

Mental Health Ministry
Children & Family Notebook

Letter to Readers

Dear Friends,

This notebook is designed to help you and your congregation develop spiritual care with children and families facing mental health issues.

We encourage you to adapt these general resources to your particular congregation and local community.

We also encourage you to consult and collaborate with mental health professionals and providers in your community.

The notebook contains sample resources and information about a wide range of groups and organizations active in the area of children's mental health.

If you have questions, please contact us at pathways@mimh.edu.

A handwritten signature in black ink, appearing to read "Craig Rennebohm". The signature is fluid and cursive, with a long horizontal stroke at the end.

Craig Rennebohm
Executive Director, Pathways to Promise

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SECTION ONE

Spiritual Care, Children, and Mental Health

Spiritual Care and Mental Health

By Craig Rennebohm, D.Min.

Executive Director, Pathways to Promise

Spiritual care recognizes that we live an earthly existence. We are born, we mature, and we die. We experience illness and seek healing. We are persons, with emotions and feelings, thoughts, imagination, and the ability to choose and act. We learn and live in relation to others in our family and community. We are also people of faith, experiencing inspiration, seeking understanding, and growing into wholeness.

Good spiritual care attends to the full range of our humanness:

- We have care for the beginning of families, new parents, and infants; we nurture mothers and fathers, children, and youth.
- We offer wisdom and understanding concerning life's stresses, anxieties, and challenges; we face together the realities of evil, suffering, and death.
- We address the power of guilt, hopelessness, and despair; we mark our boundaries and limits; we create meaningful and shared narratives of the world and of our life journeys.
- We seek to name and contain what is toxic, and we foster food and drink that promote health and well-being.
- We have care also for the experience of aging and the end of life.

Spiritual care supports individuals and families at the deepest levels across the life span. Good spiritual care invites us to listen deeply to all souls, to understand where each person is on their faith journey, and to nurture the gifts of the Holy and sacred at work in our lives individually and together. Spiritual care takes shape as we gather in community, in small groups, in worship and celebration, and in fellowship. Spiritual care is provided in one-to-one conversations of faithful nurture. Spiritual care is available through a wealth of practices—prayer, study, fasting, meditation, movement, music, and others. Spiritual care may be shared in service with other health providers—nurses, nutritionists, physicians, counselors, psychologists, and others trained to diagnose and treat particular illnesses.

Mental health care focuses on the brain, on learning, on emotions and behavior, on moods and thoughts and the dynamics of interpersonal relationships. The field of mental health complements spiritual care, both as a source of knowledge about human growth and as an ally in diagnosing and treating suffering, illness, or disorder.

Clergy and congregations can benefit from a wide array of resources in such areas as:

- Child development and parenting
- Effective approaches to stress, anxiety, and fear
- Grief and loss
- Drug and alcohol education
- Healthy aging

Spiritual care can be enhanced by the research, knowledge, and best practices developed in the mental health field.

Clergy and congregations can also benefit from mental health providers able to help diagnose and offer treatment for:

- Learning challenges
- Childhood mental disorders
- Post-traumatic stress disorder (PTSD) and other anxiety disorders
- Depression, bipolar disorder, and schizophrenia
- Substance use disorders
- Mental disorders related to aging

Spiritual care can be enhanced by consultation with a mental health professional to help clarify the roots of suffering and struggle. When symptoms of a mental disorder are diagnosed, collaboration between providers of spiritual care and mental health treatment can help maximize healing, recovery, and wholeness.

Spiritual care can help provide a foundation for healing and recovery, complement treatment, and enhance well-being.

- Spiritual caregivers can help the individual and family understand that emotional challenges and mental disorders are *illnesses*—part of our human frailty and vulnerability. Just as the stomach can be upset, the brain can experience imbalance and malfunction.
- Spiritual caregivers can work with mental health providers to discern what is coming from the illness, and what is happening spiritually with an individual. Spiritual care can then support appropriate treatment.
- Spiritual caregivers can offer faith practices and encouragement that support healing and recovery. Spiritual care offers hope, provides meaning, and helps a person find purpose and direction in life.
- Spiritual caregivers can help open the doors to participation in the life of the congregation and assist in building connections with others.

Severe and persistent mental health issues often involve isolation from others. A person's ability to process information and learn may be seriously diminished. The capacity to communicate and relate to others may be compromised. Emotions may be overwhelming. Thoughts may race through the person's head or take on a bizarre form. Hallucinations may occur. Family members may be frustrated or exhausted. The suffering person's isolation and alienation can be compounded by myths and stigma about mental illness.

Clergy and congregations can offer a deep wellspring of companionship, defined by five basic practices of care:

1. *Hospitality*: helping people across the threshold, creating a safe place, treating the person with basic dignity and respect, and providing simple acts of nourishment
2. *Neighboring*: beginning with what we have in common, meeting as equals on the human journey, and setting aside judgments and differences

3. *Sharing side by side*: looking out at the world together, accepting our unique perspectives, not pushing or pulling
4. *Listening*: hearing a person's story, starting with the present and not interrupting or giving advice; being patient through pauses and silence
5. *Accompaniment*: going with the person as he or she takes a next step; holding the person in thought and prayer

Many in our congregations are capable of sharing companionship with individuals and families facing serious and persistent mental health issues. Companionship is an antidote to social isolation, a positive and effective way of social inclusion. In the process of training companions, myth and stigmas about mental illness and brain disorders are addressed. Sensitivity, compassion, and concern are mobilized. The community is seeded with individuals equipped for the long haul of healing and recovery.

Neighboring congregations can join together to learn about mental health issues and develop their capacity for spiritual care and companionship. Local faith communities constitute natural grass-roots networks of care open to collaboration with other providers. Congregations can provide space for peer and family support groups. Congregations can develop service and fellowship activities helpful to healing. A growing number of congregations are involved in providing shelter and food to people who are homeless and in need of services.

Congregations have also become involved in advocacy, supporting efforts to build readily accessible and effective community mental health services in their communities. National faith groups have developed statements of principle and models of ministry.

Our efforts at spiritual care are rooted in a vision of human wholeness, well-being, and creative justice. We seek both fullness of life for the individual and health for all in our world. Our care includes support for healing and recovery, the building of compassionate congregations, and the development of readily accessible and effective mental health services in our communities.

The Role of Congregational Mental Health Teams

A congregational mental health team (MHT) gathers people together to foster mental health ministry.

A congregational MHT serves as a resource for clergy and pastoral staff.

A congregational MHT is composed of a core group of five guides:

- One person who is familiar with mental health issues facing children and families
- One person with experience in the area of trauma
- One person knowledgeable about severe and persistent mental illness
- One person with knowledge of substance use (drug and alcohol) issues
- One person familiar with mental health issues of aging

A team can begin with one or two people who have experience, either as individuals, family members, or professionals with an area of concern.

A congregational MHT serves to build a caring congregation by:

- Providing education and building people's understanding of mental health issues
- Helping build a commitment to mental health care and ministry in the congregation
- Helping welcome individuals and families facing mental health concerns
- Encouraging the development of spiritual care and service that support healing and recovery
- Working with others in the congregation and community as active advocates of readily accessible and effective mental health care

An MHT helps the congregation connect and communicate with community resources.

