in the Episcopal Church whose lives are affected by major psychiatric disorders;
- ◆ To help Episcopalians, clergy and laypersons, become aware of the nature of these illnesses and the special needs and gifts of those affected:
- ◆ To reduce the stigma and misconceptions that prevail and to remove those barriers which frequently prevent persons with psychiatric illnesses and their families from participating in the full life of the Church.

For 12 years, the Episcopal Mental Illness Network has helped people within Episcopal faith communities find ways to connect with and provide support for persons with mental illnesses. Our goal is to provide a network so that people with mental illnesses and their families will find a loving and welcoming presence within the Church.

We are a volunteer-run organization and completely self-supporting. The work of the EMIN is continued by contributions from individuals, congregations and dioceses throughout the country. The EMIN puts out a newsletter two to three times a year highlighting Episcopal ministries supporting persons with mental illnesses in their faith communities. These are wonderful stories to tell and share.

If you would like to be added to the EMIN News mailing list and receive these free newsletters, please email us at webmaster@eminnews.org and give us your mailing address.

For more information contact:

Episcopal Mental Illness Network
(501) 661-0384
3604 Oakwood Road, Little Rock, AR 72202
info@eminnews.org
<http://www.eminnews.org/>

United Methodist Mental Illness Network

The United Methodist Mental Illness Network was created at the General Board of Church and Society to enable a better understanding of mental illnesses and to foster ministry to and with persons with mental illness and their families. It is a network of "Caring Communities," congregations who have opened their doors and received, in full participation, persons struggling with mental illness and their families.

The United Methodist Mental Illness Network has an email discussion group for those who are interested in leadership beyond the local church level related to mental illness issues. If you would be interested in joining this group, please send an email to Rev. Jackson Day, GBCS Consultant in Health Care Advocacy, at jday@umc-gbcs.org.

Caring Community Program

The Caring Community Program seeks to incorporate committed congregations in a United Methodist Church Mental Illness Network of Caring Communities. The mission to bring all persons into a community of love is central to the teachings of Christ. We gather as congregations in witness to that mission.

Mission

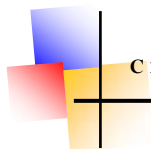
Caring Communities are United Methodist Churches which covenant to enable an understanding of mental illness and to foster ministry to and with persons with mental illness and their families. Caring Communities are United Methodist churches:

- (1) Which have undertaken an education program within the congregation on the topic of mental illness.
- (2) Whose Church Councils have voted to approve a covenant statement for the church to be identified as a Caring Community which welcomes persons with mental illness and their families.
- (3) Which engage in ongoing welcome, support and advocacy.

For more information contact:

The United Methodist Church
100 Maryland Avenue, NE
Washington, DC 20002
202-488-5600
<http://www.umc-gbcs.org/issues/issues.php?topic=Mental+Illness>

*For information about other resolutions and groups visit Pathways to Recovery at
<http://www.pathways2promise.org/resources/faithgroup.htm>*



3. Work with organizations like NAMI to provide education and support for faith leaders and their congregations

Pathways to Promise compares how congregations could react to people with mental illness and their families:

When a person has cancer	When a person has mental illness
<ul style="list-style-type: none">• Visit them in the hospital or at home• Offer prayers for them at services• Take them a meal• Listen and give moral support• Learn more about the illness	<ul style="list-style-type: none">• Visit them in the hospital or at home• Offer prayers for them at services• Take them a meal• Listen and give moral support• Learn more about the illness

"The congregation can help. There is this congregation that donates its services. They open the hall so we can have a meeting. We can have a get-together. This is all we ask of you. Just open your door." --Gail, a person with mental illness, who found sanctuary in a church.

This is exactly what NAMI requests from the Church: Please open yours door and work with us to provide much needed education and support for thousands of families across the country.

The next chapter highlights different organizations that are actively reaching out to faith leaders and describe specific initiatives or resources that you can use. We hope these brief highlights serve you as a starting point on your outreach efforts.

Chapter 3: What Can Advocates Do?

NAMI affiliates across the nation are using different approaches to reach faith communities. These activities range from education seminars and conferences for faith leaders to distributing materials to members of the congregation.

Before you select an activity, get to know your target congregation. Learn what they are doing in regards to mental illness, identify current strengths and weaknesses, and share with them possible action steps. To be successful at whatever activity you select, you will need the support and understanding from the faith leaders. Make sure you take time to know them and to gain their trust.

How to Rate Your Faith Community

Adapted by FaithNet NAMI from criteria established by the Presbyterian Serious Mental Illness Network

1. **Does your congregation make a deliberate attempt to welcome and integrate persons with a serious mental illness and their families into the total life and work of the church without being obvious and setting them apart by:**
 - a. Being accepting, friendly, understanding and genuine?
 - b. Praying for those who have a mental illness the same as for other illnesses?
 - c. Visiting and calling on the person with mental illness?
 - d. Offering support and love to the parents or family of the ill person, by inquiring about the relative's health as one would for anyone who is ill?
 - e. Listening and talking with the person with mental illness?
2. **Does your congregation use every opportunity to educate themselves and others about mental illness by:**
 - a. Encouraging clergy, lay staff and congregations to learn about mental illnesses?
 - b. Raising awareness of mental illness in sermons, bulletins, and newsletters?
 - c. Adding books and other publications to the congregation's library?

- d. Becoming familiar with local mental health services and support groups?
- 3. Does your congregation offer its facilities and/or resources to those having a serious mental illness and their families by:**
- a. Hosting a group of people from a local facility?
 - b. Sponsoring a support group for them and/or their families?
 - c. Sponsoring a social club or drop-in center?
 - d. Offering employment opportunities?
- 4. Does your congregation advocate for people with mental illness by:**
- a. Working with other churches and organizations, such as the Mental Health Association or NAMI?
 - b. Supporting efforts to obtain appropriate housing and jobs?
 - c. Not letting false, stigmatizing statements about mental illness go unchallenged?
 - d. Supporting adequate state and local budgets for mental health services?
 - e. Giving money for research into the causes and cure for mental illness?
- 5. Does your congregation undertake a ministry to, ministry with, and ministry by persons with serious mental illness and their families? Are they invited to serve as office bearers and on committees?**

If the Congregation has some of these activities, who started them? What lessons have they learned? Would they be willing to work with you to share the message with other churches? If not, would they be interested in working with you? Who could you approach? How?

What follows are highlights of resources, organizations and NAMI activities that have proven to be successful.

