The Partnership Center
Center for Faith and Opportunity Initiatives
U.S. Dept. of Health and Human Services

COMPASSION IN ACTION:

A Guide for Faith Communities Serving People Experiencing Mental Illness and Their Caregivers

CONTENTS:

PLEASE NOTE: This document is not intended to be a comprehensive clearinghouse of successful models and practices; but, rather a resource to spark and *Guide* activity in congregations and communities around the nation. The ideas and practices described were inspired by those attending a collaborative meeting, "Small Acts of Great Love: Building A Framework for Faith Communities to Respond to Mental Illness," held in May of 2019, in Washington, D.C. Participants included faith and community-based organizations, entrepreneurs, providers, caregivers, and mental health agencies — and we are grateful to each of them.

COMPASSION IN ACTION:

A Guide for Faith Communities Serving People Experiencing Mental Illness and Their Caregivers

Did You Know?

One in four individuals who seek help for mental illness turn to faith leaders *before* they seek help from clinical professionals[i].

For a variety of reasons, which may include a lack of training or experience with mental illness, many faith leaders and their communities hesitate to leverage their existing strengths and resources to support people facing mental health challenges.

That's why the U.S. Department of Health and Human Services' (HHS) Center for Faith and Opportunity Initiatives (HHS Partnership Center) developed this **Guide**. Designed as a resource to help faith leaders from all religious and spiritual traditions, as well as their congregants, its goal is to increase awareness and build capacity to serve people in their midst experiencing mental illness, and to care well for their family or caregivers.

While written with faith leaders in mind, it is also a resource for community-based organizations interested in serving people with mental illness and their family or caregivers.

Seven Principles of Action

This *Guide* is organized as seven key *principles* that offer a way for leaders to address mental illness in their community and to identify the small steps they can take to put their compassion into action. These principles, and the recommended actions that follow, were informed by the wisdom and experience of faith and community leaders addressing mental illness in their own communities. Through three meetings with more than 75 faith leaders, academics, caregivers, and mental health professionals, the Partnership Center distilled their advice and guidance with the hope that faith communities across the country may step more boldly into the work of supporting people, their families and caregivers, and communities as they cope with mental illness. The resources recommended herein are a compilation gathered during these engagements. The resource list is not intended to be exhaustive, and we welcome other resource recommendations at Partnerships@hhs.gov.

Why Faith Communities Matter

We recognize different faith traditions may approach matters of mental illness from different perspectives.

Some faith communities may not believe that modern medicine of the sort described in this *Guide* can play a legitimate role in wellbeing. The purpose of this *Guide* is not to disregard such faiths or beliefs. Rather, for faith communities that accept the value of medicine, or those uncertain about how faith and medicine can interact, this *Guide* recommends an approach that offers the benefits of both faith and medicine.

Our hope is that faith communities might affirm these principles and identify actionable steps that will demonstrate their unique role as a source of love, community, encouragement, and compassion for people with mental illness and their families and caregivers.

SEVEN PRINCIPLES OF COMPASSION IN ACTION

THE INHERENT DIGNITY PRINCIPLE: We Affirm The Inherent Dignity Of Every Person.

Mental illness affects a large number of people and many may be at risk of experiencing mental illness. The Inherent Dignity Principle asks that we consider the language we use to talk about and to people with mental illness and that we include the gifts, experiences, and abilities of those experiencing mental illness in the ongoing life of our community.

THE ILLNESS PRINCIPLE: We Acknowledge Mental Illness As An Illness.

Mental illnesses result from a complex interaction of biological, psychological, and environmental factors. These conditions are diagnosed by a mental health or medical professional and can be serious, even life-threatening. Mental illness is not a lack of belief in a higher power or the result of sin or wrongdoing. With the Illness Principle, we will take advantage of opportunities to learn about different mental health conditions, as well as their signs and symptoms, so we can know how to participate in the lives of people with mental illness, and provide care and support, when needed.

THE CAREGIVER PRINCIPLE: We Understand Mental Illness Impacts Families And Caregivers.

While challenges exist for people who experience mental illness, it can also be isolating for family members and loved ones who assist in their care. The Caregiver Principle recognizes our need to affirm our responsibility as a faith community to all families, including families experiencing mental illness. Our responsibility to promote the well-being of our communities includes providing care, support, and love to caregivers or families impacted by mental illness.

THE PROFESSIONAL ASSISTANCE PRINCIPLE: We Know Mental Illness Requires Professional Assistance.

Faith communities may learn to identify early signs and symptoms of mental illness; however, mental health professionals hold the expertise required to diagnose and treat mental illness. The Professional Assistance Principle asks us to encourage someone who exhibits signs and symptoms of mental illness to connect with a licensed mental health professional and provide assistance in gaining access to care when necessary.

THE TREATMENT AND MEDICATION PRINCIPLE: We Encourage Participating In Recommended Psychiatric Treatment, Including Therapy, And, As Necessary, Medication.

Diagnosis of mental illness is the beginning of a journey similar to the diagnosis and management of other chronic health conditions, such as diabetes or high blood pressure. As with other chronic conditions and disabilities, early treatment and supportive services are key to potentially reducing lifelong challenges. A person-centered care plan developed with a qualified health professional may include hospitalization, medications, psychotherapy, counseling, and other supportive services. The Treatment and Medication Principle asks that we commit to support individuals as they work together with their mental health professional.

THE COMPLEXITIES PRINCIPLE: We Understand Mental Illness Can Be A Challenging, Life-Long Journey.

Supporting people with mental illness may not be easy at times. The circumstances and challenges faced by friends, family, and caregivers of people with mental illness are often complex. Through the Complexities Principle, we enter into the complexities with people experiencing mental health challenges and their loved ones. We enter these relationships with humility, empathy, and compassion to learn about the challenges they are facing.

THE HOPE PRINCIPLE: We Recognize And Celebrate That People With Mental Illness Can Get Better.

With the Hope Principle, we affirm that wellness for people with mental illness is characterized by stability, not cure. As their wellness journey begins and moves toward stability, we have the opportunity and privilege to walk with people with mental illness through peer support (people with lived experience) and other volunteers in the faith community

THE INHERENT DIGNITY PRINCIPLE: We Affirm The Inherent Dignity Of Every Person.

Mental illness affects a large number of people and many may be at risk of experiencing mental illness. The **Inherent Dignity Principle** asks that we consider the language we use to talk about and to people with mental illness and that we include the gifts, experiences, and abilities of those experiencing mental illness in the ongoing life of our community.

Many faith traditions and communities affirm the inherent value of people. Unfortunately, many faith[ii] and non-faith communities[iii] may use language or act in ways that alienate and isolate individuals with mental illness, as well as their caregivers. All communities have an opportunity to see individuals with mental illness just as they are — people with gifts, experiences, and abilities to contribute to the community, as well as people in need of the love, care, and support that faith communities provide to congregants and the larger community.

ACTION ITEMS

I.   KNOW THE FACTS
II. LISTEN FIRST
III. SPEAK RESPECTFULLY
IV. REDUCE SOCIAL ISOLATION

I. KNOW THE FACTS

Central to accepting and honoring people with mental illness in your community is understanding the prevalence of mental illness, and how common it is. Based on data reported by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the 2019 National Survey on Drug Use and Health, consider the following data concerning mental illness.

In a faith community of just 100 people[iv]:

- Twenty people (one in five) have a mental illness;

- In 2017, only eight of those 20 individuals received any mental health services (almost 40%), which means 12 individuals (60%) did not; and

- Four individuals (1 in 25) live with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

What does this mean? Faith communities do not need to wait for people experiencing mental illness to come into the community or congregation; they are likely already there.

IN A COMMUNITY OF JUST 100 PEOPLE:

20 people have a mental illness

8 people received any mental health services

4 live with a serious mental illness (e.g., bipolar disorder, schizophrenia, etc.)

II. LISTEN FIRST

Faith leaders and congregants can start to gain knowledge and understanding with a simple action that honors human dignity: **listening**.

Here are a few ways you can listen and seek a better understanding of mental illness:

- Listen respectfully if individuals and/or their families share about their experiences with mental illness. Ask to learn more if appropriate;

- Reach out to a mental health advocacy organization in your community. Ask to connect with someone who can share their experience as an individual with mental illness or as a caregiver for someone with mental illness. (Review the *Mental Health Professional Connection Resources* (p. 34) for a list of mental health organizations and *Faith-based Connection Resources* (p. 36) for organizations connected to specific faith traditions and communities); and

- Watch videos online. (Review *Video Resources (p. 38)*)

PRACTICAL EXERCISES

Consider the following questions when starting a conversation with someone who has experienced mental illness and wants to talk about it:

☐ What was it like when you started to experience symptoms of your mental illness?