The congregational mental health team is a part of the life of the congregation, accountable to an appropriate board, committee, or leadership group.

The Role of a Family and Children's Guide on a Congregational Mental Health Team

1. A guide is a person with life experience or professional background who has an understanding of mental health issues faced by couples, children, and families.
2. The children and family guide serves as a member of the congregational mental health team, available as a resource to clergy, staff, and members of the congregation.
3. The children and family guide serves as a contact person for information about resources.
4. The guide helps build the capacity of the congregation to care for children and families by:
 - Helping provide resources and opportunities for learning and discussion
 - Helping develop a safe and nurturing environment for children
 - Helping to welcome couples, children, and families facing mental health challenges in their lives
 - Helping develop spiritual care and services for the journey toward maximum health and wholeness
 - Working with others in the wider community in advocating for children's mental health

NOTE: A children and family mental health guide in a local congregation does not provide assessments or diagnosis, offer treatment or therapy, or give advice about treatment plans or specific providers.

Companioning Children and Families

One out of four American families faces a serious mental health issue involving a child, a loved one who has been traumatized, a family member struggling with mental illness or substance use, or an aging spouse or parent.

As one pastor has said, “I don’t know a family, including my own, that hasn’t benefited from some help and counseling along the way.”

Another spiritual leader said, simply, “What I can do is create a safe place to talk, love each person that comes through the door as a neighbor, sit beside them and listen, and help them with the next step or two. I can do that, and I encourage the members of our congregation to companion one another in this way.”

Companionship is a response to suffering. Companionship supports healing and recovery. Companionship is care that takes place *in public*, a relationship that happens in the open with others around.

The practices of companionship (also described on pages 5–6) are:

- Hospitality: helping people across the threshold, creating safe space, honoring each person as infinitely worthy, offering rest and refreshment
- Neighboring: beginning a conversation with what we have in common, treating one another with basic respect and dignity
- Sharing the journey side by side: looking out at the world together, coming to understand one another
- Listening: hearing another person’s story; attending to the movement of the spirit; being open to the language of faith, hope, and love
- Accompaniment: acknowledging a person’s needs, being clear about what we can and cannot do; helping a person connect with appropriate resources

Cherish the Parents, Care for the Child

By Craig Rennebohm, D.Min., and Barbara Bennett, Ph.D.

Every human being is sacred. Every child is a gift, born for care. Each soul is eternally worthy and valuable.

The heart occasions of our life together affirm that an unceasing grace and goodness holds us all. In the naming of an infant, in baptism, in confirmation and communion, even unto the moments of our dying, we care for one another and share what is most holy and hopeful in our human journey. In the beloved community, from our first days to our last, we experience an infinitely healing, loving kindness. We are heirs to a never-ending narrative in which all that is lost, missed, or destroyed in our lives is ultimately made new.

We begin in moments of complete vulnerability, fragility, and tenderness. Our stories unfold as our bodies and brains grow; as our personality and self and character form; as we interact with others and make our way in the world. We have within us each a particular capacity for purpose and meaning as part of the “web of creation.”

Our ever-developing brain especially is an inner home for our individual, relational, and spiritual experience. In the brain, each child collects and processes sensations—milk in the mouth, a full stomach, warmth and cold, smells, sights, and sounds. In the brain, a child begins to register and store the wealth of human emotion and mood. Memories are formed. In the brain emerge our capacities for word and thoughts, communication, imagination, and inspiration. In the brain, our sensitivity, feelings, thought, and faith combine in action and decision. We engage opportunities and challenge; we strive to realize our potential, moving through inevitable brokenness toward wholeness as individuals and as peoples.

We begin taking shape as persons in the womb. The brain grows—at first a handful of cells, floating near one another in a small, rich bath of fluid within our forming skull. By the time of our birth, we have developed a basal, lower brain region that manages our basic bodily functions and signals distress or danger. In the center of our brain, we have developed cell networks through which we experience emotion and store memory. Networks of cells in the frontal lobe of the brain process our senses and give us our capacity for thought, language, imagination, and relationship.

The interplay of genetics and environment, nature and nurture, help determine the brain’s development. We do not inherit every possible gift; parents do not pass on to the child all human abilities. Each child is both like the mother and father and also different, a new and unique individual. As families and communities, our calling is to nurture every child to its fullest and to help each new human being cope with the realities that limit us each and all. We maximize an infant’s life possibilities through good prenatal care, offering parent education, providing social support for the family, and creating a community of love that deeply values both caregivers and child.

Every child needs to be held and comforted.

Every child is worthy of being honored and encouraged in its uniqueness.

Every child seeks to be understood and appreciated, and to have its place as a part of the community.

The most basic task of infancy and, indeed, throughout the life span, is to establish a connection with one who loves and cares, to experience a healthy attachment with another. Being abused or neglected leaves a child with a frightened, chaotic core—and, at worst, unable to form relationships without enormous therapeutic efforts. A caregiver's emotional distance or inability for attuned and sensitive care may leave a child ambivalent or avoidant in its relationships with others—often a harbinger of a life of loneliness and unhappiness. To be touched, soothed, and acknowledged in body, feelings, and spirit by one's earliest caregivers, to have one's incipient communications of coo, smile, cry, and gurgle received and responded to is the moment-to-moment stuff of being someone, becoming a self.

Numerous studies have confirmed that the awareness of being an individual emerges slowly during early childhood. Generally, a child's earliest awareness is of "we" and "us," an experience of being "with" and "part of." Only gradually does the child become aware of where he or she leaves off and the mother, father, auntie, granny, and others begin. The "me" takes form through the many occasions of affection, affirmation, and acceptance extended to us. The "I" is perhaps an even more complex development: an immediate and continued consciousness of intention, agency, impact, result, response, and practice.

Developmental psychologists suggest that throughout the stages of our life, we have certain key tasks to engage: building trust, acquiring skills, differentiating ourselves from others, developing autonomy, taking responsibility, becoming intimate, and facing our mortality. Those who research learning also suggest that we may bring different "intelligences" to our exploration and understanding of the world. Some of us are able to express ourselves through skilled use of our bodies. Others primarily engage the world through the use of language, music, logic, or visual/spatial orientation and transformation. Some of us are skilled at self-awareness and interpersonal relationships. Social psychologists and sociologists help us explore the impact of society, class, race, gender, sexual identity, education, and religion on our lives as persons, families, and communities.

A Congregation's Pledge to Children

Our congregation cares for the child by cherishing the parent/caregivers of the child.

Our congregation cares for children and cherishes parent/caregivers through thoughtful education and preparation.

Our congregation cares for children and parent/caregivers with a commitment to creating a safe and supportive space.

Our congregation cares for children and parent/caregivers in acts of hospitality and welcome, especially including families facing a serious mental health issue.

Our congregation cares for children and cherishes parent/caregivers in providing spiritual support and service.

Our congregation cares for children and cherishes their parent/caregivers by advocating for healthy neighborhoods, good education, and communities that abound in opportunity for all children to flourish and grow to their fullest potential.

The Importance of Relationships



Our thoughts, mind, self

Our soul ... our emotions and feelings

Our body and brain



Grow in relationship with parents, caregivers,
congregation, and community



Our life together with one another

and with God

Our deepest spiritual life and experiences

Shape who we are



Childhood Mental Health

By Craig Rennebohm, D.Min., and Barbara Bennett, Ph.D.

