Creating Supportive Congregations
For individuals living with mental illness

www.nami.org/namifaithnet

1. Develop a Leadership Team
   a. Get permission from clergy or leadership to develop a Mental Health Ministry (MHM)
      leadership team. Don’t expect staff to take the lead, but do ask for support from them.
      Include pastoral care ministries staff and lay leaders on your leadership team.

   b. Become familiar with materials and resources from the following websites:
      www.pathways2promise.org
      www.mentalhealthministries.net
      www.congregationalresources.org/mentalhealth.asp
      www.nami.org/namifaithnet

   c. Formulate short- and long-term goals and activities for ministry to and with individuals
      living with mental illness. Find out what the congregation has done and is doing and what
      it needs and envisions. Keep plans practical, relevant to current needs and feasible,
      depending on your volunteer and financial resources.

2. Educate and Equip
   a. Equip leadership staff and lay leaders with information and referral lists for local
      mental health care providers, social service agencies and support groups in order to help
      parishioners get treatment and assistance. Ask your local National Alliance on Mental
      Illness (NAMI) Affiliate for assistance in creating the list.

   b. Familiarize the clergy and leadership team with materials for services from the
      websites listed in section 1b above. Service planning materials include sermon topics,
      illustrations, readings, poems, songs, ideas for newsletter articles and bulletin inserts.

   c. Plan a small group meeting for adults or youth.
      1. Invite a guest speaker from NAMI or a mental health expert from the
         community.
      2. Use a book, DVD or film with facilitated discussions using books and videos
         from one of the websites above.

   d. Add or recommend books for the congregation’s library.
3. Promote Friendship, Inclusion and Support Ministries
   a. Meet one-on-one (like Stephen Ministers, but less formally).
      1. Be accepting, friendly and genuinely interested in the person living with mental illness.
      2. Visit them and get to know their dreams and needs.
      3. Invite them out to church activities, small groups or family gatherings or to the bowling alley, a movie or a walk in the park.
      4. Offer transportation and other reasonable help within your own limitations.
      5. Send cards, listen, encourage and assure.
      6. Share your own humanity, but not your opinions or advice.
      7. Ask if you can touch or hug; be mindful of others’ physical comfort zone.
      8. Earn their trust over time; expect ups and downs.
   b. Encourage church-sponsored friendship, inclusion and support ministries.
      1. Train greeters and ushers how to welcome persons with disabilities of all types.
      2. Sponsor a social club or drop-in center for persons with disabilities.
      3. Recruit volunteers to assist in finding support services (e.g. transportation, legal, medical, financial assistance, food or housing assistance).
      4. Offer support groups for persons/families touched by mental illnesses. Ask for Faith Communities Education Project [FaithCEP] patterns and guidelines or ask your local NAMI Affiliate for referrals.
      5. Offer volunteer work that is realistic but meaningful, providing supervision if needed.
      6. Offer employment opportunities in the church or community.
      7. Provide opportunities to serve and contribute talents on committees, in music groups, as ushers or readers of scripture, or through drama and other art forms.
      8. Offer respite care to families who cannot leave their loved one alone.
      9. Open your doors to local NAMI support groups or other mental health support group organizations.

4. Engage in Community Outreach and Advocacy
   a. Sponsor a health fair and include mental health providers and your NAMI Affiliate.
   b. Contact your local NAMI Affiliates or mental health association to see if they are planning events or have resources.
   c. Offer meeting space to your NAMI Affiliate for their education courses, including Family-to-Family, Peer-to-Peer and NAMI Basics groups.
   d. Join your local NAMI Affiliate and participate in their advocacy work. Alert your social justice committee or congregation to current legislation that will impact health and social services, housing, insurance parity and other issues.
   e. Participate in NAMI’s StigmaBuster campaign. Send letters and phone calls when businesses, media or advertisers stigmatize mental illness. Go to [www.nami.org/stigma](http://www.nami.org/stigma) to learn more.
Mental Illness and Families of Faith: Creating Caring Congregations

A Five-Step Program

Based on the findings of the Surgeon General’s report on the magnitude of mental illness in this country, we know that one in four families have a family member dealing with mental illness. Because of the stigma surrounding mental illness, many of these people are suffering in silence.

There are many ways that congregations can begin or expand a ministry to and with persons with a mental illness and their families. The caring congregations model uses a five step approach. These five steps include education, commitment, welcome, support and advocacy.

These steps are not linear. Rather the process of becoming a caring congregation is dynamic and unique to each community. Some congregations have developed models of ministry unique to the needs of their community. Hopefully our faith communities will become involved in an ongoing process of education, commitment, welcome, and support. May we all become advocates for a just mental health delivery system.

1. Education

The first step in creating caring congregations is education. If the ministers, priests, imams and rabbis are not educated about mental illness, they will not be able to recognize the symptoms and make appropriate referrals to counselors and psychiatrists.

- Get educational material and community referral information from groups like the National Alliance on Mental Illness (NAMI), the Depression Bipolar Support Alliance (DBSA), Mental Health America (MHA) and SAMHSA.
- Invite a speaker or offer a workshop to teach people that mental illnesses are brain disorders.
- Have a person with a mental illness share his or her story.
- Form one or more special classes to study serious mental illness and ways congregations can be supportive.
- Use bulletin inserts and newsletters to educate about serious mental illness especially during Mental Health Month in May and Mental Illness Awareness Week in October.
- Offer space for mental health educational and support groups to meet.

