

Developing a Mental Health Inclusion Ministry in Your Church

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Our objectives today...

- Review the extent to which common mental health conditions impact church attendance
- Identify common barriers to church participation for individuals and families affected by mental illness
- Describe a series of mental health inclusion strategies applicable to churches of any size, denomination, or organizational structure
- Propose five attributes of a “mental health-informed” church



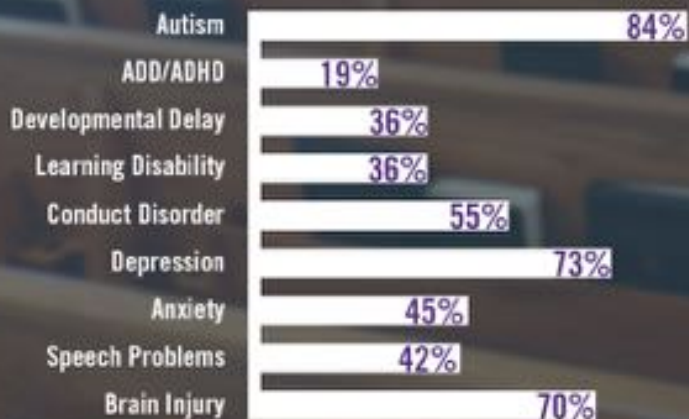
How do chronic health conditions in children and teens impact attendance at religious services?



- Data analyzed from three waves of the National Survey of Children's Health
- Three samples (2003, 2007, 2011-12) of approximately 100,000 families of children ages 0-17
- Examined the relationship between specific disabilities and families who identify as "never" attending a religious service



**CLEMSON
RESEARCH
EXAMINES HOW
CHRONIC HEALTH
CONDITIONS
AFFECT CHURCH
ATTENDANCE
AMONG YOUNG
PEOPLE**



The percent increase in odds of children with chronic health conditions never attending church compared to children with no health conditions



Conditions NOT associated with lower church attendance

- Asthma
- Diabetes
- Tourette's Disorder
- Epilepsy
- Hearing problems
- Vision problems
- Intellectual disability (in most recent cycle)
- Cerebral palsy



Why is church participation so difficult?

- Attributes of common mental health conditions make church activities more challenging
 - Stigma
 - Anxiety
 - Self-control
 - Sensory processing
 - Social communication
 - Social isolation
- Church culture — expectations for how people will act when we gather together



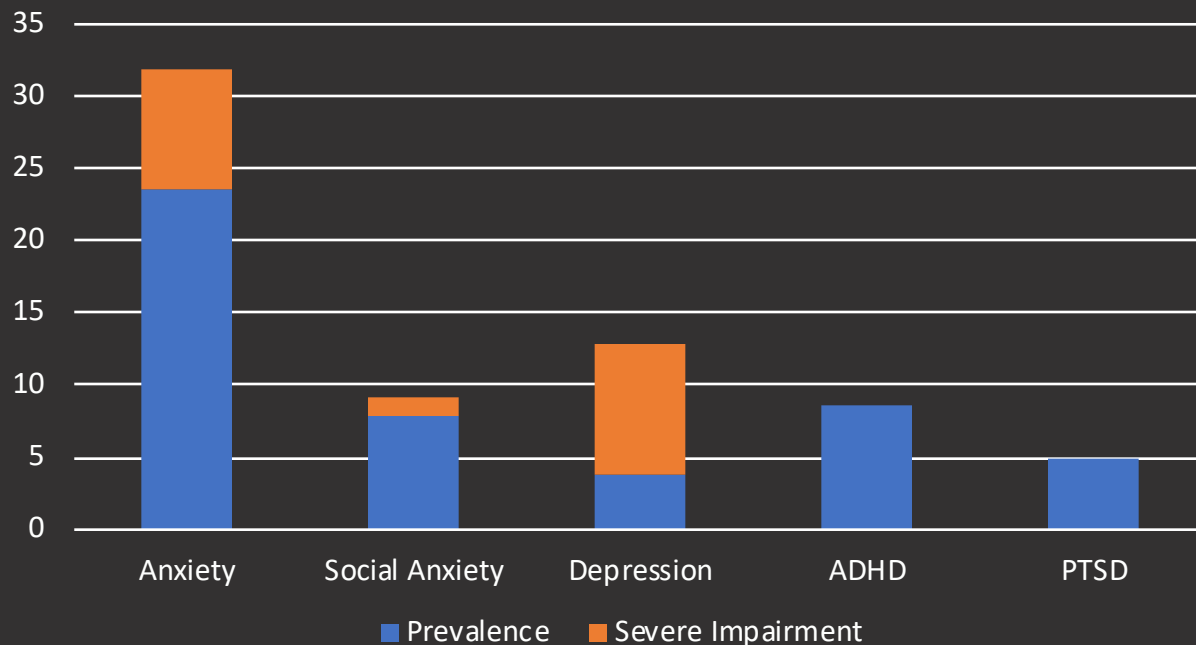
Why special needs ministry models don't work with this population

- Stigma, confidentiality concerns produce reluctance to self-disclose
- Kids and teens will FLEE any activity that identifies them as “different”
- Kids and adults with mental health conditions want to be included in what everyone else is doing!