Understanding ourselves, parenting our children

When we welcome a new child into our homes and lives, we usually do so with the intention of being good—if not great—parents. Often we want to provide better parenting than we received as children. We may know exactly what we want to do differently (be more present, express emotions more openly, be less self-centered, etc.). We embark on the journey of parenting with high hopes but soon learn it's not so easy. Parenting requires an intense amount of time and energy, and we often respond irrationally to the physical and emotional needs of our children. What prompts our irrational behavior? Where do the words we use—when we're not really thinking—come from? Why do we sometimes act in ways that are confusing and perhaps even terrifying? Why, for example, would a very small child trigger in us feelings of intense anger or an overwhelming sense of defeat? Why would we feel intense negative emotions in addition to deep feelings of love? All of us have issues left over from our childhood that emerge when we become parents. Unless we are aware of those issues and have worked on resolving them, we may find ourselves responding to our children in ways that are harmful. In *Parenting from the Inside Out* (2003), Daniel Siegel and Mary Hartzell state that exploring our emotional life is the most important thing we can do to prepare ourselves for parenthood; we need to resolve conflicts and hurts left over from childhood. Because the course of parenting can be changed at any point, it's never too late to begin a process of self-exploration. It will not be easy and may *feel* at times like crossing a mine field. The capacity to respond to our children with love, support, and joy rather than with harmful actions and words is well worth it.

Understanding typical child development

As new or prospective parents, we may wonder how such a tiny newborn can develop into a fully formed human being. How do children develop, not only physically but also in the realms of cognition, emotion, social relationships, morality, and spirituality? Child development is wondrous—a miracle, really. Children are programmed at conception to develop in somewhat predictable ways, but they don't do it alone. They need partners in development, people who will support and nurture them at every step in the journey. The most important partners for a developing child are his or her parents.

There is no more crucial period than infancy and toddlerhood for a strong partnership between parent and child. We know that infants are dependent upon others for their survival; they will not live if they are not fed, kept warm and dry, or held. We may not be aware, however, how important relationships are for the development of the human brain. Researchers tell us that in order to be able to optimally “think,” “feel,” and “do”—important functions of the brain—we need relationships. At the time of birth, the infant brain is only partially developed. The rest of that development comes as a result of interpersonal connections between the infant and others. When the newborn cries and is responded to, a new part of her brain develops. Each time the infant expresses a need, there is an opportunity for developing or strengthening connections, not only

linking infant to parent but also forming crucial pathways in the infant's brain. Over time, the infant learns to trust that most of her needs will be met, and her brain develops the "wiring" needed for optimal growth.

Developmental researchers and clinicians call the relationship between infant and parent *attachment*. Attachment has been extensively studied for the past few decades, and, as a result, we've learned a lot about human development. An optimal attachment relationship has been likened to a dance, each partner in step with the other. In this dance of attachment, there is an energy exchange between the right brain of the infant and the right brain of the parent. For example, if the child is uncomfortable because he's hungry, cold, or wet, cells on the right side of his brain "fire," thus creating energy. When the parent perceives the child's discomfort, cells fire

on the right side of his brain. If the parent is able to comfort the baby, there is yet another exchange of energy. What it might *feel* like to the child and parent is this: the infant feels uncomfortable and begins to cry; the parent hears the cries of her baby, feels a strong desire to help, and attempts to soothe the baby. When her efforts are successful, the parent feels good, with increased confidence; the infant feels comfortable with increased trust. Optimally, the parent satisfies the needs of the infant most, but not all, of the time. It's beneficial for the child to learn that, from time to time, he can survive low levels of frustration. The developmental partnership between parent and child continues throughout the child's developing years. Other partnerships are formed as the child moves further and further into the world: teachers, friends, neighbors, health care providers, clergy, all are important in the child's journey toward adulthood.

Child development typically follows a somewhat predictable path with significant milestones along the way. One such milestone is called *object permanence*. At around 9–12 months, the child is capable of forming an internal picture of a person or object, even when that person or object is no longer within the range of sensory perception. A 10-month-old child illustrates this when she repeatedly drops a spoon from her high chair, delighted each time it is retrieved. It's a game that she seemingly never grows tired of (although her caregivers often do). Object permanence triggers in the child a desire to name the internalized images, thus beginning the wondrous process of language development.

As the toddler grows, she begins to explore the world. At first she goes only a short distance from her parent or caregiver and then quickly returns. When this pattern becomes too confining, she may use a "transitional object," such as a blanket or toy, to represent the parent. Eventually, between the ages of two and three, the toddler attains the milestone of *object constancy*, whereby she gains an understanding that she is a person, separate from her parent or caregiver; conversely, other people are understood to be separate from the child.

Attachment

Our capacity to connect begins
 As a dance, infant to adult
 Exchanges of energy,
 body to body, brain to brain
 As needs are met
 our frustrations honored
 our survival lovingly ensured

Much of the child's learning in early years comes through *mirroring*. When the child is sad, for example, a parent may demonstrate empathy and articulate the emotion: "You're feeling so sad, because your sister stopped playing with you!" The parent mirrors the child's emotions, such as love, anger, joy, hurt, pride, or frustration, and the child begins to internalize these reflections. He begins to believe that he is, indeed, lovable and capable; that he does, in fact, at times feel sad and frustrated. He begins to integrate his positive and negative feelings into a growing sense of self. Furthermore, he is able to perceive that others have both positive and negative feelings and becomes able to integrate those perceptions into how he sees others. For example, even though a parent is angry with him, he understands that he is still loved and accepted. He is developing empathy as he both receives and provides mirroring.

Parenting

How do we discipline our children? What kind of discipline does a developing child need to be able to successfully negotiate this increasingly complex world? Most of us have asked these questions. We've briefly touched on an important concept in child development: the *good-enough parent*. None of us is able to respond to the needs of a child 100 percent of the time. In fact, even if we were able to do so, it wouldn't be helpful. A certain amount of frustration is necessary in growing up. Children need to learn that they can rely on themselves for entertainment, that they have internal resources to enable them to solve problems and resolve conflicts. The parent who is attuned to the child, who responds to needs most of the time, is called the "good-enough parent."

Parenting styles. Many developmental psychologists and parenting experts refer to three kinds of parenting: *authoritarian*, *permissive*, and *authoritative*. Let's think of these styles in terms of kindness and firmness. Authoritarian parenting could be described as a "low-kindness, high-firmness" approach to parenting. Permissive parenting could be considered a "high-kindness, low-firmness" style, and authoritative parenting could be thought of as including both "high kindness and high firmness." (See illustration on next page, adapted from a graphic by Terry Chadsey for the Positive Discipline Association, Seattle, 2009.)

Mirroring

In our earliest years,

- We look to parents/caregivers to mirror our feelings and emotions, to help us "hold" the joy, sadness, frustration, anger, and love that are a part of us.
- As children, we mirror adults: we model our behavior on those around us.

