



Pathways to Promise

Putting faith in mental health recovery

April 2017

Pathways to Promise Launches New Mental Health Training Collaborative in Kansas City

Creating opportunities for communities to organize Mental Health Training Collaboratives (MHTC) is a major priority for Pathways to Promise (P2P). We believe that when faith leaders and members, mental health providers and other community stakeholders come together they can have the greatest impact in reducing stigma, promoting recovery and increasing mental health literacy.

Mental Health Training Collaboratives (MHTCs) are designed to develop the faith community's capacity to collaborate with providers, advocates, and recovery leadership in the service of supporting recovery and wellness.

In 2016, P2P contracted with Traci Pettis-Johnson, an educator throughout the state of Kansas and Missouri, to organize a local organizing committee in the Greater Kansas City area. She has over 20 years of experience serving as a mental health advocate, bereavement

services coordinator, guest speaker and lecturer in the faith community, government entities, academic sector and non-profit sector.

After several months of planning, a local organizing committee was formed, comprised of local congregations, a community mental health center, and other community organizations. On November 4, 2016, the Kansas City Mental Health

Training collaborative had their kick-off event with over 20 people in attendance.

The MHTC immediately formulated a mission statement that addresses helping faith communities in Kansas City: To address the mental health challenges in our communities, we promise to promote awareness, provide support and resources. The committee completed a

Mental Health First Aid training, and is working to create a decal identifying participating congregations as mental health friendly congregations.

One initiative to get churches prepared for this designation was held on Saturday, March 11 in the form of a Pastor Forum. Faith leaders and other community members learned of the history and purpose of P2P. They also heard Mark Seals from the Respect Institute who shared his story of recovery. Courtney Dryer, a member of the MHTC, shared her journey of being able to live out her faith, while living with a mental illness. She



Individuals in this picture represent Canaan Worship Center, Timothy Lutheran Ministries, Life Changers, Memorial International, Community Praise and World Outreach who posed for a picture with MHTC Coordinator Traci Pettis-Johnson and Lead Consultant Rev. Jermine Alberty on September 24, 2016

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The Next Step: Giving Consumers a Voice

Decisions that impact persons with mental illness are often made without the input from persons with lived experience. Next Steps, a 15-year-old state wide organization in Illinois, aims to give consumers a voice in systems and organizations that impact their lives.

Matt Perry has a passion for making this happen. “I have significant lived experience of mental health challenges, and I believe that people living with these challenges often get a raw deal in our world. I think this is true in homes, schools, places of employment, and in our politics and policy process, where people who experience mental health challenges are also the people who are most removed from decisions that shape that process.”

In 2016 Matt joined Next Steps as Project Coordinator with the goal of affecting social change. Next Steps has received a Statewide Consumer Network Grant where they plan to identify peer activity, empower peers in giving voice to their concerns and then participate in local mental health organizations. Next Steps hopes to bring peer support services to other counties in Illinois.

Next Steps was founded by Fred Friedman who was living in a homeless shelter when he tried to get involved in policy on homelessness. At the time, he was told he couldn't be involved because he was homeless. He thought this was fundamentally backwards, and demanded a seat at the table anyway. Eventually, he was given one, and he started Next Steps with the mission of changing the homelessness system by amplifying the voice of people who have experienced homelessness within the homeless policy process. Over time, Next Steps' mission evolved to include mental health, criminal justice, and substance abuse, with mental health becoming the primary focus. After some time of being stably housed, Fred could no longer identify as a homeless individual, but he could identify as an individual with mental health challenges.

Fred and Matt want to see mental health treatment go beyond the medical model. Matt says that “One of our beliefs is that anyone can get sick, and with the right help and supports, anyone can get better. Help and supports come in a number of forms, including housing, peer support and community, employment that gives people meaning and a living wage, and freedom from prejudice and discrimination in social life.”

Next Steps has been involved in hearings where they can be advocates for people with mental illness. They have given a lecture in a Mental Health Law class, and provided training in mental health services to correction officers in the criminal justice system.

Being involved with Next Steps has meant a great deal to Matt. “It took me a long time to find people who were engaged with mental health as a social or political issue. From where I used to stand, it seemed like nobody was talking about it, and nobody cared, even in circles where people were otherwise adamant about social justice. Once I found Next Steps, it was like I had found a community that saw things the way I did, and that I could finally get to work on my life's passion with individuals other than myself.”

Fostering the Mental Health of Clergy

A phone call at 1 a.m. A parishoner's child in the hospital. Funeral the next day. Two night meetings. And two sermons on Sunday. The pastor is on call for sorrows, troubles, conflicts, and yes, sometimes, joys. Over time, the demands of pastoring can create a strain on pastors and their families.