A population too big to ignore?

Prevalence of common mental health conditions in TEENS



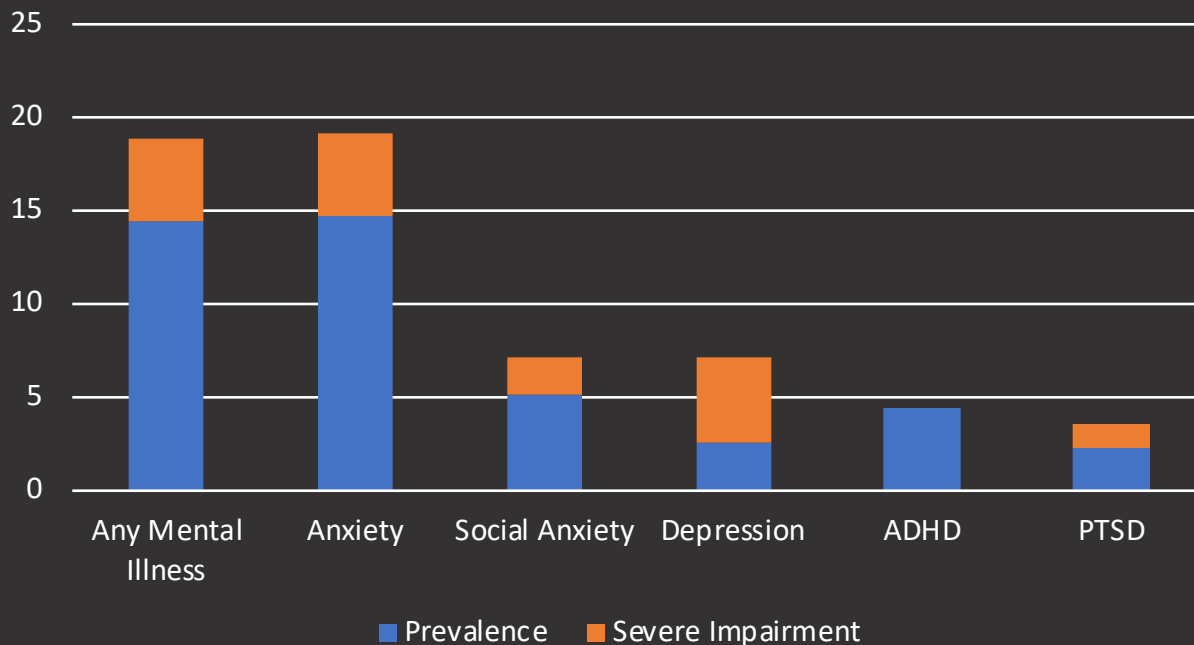
Source: National Institute of Mental Health



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A population too big to ignore?

Prevalence of common mental health conditions in ADULTS



Source: National Institute of Mental Health



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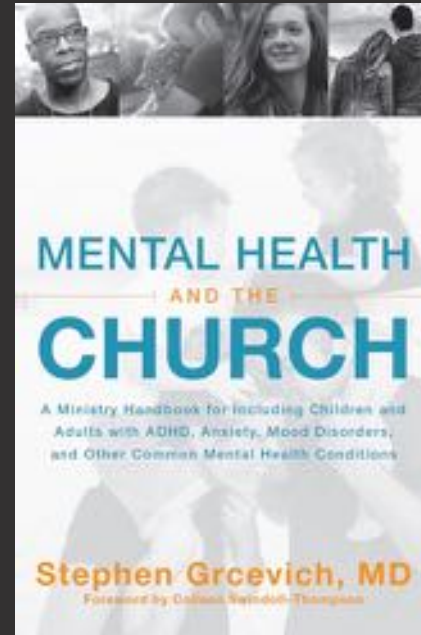
What's been missing is a widely accepted mental health inclusion strategy



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The foundation of Key Ministry's mental health inclusion ministry model

- Recognize non-essential features of ministry activities, environments, that make church attendance more difficult.
- Implementation of a set of strategies across all areas of ministry to welcome children, adults and their families.



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Mental health inclusion as the third wave of the disability ministry movement?

First wave: physical disabilities



Second wave: autism, special needs



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What gets in the way of church attendance?

Seven barriers to including families impacted by mental illness at church...