Memory

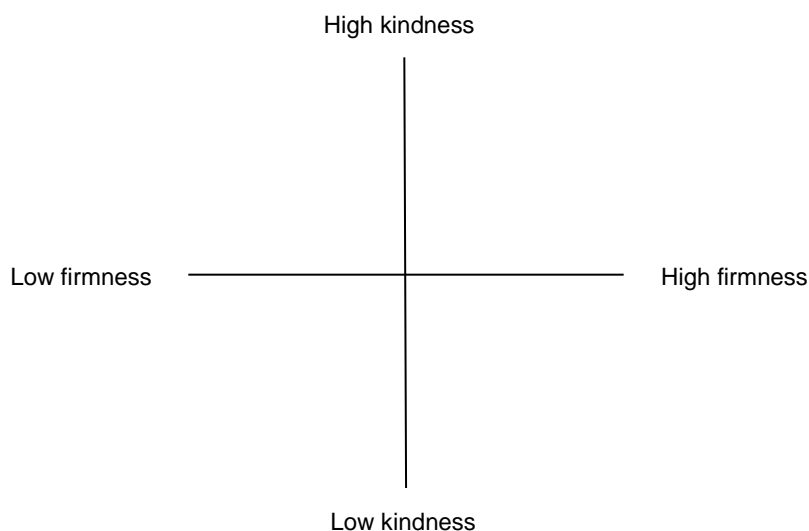
At about 9–12 months, a child:

- Begins to consciously recognize others and to have a ready internal picture of people and things that are out of sight
- Begins "naming" and developing language

Exploration and security

Moving toward age 2, a child:

- Begins to be aware and to trust that people and things will be there
- Begins a process of moving out, exploring and coming back to "home base"
- Use a "blankie" or something else to hold onto for comfort



How did your parents/caregivers treat you?

Neglectful parenting, in contrast, provides neither supportive care (kindness) nor a clear framework for guidance (firmness). There is a significant body of research that reports poor consequences for children raised with neglect.

Because most children don't come with an operating manual, parenting classes are helpful. Most good classes give parents an opportunity to learn about child-raising theories and practice parenting skills. In addition, by being in a class with other parents, we feel less alone when we discover they have struggles like our own. There are parenting classes for parents of infants, parents of adolescents, parents of children with disabilities, parents of children who are ill, parents with mental illness, parents in prison, and parents of recovering substance users. While it's improbable that all of these classes exist in all parts of the country, it's possible to contact people in other areas for information and assistance.

Parenting styles are influenced by the parents' own families of origin and cultural backgrounds. Cultural traditions and wisdom, the long history and experience of the community, can be very important. There is no one parenting style that fits every child. Even within the family, parents may find it helpful to tailor their approach to the temperament, gifts, and particular strengths of each child. A faith group helps foster loving care that balances kindness and firmness, and assists parents to explore and draw on their deepest spiritual resources. Just as parents and the extended family offer a range of care experiences to the child, the community also provides a potentially rich fabric of love and understanding, available from infancy and into adulthood.

Identification of childhood mental health challenges

Many of us have children with special needs that are identified by the health care system, the mental health system, or the school system.

Certain kinds of genetic anomalies (for example, Down Syndrome) may be identified even before birth if the mother has asked for genetic testing. Some special needs may be identified at birth because of newborn testing. Sometimes symptoms are recognized during infancy and toddlerhood through delays in attaining typical developmental milestones. At the time of identification, the family may be given a list of resources for assistance. Children with special needs are eligible for early childhood education through the public schools, sometimes starting soon after birth.

School-related concerns. Identification often occurs through a process of referral, evaluation, and identification when a child enters kindergarten or during the early elementary years. The federal Individuals with Disabilities Education Act (IDEA) gives guidelines for identification, and each state has administrative codes aligned with IDEA. Special education services must be provided for students with the following disabilities if learning is significantly impacted by the disability:

- Intellectual disability
- Hearing impairments
- Visual impairments
- Speech and language impairments
- Serious emotional disturbance
- Orthopedic impairment
- Autism
- Traumatic brain injury
- Other health impairments
- Specific learning disability

Once a child has been referred because of learning concerns, the school district must complete an evaluation within a set amount of time (determined by each state but no longer than 60 days). If the evaluation reveals a disability that significantly interferes with learning, the child is eligible for special education services. The parents/guardians must agree to the services in order for them to be implemented.

An *individual education plan* (IEP) is developed by the IEP team within 30 calendar days of parental consent. The IEP team consists of the child's parent(s)/guardian, at least one special education teacher, at least one regular education teacher, and an administrator of the program providing services (usually a school). Other individuals with knowledge of the child may be invited as well. The IEP team is responsible for looking at the child's unique needs and creating an educational program to help the child be involved, and make progress, in the general education curriculum to the greatest extent possible. All important educational decisions for the child are made by the IEP team.

IDEA mandates a new evaluation every three years and a new IEP annually, and stipulates that parent(s)/guardian be notified at regular intervals of the student's progress on IEP goals.

Mental health system. The diagnosis of a mental illness often occurs through the mental health system during early childhood or adolescence. Diagnosis is based on the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV: 1994, rev. 2000). The fifth edition

(DSM-5) will be coming out in May of 2013, with many changes and additions to the section on Childhood Disorders. The disorders addressed by the DSM-IV are the following:

- Mental retardation
- Learning disorders
- Motor skills disorder
- Communication disorders
- Pervasive developmental disorders
- Attention deficit and disruptive behavior disorders
- Feeding and eating disorders of infancy or early childhood
- Tic disorders
- Elimination disorders
- Other disorders of infancy, childhood, or adolescence

As parent/caregivers, we may be concerned about specific behaviors, signs that a child is struggling. A child may have physical complaints that don't have a readily apparent cause, such as an upset stomach every morning before school. A child may become withdrawn or shut down, persistently sad or hopeless. A child may "act out," showing anger or defiance beyond what might be expected in the situation. A child may have difficulty concentrating or be extraordinarily anxious.

Few parents or caregivers have the experience to fully assess the situation and provide the help needed to restore health and well-being. Children's mental health specialists are trained to look at the signs and signals of distress, talk with the family and child, and determine if the child's symptoms meet the criteria for a mental health diagnosis. The purpose of the diagnosis is not to label, but to guide the care, healing, growth, and well-being of the child.

A diagnosis or an identification of learning challenge is a tool, a particular framework of understanding symptoms or signs. *A diagnosis never defines an individual.* To this end, we encourage the use of "person-first" language, for example, "a child who struggles with learning" or "a child who has been identified as being on the autism spectrum." Being sensitive to the language we use helps to remind us, and others, that the whole person is always more than a particular set of symptoms or challenges.

Diagnosis

- Diagnoses are based on patterns of symptoms presenting over time.
- A diagnosis must be culturally sensitive and informed, not imposed.
- Diagnoses are periodically reviewed and can be changed.
- Diagnoses that apply to adults might not fit a child.
- The purpose of a diagnosis is not to label, but to help guide care and treatment.
- It is helpful to always use "person first" language, for example, to say that a person is depressed, and not to call the person a "depressive."