Clergy health studies show that the physical and mental health of pastors is declining due to the stress of ministry. The reasons are complex. One study found that one in six pastors showed signs of distress with their levels of isolation, loneliness, fear, anger and boredom. In *Pastors at Greater Risk*, the authors say that 45 percent of pastors report having felt depressed or burned out to the degree that they had to take a break from ministry (London and Wiseman). An increasing number of pastors are on anti-depressants. One denomination discovered that disability claims for clergy listing mental health reasons were higher than in an average workplace setting

Pastors need to intentionally practice mental health self-care which includes developing healthy supportive relationships, managing stress, and practicing a Sabbath.

Pastors often feel isolated and alone in their ministry, even though they are surrounded by people. When they are primarily in a caregiving role, they may have few relationships where they are supported. Meeting with other pastors or another kind of support group can be a confidential and safe place for pastors

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to discuss the demands of ministry.

Some churches have a small group chosen by the pastor which offers support and encouragement. That can be helpful, but it is not always easy for pastors to move from caregiving to receiving care from members of the congregation. One of the best practices is to nurture relationships outside of the congregation where the pastor can be authentic and vulnerable.

Ongoing stress is one of the biggest reasons pastors leave ministry. When a pastor's stress is not managed over a period of time, the pastor can slowly lose the ability to function. Relationships within the family and among the congregation may become strained. Writing sermons, attending meetings and making visits become more taxing. The pastor's own self-awareness and perhaps feedback from a skilled observer can help a pastor examine his/her gifts, ministry routine, and personality traits. One pastor said, "When I stopped to learn more about myself, it became more clear how I could have a sustained ministry."

Faithfully observing a time for Sabbath rest is an important way for pastors to care for their mental health. However, the reality is that pastors are often on the job 24/7. Both congregation and pastor can have that expectation. Unfortunately, a pastor who overworks is rewarded with admiration and love. Doing beyond what is expected and needed may feel virtuous, but it leads to a misperception about serving the Lord. Taking care of one's self appears selfish, while constant self-sacrifice is ultimate servanthood.

Without a healthy rhythm of work and rest, the pastor will not practice good

boundaries. The pastor's model of Sabbath rest can encourage the congregation to build in times of rest for their lives. Sabbath rest fits with God's creational norm for everyone.

How can the congregation and church leadership help the pastor practice self-care? Congregations and leaders should not begrudge the pastor taking a vacation and having a periodic Sunday off. Get in the habit of saying words of appreciation and encouragement to your pastor on a regular basis. Avoid scheduling meetings on the pastor's day of rest. Elders can inquire about the pastor's habits and support the pastor's practice of self-care. Provide constructive feedback when appropriate. And offer a sabbatical after a number of years of service. This will refresh the pastor and the congregation will benefit.

An emotionally healthy leader thriving in ministry can impact the ministry of the church. Congregations and councils can significantly empower pastors in being mentally healthy.

After all, answering God's call shouldn't be bad for a pastor's mental health.

Cindy Holtrop serves as board secretary for Pathways to Promise and is an interim minister of pastoral care at Neland Avenue Christian Reformed Church in Grand Rapids, MI.

MHTC

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spoke of her commitment to engage her faith community to increase their awareness about mental illness.

Pathways Lead Consultant Rev. Jermine Alberty facilitated a conversation with the attendees about their understanding of mental illness and their commitments to serving those developing mental health challenges, those living with mental illness, or those experiencing a mental health crisis.

Attendees were asked numerous questions, but a few stood out. If they had ever dealt with a mental health concern or crisis involving one of their members, what happened? Why is it important to talk about mental health in the church? Where did they get their resources to help with mental health situations? And, what are some ways that churches have stigmatized mental health in the past, and why do you think that has happened?

These questions resulted in some deep reflections from the attendees who felt that some churches fear discussing the topic of mental illness due to theological conflicts and that churches had to shift from focusing only on maintaining the spiritual and physical health needs of the congregations, but their ministry should also include the mental health needs. Including the mental health needs leads to ministry that meets the needs of the whole person. Attendees agreed that this could only come through education and promotion of mental health literacy.

In an effort to achieve that goal, each attendee believed participating in the Sabbaths of Hope Initiative would be the next step. Sabbaths of Hope Initiative,

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MHTC

coordinated by Pathways to Promise, enables clergy and other faith leaders to recognize types and symptoms of depression, trains them to provide referral and links to treatment options, and offers more effective support to congregants suffering from depression.

This event will occur over the weekend of May 20-21, 2017. Congregations are encouraged to wear lime green or a green ribbon in solidarity to raise awareness about mental illness. They will also

post pictures on social media, integrate mental health awareness in a sermon, sacred text readings and other liturgy components, and set up a resource table with information on depression and other mental health topics.

