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Faith and mental health: Creating a culture of encounter and friendship

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Abstract
One in five Americans annually experiences mental health conditions ranging in severity from temporary psychological distress to serious depression, schizophrenia, and bipolar disorder, yet less than one-third of these persons receives appropriate care, often because of stigma associated with these conditions and their treatments. The Interfaith Disability Advocacy Coalition (IDAC), a program of the American Association of People with Disabilities, has partnered with the American Psychiatric Association (APA) in an effort to change these statistics for the better. Through the Mental Health and Faith Community Partnership, IDAC and APA are encouraging a dialogue between two fields, reducing stigma, and accounting for medical and spiritual dimensions as people seek care. The partnership is developing resources to train religious leaders about mental health issues and for psychiatrists about faith and faith communities in mental health recovery. This article explores how congregations and faith leaders can work with psychiatrists and the mental health community to develop a culture of encounter and friendship that includes persons with mental health conditions and their families.

Keywords
clergy, mental illness, psychiatry, religion, spirituality

One in five Americans annually experiences mental health conditions, ranging in severity from temporary psychological distress to serious depression, schizophrenia, and bipolar disorder, yet less than one-third of these persons receives appropriate care, often because of stigma associated with these conditions and their treatments. By utilizing available mental health ministry resources and networking with others who are similarly committed to welcoming and including people with mental health conditions in all aspects of the life of their congregations, religious leaders can help to reduce the stigma associated with mental health conditions and their treatments. They can build networks of mutual support and encouragement with mental health professionals, create ministry

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models and best practices that can be shared and replicated elsewhere, network, collaborate, and learn from other mental health ministries.

Fortunately there are a number of organizations with resources to help religious leaders start or strengthen a mental health ministry, including Pathways to Promise, Mental Health Ministries, and the Interfaith Network on Mental Illness, and initiatives such as the Mental Health and Faith Community Partnership, which is bringing together religious leaders and psychiatrists to create resources and opportunities for mutual understanding and action among members of the faith and psychiatric communities. Together, these efforts can reduce stigma and improve the quality and accessibility of care for individuals living with mental health conditions and their families.

Grounded in faith

In 2012, I represented American Baptist Home Mission Societies on the Steering Committee of the Interfaith Disability Advocacy Coalition (IDAC). Today, I coordinate the work of the coalition. IDAC, a program of the American Association of People with Disabilities (AAPD), is a diverse, nonpartisan coalition of thirty-three national religious organizations from the Christian, Jewish, Muslim, Hindu, and Sikh traditions, the core spiritual values of which affirm the rights and dignity of people with disabilities. IDAC seeks to mobilize the religious community to speak out and take action on disability policy concerns with Congress, the president and administration, and society at large. Our policy focus centers on independence and community living, employment, education, and healthcare.

Following the December 2012 mass shooting at Sandy Hook Elementary School in Newtown, Connecticut, and in the midst of a rising public discussion of the relationship between mental health conditions and violence, particularly mass violence, IDAC sought to respond and make a positive contribution to the conversation.

I chaired a special committee tasked with conducting an ongoing dialogue on issues of mental health and gun violence and, in April of 2013, AAPD published *Grounded in Faith: Resources on Mental Health and Gun Violence*.[1] *Grounded in Faith* is a compendium of available resources intended to help IDAC members and other religious organizations become better informed and to take action consistent with our shared understanding of the inherent dignity of men, women, and children with mental health conditions.

Grounded in Faith is intended for use by congregational leaders, disability rights advocates, and other concerned citizens who wish to ensure that the ongoing debate on gun control does not further stigmatize people with mental health conditions or deprive them of their rights and freedoms. While lamenting the toll of gun violence that takes the lives of eighty Americans each day, the report cautions against broad characterizations that

> stigmatize millions of Americans with mental illness by suggesting they pose a threat of mass violence. Such characterizations may lead to demands for unwarranted limitations on the constitutional rights and freedoms of persons with mental illness, including rights established under the Olmstead decision which determined that individuals with disabilities have a right to live in community rather than in institutions. Equally important, these negative characterizations and the possible losses of rights and freedoms may discourage many from acknowledging their illness and seeking treatment.[2]

1. *Grounded in Faith: Resources on Mental Health and Gun Violence*. Prepared by the Interfaith Disability Advocacy Coalition (IDAC), a program of the American Association of People with Disabilities, April 2013, www.aapd.com/what-we-do/interfaith.
2. *Grounded in Faith*, 2. Olmstead v L.C. and E.W.