Therapy

Children's health and mental health systems, as well as services for children, youth, and families, foster the health and well-being of children and their families. A nurse, family doctor, or

pediatrician will have a general knowledge of human development and familiarity with problems in development or in children's basic health. These professionals can determine if the signs and signals presented by a child warrant a more thorough evaluation. A psychiatrist, advanced registered nurse practitioner (ARNP), or other trained and licensed health professional can provide care that includes medication and/or therapy to restore and nurture the health of a child's body, brain, and mind. A psychologist can conduct a range of testing to help form a diagnosis and offer a variety of therapeutic approaches.

There are several types of therapy that a professional might recommend. In *play therapy*, a child can share and explore feelings, thoughts, and struggles in a safe and natural way. *Behavioral therapy* focuses on the child's here-and-now behaviors. *Cognitive-behavioral therapy* strives to change the ideas that fuel and drive emotions and actions. Families are usually included in all forms of therapy, and there are a variety of family-oriented approaches to therapy in which parents, siblings, and other important caregivers are actively involved.

The role of the congregation

The community of faith is itself a part of a child's extended family. Early on, a child experiences the movement and life of the spirit, within and in the company of others, and in the wider world.

A woman, recovering from an episode of mental illness in her forties, remembered a most special moment in childhood. At age five, she sat with her parents on a late June afternoon beneath a weeping willow tree. The sun was warm, and a gentle breeze brushed through the tree and surrounded the child and her family. The child said, "I feel God." Her parents held her, affirming her young faith.

As another example, an 11-year-old boy was participating in a class "time of silence." He asked his teacher, "What would it be like to meet God?" His teacher smiled and said, "Good question. What *would* it be like to meet God?"

Caregivers in the congregation are crucial in nurturing a child's spirituality. All that makes for a healthy mind and a maturing sense of self also nourishes the soul of a child.

Disorders, abuse, isolation, and neglect work to disturb and diminish a child's spiritual life. In the face of "dis-ease," difficulty, and emotional challenge, our faith as parents and members of a congregation can be of enormous help, keeping us open to the reality of our finitude and vulnerability and to the many ways in which healing can move in our lives. Our faith helps us recognize and honor the varied therapeutic gifts available in the congregation and encourages us not to simply "go it alone," but to invite the help of others. Our life together, our loving support and knowledgeable care for one another, nurtures recovery, growth, and well-being.

Our faith, our spiritual life, helps us to understand the human journey, what it means to be a family, and how to live healthfully in community with each other. Our spiritual and religious practices, at their deepest level, help us do our best in this important calling of raising our children.

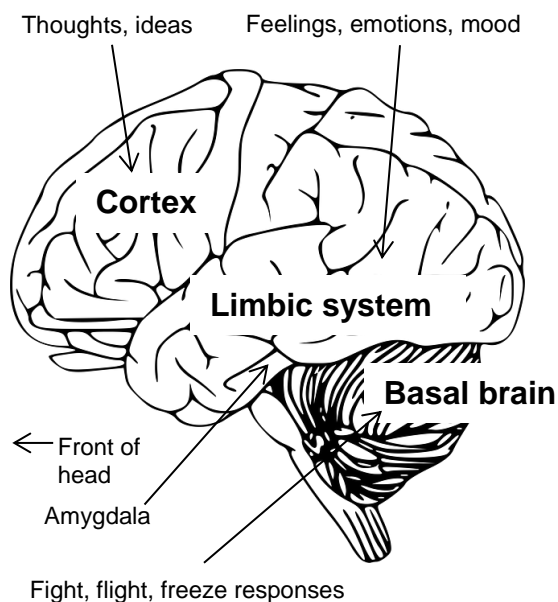
Trauma

A person becomes traumatized when the body's mechanisms for dealing with stress are overwhelmed. Because each of us deals with stress in unique ways, what is traumatizing to one person may not affect another. There are different kinds of trauma. When someone is overwhelmed by a single event, such as an earthquake, hurricane, or September 11, the resulting trauma is labeled *simple trauma*. When repeated events (such war-related events, family or community violence, or long-lasting poverty) overwhelm a person's coping mechanisms, the consequence is *complex trauma*. *Developmental* (or *childhood*) *trauma* results from repeated traumatizing experiences during the years of brain and body development. *Vicarious* (or *secondary*) *trauma*, occurring when a person is impacted by the trauma of another, is often found among social workers, paramedics, emergency room staff, counselors, clergy, and teachers. Vicarious trauma is not limited to those who work with traumatized human beings; environmentalists, for example, may become vicariously traumatized as species of plants or animals face extinction, the polar ice caps melt, or rain forests are decimated.

Whether we know it or not, most of us have been impacted by trauma because of special cells in our brain. A few decades ago, Italian researchers studying motor responses of monkeys discovered that the same brain cell (neuron) fires when a monkey performs an activity and when it merely watches another perform that activity. Labeled *mirror neurons*, they are present in human beings as well. We have mirror neurons on both sides of our head that fire when we do something and when we witness the same activity done by someone else, when we experience an emotion and when we observe it in another. When we watch a football game, our brain reacts as though we were catching touchdown passes. When we watch a chase scene in a movie, our neurons fire as though we, ourselves, were racing a car through winding streets. When we witness the pain of another, our brains "experience" that pain. So, even if we think we are immune to the suffering of others, we aren't. Even if we believe we can listen without being affected by stories of tragedy and heartache, we can't.

To understand more fully how trauma of any sort impacts us, it's helpful to consider the functioning of the major areas of the brain. (See illustration on the following page.) The lowest part, emerging from the spinal cord, is the *brain stem*. In evolutionary terms, the brain stem is the most ancient part; in fact, it's sometimes referred to as the "reptilian brain." It takes in sensory information and is involved in the regulation of wakefulness and sleep, as well as the survival reflexes of fight, flight, or freeze — the tendency to fight, flee from, or freeze into immobility in the face of an event that triggers trauma.

The second major part of the brain is the *limbic area*, which is located in the interior of the brain. Important for emotion and motivation, it's called the "mammalian brain" because it enables us — and other mammals — to connect emotionally with others. One part of the limbic area that needs to be mentioned in any discussion of trauma is the *amygdala*, which processes fear and is a center for the appraisal of incoming stimuli. (Interestingly, the amygdala has face-recognition cells that are activated by emotionally expressive faces). The amygdala has a fast track that alerts the brain to attend to possible danger and triggers the fight, flight, freeze responses of the brain stem.



Three major parts of our brain

Our basal brain is set to react quickly, especially in the face of threat and danger.

The limbic system holds our capacity for feelings, emotions, and moods.

The cortex is the seat of thought, ideas, and conscious decision-making.

No part of the brain works alone. When the whole brain functions well, we are able to react appropriately, compassionately, and thoughtfully. Illness, imbalance, and disturbance in the brain affect our behavior, emotions, thinking, and ability to relate to others.

Located on the top of the brain, the third major part is the *neocortex*, which houses the *cerebral cortex*. The cerebral cortex, the most evolved section of the brain, enables us to function in uniquely human ways, such as thinking abstractly and engaging in reflection and self-awareness.

Knowing something about the basic parts of the brain helps us understand the mechanics of trauma symptoms. One symptom is *hypervigilance* or *hypersensitivity*. A hypervigilant person is likely to be constantly on the lookout for danger. The amygdala may be stuck, continually sending out signals to the rest of the brain to pay attention to potential danger. At this point, it doesn't take much for the amygdala to proceed to the next step, triggering a fight, flight, or freeze reflex. A traumatized child who reacts to a comment on the playground by immediately starting a fight is doing so because of a shortcut in his brain's wiring. He really doesn't have the ability to analyze whether or not he is in danger, because the appraisal functions of his amygdala and cerebral cortex are shut down.