FaithNet NAMI

FaithNet NAMI is a network composed of members and friends of NAMI. It was established by NAMI Orange County in 1994 and co-sponsored by NAMI California on November 1, 1997 for the purposes of

- (1) Facilitating the development within the Faith Community of a non-threatening, supportive environment for those with serious mental illness and their families,
- (2) Pointing out the value of one's spirituality in the recovery process from mental illness and the need for spiritual strength for those who are caretakers,
- (3) Educating clergy and congregations concerning the biologic basis and characteristics of mental illness, and
- (4) Encouraging advocacy of the Faith Community to bring about hope and help for all who are affected by mental illness.

FaithNet NAMI is not a religious network but rather an outreach to all religious organizations. It has had significant success in doing so, because all the major religions have the basic tenets of giving care and showing compassion to those in need.

FaithNet NAMI respects all religious beliefs. It also recognizes the expression by the majority of those affected by mental illness of the importance of the role of their spirituality in their ability to cope with having one of these no fault disorders themselves or in caring for an ill friend or family member.

FaithNet NAMI encourages all those who are affected by a mental illness, who are also members of a faith community, to talk to their clergy person about mental illness and the role their faith is playing in their lives. This is done for two purposes. (1) By telling their clergy person their story, he or she becomes personally involved and personal involvement is the best method of education. Understanding requires not only the attention of the ears and eyes, but also the heart. (2) By speaking to their clergy person, they have the opportunity to gain spiritual support. Sadly, at present, many shy away from speaking with their clergy person because of the effect the stigma of mental illness has had on their lives. They needlessly feel ashamed and fear rejection.

FaithNet NAMI

The stigma of mental illness in society as a whole will not be defeated until the Faith Community understands mental illness and the value of each person with one of these "no fault" disorders.

FaithNet NAMI E-Mail Network

(1) provides information, which will give guidance to clergy and faith community lay leaders in providing a welcome and loving environment for those affected by mental illness.

(2) encourages those affected by mental illness to seek spiritual support in their rehabilitation process.

You can join the e-mail network by contacting cybernetwork@faithnetnami.org

For more information contact:

NAMI Orange County - FaithNet NAMI

1810 East 17th Street

Santa Ana, CA 92705

NAMI California - FaithNet NAMI

1111 Howe Avenue, suite 475

Sacramento, CA 95825

info@faithnetnami.org

<http://www.faithnetnami.org/>

Mental Health Ministries

Mental Health Ministries is an ecumenical, interfaith outreach program through the California-Pacific Conference of the United Methodist Church. Our mission is to educate faith leaders and lay persons for the purpose of decreasing the stigma associated with mental illnesses in our faith communities. Providing resources to faith communities to develop a mental health program appropriate to each congregation is the important first step in the inclusion and support of persons with mental illnesses and their families into the life of that community. Our mission is to give voice to those who have suffered in silence and to enable faith communities to begin the process of reaching out and providing compassionate care to those affected by disorders of the brain.

Mental Health Ministries has an array of resources for faith communities. One of them is Mental Health Mission Moments which is an ecumenical resource to help clergy and lay persons address mental health issues in the context of the Sunday morning worship service.

- ◆ These nine 2-3 minute DVD segments can also be used with small groups or classes to generate discussion. Segments include: Coming Out of the Dark, Mental Illness and Families of Faith, Understanding Depression, Teenage Depression and Suicide, Where is God in the Darkness, and more.
- ◆ Each segment presents an issue related to the experiences of mental health, puts a face to the issue, and ends with a message of hope.
- ◆ The accompanying *Resource Guide* includes sermon starters, liturgical material, additional scriptural references and other resources to help educate congregations about mental illness. The *Resource Guide* is a starting point. You are encouraged to use parts of this material, rearrange it, adapt it to your setting or write your own.
- ◆ One sermon starter is given for each segment, but other scripture references may also be used. Where applicable, texts from the Common Lectionary are noted.

For more information contact:

Rev. Susan Gregg-Schroeder, Coordinator
 6707 Monte Verde Dr., San Diego, CA 92119
 sgschroed@cox.net
 www.MentalHealthMinistries.net

Pathways to Promise

Pathways to Promise is an interfaith technical assistance and resource center which offers liturgical and educational materials, program models, and networking information to promote a caring ministry with people with mental illness and their families. These resources are used by people at all levels of faith group structures from local congregations to regional and national staff.

Pathways was founded by fourteen faith groups and mental health organizations to facilitate the faith community's work in reaching out to those with mental illnesses and their families.

Available Resources

Pathways education resources are used in congregations, faith group staff events, seminary course work, continuing education events, regional and national denominational events, and other settings that heighten an understanding and sensitivity in the faith community to the needs of people with a mental illness and their families.

Resources include brochures, bulletin inserts, liturgical resources, booklets, manuals and videotapes that raise awareness in the faith community about:

- ◆ Mental illness
- ◆ Developing a response to the needs of people with mental illness and their families
- ◆ Resources for clergy and congregations
- ◆ Community outreach
- ◆ Education and program models
- ◆ Sources of information and support
- ◆ Resources are available in Christian and Jewish versions, and can be used alone or in conjunction with your faith community's own materials.
- ◆ **It Is Well With My Soul** -A collection of songs, scriptures, prayers, devotions, readings and

Pathways to Promise

poem for African Americans who are challenged by mental illness. Published by the African American Churches Task Team on Mental Illness in St. Louis, Missouri.

Network Collaboration

For those wishing information about an existing mental illness network for their faith group, or for help in getting one started, please contact us.

Worship Resources include a series of booklets and bulletin inserts to assist the faith community in developing materials for use in:

- ◆ Worship
- ◆ Study
- ◆ Newsletters
- ◆ Periodicals
- ◆ Communal events

The Pathways **database** contains bibliographic information of interest to researchers or students.

Our **website** is available for clergy, laity, people with mental illness and their families, friends and supporters, as well as mental health professionals interested in working with the faith community. Please visit **www.pathways2promise.org**.

For more information contact:

Pathways to Promise
5400 Arsenal Street
St. Louis, MO 63139
314-877-6489
Pathways@mimh.edu
www.pathways2promise.org

NAMI Alabama

Educational Seminar

NAMI Alabama, in partnership with the Alabama Mental Health Association, held a successful educational seminar about mental illness for leaders in the faith community. Below are sample invitation and thank you letters and the seminar's agenda.

Invitation Letter

DATE

Dear Faith Leader,

On (DATE), NAMI Alabama will co-host an educational seminar for leaders of faith in the greater Birmingham area. Since many individuals feel more comfortable talking with their faith leader about their distress, many faith leaders feel it is necessary to become more educated about mental illness and the resources available to them.

This pilot program will address some of these concerns. Topics for the program will include: "Uncovering the Myths of Mental Illness," "Ministering to Individuals with Mental Illness," "Finding Support for Families," and "Serving Your Faith Community: Reaching out to Your Members." This program will provide resources and support group information to the attendees.