☐ Was your religious belief helpful during this time? Why or why not?

☐ What do you wish everyone, including people of faith, knew about mental illness?

PRACTICAL EXERCISES

Consider the following questions:

☐ When you hear people talk about another community member with a mental illness, imagine they were talking about you. How would you feel?

☐ If you know someone within the congregation who has been diagnosed with a mental illness, ask their perspective. What have they heard that has been hard to hear?

III. SPEAK RESPECTFULLY

Acknowledging the inherent dignity of every person, including people with mental illness, means we have the opportunity to improve the language we use to describe others within our communities. As an example, we typically don't say someone IS cancer who has a diagnosis of cancer – defining them by their illness. The same is true for people with mental illness. Instead of saying that someone IS bipolar, we can say that someone *has been diagnosed* with bipolar disorder, or is *experiencing* signs and symptoms of bipolar disorder, or is *living* with bipolar disorder.

For more guidance on how to talk about mental illness, consider the *What to Say and Not to Say Resource* (p. 31).

IV. REDUCE SOCIAL ISOLATION

Find avenues and means to invite individuals diagnosed with mental illness to contribute to and participate in their community, including faith communities.

These roles may be small or large, but they can make a difference in the life of someone with mental illness to participate in service to the community. For ideas and strategies for these efforts, consider the resources provided by the Temple University Collaborative on Community Inclusion, particularly their resources specific to religious communities.

THE ILLNESS PRINCIPLE: We Acknowledge Mental Illness As An Illness.

Mental illnesses result from a complex interaction of biological, psychological, and environmental factors. These conditions are diagnosed by a mental health or medical professional and can be serious, even life-threatening. Mental illness is not a lack of belief in a higher power or the result of sin or wrongdoing. With the **Illness Principle**, we will take advantage of opportunities to learn about different mental health conditions, as well as their signs and symptoms, so we can know how to participate in the lives of people with mental illness, and provide care and support, when needed.

What your community needs to learn and future activity related to this principle may be particular to your specific faith tradition. Consider what leaders from your faith tradition have said about mental illness as you reflect on what your faith community could learn and steps it could take.

ACTION ITEMS

I.   AFFIRM A DEFINITION OF MENTAL ILLNESS FOR YOUR COMMUNITY
II. PUT COMPASSION INTO ACTION
III. PURSUE EDUCATION AND TRAINING
IV. LEVERAGE THE EXPERTISE IN YOUR COMMUNITY

I. AFFIRM A DEFINITION OF MENTAL ILLNESS FOR YOUR COMMUNITY

Mental illness includes a wide range of disorders and conditions, and is most commonly a disease of an organ of the body, the brain.

Faith communities can consider adopting a definition of mental illness developed by mental health professionals; One such definition is provided by the American Psychiatric Association (APA):

"Mental illnesses are health conditions involving significant changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities.[v]" — APA

No matter what definition the faith community identifies as helpful, it may be important to acknowledge specifically that mental illness is not the result of religious belief or lack thereof. In fact, at times, people's disordered thinking might include unusual thoughts or delusions about religion or God.[vi]

Principle 2 identifies three key elements to be considered in understanding mental illness as an illness:

KEY ELEMENT	EXPLANATION
1. Mental illnesses result from a complex interaction of biological, psychological, and environmental factors.	Mental illness is a complex interaction, including a biological-basis. Imbalanced chemicals and hormones can result in mental health challenges. There are biological implications for mental health challenges to acknowledge and consider in addressing the needs of those with mental illness, although much remains unknown about the biology of mental illness.
2. Mental illness can be a serious illness.	Some forms of mental illness can be quite severe, impairing major life activities. Mental illness can also be less severe and impair fewer life activities. In all its forms, mental illness needs to be taken seriously as any chronic illness is taken seriously. Untreated mental illness can lead to serious consequences, including suicide.
3. Mental illness can be diagnosed by a mental health or medical professional.	Mental illness is rightly diagnosed by a mental health or medical professional with knowledge and expertise with these illnesses. Their training has developed their ability to determine when a disease or disorder is present.

To the extent possible within the faith community, invite the expertise of mental health professionals to help educate your community on the most recent science and knowledge in the field.

Finally, faith communities should be aware of a specific group of mental illness defined as **Serious Mental Illness (SMI)**. A report from the SAMHSA notes: "The definition of SMI includes one or more diagnoses of mental disorders combined with significant impairment in functioning.[vii]" Schizophrenia, bipolar disorder, and major depression are the diagnoses most commonly associated with serious mental illness (SMI).

II. PUT COMPASSION INTO ACTION

Given that mental illness is a medical condition, just the way other physical health conditions are, then this would lead to communities treating people with mental illness with the same love, care, and support as they provide to people with other forms of illness. As an action item from this principle, communities can make a commitment to provide the same forms of love, care, and support to people with mental illness and their caregiving loved ones. The means of care and support are unique to each faith community and tradition.

• Encourage people struggling with symptoms of mental illness such as depression or anxiety to seek diagnosis and treatment from their health care provider or a mental health provider. Treatment *is* available and, in combination with support from faith community members as well as family members, friends, and other supports in the individual's community, can help a person to recover from these illnesses.

• If someone is struggling with anxiety that has left them home-bound, ask if someone may bring them a meal and how they would like to receive it (e.g. drop off at the front door, no ringing the doorbell, sharing the meal with them at the table, etc.), as they might not feel comfortable going out to get groceries to make a meal themselves.

- If someone is diagnosed with depression, reach out to let them know that you are thinking about them and want to know how you can support them.

- If someone is hospitalized for a mental health condition, visit the individual and ask the family how you can be supportive to them as well.

Even small acts of support and care can lead to deep appreciation from people with mental illness and their caregivers.
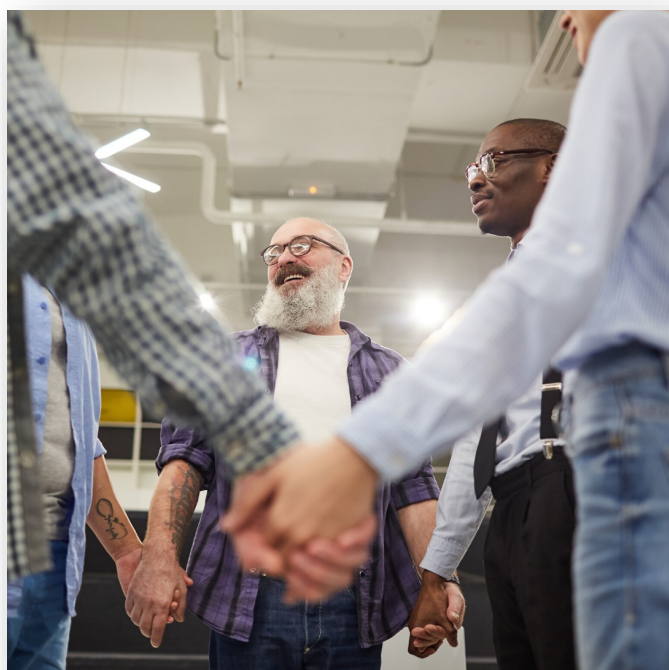
III. PURSUE EDUCATION AND TRAINING

Being an informed community can be a first step toward becoming a more compassionate community. There are many educational and training opportunities to help faith leaders and their communities learn more about mental illness. One example is Mental Health First Aid (MHFA). This training can increase the ability to recognize the signs and symptoms of someone developing or experiencing a mental illness, substance use disorder, or a crisis affecting their mental health, and teach how to offer a timely, appropriate, and safe response to those individuals.

Other resources for training are SAMHSA's Mental Health, Substance Abuse Prevention and Addiction Technology Transfer Centers. These federally funded resource centers provide training on a variety of topics related to mental illness and substance use disorders as well as co-occurring disorders — the simultaneous occurrence of mental and substance use disorders which happens frequently. Trainings from these Centers are open to the public, including to you as faith leaders. Faith leaders can contact their regional technology transfer centers and request training if a topic of interest is not being offered currently.

SAMHSA also funds national technical assistance and training centers that focus on specific topics that can offer relevant and important training to faith-based communities. These include:

- The Clinical Support System for Serious Mental Illness (also called SMI Advisor) provides information and training on serious mental illnesses.

- The Suicide Prevention Resource Center provides important information on addressing suicidal thinking and behaviors.

Review the *Training Resources* (p. 39) for more information about education and training programs that may be helpful.