2. Commitment

Commitment means that the community pledges to be intentional in seeking ways to become a caring congregation. It is often a concerned lay person who initiates this process because clergy are overwhelmed with other responsibilities.

Many successful programs have come from “the bottom up.” Lay persons can collaborate with the leadership to form a task force to look at ways their particular community can provide education about mental illness.

Part of commitment involves networking, collaborating and partnering with community based groups to educate them about what the faith communities have to offer in support of persons and families living with mental illness.

- Involve the clergy and other leadership groups in developing a task force to assess the needs of your congregation.
- Request congregational leadership committees or boards to adopt a statement endorsing a program of education and outreach to welcome persons with a serious mental illness and their families fully into the life of the congregation.
- Find ways to become a part of the “support team” for persons with a mental illness.

3. Welcome

The third step of welcome involves seeking ways to integrate persons with a mental illness into the faith community. Hospitality is a core value of all major religions...Muslim, Jewish and Christian. Hospitality means literally extending our hand to another, touching another and getting close enough to recognize our mutual vulnerability to things in this life. The barriers between “us” and “them” begin to break down.

- Provide training for ushers and greeters to be welcoming and supportive of all persons. Some communities have trained persons to act as “companions” to accompany a person to worship, to talk or simply to be there if extra support is needed.
- Post specific words of welcome in worship bulletins and newsletters.
- Be inclusive of persons with a mental illness in prayers, liturgies and sermon illustrations.
- Partner with organizations in your area like the Ecumenical or Interfaith Council to identify persons who would need a ride to a faith community of their choice.

4. Support

We are brought up to be strong, self-sufficient and independent people. It is hard to ask for help and we often keep our struggles hidden. But God wants us to care for one another – and allows others to care for us in our time of need.

- Be intentional to include persons with a severe mental illness in the life of the congregation. Be a friend and accompany them to social gatherings, mission projects and invite them to join you in a meal.
- Train persons to provide one-on-one support. Practice the “ministry of presence.”
- Find ways to reach out and support family members.
- Have a referral list of mental health services in your community. Work with mental health providers to become part of a person’s support network.
- Provide prayer quilts, care baskets and other tokens of support to take to persons who are in the hospital or a residential facility to let them know they are not forgotten.
- Provide counseling services through a sliding scale or voucher program.
5. Advocacy

Mental illness is a justice issue involving such basic human rights as access to medical care, stable, supportive housing, and job training. Once a congregation has developed a mental health ministry, a natural next step is to be involved in advocacy.

- Work for parity in health insurance for physical and mental illnesses.
- Support funding for research into severe mental illness.
- Be alert of pending legislation and join an advocacy group even if you don’t have an ill family member.
- Challenge negative media images about persons with a mental illness.
- Contact the governor and your state representatives to let them know you care about services for persons with a mental illness.
- Partner with other organizations for community events about mental illness. Mental health providers need to be educated about the important role a person’s faith can play in the treatment and recovery process.

— FOR MORE INFORMATION —

American Association of Pastoral Counselors
www.aapc.org
Congregational Resource Guide
www.congregationalresources.org/mentalhealth.asp
Depression and Bipolar Support Alliance (DBSA)
www.DBSAlliance.org
FaithNet NAMI
www.FaithNetNAMI.org
Mental Health America
www.mentalhealthamerica.net
Mental Health Ministries
www.MentalHealthMinistries.net

National Alliance for Mental Illness (NAMI)
www.nami.org
Pathways to Promise
www.Pathways2Promise.org

Mental Health Ministries Resources

Media and print resources are available through Mental Health Ministries, www.MentalHealth Ministries.net

Video Resources (with discussion guides) are available on the following topics:
- Creating Caring Congregations
- Understanding Depression
- Teenage Depression and Suicide
- Overcoming Stigma, Finding Hope
- Gifts of the Shadow
- Addiction and Depression
- Eating Disorders
- Anxiety: Overcoming Fear
- Alzheimer’s: Care and Support
- Mental Illness and Families of Faith
- Breaking the Silence: Postpartum Depression and Families of Faith
- Mental Health Mission Moments

Books
- In the Shadow of God’s Wings: Grace in the Midst of Depression
- In the Shadow of God’s Wings: Group Study Guide

People with mental problems are our neighbors. They are members of our congregations, members of our families; they are everywhere in this country. If we ignore their cries for help, we will be continuing to participate in the anguish from which those cries of help come. A problem of this magnitude will not go away. Because it will not go away, and because of our spiritual commitments, we are compelled to take action.

— Rosalynn Carter
Mental Illness & Families of Faith:
How Congregations Can Respond – Resource /Study Guide
for Clergy and Communities of Faith

by Rev. Susan Gregg-Schroeder

This resource and study guide for clergy and faith communities is available in its entirety by contacting Interfaith Community Services at 520-297-2738 x233 or talexander@icstucson.org.

It can also be downloaded free of charge at www.mentalhealthministries.net or www.icstucson.org (located under mental illness – speaker presentations).