The program will be held from ___ a.m. until ___ at (PLACE). Guest speakers include: [INSERT names and titles.](#)

By hosting this program, NAMI Alabama hopes to increase awareness and provide leaders of faith additional opportunities to provide support to individuals with mental illness and their families.

Through education, the faith community can help fight against the stigma, indifference, misinformation and ridicule of individuals with mental illness as well as provide the much needed support to the families who have a loved one diagnosed with a severe mental illness.

We hope that you can attend. Please feel free to send this information out to those that may want to participate in this program. If you have questions, please do not hesitate to call me at (Your phone number) or by email at (Your email address).

Sincerely,

NAMI Alabama

Educational Seminar

Thank You Letter

DATE

Dear.....

On behalf of NAMI _____, we thank you for your participation in the “Building Bridges and Opening Minds” educational seminar for faith based leaders. One of goals of this program was to increase awareness and provide leaders of faith the resources to further understand and support individuals with mental illness and their families.

Another goal is to identify leaders of faith who are willing to participate in ongoing outreach efforts to educate members in the community. Through education, the faith community can help fight against the stigma, indifference, misinformation and ridicule of individuals with mental illness as well as provide the much needed support to the families who have a loved one diagnosed with a mental illness.

Specific activities that you could initiate in your faith community include:

- Invite NAMI _____ to come and present information to your members
- Plan a Mental Illness Awareness Sunday for your members that will provide education, resources and support
- Provide support to local mental health day treatment centers and drop-in centers, which provide structured activities including socialization, job training and recreation for individuals with mental illness

We look forward to strengthening our relationship with you and your faith community. Please know that we are here to answer any questions you may have and provide you with any resources you may need. If you would like for us to work with you to develop a specific outreach strategy, please do not hesitate to call us at [\(Your phone number\)](#).

Sincerely,

NAMI Alabama

Educational Seminar

NAMI Alabama and the Mental Health Association of Central Alabama Present:

“Building Bridges and Opening Minds”

An Educational Seminar about Mental Illness for Leaders in the Faith Community

**Tuesday, February 1, 2005
Virginia Samford Theatre Auditorium**

- 9:00-9:15** **Welcome & Introduction**
Shannon Weston, Executive Director, NAMI Alabama
- 9:15-9:50** **“Uncovering the Myths of Mental Illness”**
Dr. Jacqueline Feldman, UAB Mental Health Center
- 9:50-10:20** **“Ministering to Individuals with Mental Illness”**
Reverend Carolyn Pitts
- 10:20-10:30** **Break**
- 10:30-11:00** **“What Helps and What Hurts: A Personal Testimony”**
Cornell Ellis, Consumer Advocate
- 11:00-11:30** **“Finding Support for Families”**
Jolene James, Family Member and President of NAMI Alabama
- 11:30-12:00** **“Serving Your Faith Community: Reaching out to Your Members”**
Terri Hasdorff, Governor’s Office on Faith Based Initiatives
- 12:00** **Closing Remarks**
Jeff Baxter, Executive Director, Mental Health Association of Central AL

For more information, contact: www.namialabama.org

NAMI Fort Wayne

Clergy Conference

By Kathy Bayes, President NAMI Fort Wayne

On March 3, 2005. NAMI Fort Wayne sponsored its third day-long clergy conference. The community response was simply overwhelming. NAMI Fort Wayne had to turn people away because the facility could only accommodate 240.

Vision

- ◆ To help clergy and lay persons working with families in the church to understand serious mental illness.
- ◆ To provide church workers with better tools to more effectively minister to families and persons suffering from serious mental illness.
- ◆ Help make Fort Wayne churches healing places for our families.

Planning and Advertising

- ◆ NAMI Fort Wayne created a twenty member Clergy Committee which worked diligently for over a year planning the conference.
- ◆ A large part of the planning effort was spent on gaining partners and supporters from among the churches and social service agencies in the community – in order to have credibility.
- ◆ Thirty-five organizations endorsed or participated in the preparation or advertising of the event. Their names were added to the back page of the brochure as supporters and sponsors. Many of these requested exhibitors tables.
- ◆ NAMI members personally distributed brochures to their pastors. We copied and distributed well over 7,000 brochures.
- ◆ The Regional Christian radio, WBCL, became a true partner, and agreed to do two “mid morning” programs. Maria Gardiner, a famous contemporary Christian singer who has depression, interviewed our guest speaker during one of these programs. WBCL agreed to advertise the seminar for 10 days in early February free of charge – and the results were astounding.
- ◆ Associated Churches sent our brochure free of charge and participated.

NAMI Fort Wayne

Clergy Conference

- ◆ Two prominent Christian counseling services sent out our brochure free of charge and participated.
- ◆ Published “Guest editorial” articles in each of the Fort Wayne newspapers prior to the conference.
- ◆ Appeared on Channel 57 television – on a program hosted for the black community.
- ◆ Sent a mailing to everyone who had attended the conference in the prior two years.

Program

- ◆ The Committee planned a remarkable program:
 - ◆ Keynote: Rev. Doug Murren, from Seattle Washington. He is an evangelical, conservative “mega church” builder and popular speaker. He has written the book, Churches That Heal: Becoming a Church That Mends Broken Hearts and Restores Shattered Lives.
 - ◆ Dr. Jay Fawver, a local Christian psychiatrist, discussed the biological basis for serious mental illness, and how mental wellness can be coordinated with spiritual wellness.
 - ◆ Reader’s Theatre Play, scenes from the play, “Voices Over”, written by NAMI Indianapolis member Pat McGeever. Performed by NAMI Fort Wayne members.
 - ◆ Guest speaker presented on suicide – a hot topic for pastors.
- ◆ Three panel discussions:
 - ◆ Consumers who shared their experiences made up the first panel.
 - ◆ A second panel was made up of clergy members who had attended the conference in the past, and brought practical suggestions about how to make churches welcoming places for people with mental illness.
 - ◆ The third panel was by NAMI family members who shared their personal experiences with their churches, particularly when those experiences were rooted in love and truly

NAMI Fort Wayne

Clergy Conference

helped.