- Stigma
- Anxiety
- Capacity for self-control
- Sensory processing
- Social communication
- Social isolation
- Past experiences of church



Stigma

**WHAT THEN IS WRONG WITH THE
“MENTALLY ILL?” THEIR PROBLEM
IS AUTOGENIC; IT IS WITHIN
THEMSELVES.**

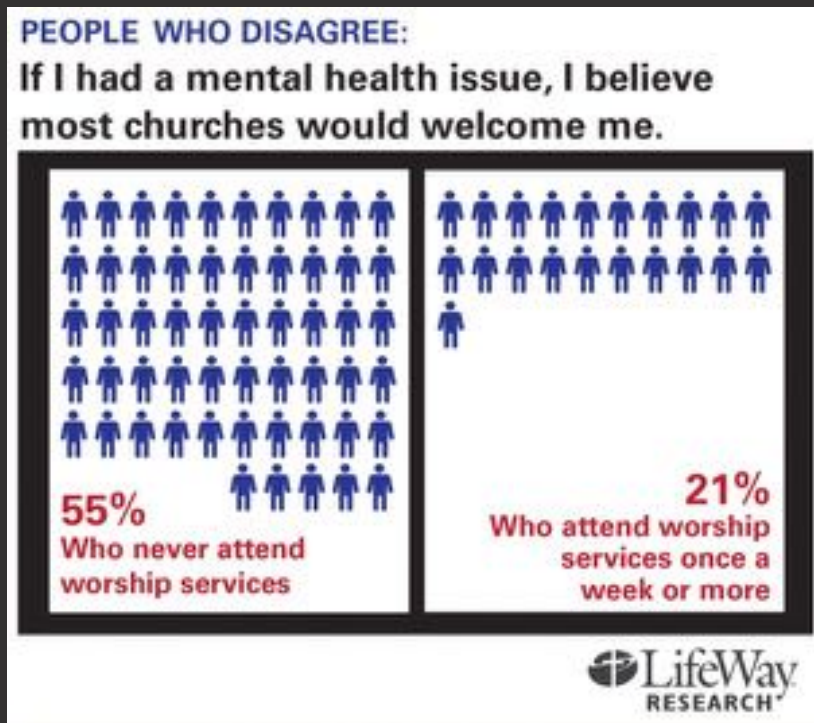
Jay Adams

- Mental illness defined as sin, parenting problem
- If it's not a disability, why would disability ministry serve them?
- Widespread perception they're not welcome at church



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A widespread perception that persons with mental illness aren't welcome...



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Anxiety

CORE DIFFERENCE: PEOPLE WITH ANXIETY MISPERCEIVE RISK IN UNFAMILIAR SITUATIONS

- Social anxiety
- Separation anxiety
- Agoraphobia

Fears specific to church:

- Fear of scrutiny
- Performance worries
- Anxiety results from lack of faith



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What church activities are challenging for persons with anxiety?

Children/Teens

- Separating from parents at worship
- Speaking in front of peers
- Retreats/mission trips
- Self-disclosure in small groups
- Transitions between age-group ministries

Adults

- Visiting a church for the first time
- Meeting new people
- Using the phone
- Joining a small group
- Volunteering



Self-control

**COGNITIVE ABILITIES
INVOLVED IN MODULATING
OTHER ABILITIES AND
BEHAVIORS**

- Behavioral inhibition
- Verbal working memory
- Non-verbal working memory
- Emotional self-regulation
- Reconstitution