IDAC Members and other religious organizations recognize the hurtful danger of stigmatizing people with mental health conditions. For example, in "Comfort My People: A Policy Statement on Serious Mental Illness with Study Guide," The Presbyterian Church (USA) states:

> Stigma takes the form of negative, inaccurate stereotypes, ostracism, and cruel, ignorant humor. Stigma prevents [mentally] ill persons from seeking treatment in a timely fashion. It diminishes public support for funding of necessary and appropriate services for the mentally ill. It prevents persons who are in recovery from finding meaningful and secure employment and acceptable housing.[3]

Stigma is often exacerbated in faith communities when mental health conditions are interpreted as rooted in a lack of faith or inadequate attention to prayer—an interpretation that can lead people further into depression or desperation. Stigma associated with mental illness often leaves people feeling excluded or isolated from the community of faith. Susan Gregg-Schroeder, founder of Mental Health Ministries, notes:

> The religious community has much work to do to address the shame, guilt and stigma associated with mental illness. Unfortunately, few seminaries incorporate adequate information about mental illness in their core curriculum. Studies show that a majority of individuals with a mental health issue go first to a spiritual leader for help. Yet clergy are often the least effective in providing appropriate support and referral information.[4]

In our research and discussions we found that as many as 20% of our population now have some form of a mental health condition and that almost half of all Americans will experience symptoms of a mental health condition—mental illness and/or addiction—at some point in their lives. Each of these persons is part of a family that is impacted by the development of a mental health condition. Therefore families also need the care and support of clergy and congregations.

We found that the consensus of experts is that most violence is not committed by people with a mental health condition and that most people with a mental health condition are not violent. Demographic and socioeconomic factors are much more likely to contribute to violence than are mental health conditions. Moreover, individuals with mental health conditions and other disabilities are much more often the victims of violence than the perpetrators.

Additionally, far and away the most common form of violence attributable to mental health conditions is violence against oneself, or suicide. Of the approximately 38,000 suicides each year, 90% involve mental illness.[5] *Grounded in Faith* notes:

> The elephant in the room for a serious discussion of firearm injuries and mental illness is not homicide. It is suicide. When we bring suicide into the picture of gun violence, mental illness legitimately becomes a strong vector of concern; it should become an important component of effective policy to prevent firearm violence. Suicides account for 61% of all firearm fatalities in the U.S.—19,393 of the 31,672 gun deaths recorded by the CDC in 2010. Suicide is the third leading cause of death in Americans aged 15 to 24, perhaps not coincidentally the age group when young people go off to college, join the military, and

3. "Comfort My People: A Policy Statement on Serious Mental Illness with Study Guide," Advisory Committee on Social Witness Policy, Presbyterian Church (USA), 2008, 24.
4. Susan Gregg-Schroeder, "Mental Illness and Families of Faith: How Congregations Can Respond," *The Christian Citizen* 2 (2014): 2–3.
5. Testimony of Dr. Thomas Insel, Director of National Institute of Mental Health, Summary of the Hearing of the Senate Committee on Health, Education, Labor, and Pensions on "Assessing the State of America's Mental Health System," January 24, 2013. Cited in *Grounded in Faith*, 8.

experience a first episode of major mental illness if it's bound to happen. The majority of suicide victims had identified mental health problems and a history of some treatment.[6]

In the course of preparing *Grounded in Faith*, we also found IDAC member organizations and partner organizations actively engaged in addressing mental health concerns within and beyond communities of faith. These efforts range from policy development and implementation to the development of educational resources and networks to support those engaged at the congregational and community level of religious life.[7]

The mental health and faith community partnership

Following the publication of *Grounded in Faith*, I had the privilege of attending the White House Conference on Mental Health held on June 3, 2013. At the conference I met Dr. Paul Summergrad, chair of the Department of Psychiatry at Tufts University, and at that time the president-elect of the American Psychiatric Association (APA). As we talked about the respective aims and interests of our organizations, we recognized each had something to offer and decided to meet again when Dr. Summergrad was next in Washington.

Subsequently, we brought together the leadership of IDAC and APA for a series of meetings that led to the creation of the Mental Health and Faith Community Partnership (MHFCP). On July 11, 2014 we convened a meeting of more than forty leaders from the faith and mental health communities at APA headquarters in Arlington, Virginia, inviting each to bring the best of their respective traditions and practices to the table to create resources and opportunities for mutual understanding and action among members of the faith and psychiatric communities. Our discussion centered on the following goals:

- establishing an ongoing dialogue between psychiatrists and clergy;
- surveying organizations and resources that are already active at the intersection of faith and mental health;
- acknowledging and addressing the stress and mental health needs of clergy and other religious leaders;
- creating new resources to train religious leaders about mental health issues;
- improving mental health education offered in seminaries and pastoral and continuing education programs;
- exploring ways for medical schools and psychiatric residency training programs to address the importance of faith and faith communities as a component of mental health recovery;
- creating new resources that are useful to psychiatrists about faith and faith communities in mental health recovery.