Lessons Learned

- ◆ It takes time to earn credibility and trust
- ◆ Panel discussions should have time for questions and answers
- ◆ Need to address the “sin” issue - how sin and mental illness can be teased apart.
- ◆ Need to address difficult issues such as demons and how they differ from mental illness.
- ◆ Clergy most difficult to attract are black pastors and the evangelical conservative pastors who have “healing ministries” as part of the church theology.
- ◆ African Americans seemed to be suspicious of our programs.
- ◆ African American faith leaders should be involved in the planning group and in all aspects of the event in order to attract leaders from this community.
- ◆ Some fundamentalist churches see us as "competition" for their own healing ministries.
- ◆ A hard issue to deal with is the idea that mental illness is demon possession. This is very damaging to persons suffering from MI (and their families). We must say that mental illness is not demon possession.
- ◆ The content and guest speaker must be attractive to these pastors.
- ◆ Issues of suicide are very alarming to pastors, and this discussion will draw them in.
- ◆ Pastors want to know what to do, where to go, if they are confronted with a seriously ill person in the church. We have to give them that information.
- ◆ Be sure to provide enough time for attendees to visit exhibitor tables.

NAMI Fort Wayne

Clergy Conference

Agenda

We are pleased that you have chosen to be with us today. Mental Illnesses are biologically-based brain disorders. Similar to diabetes, cancer or heart disease, in most instances mental illnesses respond well to treatment. Our purpose today is to offer information, resources and discussions about mental illness so that you will be better prepared to minister to persons with a serious mental illness in your congregation and their families.

8:30-9:00	REGISTRATION, coffee and bagels, visit Exhibit Hall
9:00-9:15	Welcome
9:15-10:15	Rev. Doug Murren, Square One Ministries
10:15 - 10:30	Break-Visit Exhibit Hall
10:30 - 11:15	NAMI Consumer Panel Discussion <ul style="list-style-type: none"> a. Guy Bayes b. Richard Bolinger c. Chris Bowman d. Cathy Roemke e. Ted Coburn
11:15 - 12:00	Clergy Panel <ul style="list-style-type: none"> a. Deacon Mike Myers, St. Nicholas Orthodox Church b. Rev. Pere Guldbeck, Grace Christian Church c. Dr. Denny Howard, Director of The Family Care Center d. Dr. Junius B. Pressey, Jr. BreadFromHeaven Ministries e. Rev. Doug Murren, Square One Ministries
12:00 - 1:00	Lunch – Visit Exhibit Hall
1:00 - 2:00	Suicide Prevention <ul style="list-style-type: none"> a. Emerson Allen, State Suicide Task Force – Indianapolis b. Judge David Avery, Allen County Superior Court, Civil Division c. CIT Police Officers – Capt. Dottie Davis, Fort Wayne Police Dept.
2:00 - 2:45	Reader Theatre Play - NAMI Members
2:45 - 3:00	Break-Visit Exhibit Hall
3:00 - 3:45	Dr. Jay Fawver, Psychiatrist
3:45 - 4:30	Family Panel <ul style="list-style-type: none"> a. Teresa Hatten b. Joanne Alderdice c. Dr. Steven Coburn d. Delma Guitard
4:30 - 5:00	Visit Exhibit Hall

For more information contact:

Kathy Bayes
 kbayes@aol.com

NAMI Huntsville African American and Family Outreach Project

By Ruth Karr, AFFOP Program Coordinator

In 2004 NAMI Huntsville started developing an African American Family Outreach Project (AFFOP), with the focus on *families*, knowing those in need will stay in treatment with encouragement and support from their loving families. AFFOP started modestly, with a grant to develop African American information kits containing information about serious mental illnesses, coping skills, NAMI, and special cultural issues.

- ◆ As program coordinator, I made a list of African American community leaders and invited them to two brainstorming lunch meetings. NAMI Huntsville Board members were present as “listeners.”
- ◆ At these meetings leaders brainstormed ways to reach out to the African American community. The suggestions were divided into five broad categories and then ranked in order of priority:
 1. Work through the churches
 2. Use black-owned media outlets
 3. Work through the systems (education, mental health, law enforcement/criminal justice, hospital intake, etc.)
 4. Visit African American human service organization events
 5. Conduct programs similar to the NAMIH *Serious Mental Illness Course* at historically Black Universities in the area.
- ◆ Guests, who are now called “AAFOP Associates”, were also asked to select among the five categories the areas they would participate on the project.
- ◆ A majority preferred to work with their own church leaders as a “point of contact” when families turn to the church for help with a relative with mental illness. Others selected more than one category, from working through the media, through the education system, criminal justice/court system and private mental health clinics, etc.
- ◆ Our work with churches will be multi-faceted. The first step is to use our African American Associates as a “front-line” in capturing the interests and involvement of church leaders---by

NAMI Huntsville African American and Family Outreach Project

asking them to refer families concerned about a loved one with SMI symptoms to their own church's AAFOP Associate/Members . As a secondary step, we hope to start support groups in various locales, asking churches to facilitate the groups by providing space, announcements in church bulletins, etc.

- ◆ The associates received Certificates of Appreciation from NAMI Huntsville as an observance of Mental Illness Awareness Week in October.
- ◆ AAFOP continues to enlist outstanding Black leaders to join AFFOP as associates.
- ◆ We currently provide the NAMIH *Grassroots* and *AAFOP Extra* newsletters and information kits to African American families and associates.
- ◆ AAFOP Extra reports NAMIH African American outreach initiatives. This newsletter allows NAMIH to keep associates informed and involved with NAMI.
- ◆ part of AAFOPA success is based on the diversity of the associates. They include mental health professionals, family members and consumers, journalists, judges, and pastors.

For more information contact:

Ruth Karr

NAMI Huntsville
RuthKarr@aol.com

NAMI Mississippi Grant for Training Faith Leaders

NAMI Mississippi just received a grant to implement *Our Brother's Keeper: The Role of the Church Community in Supporting Family Members of Individuals with Serious Mental Illness*. This program will provide three one-day training sessions for ministers, church staff, and other church leaders from predominantly African-American churches. The training sessions will provide basic information on the various mental illnesses, the medications used in treatment for these illnesses and the burden of the family members.

Objective: Decrease the stigma associated with serious mental illness and to educate the church leaders and staff regarding what the families dealing with these illnesses need from the church.

Goals

- ◆ To decrease the stigma surrounding mental illness in the community
- ◆ To educate participants regarding the physical aspects of serious mental illness including the causes, symptoms and treatment.
- ◆ To educate participants regarding the recovery process of mental illness from the consumer and family perspectives.
- ◆ To educate participants regarding the resources available in the community to assist families to navigate the recovery process

Steps to follow

- ◆ Identify and build relationships with African American churches of all denominations in MS.
- ◆ Invite these faith leaders to attend a one day training session.
- ◆ Provide trainings by leading experts within the state. They will include African American psychiatrists, social workers, NAMI family members and consumers, and church leaders who are currently involved in outreach to those with mental illness and their families.
- ◆ Evaluate trainings.