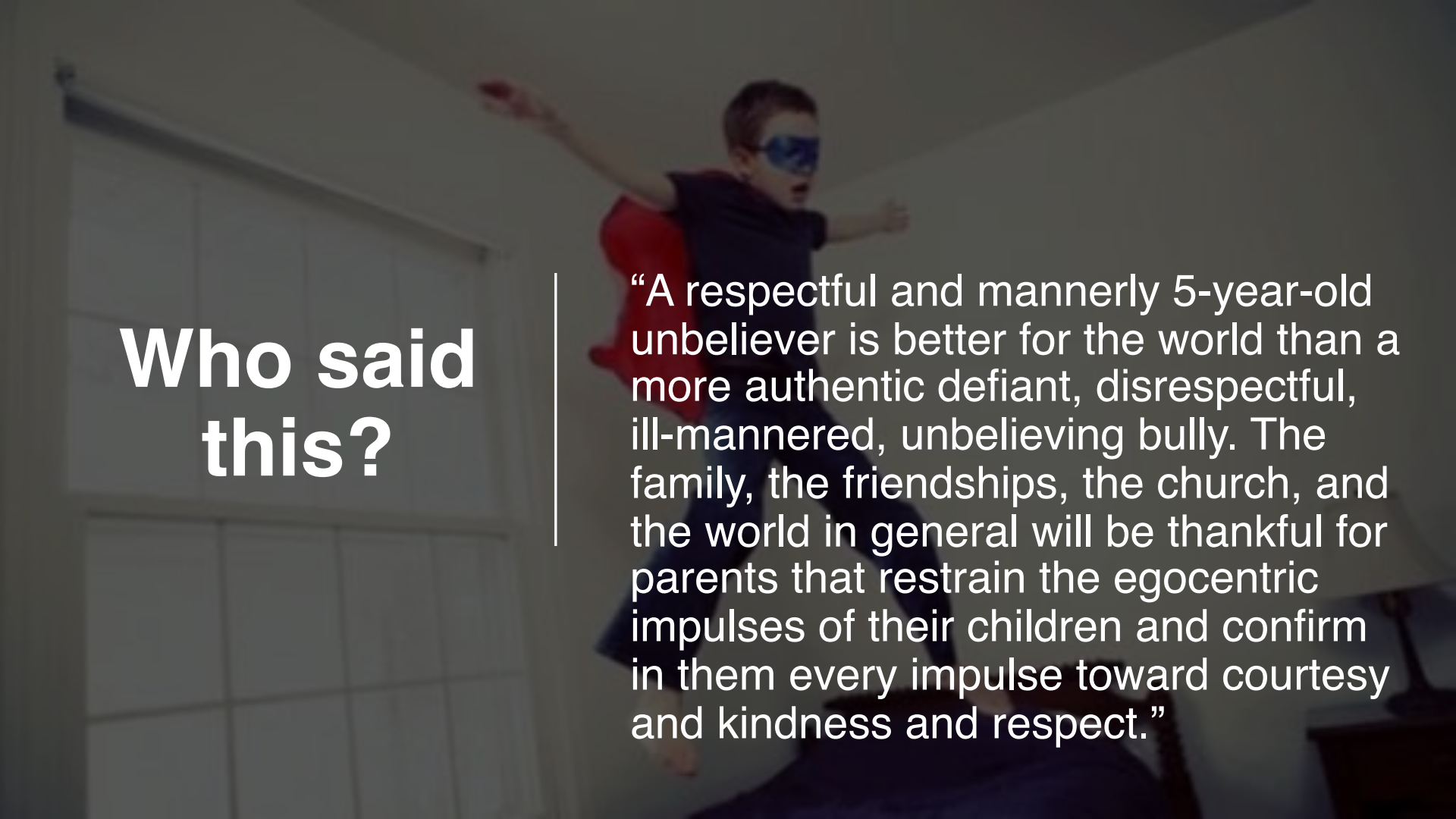
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One parent's lament...

“People in the church believe they can tell when a disability ends and bad parenting begins.”



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A young boy is captured mid-jump in the air, wearing a blue mask and a red cape over a dark blue t-shirt. He has his arms outstretched and a joyful expression. The background is a dimly lit room with a window showing a grid pattern. The overall image has a dark, moody overlay.

Who said this?

“A respectful and mannerly 5-year-old unbeliever is better for the world than a more authentic defiant, disrespectful, ill-mannered, unbelieving bully. The family, the friendships, the church, and the world in general will be thankful for parents that restrain the egocentric impulses of their children and confirm in them every impulse toward courtesy and kindness and respect.”

Sensory processing

**NOISE, LIGHT, TOUCH, SMELLS AND
TASTE THAT OTHERS FIND
ENGAGING ARE AVERSIVE**

Challenges for kids:

- **Pick up and drop-off times**
- **High energy worship**
- **Vulnerability to aggressive behavior**

Challenges for adults:

- **Greeting times (hugging, handshakes)**
- **High-energy worship**
- **Multiple conversations in close proximity**



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Social communication

CHALLENGES AT CHURCH FOR PERSONS WHO STRUGGLE TO PICK UP ON SOCIAL CUES

- Body language
- Tone, inflection of voice
- Facial expressions

Church-specific challenges:

- Small groups
- Small talk
- Bullies
- Unfamiliar situations



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Social isolation

HOW DO FAMILIES FIND YOUR CHURCH IF THEY DON'T CONNECT WITH FAMILIES ATTENDING YOUR CHURCH?

- Kids perceived as less desirable friends
- Less involved in extracurricular activities
- Time, financial burdens of pursuing treatment
- Lack of affordable child care leaves parents with fewer social outlets



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Past experiences of church

THE APPLE OFTEN DOESN'T FALL FAR FROM THE TREE!

- Children of parents with bad (or no) church experiences aren't going to church
- Kids depend on parents for transportation
- Parents have mental health issues too!
- Inconsistent attenders?



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Mental Health Ministry is Family Ministry!