P2P is excited about the work of Greater Kansas City MHTC and looks forward to the impact they will continue to make to eradicate stigma and promote recovery.

For more information about the MHTC

in Greater Kansas City, please reach out to Traci at 816-877-2110 or email her at tpettis-johnson@pathways2

promise.org. If you are interested in starting an MHTC in your community or learning more about the Sabbaths of Hope Initiative, please reach out to Pathways to Promise by emailing us at info@pathways2promise.org or calling us at 314-810-2234.

Rev. Jermine Alberty is Lead Consultant for P2P.

Faith.Hope.Life. Campaign: At the Intersection of Faith, Mental Health, and Suicide

by Dr. David Litts, Colonel (Ret), USAF

As the number of churches providing a mental health focused ministry grows, one gap becomes more evident: the lack of attention given to addressing suicide. Yet, the rate of suicide in this country continues to edge upward, especially among middle-aged whites. Churches have an important role to play; and, there are now resources readily available to help.

The newly launched Faith.Hope.Life Campaign provides a rich variety of information and tools to support your ministry at that challenging intersection of faith, mental health, and suicide prevention. These resources help you and your church build the capacity to address suicide in three ways: in prevention, in crisis intervention, and in providing care after a suicide event.

The campaign recognizes that by their very nature, most churches help lower the risk of suicide among their members. They do this as they: promote hope; build healthy social connections; provide answers to life's challenging

questions; recognize and celebrate the reasons for living and the God-given value of each member in the community; and support those who face mental health challenges and/or problems with misuse of alcohol and other drugs, as they seek effective treatment; and they support their families and loved ones, as well.



The main idea in the Faith.Hope.Life Campaign is that a church would dedicate one week a year to one or some of these themes, and through this, amplify its ability to tamp down suicide risk.

Faith.Hope.Life Campaign is an initiative of the Faith Communities Task Force of the National Action Alliance for Suicide Prevention. The resources were developed and collected by volunteers and are provided to all free of charge at www.Faith-Hope-Life.org. There are sections of the website tailored to each of the three Abrahamic faiths—Christianity, Islam, and Judaism—as well as resources generalizable to any faith community. Faith communities of all types, including military chapel programs, are ideal sites for the Faith.Hope.Life campaign.

Why should churches consider the Faith.Hope.Life Campaign? Suicide does not discriminate. Without regard for race, ethnicity or gender, it can strike the lives of the rich and famous, the down and out, and the just plain ordinary. You can be confident that for every 100 people in your church family, several will seriously consider suicide in any given year. Compare that with the

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number who will suffer devastating physical problems. The faith messages of Faith.Hope.Life help these individuals resolve those thoughts in a positive and healthy way. Additionally, you may be able to not only prevent the thoughts, but their terrible consequences—a suicide attempt or a death by suicide.

Promoting an annual Faith.Hope.Life Campaign in your church can make a tangible difference. This is more than just “one more activity” to keep people involved and engaged. Time and time again, studies have shown faith to have a very powerful effect in preventing suicide, pointing to “protective” factors, such as, hopefulness, social connections, and reasons for living, that tend to be stronger in people of faith. Having an active faith and having a healthy involvement in a faith community have both been shown through research to help protect people from suicidal thoughts, suicide attempts, and death by suicide. By promoting an understanding that mental health challenges and mental illnesses are as “real” as physical health problems, people of faith in your church

are given permission to seek treatment from the medical experts in addition to seeking spiritual health through the ministry of the church.

Perhaps the best way to communicate that those with mental illnesses are welcome and supported is by simply praying for them, just as you do the folks facing physical challenges and hardships. And refer to the mental illness by their names. Those leading public prayers should say the words—depression, anxiety, post-traumatic stress, bipolar disorder, schizophrenia, and problems with alcohol and other substances—just as you would name physical illnesses or surgeries. Of course, confidentiality should be respected. By mentioning the names of the specific illnesses, you send a message that people facing the challenges in the mental and emotional domains are just as important and deserving of care and support as those with physical challenges. Also, you send a message that these illnesses, disorders, and challenges are real health problems and not character flaws or spiritual failings. When was the last time you men-

tioned the names of mental health problems in your public prayers?

[The Faith.Hope.Life Campaign](#) offers resources to help you celebrate Faith.Hope.Life. On its website you will find:

- Communications aids such as flyers, bulletin inserts, posters, PowerPoint presentations, and other graphical art
- Worship and spiritual resources including: sample prayers, meditations and liturgies; ideas for sermons and homilies; hymns and songs; and scriptural resources.

Faith.Hope.Life Sabbath can be observed any week during the year; however, an ideal time for the campaign is early in September during Suicide Prevention week.

Dr. David Litts is a nationally recognized expert in suicide prevention and co-leader of the Faith Communities Task Force of the National Action Alliance for Suicide Prevention.