IV. LEVERAGE THE EXPERTISE IN YOUR COMMUNITY

Look to the wisdom in your community. Faith leaders can announce that the community is interested in addressing mental health. Acknowledging the reality of mental illness may help people experiencing these conditions to feel more comfortable in acknowledging their condition. By affirmatively stating our intentions, we may open the door to conversations that could bring hope and healing within our communities. This is the beginning of removing stigma in your faith community and the community at large. Research demonstrates that groups like faith communities with influence over life decisions play meaningful roles in reducing stigma[viii].

People in your community who have experienced mental illness may be the greatest teachers. Invite them to share their experiences with the faith community. Hearing their story as a part of the faith community's weekly gathering can be a meaningful way to acknowledge the challenge of mental illness that others in the community may be facing.

Faith leaders can consider the following strategies for sharing:

- **Share** their own personal experience with mental illness or that of a loved one.

- **Interview** someone who shares his/her personal experience of mental illness.

- **Ask someone** from the community to share his/her story.

Suicide Prevention Resource Center
SPRC.org

Clinical Support System for Serious Mental Illness (SMI Advisor)
SMIAdviser.org

Mental Health First Aid (MHFA)
MentalHealthFirstAid.org

Mental Health, Substance Abuse Prevention and Addiction Technology Transfer Centers
TechTransferCenters.org

THE CAREGIVER PRINCIPLE: We Understand Mental Illness Impacts Families And Caregivers.

3 While challenges exist for people who experience mental illness, it can also be isolating for family members and loved ones who assist in their care. **The Caregiver Principle** recognizes our need to affirm our responsibility as a faith community to all families, including families experiencing mental illness. Our responsibility to promote the well-being of our communities includes providing care, support, and love to caregivers or families impacted by mental illness.

Caregivers experience the heavy and often unrecognized burden of providing for the needs of their loved one experiencing mental illness. While being a caregiver for an elderly loved one is universal and easily understood, caring for someone experiencing mental illness is a less widely understood experience.

The Caregiver Principle invites faith communities to step into the opportunity to provide the same care to families and caregivers of loved ones with mental illness that they provide to people with other chronic health conditions. The Administration for Community Living (ACL) within HHS says, "coordinated support services can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, which avoids or delays the need for costly institutional care.[ix]"

Additional information and resources for caregivers beyond the actions suggested below are provided in the *Caregiver Resources* (p. 40) page.

ACTION ITEMS

I. LEVERAGE YOUR STRENGTHS

II. CONNECT WITH CAREGIVERS

III. CONSIDER RESPITE CARE

I. LEVERAGE YOUR STRENGTHS

Faith communities and their leaders have strengths, resources, and abilities to be a unique and dynamic support to caregivers for people with mental illness. These may include:

- Care and Support
- Encouragement
- Friendship
- Respite Volunteers
- Expressions of Concern
- Spiritual Support as Defined by the Faith Community
- An Understanding Ear and a Willingness to Listen
- Compassion and Empathy

None of these acts require special training or professional assistance. Caregivers need to be recognized and supported as they meet the daily challenge of providing care and support to their loved one with a mental illness.

II. CONNECT WITH CAREGIVERS

Caregivers often suffer from social isolation, as care for a loved one with mental illness can seem overwhelming and all encompassing. Research finds that many caregivers rely on religious faith as a source of comfort and

strength.[x] People of faith, including faith leaders, can encourage those individuals by connecting and engaging them intentionally.

Connecting and supporting caregivers does not need to be complex. Actions that follow from this principle may be simple, but can make all the difference to someone who is providing care to a family member experiencing mental illness.

Consider the following:

- Invite a caregiver to share their story with you or the community.
- Take the time to learn about the loved one's mental illness to understand the caregiver's challenges.
- Find meaningful ways to provide encouragement and support for caregivers in your community.

PRACTICAL EXERCISES

Invite a group of recognized caregivers to share their day and their daily tasks and challenges. Here are some questions to help start a dialogue:

☐ What are the needs you experience as a caregiver for someone living with a mental illness?

☐ How can our community help to address these needs and offer support more systematically?

☐ What was it like when your loved one started to experience symptoms of their mental illness?

☐ What do you wish everyone, including people of faith, knew about mental illness?

☐ What do you wish they understood about being a caregiver?

III. CONSIDER RESPITE CARE

Respite care is defined by the ARCH National Respite Network as "planned or emergency care provided to a child or adult with special needs in order to provide temporary relief to family caregivers who are caring for that child or adult."

Communities can explore ways to provide or support respite care for all caregivers, including people with loved ones with mental illness. It is important to note that the type and responsibilities of respite care will depend on the severity of symptoms of the loved one experiencing mental illness.

In addition, each state and territory has different requirements for respite care.[xi] Faith communities can identify what respite care options are available for different levels of mental illness in the community.

THE PROFESSIONAL ASSISTANCE PRINCIPLE: We Know Mental Illness Requires Professional Assistance.

Faith communities may learn to identify early signs and symptoms of mental illness; however, mental health professionals hold the expertise required to diagnose and treat mental illness. **The Professional Assistance Principle** asks us to encourage someone who exhibits signs and symptoms of mental illness to connect with a licensed mental health professional and provide assistance in gaining access to care when necessary.

Given that one in four individuals seek a faith leader before they seek a mental health professional when experiencing symptoms of mental illness, faith leaders and their communities need to be prepared to interact with people experiencing mental illness.

It also means that faith communities need to be prepared and equipped to connect these individuals with a medical or mental health professional. Professional assistance is required to diagnose and treat a person with mental illness once a faith leader identifies signs and symptoms that might be present.

ACTION ITEMS

I.   KNOW THE SIGNS & SYMPTOMS
II.   IDENTIFY MENTAL HEALTH PROFESSIONALS IN YOUR AREA
III. CONNECT WITH MENTAL HEALTH PROFESSIONALS
IV.   CREATE AND TALK ABOUT REFERRING TO CARE
V.   SUPPORT ACCESS TO CARE

I. KNOW THE SIGNS AND SYMPTOMS

Because faith leaders and their congregants may interact with people experiencing a wide range of challenges, it is helpful for them to be aware of the signs and symptoms of mental illness. This awareness may help them to discern the difference between an individual experiencing mental illness and someone simply going through a difficult time. It is important to ensure that the person and family are aware of professional resources in the area and let them decide if professional help is also needed.

The Quick Reference Guide image (p. 16) may be a helpful tool in identifying common signs and symptoms of mental illness. It was created using information from the resource, entitled "Mental Health: A Guide for Faith Leaders" Toolkit, developed by the American Psychiatric Association (APA).

Consider having the Quick Reference Guide from the APA Faith Toolkit or our graphic (p.16) accessible when visiting with individuals experiencing challenges. If any of the signs and symptoms listed in these resources are present, faith leaders can encourage the individual to seek assistance from a mental health professional.

This is not always an easy process, so consider ways to help the individual and/or their family think through the
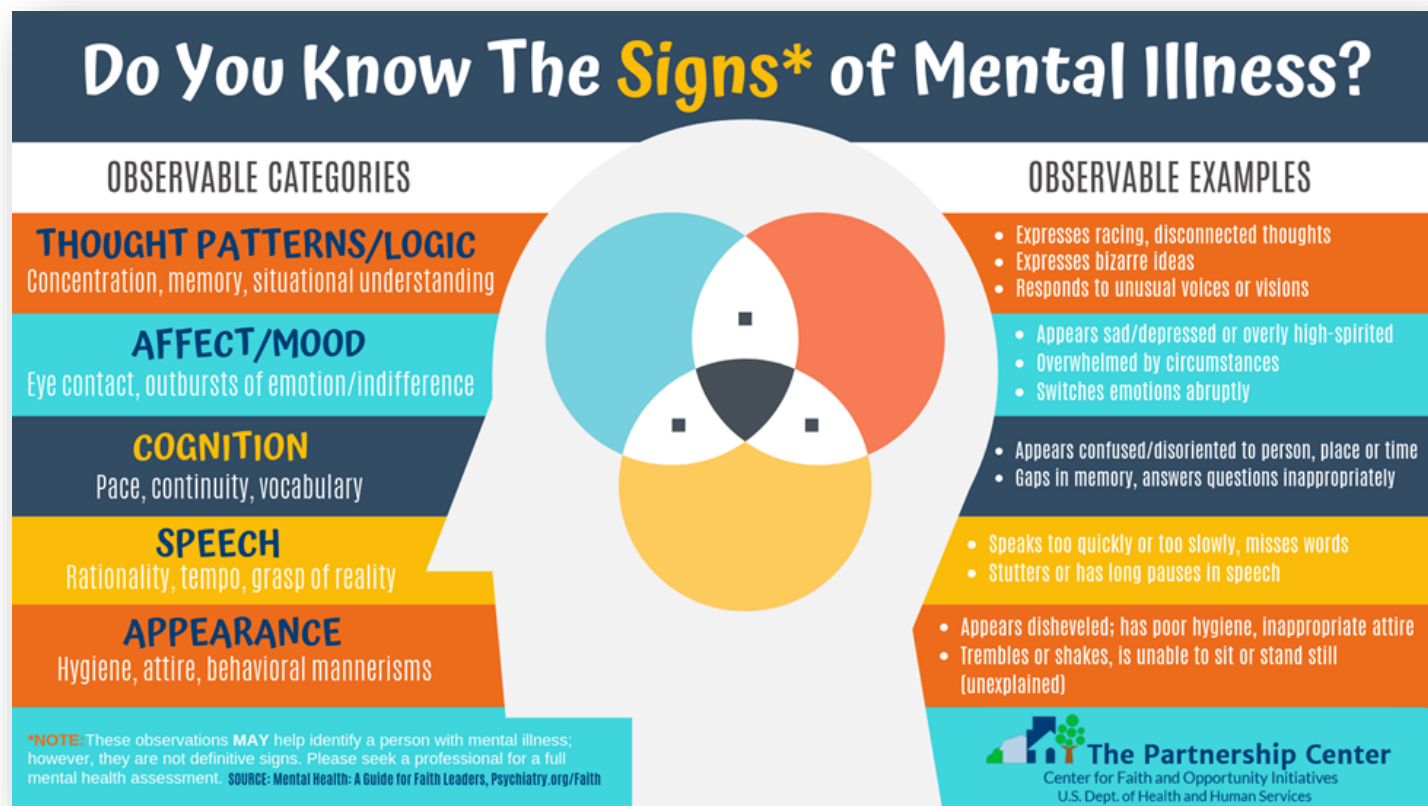
Do You Know The Signs* of Mental Illness?