For more information contact:

Teri Brister, Executive Director
411 Briarwood Drive, Suite 401 Jackson, MS 39206
601-899-9058 namimiss1@aol.com

NAMI Missouri

You Are Not Alone

The Lutheran Church-Missouri Synod (LC-MS) has been working with NAMI Missouri to develop a format for a conference that churches can do together with NAMI speakers.

The goal of this conference is to educate the church about the symptoms of mental illness, the effects on the family and person with a mental illness, and ways that the Churches could better reach out to people.

This program is in the final stages of production by the LC-MS. It includes a CD which provides all the pieces needed to organize a conference.

- ◆ The goal of this program is to connect people to meaningful help and support through NAMI.
- ◆ NAMI members present the material on mental illness.
- ◆ A Pastor speaks to the group on how Lutheran theology embraces families and people with mental illness (a video presentation is on the CD).
- ◆ The Church is required to join NAMI in order to sponsor the conference.
- ◆ We acknowledge that this is a partnership between a secular organization that endorses no particular denomination or brand of spirituality and a church body that does have a specific confession. We work together in this capacity.
- ◆ This program is suitable for any Christian church.
- ◆ This is a full day presentation that allows faith leaders to develop a real connection with NAMI.
- ◆ Anyone can use this presentation to approach their church.
- ◆ Some of the materials included in the presentation are recommendations from the African American Task Force on Mental Illness.

NAMI Missouri

You Are Not Alone

Outline of the Presentation

Part 1 What are the symptoms of serious mental illness and how do they affect the family?

Slides 1 – 25: Allow 45 minutes to 1 hour to present (Slide #10 summarizes all symptoms, slides #11 – 16 go into more detail and can be skipped if time is short)

Part 2 What do people with a mental illness experience and want?

Slides 26-32: Allow 45 minutes to 1 hour to present.

The NAMI program, “IN OUR OWN VOICE” can replace this part of the program (Allow 1 hour to 1 ½ hours).

Part 3 What can the church do to respond?

Slides 33-42: Allow 30 minutes – ask for audience suggestions

Part 4 The Lutheran Perspective – 2 slides, 43 and 44 (can be replaced by any churches perspective)

The presentation has speaker notes (suggestions on what could be said in addition to the slide).

Form more information contact:

Linda Preus

Board member of NAMI Missouri and the Lutheran Network on Mental Illness/Brain Disorders.

lindapreus@hotmail.com

NAMI Orange Co. Materials for Mental Illness Awareness Week

NAMI OC uses bulletin inserts/handouts during Mental Illness Awareness Week to reach out to faith communities. The fact sheets featured below are printed on thin card stock. The resource list is customized for each locality.

What *does* God require of us?

In our country, blessed by God to be the richest society in the history of the world, many still go without – without adequate housing, clothing or nutrition. Those with mental illness, serious physical disorders of the brain, also often go without the support, treatment and friendship they need to live full and productive lives.

But what do I have to do with that?

“Isn’t the government supposed to take care of people like that? I pay my taxes – won’t that do?”
If the question to God is: *“Am I my brother’s keeper?”* (Genesis 4:9) God’s answer is *“Yes.”*

Love means acting in love

Moses said to *“Love your neighbor as yourself.”* (Leviticus 19:18) How can we do that? By treating those without the means to help themselves the way we would want to be treated - with respect, kindness and love. Feed the hungry, clothe the naked, house the homeless and love those who are unloved.

Love even the unloveable

God commands us to care for even those who would be our enemies: *“If your enemy is hungry, give him bread to eat; and if he is thirsty, give him water to drink. For so you will heap coals of fire on his head, and the Lord will reward you.”* (Proverbs 25:21) How much more so will be bless those who serve people who through no fault of their own are left destitute and without the means to help themselves!

Want to serve God? Want to be blessed?

If you can find anyone in our society who gets less respect, has fewer resources or has greater

NAMI Orange Co. Materials for Mental Illness Awareness Week

need than those with chronic mental illness, please serve them.

“He who gives to the poor will lack nothing.” (Proverbs 28:27) “Blessed is he who has regard for the weak; the Lord delivers him in times of trouble . . . He will be blessed.” (Psalm 41:1-2)

Serve God by serving – bless and be blessed!

Resources for those in need

These are places in our community that serve those with mental health problems. Places you can get services for yourself, or refer a friend or family member. Places you can give of your time, talents and money, or help those in need find the services they need.

HELPLINE (NAMI) 929-7822

Call to get information on resources for individuals dealing with mental illness, or to find out how and where you can help those in need.

CRISIS STABILIZATION (OPC Area Program) 968-2806

Clinicians work with local police to deal thoughtfully with those in a mental health crisis

FAMILY-TO-FAMILY (NAMI) 732-2215

A confidential education program by and for people with relatives with mental illness

SUPPORT GROUPS (Mental Health Association)

Adults with Parents Who Have a Mental Illness 942-8083

Parents/Caregivers of Children Who are Troubled 942-8083

People with Depression or Bipolar Disorder 942-8083

Families of People with Mental Illness (Community Church) 942-6963

COMPEER (Mental Health Association) 942-8083

What exactly would Jesus do?

In our country, blessed by God to be the richest society in the history of the world, many still go without – adequate housing, clothing or nutrition. Those with mental illness, serious physical

NAMI Orange Co. Materials for Mental Illness Awareness Week

disorders of the brain, also often go without the support, treatment and the friendship they need to live full and productive lives.

But what do I have to do with that?

“Isn’t the government supposed to take care of people like that? I pay my taxes – won’t that do?” Jesus paid his taxes too – but didn’t seem to think that was enough. (Matthew 17:24-27) If the question to God is: *“Am I my brother’s keeper?”* (Genesis 4:9) God’s answer is *“Yes.”*

Good thoughts don’t cut it.

As James says, if someone is without clothing and food, *“And you say, Go in peace, be warmed and be filled,’ but you don’t do anything, what good is that?”* (James 2:15-16) Good thoughts won’t fill an empty stomach, and kind words won’t warm the body. Moses said to *“Love your neighbor as yourself.”* (Leviticus 19:18) When Jesus showed how to do that. Jesus fed the hungry, touched the lepers, befriended the outcasts and healed the sick. Jesus had compassion on the needy – and acted on his compassion – and told us to do likewise.

Want to serve Jesus?

If you can find anyone in our society who gets less respect, has fewer resources or has greater need than those with chronic mental illness, please serve them. Because, according to Jesus, *“If you do anything to one of the least of these My brethren, you did it to Me.”* (Matthew 25:40)

Want to be blessed?

We could pray for God’s blessing *or* we could do what Jesus told us to do: *“Throw a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed.”* (Luke 14:13-14) Serve God by serving – bless and be blessed!