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Welcoming Sydney



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Seven Mental Health Inclusion Strategies



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Seven strategies for promoting mental health inclusion at church (TEACHER)

Team	Assemble your inclusion team
Environments	Create welcoming ministry environments.
Activities driving spiritual growth	Focus on ministry activities essential to spiritual growth
Communication	Develop a church-wide mental health communication strategy
Help	Help families with their most heartfelt needs
Education	Offer education and support
Responsibility	Empower your people to assume responsibility for ministry

Who needs a seat at the table?

Building an inclusion team

- Senior leadership
- Ministry directors on church-wide implementation team
- Ministry departments may have their own team
- Consider gifts, talents, passions of church members, attendees



What might our mental health inclusion planning process look like?

- Leaders in each ministry area might identify potential barriers, useful strategies within their area of responsibility.
- An alternate approach might be to focus on a strategy (or several strategies) and implement the strategy across your ministry departments or environments.
- Assigning responsibility for the plan (or components of the plan) with deadlines for implementation important.



Welcoming ministry environments...

- Promote focus, attention
- Help attendees prioritize most important takeaways
- Support those with difficulty processing directions.
- Sensory stimulation engaging, not overwhelming
- Supports kids in maintaining self-control



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Inclusion in high-impact ministry activities



Prioritize what you MOST want people to do to grow in faith

- Weekend worship?
- Small groups?
- Missions/serving?
- Prayer, family devotions?



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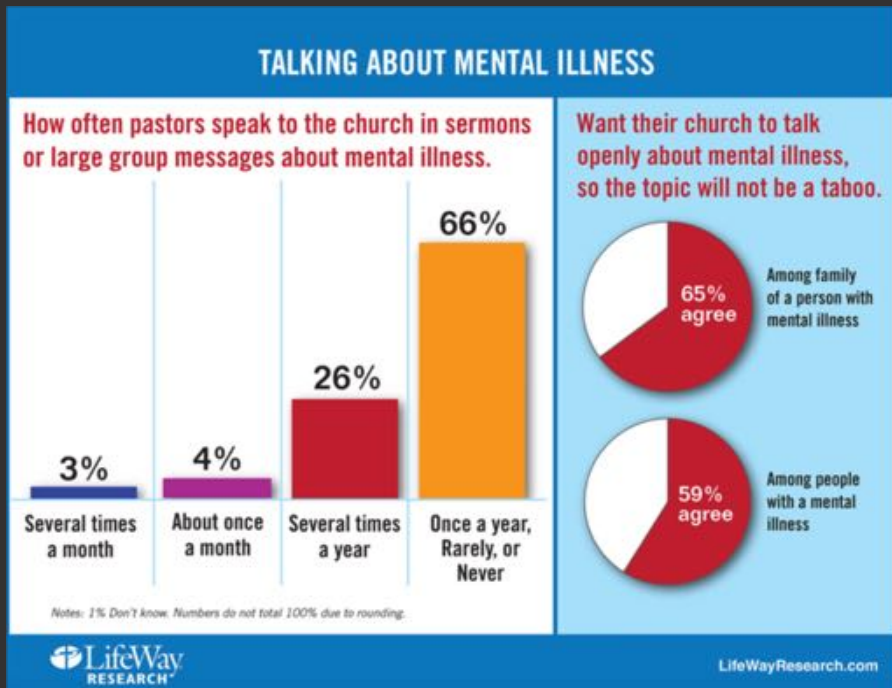
Communicating about mental illness

- Preach it from the pulpit!
- What NOT to say
- Pictures, video
- Bulletins, printed materials
- E-communication
- Social media
- Online church inclusion
- Mental health liaison



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Talking about mental illness



Helping families with their most heartfelt needs...

- Casseroles
- Respite
- Referral services
- Counseling
- Parent advocates for kids on 504 plans, in special education



Education and support

- Fresh Hope
- “Grace Groups” – individual, family, PTSD curriculums
- NAMI Family to Family, Peer to Peer
- Diagnosis-specific groups (CHADD)



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Empowering your people to assume responsibility for ministry

- Inviting
- “Grabbing a mop”
- Relational respite
- 1:1 discipleship
- Parent mentors
- “Ministry of presence”
- “Hope Coaches”



The eighth (and possibly best) strategy... Having a trusted friend to come alongside newcomers at church



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The role of the mental health liaison



The Role of Mental Health Liaison

- After pastors, **Mental Health Liaison** is **primary mental health contact** for your church
- **Advocate** for individuals within church with mental health needs
- Meets with **visitors** with mental health needs interested in your church
- **Maintains current information** on mental health services, providers in your community
- Serves as a **point of contact for mental health providers** seeking faith community information
- Coordinates **community-based training** for your church staff and lay leadership
- **Obtains additional resources and support** from organizations like Key Ministry