OBSERVABLE CATEGORIES

THOUGHT PATTERNS/LOGIC
Concentration, memory, situational understanding

AFFECT/MOOD
Eye contact, outbursts of emotion/indifference

COGNITION
Pace, continuity, vocabulary

SPEECH
Rationality, tempo, grasp of reality

APPEARANCE
Hygiene, attire, behavioral mannerisms

OBSERVABLE EXAMPLES

- Expresses racing, disconnected thoughts
- Expresses bizarre ideas
- Responds to unusual voices or visions

- Appears sad/depressed or overly high-spirited
- Overwhelmed by circumstances
- Switches emotions abruptly

- Appears confused/disoriented to person, place or time
- Gaps in memory, answers questions inappropriately

- Speaks too quickly or too slowly, misses words
- Stutters or has long pauses in speech

- Appears disheveled; has poor hygiene, inappropriate attire
- Trembles or shakes, is unable to sit or stand still (unexplained)

*NOTE: These observations MAY help identify a person with mental illness; however, they are not definitive signs. Please seek a professional for a full mental health assessment. SOURCE: Mental Health: A Guide for Faith Leaders, Psychiatry.org/Faith

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Download and reprint this full-color resource for discussion purposes. Two copies will print per 8.5"x11" page. Check our website for more information: HHS.gov/Partnerships.

challenges they are facing and note that a mental health professional may have tools and resources that would address these challenges. Encourage them by sharing stories of people who have benefited from treatment to help them understand that effective treatment for their challenges is available.[xii]

Note that faith leaders should always recommend contacting a mental health professional or the local hospital emergency department if a person is at risk of harming himself or others.

Consider the Campaign to Change Direction's Five Signs tool, which is translated into Spanish and Nepali.

II. IDENTIFY MENTAL HEALTH PROFESSIONALS

While knowing the early signs and symptoms can be helpful to ensure someone gets the assistance they need, mental health professionals have the necessary training to diagnose a mental health condition.

Start by identifying mental health professionals in or around your community. There are different types of professionals to whom you can connect. The chart (p.17) lists the different types of mental health professionals as defined by the American Psychiatric Association, along with information from the Bureau of Labor Statistics on the number of individuals in each mental health profession.

TYPES OF MENTAL HEALTH PROFESSIONALS TO CONSIDER

TYPE	DEFINITION	TREATMENTS	NOTES
Psychiatrist	Medical doctors (M.D. or D.O.) who specialize in the diagnosis, treatment, and prevention of mental illness, including substance use disorders.	Use medication and psychotherapy, sometimes called "talk therapy."	There are more than 25,000 practicing psychiatrists.[xiii] More information about psychiatry is available from the American Psychiatric Association. Child and adolescent psychiatry is a specialization within Psychiatry for children and youth under 18. More information is available from American Academy of Child and Adolescent Psychiatry.
Psychologist	Hold Doctoral degrees (Ph.D. or Psy.D.) and have special training in mental health conditions.	Most often provide psychological testing and psychotherapy or "talk therapy."	There are more than 181,000 psychologists.[xiv] More information about psychology is available from the American Psychological Association.
Licensed Clinical Social Workers (LCSW)	Hold Bachelor's or Master's degrees in social work and address individual and family problems such as serious mental illness, substance abuse, and domestic conflict.	LCSWs are licensed to diagnose and treat mental, behavioral, and emotional disorders. They provide counseling and therapy.	There are more than 116,000 social workers who focus on mental illness and substance use disorders.[xv] More information about social work is available from SocialWorkers.org.
Psychiatric Nurses	Hold Associate's or Bachelor's degrees in nursing and work with individuals, families, groups, and communities.	Assess and help to treat mental health needs.	American Psychiatric Nurses Association (APNA) membership totals more than 13,500 psychiatric mental health nurses from all over the world.
Licensed Professional Counselors (LPC)	Hold Master's Degrees and assist people with many concerns, including mental health issues.	"Counselors work with clients individually and in group sessions to teach clients how to cope with stress and life's problems in ways that help them recover."[xvi]	There are more than 304,000 counselors who address substance use disorder, behavioral disorders, or mental illness.[xvii] More information about counselors is available through the American Counseling Association.
Certified Pastoral Counselors (CPC)	Hold an advanced theology or mental health degree that involved in-depth religious and/or theological training and experience in counseling.	Different traditions and programs train leaders in different modes of treatment and skills.	There are many organizations and groups that provide training and support clergy and faith leaders who address mental illness.
Licensed Marriage and Family Therapists (LMFT)	Master's or Doctoral degree) in marriage and family therapy and often provide treatment within the context of one's family or relationship dyad.	Use a variety of techniques and tools from a family-centered perspective to help their clients.	There are more than 55,000 marriage and family therapists in the U.S.[xviii] For more information about this mental health professional, check out the American Association of Marriage and Family Therapy.

Some mental health professionals identify their faith tradition in referral websites for their services, if you are interested in finding one who follow your specific religious tradition.

Also, some faith traditions organize specific associations of individuals who work in that mental health profession.

Check out the Mental Health Professional Connection Resources (p, 34) for a listing of some of these associations.

If you wish to identify mental health professionals who participate in your faith tradition, but have trouble doing so, you may wish to ask other faith leaders if they know of mental health professionals in their community.

You can also use the Find Treatment locator and FindTreatment.gov from SAMHSA to find different levels of care available to your community. Mental health professionals are capable of treating people of diverse values, beliefs, and backgrounds that vary by race, ethnicity, religion, and language.

Mental Health America provides a variety of resources to specifically address Minority Mental Health, while the American Psychiatric Association and BrightFutures.org/Concerns/Culture/Cultural-Concepts.html address mental health among diverse populations.

You may also consider your local Federally Qualified Health Center, as many of these federally funded programs include integrated, behavioral health services.

Additionally, some communities have launched Certified Community Behavioral Health Clinics (CCBHCs.) These federally funded programs specifically provide community-based mental and substance use disorder services. While services are available to all who seek help, CCBHCs are valuable particularly to people with complex mental health challenges.

In addition, programs addressing early serious mental illness, particularly with symptoms of psychosis, and other complex mental health challenges can be found using the SAMHSA Early Serious Mental Illness Treatment Locator (ESMITL).

The Locator is a confidential and anonymous source of information for persons and their family members who are seeking treatment facilities in the United States or U.S. Territories for a recent onset of serious mental illnesses such as psychosis, schizophrenia, bipolar disorder, and other conditions. These evidence-based programs provide medication, therapy, family and peer support, assistance with education and employment, and other services.