Another symptom of trauma is *avoidance*. A traumatized person may avoid situations that are linked in some, perhaps very tangential, way to past traumatic experience. For example, because an incident of domestic violence originated during a party where alcohol was served, the traumatized victim might subsequently avoid all parties, even those without alcohol. While it makes sense to avoid situations in which someone might become drunk and abusive, avoidance of all parties limits the traumatized person's opportunities and possibilities for fun. A variation of this symptom is the numbing or shutting down of the emotional centers of the brain, sometimes to the point of altering one's awareness of the present. While this numbing may have originated during a traumatizing event, a sensory stimulus could trigger it at unbidden times, perhaps long after the original event, and cause a person to move in and out of reality with no idea of what has happened during the past seconds, minutes, or hours.

A third symptom is *re-experiencing*, which can occur as flashbacks. Some kind of sensory stimulus—a smell or a song, for example—can catapult a person into a flashback of past trauma. A war veteran might hear a car backfire and suddenly find he is reliving a war experience. Re-experiencing can intrude in more subtle ways as well. For example, two friends might be having a pleasant discussion when a single word, innocently uttered, causes one of the friends to conflate a past experience of trauma with the present discussion.

Trauma has a huge impact on lives. At the very least, hypervigilance can be exhausting. Furthermore, trauma symptoms, especially the survival reflexes of fight, flight, or freeze, can result in legal trouble, broken marriages, loss of employment, or ruptured attachment between parent and child. If a parent can quickly move from calm to anger because of the brain's fast track to fight, flight, or freeze, the child may feel bewildered or become frightened. If a parent suddenly re-experiences a past trauma, he might unintentionally terrify his child. When a child is terrified by the very person to whom she goes for comfort, the impact on the attachment relationship is significant. If this happens repeatedly, the child is likely to suffer from developmental trauma.

Childhood (developmental) trauma

Trauma experienced repeatedly during childhood years (developmental trauma) has a negative impact on a child's brain and adversely affects cognitive, emotional, and social development. Researchers have found that constantly high levels of cortisol, stimulated by stress, are damaging to a child's brain and body. Impaired attachment can hinder the neural connections important to development. Relational ruptures and diminished neural connections can result in difficulties for the child in the areas of learning, interpersonal relationships, and emotional regulation. Unless addressed, this syndrome heralds lifelong problems.

Fortunately, this does not have to be the case. The brain is malleable, capable of forming new and healthy connections throughout one's lifespan. Attachment and relationship ruptures can be mended. First and foremost, a parent or primary caregiver should get help in addressing past issues that intrude upon the parent-child relationship. The best way for a traumatized child to heal is through a strong and healthy relationship with a parent/caregiver. Many agencies and therapy practices provide care that is trauma-informed. In seeking healing for trauma, it is imperative that families determine whether or not an agency or therapist is knowledgeable about, and skilled in care for, those who have experienced trauma.

Trauma-responsive people of faith

The best and most basic practices of faith are inherently trauma-informed. Spiritual traditions recognize suffering and the powers that are hurtful and destructive in our world. We try to understand the roots of violence and destructiveness—including the human condition that causes one human being to inflict pain on another. We respond by offering words of understanding and practices of grace, forgiveness, and reconciliation that attend to the pain and interrupt the cycle of violence. We have a calling to be centers of healing and redemption. We have a framework of ideals and standards, a vision of what is healthy and righteous in our relationships with each

other. We have practices that are tender and redemptive: listening, acceptance, services of healing and wholeness, the laying-on of hands, and prayer.

Learning about trauma as an issue of ministry helps us realize how hidden and buried is much of our experience with traumatic pain. We may assume that there is far less abuse and neglect in the lives of our people and our congregation than in fact there is. But public awareness of trauma and domestic violence has been growing. During the past two decades we've acknowledged more fully these issues in the life of a church. Learning about trauma and the effects of trauma in people's lives helps us to recognize that this is a far more common, far more pervasive issue in human life—and even in the life of the church—than we had previously understood.

The reality among our people and in the larger community calls us to become informed congregations, to use the ministry of the word and sacraments, spiritual practices, spiritual care and counseling, and education, both to prevent violence and to support the recovery of those who have suffered from abuse. Our understanding of love, compassion, and justice is a ready and solid foundation for our calling to be trauma-informed people of faith.

Who can help with healing, recovery, and growth

- Nurses, doctors, psychiatrists
- Teachers, school psychologist, special ed. department
- Child psychologists
- Counselors, therapists
- Physical and occupational therapists
- Social workers, youth workers

SECTION TWO

Sample Resources

Sample Letter to a Young Couple

Your congregation 's name

Address

Phone

Dear Tanya and Eddie,

The mental health of a child begins with parents and caregivers.

We want to share with you some basic tools and resources to help you, as potential parents, to understand yourselves and how you communicate and care for each other.

We want to share with you a brief page about being a whole person. We also want to share with you some important mental health topics to talk about with each other.

We are here to listen and to help as you grow in your love for each other.

We encourage you to be part of a small group in the congregation as you build your life together.

Please feel free to talk to us about any questions or concerns you may have.

With God's blessings,

Minister

Children and Family Guide

A Whole Person

“Love God with all your heart, and with all your soul, and with all your mind, and with all your strength.”

We have bodies. We think and feel. We are spiritual: people of faith. We are related, heart to heart, with one another and with God. Our bodies, including our brains, can become ill or injured. Our minds, thoughts, feelings, and emotions can become disturbed and confused. Our spiritual life can become deeply troubled. Our relationships with one another and with God can become difficult and challenging.

We eat right, exercise, and perhaps take medicine to keep our bodies and brains strong. Family, teachers, and counselors help us develop healthy emotions and sound thinking. Ministers and the congregation help us grow in spirit and care for our souls, and build good relationships.

If we need help with a physical problem, we can ask for help from a doctor or nurse. If we need help with our feelings, thinking, and relationships, we can turn to a counselor, therapist, psychologist, or psychiatrist. We can always seek spiritual support from our pastor or other spiritual leader when we face a problem or difficulty.

Often a team approach can be helpful. A circle of care can help us heal and grow.

As your spiritual caregivers, our door is always open to you. We will always listen and help you find the care and support you need for your life together.