The Role of Mental Health Liaison

- Launch mental health ministry; work with pastors to create ministry goals; oversee work towards ministry goals
- Ensure mental health communications are timely, effective, accurate, positive
- Provide resources for small group leaders to consistently and appropriately support mental health needs
- Develop and Define success measures
 - Tangible: Participation rates, mental health contacts
 - Intangible: change in stigma, willingness and ability to help people with mental health needs
- Cultural change



The Role of Mental Health Liaison

- Care/Prayer Team
 - Church and community needs
 - Communications
 - Small group ministry
 - Training
-
- Take care of prayer and tangible needs first
 - Makes sure people with mental health needs are not forgotten and are included in the church community





A role for a “hope coach”


A group of five people (three women and two men) are sitting in a circle in a modern office setting, engaged in a discussion. They are seated in white chairs. The background is a blurred office environment with large windows. A dark circular overlay with a white border is positioned in the upper left corner, containing the text "Mental Health Support Groups".

Mental Health Support Groups



The Power of Peer Led Mental Health Support Groups

Rev. Brad Hoefs, M.Div.,
Ex. Dir and Founder of Fresh Hope



Research: Principled peer support groups work as well as therapy and sometimes better than therapy.



Why?



Not all peer support
groups are principled.




There is a major difference
between principled groups
verses venting groups.




Types of Principled/Directed Groups:

- Short term intervention- like a class with group discussion.
 - Research shows that the this helps in the immediate, but not so much long term
 - Limited length- usually take breaks- a lot of churches like this, however...
- Long term intervention – group processes information/tools
 - Research shows that these types of groups offer sustaining long-term change with participants
 - Sustainability can be an issue



Research: Venting groups actually make people sicker. And up to not too long ago this is the only type of peer support groups that were available.



Why churches should offer Christ centered mental health support groups

- Research: When faith is incorporated in mental health recovery, people get better faster and stay better longer
- The HOPE factor
- Research about how hope happens



Christian Mental Health Groups

- Celebrate Recovery (within reason)
– short term intervention
- Grace Alliance for Mental Health –
short term intervention
- Fresh Hope for Mental Health –
long term intervention and some
short term intervention options

Types of Groups Fresh Hope Offers



- Fresh Hope for Mental Health Adult Groups
 - Includes both those with a diagnosis and their loved ones
 - Long term, on going group led by peer certified facilitators who are certified and trained by Fresh Hope
 - Fresh Hope provides the ongoing resources for group processing and weekly topics



Types of Groups Fresh Hope Offers

- Fresh Hope for Living Free
 - 17 Week Class/Short-Term intervention approach
 - Specializes in co-occurring issues
 - Focus on the combination of emotional and spiritual health
 - Also a long term intervention group
 - Facilitators trained
 - On going support and materials for the group
 - Different tenets/recovery principles written by inmates



**Trauma Healing
Institute**

Types of Groups Fresh Hope Offers

- Trauma Healing Groups
 - From the Trauma Healing Institute of the American Bible Society
 - A group/class, short term intervention that teaches Bible based tools for processing trauma and unresolved pain
 - We can either facilitate groups for a church or we can train people to facilitate groups



Types of Groups Fresh Hope Offers

- Fresh Hope for Teens (two groups)
 - Includes teens with a diagnosis and their supporting friends and a second group for parents, facilitated by the same facilitators that rotate
 - Long term, on going group led by peer certified facilitators who are certified and trained by Fresh Hope
 - Fresh Hope provides the ongoing resources for group processing and weekly topics



Types of Groups Fresh Hope Offers

- Surviving Together (Pilot Group)
 - A faith-based support group of those who have lost a loved one to suicide.
 - A safe environment to grieve and process the grief
 - A safe environment to be in process
 - A safe environment to find healing and hope
 - Led by those who have been lost loved ones to suicide



Fresh Hope Results (self-reported)

- 87.5% say that prior to participating in Fresh Hope they had been suicidal or had suicidal ideations.
 - Of that 87.5%
 - 52.4% of them say that since attending Fresh Hope they have **not been suicidal** nor do they have any more suicidal ideations.
 - **33.3% of them say they have not been suicidal since their participation in Fresh Hope**, but have had some suicidal ideations.
 - **Which means that 85.7% have not been suicidal since their participation in Fresh Hope.**
 - 14.3% report that they have been less suicidal and have fewer suicidal ideations since participating in Fresh Hope.
 - 0% report that they have the same amount of ideations or suicide attempts as they had prior to attending Fresh Hope
 - 0% report having more ideations or suicide attempts since attending Fresh Hope.



Fresh Hope Results (self-reported)

- Out of those who had been hospitalized prior to attending Fresh Hope, 71.4% of them have had no hospital stays (inpatient or outpatient) since attending Fresh Hope.
 - 14.3% report having fewer stays in an inpatient hospital or outpatient programs.
 - 14.3.% say they have had the same amount of hospitalizations since attending Fresh Hope.