American Psychiatric Association Psychiatry.org

American Academy of Child & Adolescent Psychiatry AACAP.org

American Psychological Association APA.org

American Psychiatric Nurses Association APNA.org

American Counseling Association Counseling.org

American Association of Marriage and Family Therapy AAMFT.org

Certified Community Behavioral Health Clinics TheNationalCouncil.org/Topics/Certified-Community-Behavioral-Health-Clinics

Early Serious Mental Illness Treatment Locator SAMHSA.gov/ESMI-Treatment-Locator

Find Treatment locator FindTreatment.SAMHSA.gov and FindTreatment.gov

Federally Qualified Health Center FindAHealthCenter.HRSA.gov

National Assoc. of Social Workers: SocialWorkers.org

III. CONNECT WITH MENTAL HEALTH PROFESSIONALS

Meet with licensed mental health professionals. Learn more about their work and consider if you would be comfortable referring people to them — and if that professional would be comfortable referring individuals to you when requested by the client. A faith leader may refer someone to a mental health professional when there is the potential of a mental illness. At the same time, a mental health professional may send someone to a clergy leader for spiritual guidance. Connections between mental health professionals and faith leaders can benefit clients by providing their respective expertise to clients who desire their support.

IV. CREATE AND TALK ABOUT YOUR REFERRAL LIST

Develop a list of mental health professionals to whom leadership is comfortable sending congregants. The list may include information about the mental health professional, their areas of expertise, what forms of insur-

ance they accept, and ways to schedule an appointment. Be sure to refer to clinicians who are licensed in your state and practicing according to state requirements. (Consider using the *Referral Template Resource*.)

When making your referral list, it may be necessary to refer someone to professional assistance that is a measurable distance from your community due to the lack of professional assistance available in some communities. It is also important to know who to contact in case of a mental health emergency. In some communities, this may be your local first responders or law enforcement. When determining the best point of contact, you may want to ask if any first responders have received training in behavioral health (SAMHSA.gov/Sites/Default/Files/DTAC/SupplementalResearchBulletin-FirstResponders-May2018.pdf), including but not limited to Crisis Intervention Team Programs (CITInternational.org).

Talking to the faith community about having a referral list is just as important as having one. Individuals in faith communities can't ask for what they don't know is available. Sharing that the community has a referral list can help reduce the fear and concern in the community

about identifying that they have challenges and needs related to their mental health.

When sharing the referral list with someone, consider whether you are referring them to the appropriate level of care. In general, the greater the challenges the person is experiencing, the higher the level of expertise and skill will be required. When in doubt about what level would be appropriate, refer someone to any trusted mental health professional to determine what level of care may be necessary. Beyond situations where an individual is a risk to themselves or others, encourage someone to visit the level of care immediately available to them; often this will be a general practitioner who can check their overall health. Know that people with mental illness are especially vulnerable to suicide and SAMHSA and the Centers for Disease Control (CDC) have resources to help learn how to address this challenge. You can also refer people to the 1-800-273-TALK helpline that is available 24/7.

V. SUPPORT ACCESS TO CARE

Throughout the process of identifying mental health professionals in your community, you may find that care is

limited in certain areas. Even in communities where care is available, long waitlists may exist. If this is the case, it is important to be aware of these limitations and manage expectations for people experiencing mental health challenges when making a referral. Consider strategies your faith community can take to support individuals while they are seeking care. Ask if you or someone from the community can be a source of support until they are able to see a mental health professional.

The costs of mental health services can make it challenging for some individuals to receive care. Consider covering the fees for a certain number of visits to a mental health professional for a client seeking treatment.

Other strategies might include:

- Connecting individuals to Medicaid eligibility and enrollment assistance;

- Identifying providers in the referral list who accept Medicaid and/or offer a sliding scale; and

- Encouraging individuals with health coverage to work with their insurers to understand benefits.

Faith communities can also consider having a staff person, with appropriate training, whose responsibilities include providing some level of mental health services and/or care for individuals in the community.

CDC Suicide Prevention Resources
CDC.gov/ViolencePrevention/Suicide

SAMHSA Suicide Prevention
SAMHSA.gov/Find-Help/Suicide-Prevention

THE TREATMENT AND MEDICATION PRINCIPLE: We Encourage Participating In Recommended Psychiatric Treatment, Including Therapy, And, As Necessary, Medication.

5

Diagnosis of mental illness is the beginning of a journey similar to the diagnosis and management of other chronic health conditions, such as diabetes or high blood pressure. As with other chronic conditions and disabilities, early treatment and supportive services are key to potentially reducing lifelong challenges. A person-centered care plan developed with a qualified health professional may include hospitalization, medications, psychotherapy, counseling, and other supportive services. The Treatment and Medication Principle asks that we commit to support individuals as they work together with their mental health professional.

The opportunities within faith communities to serve and support people with mental illness and their caregivers is only beginning once a referral takes place. By providing community and care for individuals with mental illness, faith communities have the opportunity to support and encourage regular and ongoing adherence to the treatment protocol a mental health professional recommends.

ACTION ITEMS

I.   SUPPORT EARLY DIAGNOSIS
II. ENCOURAGE ADHERENCE TO TREATMENT
III. VISIT WITH INDIVIDUALS WITH MENTAL HEALTH CONDITIONS
IV. BECOME IDENTIFIED AS A PERSON INVOLVED IN AN INDIVIDUAL'S HEALTH CARE

I. SUPPORT EARLY DIAGNOSIS

Research suggests that 50 percent of lifetime mental health conditions begin by age 14 and 75 percent begin by age 24.[xix] Severity of symptoms across a person's lifetime can be reduced significantly when these symptoms are identified and treated as early as possible.[xx]

By encouraging treatment, faith leaders and communities can improve outcomes significantly for individuals with mental illness. Training individuals who work with children, youth, and young adults to identify early signs and symptoms may contribute to this opportunity for early diagnosis.[xxi] For more information about how to identify and support early identification of serious mental illness, consider the *Early Serious Mental Illness: Guide for Faith Communities*.

II. ENCOURAGE COMPLIANCE WITH TREATMENT

Affirming the treatment recommended by mental health professionals is a reflection of this principle in faith communities. This includes encouraging individuals to adhere to the treatment strategies and medications prescribed by the mental health professional.

Consider the following actions that would support someone adhering to mental health treatment:

- Reach out to the person after his first appointment with a mental health professional. Ask how the visit went and encourage him to continue with the process.

- Ask if someone from the faith community can be in regular communication with a member to encour-

age him to stick with his plan for getting and staying healthy. Ask if the faith community can help the person achieve their plan for getting and staying well, which can include adherence to a medication regimen, attending peer support groups, and attending therapy appointments.

Faith or lay leaders can set an electronic reminder to connect with a person receiving mental health treatment and connect (meet, text, send a letter) with the person letting them know they are being thought of by the faith community. Research indicates this is a highly effective strategy for suicide prevention[xxii] and it provides meaningful social support for people going through treatment for mental illness.

III. VISIT WITH INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

Faith leaders can visit a member of the community who is hospitalized because of their mental illness. First, check with the caregiver, a person involved with the individual's care, or family of the individual. If everyone is amenable to the visit, check the website where the individual is under care to learn more about their specific requirements for visitation. Consider the usual practices for visiting someone in the hospital and ask how some of those same principles apply to someone hospitalized because of psychiatric concerns.

If an individual has not objected, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits health care providers (such as hospitals) to disclose an individual's name, location in a facility, and general condition ("directory information") to persons who ask for the individual by name. Additionally, if an individual has not objected, the Privacy Rule permits health care providers to disclose directory information as well as the individual's religious affiliation to members of the clergy without asking for the individual by name.

Make the visit the first step. Take time to research and learn more about the specific conditions or challenges. As a part of that study, learn more about what the process of recovery might look like for that specific diagnosis. Consider how best to support the individual and his care-

givers toward a more stable condition. When a faith community takes these steps, it is providing social support to a person with mental illness and his family. Research has shown that social support makes a measurable improvement in the lives of people with mental illness.[xxiii]

IV. BECOME IDENTIFIED AS A PERSON INVOLVED IN AN INDIVIDUAL'S HEALTH CARE

A health care provider, such as a hospital, doctor's office, mental health clinic, or a licensed psychotherapist, is permitted by the HIPAA Privacy Rule to share an individual's protected health information with the individual's family, friends, or others involved in their health care or payment for care (caregivers) when the information is directly relevant to the person's involvement with the individual's health care or payment for health care. An individual receiving treatment for a mental illness can identify people who are involved in their health care; this could include persons from the faith community who are

assisting the individual for example, by providing housing, care coordination, transportation or accompaniment to health care appointments, or picking up prescriptions.

HHS provides more information on their Health Information Privacy websites including fact sheets and guides related to mental and behavioral health, including opioid overdose, as well as frequently asked questions on privacy of mental health information.