Former Congressman Patrick Kennedy, a co-sponsor of the Mental Health Parity and Addiction Act, spoke at the meeting. He described his own recovery from alcohol and substance abuse and the role that spirituality and psychiatric treatment has played in that recovery. Dr. Saul Levin, APA CEO and Medical Director, noted: "Faith institutions have tremendous reach into communities. And APA can help in the training of future religious leaders, raising their awareness of mental

6. Jeffrey Swanson, "Good News and Bad News About Gun Laws, Mental Illness and Violence – Part 1," Harvard Bill of Health blog, http://blogs.harvard.edu/billofhealth/2012/10/05/good-news-and-bad-news-about-gun-laws-mental-illness-and-violence-part-1 (accessed February 5, 2016). Cited in *Grounded in Faith*, 5.
7. For a list of these organizations and resources, see *Grounded in Faith*, 7.

illnesses and the availability of treatment. A stronger dialogue between clergy and psychiatrists can only help patients."[8]

Following the meeting, American Baptist Home Mission Societies published an issue of *The Christian Citizen* on "Communities of Care: The Church and Mental Illness," including contributions from some of the participants in the MHFCP meeting and those who had served as advisors to the process.[9]

At its annual meeting in May 2015 the American Psychiatric Association Foundation launched two resources developed by the MHFCP to help faith leaders better understand mental illness and treatment, and to better help individuals and families in their congregations facing mental health challenges: a twenty page booklet, "Mental Health: A Guide for Faith Leaders"; and a companion two-page "Quick Reference Guide on Mental Health for Faith Leaders."[10] These resources recognize that because religion and spirituality often play a vital role in healing, people experiencing mental health concerns often turn first to a faith leader. The Guide notes:

> From a public-health perspective, faith community leaders are gatekeepers or "first-responders" when individuals and families face mental health or substance use problems. In that role they can help dispel misunderstandings, reduce stigma associated with mental illness and treatment, and facilitate treatment for those in need.[11]

The Guide seeks to help faith leaders understand more about mental health, mental illness, and treatment, and to help break down the barriers that prevent people from seeking the care they need. It includes a general overview of mental health and mental health conditions and information on how faith leaders can provide support, including how to create a more inclusive and welcoming community, when and how to make a referral to professional mental health services, and ways to deal with resistance to accepting mental health treatment.

What you can do

Religious leaders can model openness and resilience by encouraging their congregations to cultivate mental, physical, and spiritual well-being and by being open to seeking help for themselves if needed. Specifically, congregations can take the following steps toward creating a more inclusive and welcoming environment:

- *Begin where you are, but begin*: Learn about mental illness. Identify misunderstandings, myths, and stigma through open discussion. Review "Mental Health: A Guide for Faith Leaders" and "Quick Reference Guide on Mental Health for Faith Leaders," available from the American Psychiatric Association Foundation at www.psychiatry.org/faith. See also two introductory resources from Interfaith Network on Mental Illness, "10 Steps for Developing a Mental Health Ministry in Your Congregation," and "10 Things Faith Leaders Can Do to Make the World a Better Place for People with Mental Illnesses," available at www.inmi.us.

8. Mark Moran, "APA Hosts Meeting to Build Bridges Between Faith, Mental Health Communities," *Psychiatric News* (August 1, 2014), 34.
9. *The Christian Citizen* 2 (2014), http://www.abhms.org/resources/christian_citizen/cc2014_2.cfm (accessed February 5, 2016).
10. "Mental Health: A Guide for Faith Leaders and Quick Reference Guide for Faith Leaders," American Psychiatric Association Foundation, May 2015, http://www.psychiatry.org/psychiatrists/cultural-competency/faith-community-partnership (accessed February 5, 2016).
11. "Mental Health," 4.