Fresh Hope Results (self-reported)

78.3% of the participants say that they are extremely hopeful about being able to live a full and rich life in spite of their mental health diagnosis since coming to Fresh Hope. Another 21.7% say that they are “becoming” more hopeful about living a full and rich life. 0% say that they do not feel hopeful since attending.

Fresh Hope Results (self-reported)



- 94% report they have a better understanding of their diagnosis since attending Fresh Hope.

Fresh Hope Results (self-reported)



- 96% report being more compliant to their medical treatment and using wellness skills in their recovery since attending Fresh Hope.

Research Sources

Larry Davidson 1,2 , Matthew Chinman 3 , David Sells 2 , and Michael Rowe 2

Program for Recovery and Community Health, Department of Psychiatry, Yale University School of Medicine, New Haven, Conn; 3 VISN-22 Mental Illness Research, Education, and Clinical Center, West Los Angeles VA Healthcare Center

- **LOOKING AT EVALUATION OF YOUR FAITH-BASED INTERVENTION/ PROGRAM: WHAT'S THE BIG DEAL?**

By Jennifer Payne, Presented at: NACSW Convention 2005 October, 2005 Grand Rapids, Michigan

- **A review of the literature on peer support in mental health services by JULIE REPPER & TIM CARTER**

School of Nursing, University of Nottingham, Duncan Macmillan House, Porchester Road, Nottingham NG3 6AA, UK and 2 Connolly Ward, Peter Hodgkinson Centre, Lincoln County Hospital, Greetwell Road, Lincoln LN2 5UA, UK

- **Effectiveness of a psycho-educational group program for major depression in primary care:** a randomized controlled trial, Rocío Casañas 1,2,3 , Rosa Catalán 4,5,6,7* , Jose Luis del Val 3 , Jordi Real 3 , Sergi Valero 7,8 and Miquel Casas 7,8
- **Cognitive Vulnerability to Depression, Rumination, Hopelessness, and Suicidal Ideation: Multiple Pathways to Self-Injurious Thinking** by Jeannette M. Smith, MA, Lauren B. Alloy, PhD, and Lyn Y. Abramson, PhD

Using the ministry planning tool...



Mental Health Inclusion Ministry Planning Tool / Version 1.0

Barriers to church involvement→	Stigma	Anxiety/Fear	Executive Functioning	Sensory Processing	Social Communication	Social Isolation	Past Experiences of Church
Strategies ↓							
Assembling your inclusion team							
Create welcoming ministry environments							
Inclusion in activities with high impact for spiritual growth							
Communication strategy							
Helping families inside and outside church							
Education and Support							
Responsibility: Empowering your people for ministry							



Key considerations for an effective mental health inclusion strategy...

- Inclusion is a mindset – not a program
- A good strategy benefits *everyone* and doesn't require *anyone* to self-identify
- Ministry is owned by the people and supported by staff
- No church will be able to include everyone with mental illness, but every church can do more than they're currently doing!



Defining the “win”

- Your ministry achieves a win when any family member of someone with mental illness has a meaningful encounter with your church.
- Persons with mental illness have spouses, parents, sons, daughters, siblings who need churches too!
- Mental health ministry and foster care/adoption ministry go hand-in-hand



Five characteristics of the “mental health literate” church

- Demonstrates an intentional inclusion planning process
- Educates church staff, volunteers on mental illness
- Implements a mental health communication strategy
- Provides practical help to individuals, families affected
- Offers mental health-specific education/support groups



Credit to Brad Hoefs of Fresh Hope for conceptualizing the “Mental Health-Literate” Church



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Taking the Next Step...Together



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The First Step...

- Senior pastors
 - Pray for discernment
 - Pursue buy-in from staff, board
- Church staff, volunteers
 - Approach senior leadership for support, guidance
- Developing a personal ministry
 - Respect church leaders
 - “Be the church” where you’ve been planted



What Does Key Ministry Do?

**Key Ministry promotes meaningful connection
between churches and families of kids with
disabilities for the purpose of making
disciples of Jesus Christ.**

Free training, consultation, support and resources



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Help from Key Ministry

Training

- Conferences
- Video training
- Roundtables

Consultation to church teams

Resources

- Networking with other ministries
- Social media, sermon videos, research to support your ministry

Someone to come alongside your ministry!



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Connect with Key Ministry



- www.keyministry.org
- Twitter: @KeyMinistry
- www.facebook.com/keyministry
- www.keyministry.org/contact/



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Supplemental Slides



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How do we define “disability”

- “A person who has a mental or physical impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having such an impairment.”
- An impairment that substantially limits one major life activity *need not limit other major life activities* to be considered a disability



How we understand disability in the church

Disability Ministry



Special Needs Ministry



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How is mental illness different from other disabilities?