Congregation's name

Address

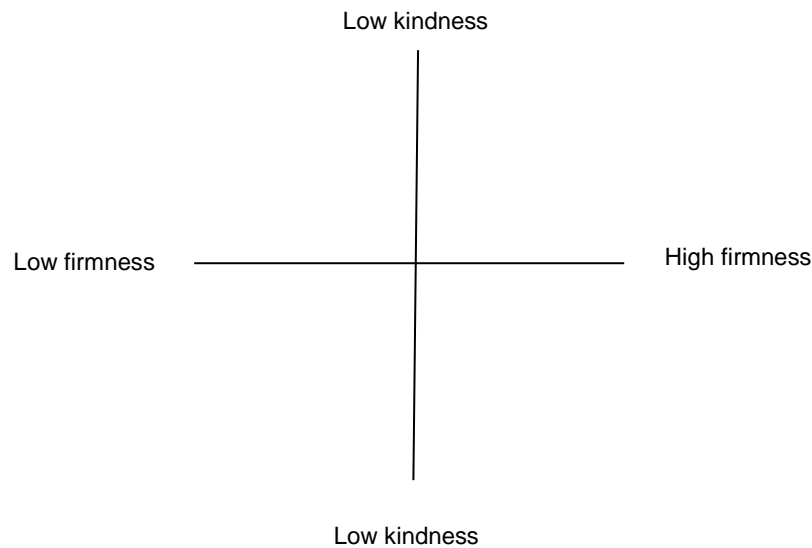
Telephone number

Minister's name

Couples' Mental Health Discussion

One out of four families has a loved one who has struggled with a severe or persistent mental health issue. We encourage couples to explore basic mental health topics as part of the preparation for marriage.

1. We encourage you to talk with each other about any mental health challenges you have faced in your family or in your own life.
 - In childhood (e.g., learning, emotional, or behavioral challenges)
 - With abuse or any other traumatic experiences
 - With severe and persistent mental illness
 - With drug or alcohol use
 - With an aging family member (grandparent, parent, aunt, or uncle)
2. One way to look at childhood experiences is to explore how you were cared for in terms of kindness and firmness. Where would you put yourself on a kindness/firmness matrix such as the one below?



3. What is your earliest memory of being loved as a child? What was hardest for you as a child?
If you wanted to change something about your childhood, what would it be?
4. Who in your family or community can you turn to for help?

<input type="checkbox"/> Mother, father, relative	<input type="checkbox"/> Counselor
<input type="checkbox"/> Pastor, elder	<input type="checkbox"/> Friend
<input type="checkbox"/> Teacher	<input type="checkbox"/> Other

Sample Letter to New Parents and Infant Caregivers

Your congregation 's name

Address

Phone

Dear Tanya and Eddie,

We join you in welcoming the birth of your child and want to support you in these first years of your child's life.

We know that getting good care and eating healthfully are important for you and your baby, even before your baby is born.

You may be wondering about how you will take care of your baby and what to expect in the first few days—and the first year or two.

You may have questions about your child's growth and development, for example, when does a child begin to sit up on his or her own? Or when does he or she begin to crawl, walk, or talk? You may have questions about what to do when your child cries, or how to discipline your child in a positive and effective way.

Enclosed is a list of resources that you may find helpful.

Please call us if you have any questions or simply want to talk with someone.

We also have parent/caregiver support groups available.

God bless you and your child,

Minister

Children and Family Guide

Some Helpful Resources on Infant Caregiving from brightfutures.org

(Bright Futures is a national health promotion initiative dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice.)

How to Soothe a Crying Baby

www.brightfutures.org/mentalhealth/pdf/families/in/soothe.pdf

Fostering Comfortable Sleep Patterns in Infancy

www.brightfutures.org/mentalhealth/pdf/families/in/sleep_patterns.pdf

Helping Siblings Adjust to the New Baby

www.brightfutures.org/mentalhealth/pdf/families/in/siblings.pdf

Stimulating Environments

www.brightfutures.org/mentalhealth/pdf/families/in/environments.pdf

Safe, Quality Child Care

www.brightfutures.org/mentalhealth/pdf/families/in/child_care.pdf

Handling Anger and Countering Abuse in the Community

www.brightfutures.org/mentalhealth/pdf/families/bridges/handling_anger.pdf

Sample Letter to Early Childhood Parents/Caregivers

Your congregation 's name

Address

Phone

Dear Tanya and Eddie,

No two children are exactly alike. Each child learns and grows at a different pace. Each has his or her own special gifts, abilities, and challenges. Enclosed is a list of resources that may help you and your child during early childhood, the years from three through five.

We are here and want to support young children and their families. We welcome you in our children's ministry and in our parent/caregiver activities.

Please call on us for assistance in this special work of raising children and providing them with a strong foundation for learning and life.

Minister

Children and Family Guide

Some Helpful Resources on Early Childhood from brightfutures.org

(Bright Futures is a national health promotion initiative dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice.)

Fears in Early Childhood

www.brightfutures.org/mentalhealth/pdf/families/ec/fears.pdf

Principles of Limit Setting

www.brightfutures.org/mentalhealth/pdf/families/ec/limit_setting.pdf

Guidelines for Special Time

www.brightfutures.org/mentalhealth/pdf/families/ec/special_time.pdf

Charting Positive Behavior

www.brightfutures.org/mentalhealth/pdf/families/ec/charting.pdf

Communicating with Children

www.brightfutures.org/mentalhealth/pdf/families/ec/communicating.pdf

Helping Siblings Get Along

www.brightfutures.org/mentalhealth/pdf/families/ec/siblings.pdf

Time Out

www.brightfutures.org/mentalhealth/pdf/families/ec/time_out.pdf

Family Meetings

www.brightfutures.org/mentalhealth/pdf/families/mc/family_meeting.pdf

Individualized Education Program (IEP) Meeting Checklist

www.brightfutures.org/mentalhealth/pdf/families/mc/iep.pdf

Learning Disabilities: Common Signs

www.brightfutures.org/mentalhealth/pdf/families/bridges/dis_signs.pdf

Sample Letter to Parents/Caregivers of Middle Childhood Children

Your congregation 's name

Address

Phone

Dear Tanya and Eddie,

Every child is precious to us.

We want to help you as your child learns new skills and widens his or her circle of family, friends, school, and community.

During these school-age years we, as parents and caregivers, provide love, security, and stability. We provide a framework and guidance to help children find a healthy path. We recognize the strengths and the struggles in each child.

Enclosed is a list of online resources on some of the issues that face school-age children and their parents/caregivers. We hope you will find these materials helpful.

Please feel free to call us at any time if you have questions or simply want to talk with someone about your child or parenting. Every family we know had benefited from some help along the way.

We encourage you to be part of our children and families ministry here and to share your experience with others.

With prayers and blessings,

Minister

Children and Family Guide

Some Helpful Resources on Middle Childhood from brightfutures.org

(Bright Futures is a national health promotion initiative dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice.)