- *Cultivate an accessible attitude*: Mental health conditions can be isolating for individuals and families. Ensure that they feel welcome in all aspects of your community's spiritual life. Create a safe environment within the place of worship by promoting an atmosphere of openness and inclusiveness. Include prayers for mental health conditions along with other health concerns during worship and prayer meetings.
- *Foster connections*: You are not alone. Congregations exist in a web of relationships and community resources. Develop an inventory of the same. Connect with mental health professionals in your community. Build networks of mutual encouragement, understanding, and support. Explore whether they are willing to refer individuals to your congregation as a place of community, care, compassion, and support.
- *Educate and advocate*: Conduct workshops, preach, host lectures to reduce and eliminate stigma associated with mental health conditions, and create greater acceptance in the faith community. Participate in the observance of Mental Health Awareness Month in May and Mental Illness Awareness week in October, utilizing the resources of Mental Health Ministries and others. Invite a mental health professional to address a religious education class or discussion group. Make use of video and downloadable resources from Mental Health Ministries and Interfaith Network on Mental Illness' Caring Clergy Project. Participate in Emotional CPR (eCPR) training (www.emotional-cpr.org) or Mental Health First Aid training. Get additional material and referral information from groups like National Alliance on Mental Health (NAMI), the Depression Bipolar Support Alliance (DBSA), Mental Health America (MHA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). Utilize the resources of these organizations to stay informed on legislation surrounding mental health conditions and recovery. Contact elected representatives to share your interests and concerns. Attend local, statewide, and national events on mental health recovery and spirituality.

Creating a culture of encounter and friendship

In May 2013, Pope Francis noted that the Christian faith is an encounter with Jesus and that those who follow Jesus must do what Jesus does: encounter others. "We live in a culture of conflict, fragmentation, a culture in which I throw away what is of no use to me, a culture of waste." Our task, according to Pope Francis, is "to create a 'culture of encounter', a culture of friendship, a culture in which we find brothers and sisters, in which we can also speak with those who think differently, as well as those who hold different beliefs, who do not have the same faith."[12] Although Pope Francis was not referencing persons with mental health conditions as among those who think differently or hold different beliefs, his call to action to create a culture of encounter and friendship is applicable to the challenge the church confronts, to engage in mental health ministries in an effort to reduce stigma associated with mental health conditions and their treatments, and to welcome and include those with the same in all aspects of the worship and service of the church.

Utilizing available mental health ministry resources and networking with others who are similarly committed to welcoming and including people with mental health conditions in all aspects of the life of their congregations, religious leaders can help create and advance a culture of encounter and friendship with individuals with mental health conditions and their families. By building networks of mutual support and encouragement with mental health professionals, creating ministry models and best practices that can be shared and replicated elsewhere, and collaborating and

12. "Vigil of Pentecost with the Ecclesial Movements, Address of the Holy Father Francis," Saint Peter's Square, Saturday, May 2013.

learning from other mental health ministries, religious leaders can help reduce stigma associated with mental health conditions and their treatments and facilitate care for the one in five Americans who annually experience a mental health condition.

For further action

Resources for faith leaders

Mental Health Ministries Mental Health Ministries produces high-quality resources to reduce the stigma associated with mental illness in faith communities by challenging the conception of mental illness as a moral or spiritual failure rather than a treatable illness. MHM offers an excellent monthly e-newsletter and has developed a series of videos for use in congregational settings including, most recently, "Stories of Healing and Hope: PTSD, Trauma and Suicide," "Mental Illness and Families of Faith: How Congregations Can Respond," and "Creating Caring Communities." See www.mentalhealthministries.net.

Interfaith Network on Mental Illness Interfaith Network on Mental Illness seeks to increase awareness and understanding of mental illness among clergy, staff, lay leaders, and members of faith communities, helping them more effectively develop and nurture environments for persons dealing with mental illness and their families and friends. In 2011, INMI launched the Caring Clergy Project, which provides clergy with background materials and tools necessary to assist congregants facing mental health issues as well as to know when it is appropriate to make referrals to mental health professionals. Two introductory resources may be of special interest: "10 Steps for Developing a Mental Health Ministry in Your Congregation"; and "10 Things Faith Leaders Can Do to Make the World a Better Place for People with Mental Illnesses." See www.inmi.us.

Pathways to Promise Pathways to Promise is an interfaith cooperative providing assistance and a resource center offering liturgical and education materials, program models, and caring ministry with people experiencing mental illness and their families. Pathways offers a National Training Initiative which develops faith community capacity to support recovery and wellness with individuals and families facing serious mental health issues, including childhood disorders, trauma, serious mental illness, substance use disorders, and the mental health components of aging. See www.pathways2promise.org.

Resources and support for individuals and families

Depression Bipolar Support Alliance, www.dbsalliance.org

Mental Health America, www.mentalhealthamerica.net

National Alliance on Mental Illness, www.nami.org. See also NAMI FaithNet, www.nami.org/faithnet

Substance Abuse and Mental Health Services Administration (SAMHSA), Faith-based and Community Initiatives, www.samhsa.gov/faith-based-initiatives.

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