Early Serious Mental Illness: Guide for Faith Communities NASMHPD.org/Sites/Default/Files/Guide_for_Faith_Communities.pdf

Health Information Privacy Questions on Facility Directories HHS.gov/HIPAA/For-Professionals/FAQ/facility-directories/index.html

Information Related to Mental and Behavioral Health, including Opioid Overdose HHS.gov/HIPAA/For-Individuals/Mental-Health/Index.html

Frequently Asked Questions on Privacy of Mental Health Information HHS.gov/HIPAA/For-Professionals/FAQ/Mental-Health/index.html

THE COMPLEXITIES PRINCIPLE: We Understand Mental Illness Can Be A Challenging, Life-Long Journey.

Supporting people with mental illness may not be easy at times. The circumstances and challenges faced by friends, family, and caregivers of people with mental illness are often complex. Through the **Complexities Principle**, we enter into the complexities with people experiencing mental health challenges and their loved ones. We enter these relationships with humility, empathy, and compassion to learn about the challenges they are facing.

Providing support and care to people with mental illness can be challenging. It is important for faith leaders and communities to understand the unique challenges posed by a mental health diagnosis and set their expectations accordingly. Individuals who experience mental illness are like others living with chronic health conditions, requiring regular health care observation and management. Faith communities have an opportunity to support individuals while they seek care from mental health professionals so that they can learn to manage their condition most effectively. The complexities of living with mental illness lead to a few action items for faith communities to consider.

ACTION ITEMS

I.   ENTER THE COMPLEXITIES
II. KNOW HOW TO REFER INDIVIDUALS IN CRISIS
III. HELP PREPARE FOR A MENTAL HEALTH CRISIS
IV. TALK ABOUT SUICIDE PREVENTION

I. ENTER INTO THE COMPLEXITIES

As faith communities work with individuals who experience mental illness, they may come to learn something that caregivers know well: mental health for people with mental illness is a journey toward stability and wellness. Sometimes individuals relapse. Sometimes individuals with mental illness are doing well until they are not.

The complexity of this journey is an opportunity for faith leaders and their communities to return to listening and engaging as they seek to understand. This is what we mean when we talk about entering into the complexities of individuals with mental illness and their loved ones. Ask questions. Be present, even when a person with mental illness is at the height of their struggle. Be willing to stay in relationship with people even when it is hard. When leaders or members of a faith community seek to engage someone with any chronic condition, including mental illness, in a caring, supportive relationship, it is important to commit to be in that relationship even when it becomes challenging. It is a commitment to walk with someone when the storms of mental illness rage.

In fact, people experiencing mental illness may at times require an assessment for inpatient or other residential support such as peer respite. However, the overarching goal is to prevent the need for inpatient commitment

and to assist each person to remain in the community. Some people with mental illness may be unable to recognize the illness in their lives. This symptom is called *anosognosia.*[xxiv] In such cases, treatment may need to be provided to someone experiencing mental illness on an involuntary basis. Faith communities can provide non-judgmental support to loved ones and caregivers of an individual experiencing this symptom as they walk through the challenge of admitting someone into inpatient care or ongoing care in community settings.

It is important to prepare for the reality of mental illness so that faith leaders and communities can stand with individuals in need, even when it is hard. If a community is not prepared for this commitment, it might be important to continue to consider the principles outlined.

If a faith community enters into a relationship with someone with mental illness without considering the challenges that may arise, that community may unintentionally cause more harm.

II. KNOW HOW TO REFER INDIVIDUALS IN CRISIS

If someone is a danger to themselves or others, it is important that the person receives immediate attention. Faith communities are wise to be familiar with local emergency resources and consider how they can help a person get the help they need — when they need it. Leadership and staff need to know the available resources — and have a plan — for a moment of crisis before it arises to ensure they are prepared to help. This includes a person experiencing thoughts about suicide which is called *suicidal ideation*. SAMHSA and the CDC have resources to help learn how to address this challenge. You can also refer people to the 1-800-273-TALK helpline that is available 24/7.

III. HELP PREPARE FOR A MENTAL HEALTH CRISIS

Even when a person is stable, there is a possibility that symptoms of their mental illness may return. A tool that may be helpful in advance of a future mental health crisis is the Psychiatric Advance Directive. Similar to a living will, a Psychiatric Advance Directive "is a legal tool that allows a person with mental illness to state their preferences for treatment in advance of a crisis."[xxv] For more information about this tool, check out the Practical Guide to Psychiatric Advanced Directives from SAMHSA.

IV. TALK ABOUT SUICIDE PREVENTION

Some individuals who experience mental illness may also have suicidal ideation. Talking about suicide can be an important component of taking mental illness seriously.

A helpful resource is the *Action Alliance for Suicide Prevention*. It provides resources that can support faith communities in addressing and preventing suicide:

- Review the Action Alliance website to consider how your community might benefit from the information and resources provided.

- Celebrate Faith.Hope.Life National Weekend of Prayer, an event that invites faith communities across the nation to pray for people whose lives have been touched by suicide.

Review Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis. This resource, informed by faith community leaders and suicide prevention experts, aims to help equip faith leaders with the abilities needed to prevent suicide and provide care and comfort for people affected by suicide. Additional resources are available through SAMHSA and CDC to address suicide prevention.

While some people fear that asking about suicide may increase the risk, research demonstrates that it is not harmful and instead can help prevent suicide.[xxvi]

SAMHSA Suicide Prevention Resources
SAMHSA.gov/Find-Help/Suicide-Prevention

CDC Suicide Prevention Resources
CDC.gov/ViolencePrevention/Suicide/Index.html

Practical Guide to Psychiatric Advanced Directives
SAMHSA.gov/Sites/Default/Files/
A_Practical_Guide_to_Psychiatric_Advance_Directives.pdf

Action Alliance for Suicide Prevention
TheActionAlliance.org/

Faith.Hope.Life National Weekend of Prayer
TheActionAlliance.org/Faith-Hope-Life/National-Weekend-of-Prayer

Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis
TheActionAlliance.org/Faith-Hope-Life/Resource/
Suicide-Prevention-Competencies-Faith-Leaders-Supporting-Life-During-and-After-Suicidal

THE HOPE PRINCIPLE: We Recognize And Celebrate That People With Mental Illness Can Get Better.

With the **Hope Principle**, we affirm that wellness for people with mental illness is characterized by stability, not cure. As their wellness journey begins and moves toward stability, we have the opportunity and privilege to walk with people with mental illness through peer support (people with lived experience) and other volunteers in the faith community

Faith communities are places of hope. People often seek faith leaders when they need hope in their present circumstances or challenges in life. Mental illness may be one of those circumstances. Faith leaders and communities have an opportunity to be communities of hope and encouragement to people with mental illness.

ACTION ITEMS

I.   CONSIDER NEW DEFINITIONS OF WELLNESS
II. PROVIDE OR SUPPORT PEER SERVICES
III. ENCOURAGE INVOLVEMENT
IV. CONTINUE TO SHARE THE STORY

I. CONSIDER NEW DEFINITIONS OF WELLNESS

It is important to have realistic expectations of people experiencing mental illness. One way to manage expectations is to relate mental illness to chronic health conditions like diabetes or heart conditions.[xxvii] Both chronic health disease and mental illness benefit from management of lifestyle changes and/or medications.

Someone with a chronic health condition or a mental illness is seeking stability — the daily condition that provides the least impairment and the greatest opportunity to flourish. Like all of us, individuals with mental illness will have good days and bad days.

Individuals with mental illness can communicate about what defines their wellness goals. Faith leaders and their communities can encourage them toward those goals, even on the bad days.

II. PROVIDE OR SUPPORT PEER SERVICES

Consider hosting a peer support group in your faith community. Individuals who experience mental illness have lived experience and are sometimes called "peers." Often, peers are in recovery and at a point of stability with their own condition to be equipped through programs and raining to encourage and provide supports to others who experience mental illness. Because peers have experience with mental illness, they are equipped to help others with similar experiences see that getting to a stable place is possible.[xxviii] Learn more about the role of peer workers

and access recovery-related resources about peer supports and services. (Consider the *Peer-Support Group Resources* (p. 40-41) to identify a program that might be a good fit for your faith community.)

III. ENCOURAGE INVOLVEMENT

The action items related to addressing mental illness in faith communities ends where the **Guide** began: reducing social isolation by including individuals with mental illness and their caregivers in rich and deep relationships. As individuals with mental illness experience increased stability and wellness, there may be additional opportunities to involve them in the work and activities of the community.

Individuals with mental illness shared that when they started helping others and finding ways to contribute, they started to experience more stability in their own lives.[xxix] In addition to having peers provide support for others experiencing mental illness, there are many ways that individuals with mental illness can contribute to the life and health of the faith community. In fact, the opportunities are as diverse as the individuals themselves.