Where to serve – and be served

Let’s take our kind thoughts and nice words and turn them into actual good deeds.

Give of your time, talents and money, or help those in need find the services they need.

For more information contact:

NAMI Orange County

714-544-848

info@namioc.org

www.namioc.org

University of Illinois at Chicago

Support Groups

Studies have shown that support group participation improves families' ability both to care for their relative with severe mental illness and to cope with problems related to the illness. Compared to Caucasians, African American families have more caregiving needs; however, few African American families attend support groups. Recent literature has suggested that efforts to increase these families' support group participation should include the church, a resource many African Americans turn to in times of distress.

The goal of this project, which is supported by the [Great Cities Faculty Seed Fund](#), is to examine support group participation outcomes for African American families attending church-based support groups. To accomplish this goal, Dr. Susan Pickett-Schenk is working with family support group leaders from the Community Mental Health Council and church members from two African American churches located on Chicago's south side. Project activities focus on outreach to families at each congregation and assessment of support group participation outcomes.

Outreach activities include:

- Distributing educational materials about mental illness and its treatment to church members.
- Advertising support group meeting dates and times in church bulletins.
- A Sunday afternoon workshop in which an African American psychiatrist presented information on the causes and treatment of mental illness. Families and mental health consumers then shared their stories.
- A toll-free telephone hotline.
- Guest speakers at support group meetings.

Assessment activities were conducted from May through June 1999. Church leaders will complete surveys measuring the extent to which the support groups have been beneficial to their congregations. A total of 26 support group members completed interviews measuring group participation outcomes. The following support group participation outcomes were assessed:

- Knowledge of the causes and treatment of mental illness

University of Illinois at Chicago

Support Groups

- Problem-solving ability
- Morale
- Receipt of help from the support group
- Emotional distress related to caring for the ill family member
- Relationship with the ill relative
- Service use
- Satisfaction with the support group and outreach activities

Results indicate that advertising group information in the church bulletin and families sharing their experiences with other congregants may be effective outreach strategies. Nearly all of the support group members who participated in the study (91%) stated they increased their knowledge of the causes and treatments of mental illness and the mental health service system as a result of attending the church-based support group. Increased morale was a group attendance outcome for 70% of project participants. These results suggest that church-based support groups may be a valuable coping resource for African American families of persons with mental illness.

Related materials

Pickett-Schenk, S.A. Church-Based Support Groups for African American Families Coping with Mental Illness: Outreach and Outcomes, [Psychiatric Rehabilitation Journal](#).

For more information contact:

UIC Mental Health Services Research Program
104 South Michigan Avenue, Suite 900
Chicago, IL 60603 USA
(312) 422.8180
(312) 422.0740/FAX
(312) 422.0706/TDD

Appendix

I. Multicultural Action Center

II. Annotated Bibliography

III. Sample brochures and handouts

NAMI Multicultural Action Center

People of color face life-threatening disparities in access to high quality mental healthcare. Numerous recent reports, including the *Surgeon General's Report on Cultural, Race and Ethnicity* and the Institute of Medicine's report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, point to the great disparities of minority mental health in this country and the resulting toll on our society. NAMI recognizes that diversity goes beyond race and ethnicity, and the Center will strive to represent and advocate for America's broad cultural and life groups that are outside the mainstream.

In response to this national crisis, NAMI created its Multicultural Action Center. This Center works to focus attention on system reform to ensure access to culturally competent services and treatment for *all* Americans and to help and support families of color who are dealing with mental illness. The Center's goals are:

- To advance NAMI's policy agenda and address issues that disproportionately affect communities of color.
- Support NAMI grassroots advocacy and outreach efforts.
- Build diverse leadership at all levels of the organization.
- Develop and promote culturally competent support programs and practices.
- Develop strong partnerships with other similar organizations.
- Decrease stigma through public education that address specific cultural barriers.

The Multicultural Action Center offers a variety of resources which can be found at www.nami.org/multicultural.



NAMI Multicultural Action Center

Technical Assistance for NAMI States and Affiliates

Story Bank: For your state office or affiliate newsletter. If you would like to include an article related to underserved populations in your newsletter call NAMI MAC to get a story.

Public Web Site: You can duplicate or link to NAMI National's Multicultural Web Site and the Spanish language site. If you want to personalize the site call NAMI MAC and we will help you create 1 or 2 paragraphs that are specific to your NAMI state office or affiliate.

Library of Resources: NAMI MAC has created a library of minority outreach resources. This library will have all the information about NAMI outreach campaigns taking place around the country. We will have descriptions of each program, contact information, samples of materials, and more. NAMI groups nationwide have generously shared all of this information with us.

Revision of Materials: You can send your multicultural outreach materials to NAMI MAC. We can review them and provide feedback and suggestions.

Speakers Bank: NAMI MAC has a list of speakers from underserved populations that have expressed interest in participating at NAMI conferences and gatherings. Contact us if you are looking for speakers.

Cultural Competence Presentations and Trainings: In order to successfully reach diverse communities, NAMIs must know, understand, respect, and embrace these communities. We provide cultural competence trainings to facilitate this process.

Materials In Other Languages: MAC currently has materials in Spanish, Portuguese, Chinese, and Italian. You could get the electronic versions of these materials in order to include your local contact information.

Other Services:

- ◆ NAMI MAC staff will conduct presentations or speaking engagements for states and affiliates.
- ◆ Training teleconferences and town hall meetings.
- ◆ Briefings about diverse cultures.
- ◆ On site outreach suggestions and planning.
- ◆ Coalition of organizations from underserved population.

For more information please contact 703-524-7600 or MACenter@nami.org.

Annotated Bibliography

Highlights from the United Methodist Church General Board of Global Ministries and the Congregational Resource Guide Resources for Congregations.

Alternative Mental Health Services: The Role of the Black Church in the South. Michael Blank, Ph.D.; Marcus Mahmood, Ph.D.; Jeanne C. Fox, Ph.D., R.N.; and Thomas Guterbock, Ph.D. *American Journal of Public Health*, vol. 92, no. 10, October 2002.

This study determined the extent to which churches in the South were providing mental health and social services to congregations and had established linkages with formal systems of care. The study, conducted at the Southeastern Rural Mental Health Research Center, compared rural and urban areas, finding that "Blacks are at a disadvantage if they need mental health services[,] rural individuals are reluctant to seek help, and lack of available services and the stigma associated with mental health problems in rural areas are complex problems." The study provides recommendations (i.e., linking pastors and church leaders to primary care physicians) as well.

Clergy: Mental Illnesses Awareness Guide. By the American Psychiatric Association Division of Public Affairs. (1993). American Psychiatric Press, 1400 K Street NW, Suite 1101, Washington DC 20005; (800) 368-5777; 40 pages.