- Often episodic
- Hidden
- Situation-specific



Can someone be “disabled” at church and function well in other life activities?



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Overcoming Stigma...

Key Strategies

- A comprehensive mental health communication plan
- Providing mental health education and support groups
- Serving the needs of persons with mental illness in your community
- Using your people to change perceptions of the church's receptiveness to individuals with mental health issues



The challenge involved with helping those who won't self-disclose...

Church...

- Consider interventions to help all kids, families
- Review registration materials
- Communicating with parents
- Floating support in your children's, student ministries

Helping them fit in



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What strategies are most important for overcoming anxiety?

- Identifying challenges in assimilation to weekend worship, small group activities
- Examining how your church prepares prospective visitors and long-time attenders for new experiences
- Your channels for communicating – and supporting the communication needs of persons with anxiety
- Empowering your people to help friends and neighbors with anxiety to navigate potential land mines



Preparing for an initial visit...

- Offer the child/family a tour of the church before the first visit – familiarize them with your environments.
- Share pictures, video of their leaders, teachers
- Include lots of pictures of worship services on your website, video of your worship services



Tips for church staff and volunteers for kids with anxiety

- Don't call attention to an anxious child
- Avoid interventions that make them feel "different"... buddies, being part of "special needs ministry"
- Train greeters to observe for problems at "drop-off"
- Designate a private place for kids/parents in distress
- Watch for kids who are alone
- Offer to meet with parents when a child's anxiety appears to interfere with ministry participation
- Remember...anxiety generally decreases with experience (exposure)



Ideas for including adults with anxiety

- Role for a mental health liaison
- Alternative path for connecting with groups
- Reserved seating (end seats, near exits) or alternative seating outside the sanctuary
- The role of your media team
- Alternative paths for communication
- How regular attendees can support friends



Strategies for overcoming executive functioning challenges

- Addressing stigma toward persons who struggle with self-control
- Minimize stimulation, distractions that detract from cognitive capacities for self-control, learning
- Adaptations in teaching, communication
- Prioritizing most relevant, important content
- A role for your congregation in providing accountability



Helping kids who struggle to regulate emotions and behavior...

Church

- Friendly physical environments
- Sequence of activities? (high-energy last?)
- Supervise transition times
- Developmentally-appropriate content
- Some may be better with physical activity, movement

Helping him fit in?



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The more they have to process, the less capacity they have for self-control



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Communicating for Change...



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Easy to follow signage...



Better at doing than listening?



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Relationships are important for accountability!



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Minimizing obstacles from sensory processing differences

- Common among persons with autism.
- Also seen in...
 - ADHD
 - Anxiety disorders
 - Persons without a mental health diagnosis
- Hypersensitivity AND hyposensitivity



Predominant strategy: A sensory-friendly ministry environment

- Sound (volume, simultaneous conversations)
- Lighting
- Flooring
- Window treatments
- Wall color
- “Fragrance-free” zones
- Seating
- Dress code



Where to start in becoming sensory-friendly?

- Consider starting with...
 - Entrances
 - Worship spaces
 - Children's/student ministry spaces
- Vacation Bible School
- Sensory-friendly movies
- Online church



Welcoming persons with social communication challenges

- Extending opportunities for friendship
- Address bullying
- Alternative paths for discipleship
- Options for electronic communication



Additional ideas for supporting kids with social communication challenges

- Address sensory component of ministry environments
- Let them use precocious gifts to serve others
- Identify “friendly” small groups
- Provide opportunities to rehearse new experiences
- Alternative paths of discipleship (mentoring)



Strategy for overcoming social isolation

Mobilizing your church

- Who has relationships that bring them in contact with affected individuals, families?
- Take the church to them!
 - Small groups
 - Christian-based support (Grace Groups, Fresh Hope)
- Online church
- Relational respite



The importance of closing your back door...

- Persons with depression may begin to isolate themselves after long periods of church involvement
- What systems are in place to follow up with regular attenders who are absent?



Strategy-Disrupt multigenerational absence from church

- Change perceptions of church through provision of service, support
- Coming alongside parents of faith raising kids with mental health concerns
- The need for an inclusion plan supporting kids and adults



A family-based approach to mental health ministry

- Leveraging the influence of parents, extended family
 - The importance of the “4 to 14 window”
 - Coming alongside divorced parents
- The role of adults from outside the family
 - Reinforce important faith concepts taught at home
 - Provide support when affected parents are struggling



Including kids...when parents have mental health concerns

Church...

- Parents of kids who are inconsistent attenders?
- They may need more reminders to come
- Watch for folks who haven't attended for some time
- Community helps with accountability

Helping them fit in