Assessing and Reinforcing Your Child's Self-Esteem

www.brightfutures.org/concerns/materials/middle_06-94.pdf

Six Rules for Making Responsible Decisions

www.brightfutures.org/mentalhealth/pdf/families/mc/six_rules.pdf

Tips for Parenting the Anxious Child

www.brightfutures.org/mentalhealth/pdf/families/mc/tips.pdf

Reading for Children, Grades 1–6

www.brightfutures.org/mentalhealth/pdf/families/mc/grades.pdf

About My Feelings

www.brightfutures.org/mentalhealth/pdf/families/mc/my_feelings.pdf

How to Handle Anger

www.brightfutures.org/mentalhealth/pdf/families/mc/handle_anger.pdf

Bed-Wetting (Enuresis)

www.brightfutures.org/mentalhealth/pdf/families/mc/bed_wetting.pdf

Problem-Solving Strategy

www.brightfutures.org/mentalhealth/pdf/families/mc/strategy.pdf

Top TV Tips: Building a Balanced TV Diet

www.brightfutures.org/mentalhealth/pdf/families/mc/tv_diet.pdf

Controlling the Video and Computer Game Playground

www.brightfutures.org/mentalhealth/pdf/families/mc/video_games.pdf

Safety Tips for Surfing the Internet

www.brightfutures.org/mentalhealth/pdf/families/mc/safe_internet.pdf

Parents' Roles in Teaching Respect

www.brightfutures.org/mentalhealth/pdf/families/mc/parent_role.pdf

Successful Adaptation to Separation or Divorce

www.brightfutures.org/mentalhealth/pdf/families/mc/divorce.pdf

How to Address Bullying

www.brightfutures.org/mentalhealth/pdf/families/mc/bullying.pdf

My School Sheet

www.brightfutures.org/mentalhealth/pdf/professionals/mc/school_sheet.pdf

Homework Tips

www.brightfutures.org/mentalhealth/pdf/families/mc/homework.pdf

Sample Letter to Parents/Caregivers of an Adolescent

Your congregation 's name

Address

Phone

Dear Tanya and Eddie,

Every child is precious to us.

During these coming years, your child will grow into an adult. Independence can grow, along with responsibilities. This can also be a time when faith can be questioned—but also deepened.

Our congregation is a home for your family—and specifically, a home for your child. We want to support both our families and our youth to continue to build a solid life foundation together. We want to join you in helping your young person develop a healthy identity, understand and manage his or her feelings, be thoughtful and make good decisions, and build strong relationships.

We know that this is an important stage in a young person's life as he or she faces important moral choices and deals with issues of belonging, sexuality, education, and work.

Enclosed is a list of online resources that we hope will be helpful to you.

We encourage you to be in touch with us and other parents, and invite your child to be very much a part of the youth ministry here.

Please let us know if we can be of assistance or help with any questions.

God bless,

Minister

Children and Family Guide

Some Helpful Resources on Parenting Adolescents from brightfutures.org

(Bright Futures is a national health promotion initiative dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice.)

CALM: Listening Skills for Diffusing Anger

www.brightfutures.org/mentalhealth/pdf/families/ad/calm.pdf

Where to Find Resources on Adolescent Sexuality

www.brightfutures.org/mentalhealth/pdf/families/ad/where.pdf

Symptoms of Depression in Adolescents

www.brightfutures.org/mentalhealth/pdf/families/ad/dep_symptoms.pdf

Teen Dating Violence

www.brightfutures.org/mentalhealth/pdf/families/ad/dating.pdf

Suggested Children, Youth, and Family Mental Health Ministry Educational Activities

Winter quarter

January: An annual children and families forum: “Some Basic Things To Know About”

- Child development
- The emotional life of children
- Parenting
- Children’s spirituality

February: An annual youth forum and panel of teens and parents

- The brain, psyche and soul of youth
- Being yourself, being part of the group
- Freedom and responsibility
- Unusual moods, strange thoughts, odd behavior, healthy faith

March: An annual dialogue with providers of youth and children’s services in our community

- Educators
- Community mental health providers
- Children, youth and family services
- Pediatricians, nurses, public health representatives

Spring quarter

April: Distribute a list of local children, youth, and family services and mental health programs

May: Share children, youth, and family resources available during May Mental Health Month

June: Present a video, movie, or TV program, viewed individually or in small groups, and discuss it

Summer quarter

July: Informal multi-family picnics with conversations generated by a common reading of a magazine or newspaper article

August: Explore ways to include mental health resources in children’s education and youth ministries; update congregational library and family handout packets

September: Discuss in youth and parent groups substance abuse resources available during National Recovery Month in September

Fall quarter

October: Distribute children's mental health materials available as part of NAMI* Mental Illness Awareness Week resources

November: Hold a forum on special or current topics in children's mental health

December: Hold an informal gathering with a conversation about joys and concerns regarding the emotional well-being of our children, youth, and families

* NAMI = the National Alliance on Mental Illness

Building Commitment for Children, Youth, and Family Mental Health Ministry

1. During Mental Health Month in May, encourage your congregation's governing body to recognize and affirm a focus on children, youth, and families as part of the congregation's mental health ministry.
2. During the spring, invite others to join you in this area of ministry.
3. During the summer, develop a ministry plan for the coming year with clergy and congregational leaders involved as needed and desired for feedback and endorsement.
4. Begin each fall with regular meetings of children, youth, and family mental health ministry leaders for continued planning, implementation, and evaluation.
5. Develop and annually renew a congregational covenant or commitment statement to be a safe and supportive community for the physical and mental well-being of children and their families.

Suggestions for Welcoming Children, Youth, and Families Facing Mental Health Challenges

1. Have a “children’s companion” available to greet and support a child and family during worship and educational or hospitality hour activities.
2. Put a face to this focus of mental health ministry by listing your children, youth, and family mental health ministry contact(s) or guides in congregational publications, on the Website, and in other communications.
3. Regularly display children, youth, and family mental health resources.
4. Become a recognized hub of family-friendly, child-safe, and supportive activity by hosting community mental health organizations or their meetings.
5. Invite the wider community to educational activities.
6. Reach out to nearby mental health services and programs. Invite, introduce, and recognize neighboring providers. Celebrate those who work in education and child, youth, and family services and mental health programs.

Suggestions for Spiritual Support and Practical Service

1. Companion a child or family on their journey seeking help, getting an assessment or evaluation, and entering into healing, recovery, and new wholeness.
2. Form spiritual support or sharing groups for expectant parents and parents of infants, parents with early childhood-age children, parents of school-age children, and parents of adolescents.
3. Include parenting, child development, and educators in a community mental health fair hosted by your congregation.
4. Provide a home for activities and therapeutic programs serving children or youth with special needs.
5. Consider forming a network of foster care or adoptive families.
6. Become an institutional members, or organization members, of children's services, education, or advocacy organizations.

Suggestions for Advocacy

1. As a child, youth, and family contact or guide, develop contacts with local school, community mental health programs, and youth and family services, who can keep you informed about new developments and provide basic consultation.
2. Keep up on the advocacy agendas of your larger faith group, multifaith efforts, local and national organizations, and coalitions in your community.
3. Share possibilities for public witness and action with your congregation.
4. Take the experiences, service, and system change suggestions and proposals to collaborate with others in creating a readily accessible and effective community mental health system

Directory of Local System and Service Contacts

Local school district _____

 Special education services _____

 School psychology _____

 Family support _____

Health services organization _____

 Primary care _____

 Specialty services _____

 Behavioral health _____

 Hospital _____

Community mental health authority _____

 Community mental health programs _____

Children, youth, and family services _____

 Faith-based _____

 Community-based _____

Juvenile justice system

 Law enforcement _____

 Juvenile court _____

Children and Family Mental Health Resource List for a Congregation

Pastoral counselor _____

Parish Nurse _____

Children and family social worker _____

School system contact _____

Children's mental health provider _____

Children, youth, and family service provider _____

 Faith-based _____

 Community-based _____

Prenatal specialist _____

Infant specialist _____

Early childhood specialist _____

Middle childhood specialist _____

Adolescent specialist _____

Family therapist _____

Juvenile justice system contact _____

Crisis services _____

Emergency response _____