PRACTICAL EXERCISES

☐ What are some of the ways you have felt validated by your faith community?

  ☐ Being asked to lead or participate in a service project?

  ☐ Being asked to share your story with others?

☐ How can your faith community offer these same opportunities to individuals with mental illness?

IV. CONTINUE TO SHARE THE STORY

As faith communities and leaders, together with many others in the community, provide support and encouragement to people with mental illness, there are opportunities to share that story with the community at large.

Faith communities can be places that elevate the voice of people with mental illness and their caregivers so that more people can understand their experiences, their challenges, and their stories. This can be a powerful way to change the story in your faith community, but also your larger community.

Faith communities can advocate changes to the mental health system based on what they learn from walking alongside individuals with mental illness and their caregivers. The system of laws and services can be complex and challenging, but promoting change makes a difference for individuals who experience mental illness and their caregivers.

Bringing Recovery Supports to Scale Technical Assistance SAMHSA.gov/BRSS-TACS

Understanding the Work of Peers
SAMHSA.gov/BRSS-TACS/Recovery-Support-Tools/Peers

CONCLUSION

The seven principles and the actions that follow in this *Guide* inform the first steps a faith community and its leaders can take to address mental illness.

Sometimes, that first step is as simple as a conversation that doesn't require years of practice and expertise.

Other times, even small steps may require more learning to protect the safety and security of a loved one who may be experiencing symptoms of mental illness.

At all times, mental illness affects a person with inherent value who a faith community has the opportunity to love, respect, and honor in the midst of their challenges.

At all times, mental illness affects someone who has a family or caregivers who can be supported, encouraged, and loved through the midst of a challenging diagnosis.

At all times, faith communities have an opportunity to perform "small acts with great love" that can make a lifetime of difference for individuals with mental illness and their loved ones.
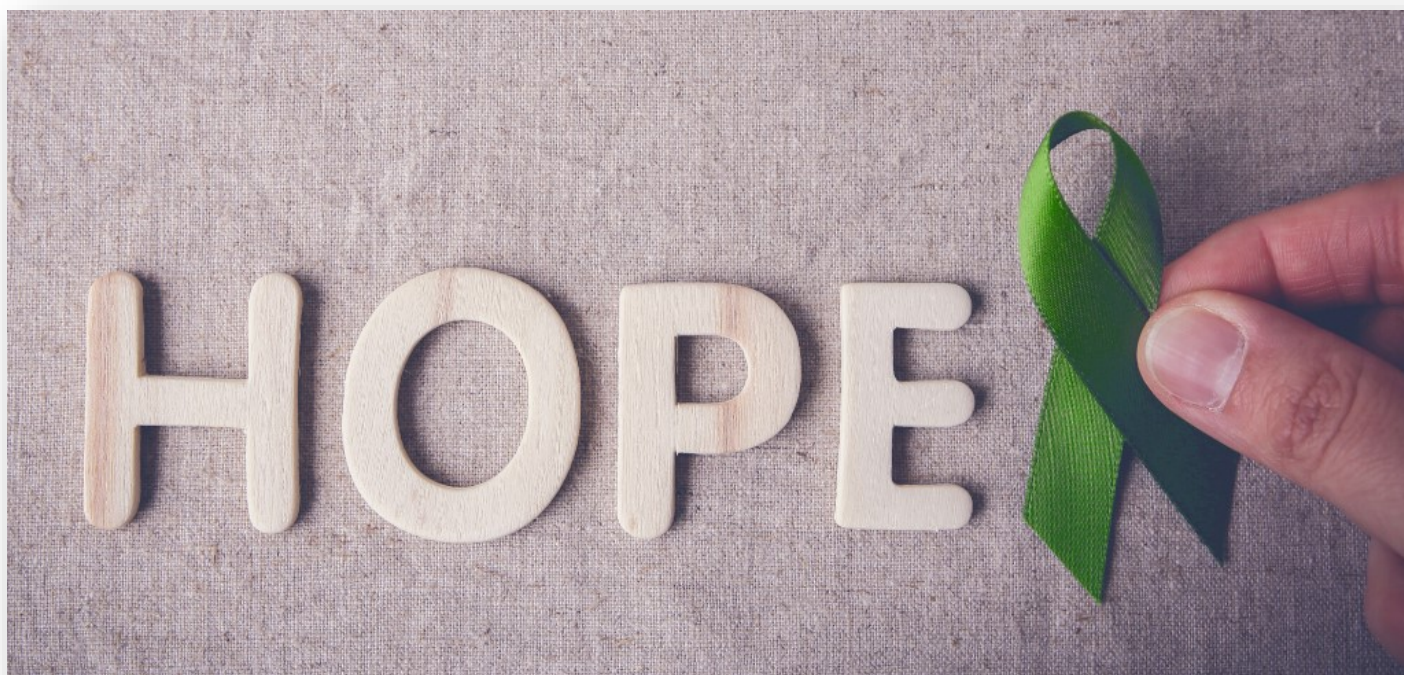
As faith communities take these first steps, we hope they lead to many more steps in the journey of walking alongside individuals with mental illness and their caregivers.

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What to Say & What Not to Say

Principle 1 addresses the importance of language and its impact on those who hear. We have the opportunity to consider how our language and our community can change to affirm individuals with mental illness.

As a part of these conversations and dialogue, you may hear and experience a different way to talk about mental illness. Below are some suggestions you might consider.

All of these suggested changes in ways of talking about mental illness are a reflection of the first principle of honoring the human dignity of people with mental illness.

When we are careful about how we identify individuals with mental illness, we can also be careful about other words we use that might promote negative views about mental illness. Mental health professionals refer to this language as stigmatizing language. Check out this helpful resource from NAMI Faithnet to consider the language you can use to promote a stigma-free environment within your faith community.

WHAT TO SAY:

- Ask about the challenges of those with mental illness and their caregivers. Invite people to share about their challenges and concerns.

- Simply acknowledge their challenges and hardships.

Acknowledge those challenges without dismissing them. This can be a challenge, but the opportunity presented by sharing challenges is to listen with honor and respect for their experiences.

- Once someone shares about challenges, stay with them. Ask the person when or how it would be ok to follow up and check to see how they are doing.

- If possible, acknowledge your own areas of vulnerability without equating your suffering with the challenges experienced by those with mental illness and their caregivers.

WHAT NOT TO SAY:

- As noted in the principle, people with mental illness are not defined by their illness. We don't speak of someone who has a medical diagnosis of cancer by their diagnosis. We don't say they "are cancer." The same should be true for mental illness. We should not say someone "is bipolar" or "is schizophrenic." Instead, you can say that someone "has Bipolar Disorder" or "has been diagnosed with Schizophrenia" or "is living with serious mental illness." *This is called "person-first language."*

- Be careful not to dismiss the suffering of the individual with mental illness. Phrases like "this too shall pass" or language that diminishes the challenges someone experiences as a result of their illness can produce feelings of frustration and despair. *This is called "toxic positivity."*

- Don't try to solve or fix their diagnosed mental illness. Unless you are a mental health professional or have received mental health services training, it is not the job of a lay person to address their mental health condition.

As a part of all these issues, you can't speak with someone in your faith community about mental illness until you make it ok for people in your congregation to identify that they have a diagnosis of a mental and/or substance use disorder. This process is called removing stigma from the congregation.

REFERRAL TEMPLATE

In case of a mental health emergency or someone who is a risk to themselves or others:

Identify the closest hospitalization site and/or law enforcement — preferably with Crisis Intervention Team (CIT) training — that can be called to address the situation.	
Name:	
Address Where Services are Provided:	
Email:	
Phone Number:	
Appropriate Law Enforcement:	
Phone Number:	
Website:	

If someone is experiencing mild levels of mental health symptoms that impair their functioning intermittently:

Identify mental health professionals at any level of expertise. Name as many as possible listing information for the following fields.	
Name:	
Address Where Services are Provided:	
Email:	
Phone Number:	
Website:	

In case someone is looking for a support group for others with lived experience of mental illness:

Identify a specific individuals as a point of contact. Name as many options as are available and identified within your community.	
Name:	
Address Where Services are Provided:	
Email:	
Phone Number:	
Website:	

APPENDIX II

REFERRAL TEMPLATE

If someone is experiencing severe mental health symptoms that are impairing their ability to function significantly:

Identify mental health professionals with higher levels of expertise like a psychiatrist or a psychologist. To the extent possible, identify three professionals.	
Name:	
Address Where Services are Provided:	
Email:	
Phone Number:	
Website:	
Name:	
Address Where Services are Provided:	
Email:	
Phone Number:	
Website:	
Name:	
Address Where Services are Provided:	
Email:	
Phone Number:	
Website:	

There are many groups and organizations working to address the needs of individuals with mental illness and their caregivers. While not exhaustive, we hope the following resources prove helpful.