This guide on mental illness was reviewed by clergy and physicians throughout the country. Four sections of useful information follow an introduction and a fact sheet about mental illness. "Ideas for Ministry" has 11 steps a faith community can take to be in ministry with persons who have a mental illness, worship ideas, sermon starters and prayers. "Further Your Understanding" includes material on reaching out to someone with a mental illness, mental illness terms and crisis intervention information for clergy. The "Special Events" section has material on mental illness awareness week, mental health month, national depression screening day and world mental health day. A fourth section is entitled "Mental Illness Awareness Camera-Ready Materials." Local APA contacts, two and a half pages of resources and a bibliography make up the rest of the guide's material.

Dealing with Depression: Five Pastoral Interventions. By Richard Dayringer, Byron Eicher, Myron C. Madden, and John J. O'Hearne. (1995). Haworth Pastoral Press, 10 Alice Street, Binghamton NY 13904; hardback and paperback, 175 pages.

The book offers definitions of depression, characterizations of effective interventions, and a discussion of the counselor's role. Authors include two hospital chaplains, two clinical

psychologists and three physicians. Presents strategies clergy can use in identifying and helping persons with depression, and describes techniques, devices and interventions that help improve the mental health of persons with depression.

Helping Someone with Mental Illness: Compassionate Guide for Family, Friends, and Caregiver. By Rosalynn Carter and Susan Golant. (1998). Times Books. (Available through Amazon Books at <http://www.amazon.com>.) Hardback, 348 pages.

Useful for clergy, families, social workers, doctors, consumers. Covers descriptions of different mental illnesses, and gives step by step suggestions on what to do after a diagnosis: seeking the best treatment, evaluating health care providers, managing the workplace, financial and legal matters, and more. Additionally, how to cope with the impact on the family, as well as connecting with the right support are discussed. Includes an excellent 20 page list of references.

Pathways to Partnership: An Awareness and Resource Guide on Mental Illness. By Jennifer Shifrin, Rabbi Jeffrey Cohen and Florence Kraft. (2nd edition, 1990). Pathways to Promise, 5400 Arsenal Street, St. Louis MO 63139; paperback, 26 pages.

Six section booklet. Content in Section I covers myths and realities and definitions relating to mental illness, possible signs and symptoms of mental illness, how to reach out to someone who has a mental illness, and the family and mental illness. Section II has suggestions on how a congregation can respond. Section III contains pastoral resources, sermon starters, hymn suggestions, and denominational statements and resolutions on mental illness. Section IV contains congregational resources. Section V provides education models for the congregation, covering adult education and lessons for children and youth. Section VI is a two page annotated listing of resource and support organizations and a brief bibliography.

Pathways to Understanding: A Manual on Ministry and Mental Illness. (Video and manual). (1995). By Jennifer Shifrin. Pathways to Promise, 5400 Arsenal Street, St. Louis MO 63139; 238 pages.

Four section booklet. Content in Section I, "The Faith Community and Mental Illness" covers the history of the faith community's response to mental illness, an orientation to mental illness, a theological perspective in ministry with people with mental illness, and pastoral care and mental illness. Section II, "The Person and the Family," has information on such topics as when to counsel vs. when to refer, working with people with mental illness, what to do in a crisis situation, and working with the family. Section III contains 11 narratives illustrating situations a clergy person can face in the congregation and community. (On the video, this is a 60 minute section, and there is a pause between each narrative, allowing individual narratives to stand on their own.) Section IV, "The Community and Its Resources" has six sections, covering such topics as building

bridges with and working with mental health systems and providers, sources of information and support, and insurance and legal issues. Among features of the extensive appendix section are mental illness definitions, statements on mental illness by 14 faith groups and a bibliography.

A Stranger in Our Midst: A Congregational Study on Prolonged Mental Illness. By Ruth Fowler. (1987). Pathways to Promise, 5400 Arsenal Street, St.Louis, MO 63139. Paper cover, 148 pages.

This is a study guide, punched for a three ring binder. It is designed to "lead persons through an individualized process of self and community examination, heightened awareness, renewed commitment and practical action" regarding mental illness and religious congregations. Following notes to leaders is material for six study sessions, additional content on three study sessions for congregations, three study sessions for clergy and plans for retreats, videos, guest speakers, presentations, etc. The last and largest section contains readings by such well known writers as Stewart Govig and H. Newton Malony.

Strength for His People: A Ministry for Families of the Mentally Ill. By Pastor Steven Waterhouse. (1994). Westcliff Bible Church, P.O. Box 1521. Amarillo TX 79105; (805) 359-6362; paperback, 136 pages.

Written by the Pastor of Westcliff Bible Church in Amarillo, Texas, this book is a study guide addressing needs of Christian families of those with severe mental illness. Topics discussed include the response of churches to mental illness, the medical basis of Schizophrenia, handling emotional responses in families with persons with mental illness, theology relating to suffering, and the intrinsic human worth of all persons --including those with mental illness. A list of organizations and a 15 page bibliography complete the book. This book is distributed without charge.

A Healing Homiletic: Preaching and Disability (Book) Kathy Black, Author. Nashville, TN: Abingdon Press, 1996.

Here is an excellent book to heighten your congregation's sensitivity to the needs and special gifts of persons with different abilities. It offers new approaches to preaching the healing narratives of the four Gospels and challenges readers to distinguish between cure and healing. Speaking from first-hand experience with a disability, and from many years working with the deaf community, Rev. Black first explains the nature of blindness, deafness, paralysis, leprosy, chronic illness, and mental illness. In addition, she clarifies the various causes, treatments and adaptive measures. Black forthrightly examines the ways that faith communities overtly or unintentionally exclude persons with disabilities—whether through insensitive preaching that equates disabilities with sin or lack of faith, through inattention to the physical design of the building, or through false

assumptions about the contributions and giftedness of persons with disabilities. Recommended for every pastor and director of special ministries.

In the Shadow of God's Wings: Grace in the Midst of Depression (Book) Susan Gregg-Schroeder, Author. Nashville: Upper Room Books, 1998.

Written by a United Methodist minister who has struggled with clinical depression, *In the Shadow of God's Wings* offers moving insights into the personal struggles and spiritual lessons that can be learned from the dark journey through mental illness. Five chapters deal with the journey into, through, and out of chronic, debilitating depression. The author reveals insightful viewpoints from having wrestled with the philosophical and theological questions and biases that move her through suffering to renewal. A companion video, *Gifts In the Shadows*, is also available, along with a group study guide. The book, video, and group study guide would be suitable for adult Christian education classes or small group study.

No Longer Alone (Book and Video) John Toews and Eleanor Lowen, Authors. Scottdale, PA: Herald Press, 1995.

A book and two-part video set designed for the faith community, *No Longer Alone* forms an outstanding foundational study of mental health issues. The ten video sessions, capturing seminars presented by Christian psychiatrist John Toews, are an essential teaching aid to the book. In each chapter, four sections—Opening Thoughts, A Story, Focus, and Search—weave relevant inspirational material into an exploration of mental health and mental illness issues. Toews and Eleanor Loewen first cover *What Is Mental Health?*, *Mental Health and Life Stages*, *Who Sinned?*, and *The Need for Healing*. In these and the following sections, Bible passages support and complement the psychological, social, and biological material. Each lesson ends with a set of questions that provide opportunity for reflection and response. For example, in the chapter entitled *The Need for Healing*, the questions include, "What is your definition of sin? How would you describe the relationship between sin and spiritual well-being? How do we minister to persons who fear getting healed or cured?" The authors have created a unique resource suitable for adult Christian education courses in small or large group gatherings.

A Place To Come Back To: Mental Illness and the Church (Video) Distributed by Seraphim Communications, Inc. Duration: 29 minutes.

A Place to Come Back To provides an excellent theological and practical launching point for churches considering ways to reach those with mental health problems. While it confronts the viewer with the potential devastation facing many suffering from mental illness, the film presents alternatives to ignoring the problems. For example, one congregation offers a monthly fellowship meal, with music and entertainment involving mentally ill guests from nearby group homes.

Another medium-sized inner city church provides hot meals and a place to sleep. In another congregation, a father pleads for someone to befriend his son—someone to call and spend time with his son. The role and value of the church in the lives of those living with mental illness is highlighted. Conversely, the gifts and contributions of persons with mental illness are also stressed. The church not only gives care, but receives blessings. A Place to Come Back To provides striking facts about mental illness and workable examples of how the church can reach persons and families living with mental illness. For small groups desiring to begin a ministry in this area, and as a tool for educating the entire congregation, this video is a significant resource.

In the Shadow of Our Steeples: Pastoral Presence for Families Coping with Mental Illness (Book) Stewart D. Govig, Author. New York: Haworth Press, Inc., 1999.

With a pastor's heart, Stewart Govig shares first-hand the pain mental illness inflicts on individuals and families; his son suffers from schizophrenia. Govig paints convincing portraits of need, isolation, and ongoing loss due to mental illness. Most helpful, however, are assessments of realistic ways a pastor can become the "lead learner" for his congregation in fighting stigma, prejudicial language, and public bias against persons with mental illnesses. Busy clergy, who take seriously their responsibility to care for parishioners' needs, will appreciate the inclusion of mental health ministry models, Bible study and discussion outlines, and a list of professional agencies to whom they can refer members in need of further support and education. *In the Shadow of Our Steeples* is a fine book for individual reading in pastoral care and health ministries.

Pastoral Care of the Mentally III: A Handbook for Pastors (Book) J.A. Davis, Author. Parkland, FL: Univeral Publishers, 2000.

Having served for over ten years as a psychiatric hospital chaplain and ordained Episcopal priest, Rev. Davis offers stories from a wide background of experiences working with adolescents and adults—both in the chaplaincy and as a teacher of special needs adolescents. Using the anecdotal approach, he provides the reader with insight into four major mental illness: eating disorders, bipolar disorder, clinical depression, and schizophrenia. Rev. Davis offers clinical considerations about each illness and wisdom about pastoral concerns unique to each. For individual study.

The Pastor's Guide to Psychological Disorders and Treatments (Book) W. Brad Johnson and William L. Johnson, Authors. New York: Haworth Press, Inc., 2000.

Father and son, both psychologists, bring together this easy-to-read manual for assessing psychological and psychiatric disorders. The authors include chapters on maladaptive personalities and childhood and relationship problems. Each chapter explains the disorders, provides a summary and pastoral guidelines, and features sidebars listing key indicators of each

illness. The exploration of mental health treatment includes descriptions of various types of therapy, psychiatric medications, alcohol and drug treatment programs, eating disorder treatment programs, hypnosis, and electro-convulsive therapy. The authors also examine the value and problems of self-help books, as well as books recommended by Christian psychologists. Summaries of the ten top-rated self-help books and guidelines for evaluating self-help books are provided. A discussion of ethical standards and strategies for responding to unethical behavior rounds out this useful tool for any clergy or counselor's library.

Suicide—A Christian Response: Five Crucial Considerations for Choosing Life (Book)

Timothy J. Demy and Gary P. Stewart, Editors. Grand Rapids, MI: Kregel Publications, 1998.

This collection of essays and articles requires us to re-examine our beliefs and recognize the complexities and multiplicity of issues relevant to suicide. Part 1 (Legal and Medical Reflections) features articles by attorneys and medical professionals, such as "Roe v. Wade and the Euthanasia Debate," "The Management of Cancer Pain," and "A Nurse's Perspective on Euthanasia." Part 2 (Philosophical Reflections) contains thought-provoking essays, such as Alister E. McGrath's "The Price of Life." Parts 3 and 4 (Theological Reflections and Biblical Reflections) carry the discussion of suicide to deeper levels with articles entitled "A Theology of Death" by Dennis P. Hollinger, and "The Good Samaritan and the Euthanasia Debate" by H. Wayne House. The final section, Part 5 (Pastoral and Personal Reflections) brings the topic to a personal level with Joni Eareckson Tada's "Decision Making and Dad" and Timothy C. Tatum's "Pastoral Reflections on Suicide Intervention." A must-read for every pastoral counselor.

Walking Through the Valley: Understanding and Emerging from Clergy Depression (Book)

Robert Randall, Author. Nashville, TN: Abingdon Press, 1998.

While clergy are not immune to depression, "our grandiosity tends to keep us clergy from owning up to our depression or its possibility." So says Robert Randall, a pastor of the United Church of Christ and a clinical psychologist. But it's not only grandiosity that keeps clergy from seeking help; they may also fear being perceived as weak and losing the confidence of their congregation and superiors. And they may wonder, "Who will be in charge if I take time off?" With candor and wisdom, the book's introduction helps clergy own up to their own experiences with depression. Subsequent chapters invite readers to consider "diagnosing our depression," "determining how depressed we are," and exploring the "causes of our depression." Randall closes each chapter with down-to-earth recommendations for clergy, considering possible causes for their distress: the impinging situations, the meanings one lives by, and environmental, psychological, and physical processes. He also includes "renewal tasks" for clergy. Every minister or rabbi who has experienced either temporary or chronic depression will benefit from Randall's encouragement, insights, and strategies for recovery.

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