FEDERAL RESOURCES
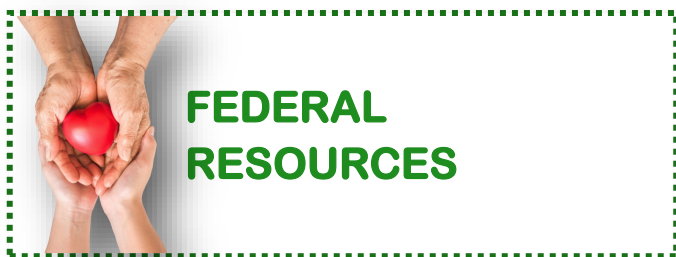
Substance Abuse and Mental Health Services Administration (SAMHSA) — SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. They also have resources to prevent suicide and support the 1-800-273-TALK helpline that is available 24/7 for people in suicidal crisis or emotional distress.

National Institute for Mental Health (NIMH) — National Institute for Mental Health is the lead federal agency for research on mental disorders transforming the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Administration for Community Living (ACL) — ACL serves as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan, including individuals with mental illness. ACL programs and councils help support and empower those caring for older adults and people with disabilities, including individuals with mental illness.

Office of the Assistant Secretary for Health (OASH) — OASH oversees the Department's key public health offices and programs including the Office of Adolescent Health. This office provides information on adolescent development and how it relates to mental illness. There are additional resources provided to address adolescent mental health.

Centers for Disease Control and Prevention (CDC) — As the nation's health protection agency, CDC saves lives and protects people from health threats. Their website includes information about mental health and resources to address suicide.

NATIONAL ADVOCACY ORGANIZATIONS
(LISTED IN ALPHABETICAL ORDER)

American Association of Suicidology (AAS) — The membership of AAS includes mental health and public health professionals, researchers, suicide prevention and crisis intervention centers, school districts, crisis center volunteers, survivors of suicide loss, attempt survivors, and a variety of lay persons who have an interest in suicide prevention.

American Foundation for Suicide Prevention (AFSP) — The mission of AFSP is to save lives and bring hope to those affected by Suicide. They seek to fulfill this mission by funding research, offering educational programs for professionals, educating the public about mood disorders and suicide prevention. promoting policies, and providing programs and resources for survivors.

National Alliance on Mental Illness (NAMI) — NAMI provides advocacy, education, support, and public awareness so that all individuals and families affected by mental illness can build better lives. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy, and congregations of all faith traditions who wish to encourage faith communities who are welcoming and supportive of persons and families living with mental illness.

National Association of Social Work (NASW) — Founded in 1955, the National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the world, with more than 120,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

Mental Health America — Mental Health America is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all Americans. Their organization recognizes the role of religion and spirituality for mental health on the 4Mind4Body page.

National Council for Behavioral Health — The National Council for Behavioral Health is the unifying voice of America's health care organizations that deliver mental health and addiction treatment and services. Together with 3,326 member organizations serving over 10 million adults, children, and families living with mental illness and addiction, the National Council is committed to all Americans having access to comprehensive, high-quality care that affords every opportunity for recovery.

MENTAL HEALTH PROFESSIONAL ORGANIZATIONS
(LISTED IN ALPHABETICAL ORDER)

The American Academy of Child & Adolescent Psychiatry (AACAP) promotes the healthy development of children, adolescents, and families through advocacy, education, and research; and to meet the professional needs of child and adolescent psychiatrists throughout their careers.

American Association for Marriage and Family Therapy — The American Association for Marriage and Family Therapy is the professional association for the field of marriage and family therapy.

American Counseling Association — The American Counseling Association is a not-for-profit, professional and educational organization dedicated to the growth and enhancement of the counseling profession. The Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC) is devoted to professionals who believe that spiritual, ethical, religious, and other human values are essential to the full development of the person and to the discipline of counseling.

American Psychiatric Association — The American Psychiatric Association is an organization of psychiatrists working together to ensure humane care and effective treatment for all persons with mental illness, including substance use disorders. The Mental Health and Faith Community Partnership is a collaboration between psychiatrists and clergy aimed at fostering a dialogue between the two fields, reducing stigma, and accounting for medical and spiritual dimensions as people seek care.

American Psychological Association — The American Psychological Association promotes the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives. The Society for the Psychology of Religion and Spirituality is a division of the American Psychological Association that promotes psychological theory, research, and clinical practice to understand the significance of religion and spirituality in people's lives and in the discipline of psychology.

RELIGION-SPECIFIC MENTAL HEALTH ASSOCIATIONS
(LISTED IN ALPHABETICAL ORDER)

American Association of Christian Counselors (AACC) — The American Association of Christian Counselors is committed to assisting Christian counselors, the entire "community of care," licensed professionals, pastors, and lay church members with little or no formal training. It is their intention to equip clinical, pastoral, and lay care-givers with biblical truth and psychosocial insights that minister to hurting persons and help them move to personal wholeness, interpersonal competence, mental stability, and spiritual maturity.

Christian Association for Psychological Studies (CAPS) — A professional association of Christians working various mental health professions who work to deepen their understanding of the relationship between Christianity and

the behavioral sciences at both the clinical/counseling and theoretical/research levels.

The Institute for Christian Psychology (ICP) — The Institute for Christian Psychology is a network of Christians committed to promoting Christ-centered soul care and developing a distinctly Christian psychology based on the resources available in the bible, the Christian traditions, and good science.

Institute for Muslim Mental Health (IMMH) — Institute for Muslim Mental Health has been mobilizing mental health professionals interested in caring for Muslims to exchange resources, disseminate original research on Muslim mental health, train professionals and community leaders, mentor students and young professionals, and connect American Muslims to mental health services.

National Association of Christian Social Workers (NACSW) — A non-profit Christian social work organization that equips its members to integrate Christian faith and professional social work practice.

Network of Jewish Human Services Providers (NJHSP) — A membership association of more than 140 nonprofit human service agencies in the United States. Members provide a full range of human services for the Jewish community and beyond, including healthcare, career, employment, and mental health services.

Additional professional organizations and leaders in the field of mental health can be found as National Partners for the National Institute for Mental Health (NIMH).

FAITH-BASED CONNECTION RESOURCES
(LISTED IN ALPHABETICAL ORDER)

A number of groups are working with faith communities and traditions to encourage awareness and programs to address mental illness in their communities. Resources are listed alphabetically.

American Psychiatric Association Faith Leader Guide — This guide provides information to help faith leaders work with members of their congregations and their families who are facing mental health challenges. Its goal is to help faith leaders understand more about mental health, mental illness, and treatment, and help break down the barriers that prevent people from seeking the care they need. The Quick Reference Guide summarizes the information presented in the Toolkit in an easy to access two page overview that may be helpful in many different settings to faith leaders.

Association for Clinical Pastoral Education, Inc. (ACPE) — ACPE provides the high quality clinical pastoral education (CPE) programs for spiritual care professionals of any faith and in any setting. They serve as the professional home of a growing number of spiritually integrated psychotherapists and pastoral counselors.

Information on Faith and Spirituality from National Alliance on Mental Illness — Resources on this page note self-reported ways that religion and spirituality have a positive impact on physical and mental health as well as suggestions for faith communities to consider related to mental illness.

MentalHealth.gov — MentalHealth.gov provides one-stop access to information provided by the U.S. government about mental health and mental health disorders. It includes a page for Faith and Community Leaders to consider how they can address mental illness in their community.

Pathways to Promise — is an interfaith cooperative of many faith groups that provides training, consultation, and other resources for faith groups who want to become supportive, caring communities for people with mental illness and their families. Check out their Toolkit for additional resources on how faith communities can support individuals with mental illness.

MULTI-FAITH RESOURCES

(LISTED IN ALPHABETICAL ORDER)

Organizations below are listed by faith traditions. The groups and organizations are a sample and are not an exhaustive list of organizations or partners faith and community leaders can work with to address mental illness and caregivers in their community.

Interfaith Network on Mental Illness — Interfaith Network on Mental Illness has a mission to increase awareness and understanding of mental illness among clergy, staff, lay leaders, and members of faith communities and help them more effectively develop and nurture supportive environments for persons dealing with mental illness and their families and friends.

Integrative Mental Health for You — A series of online programs and resources and coaching developed through an integrative framework and designed to support people experiencing mental health challenges through a spiritual perspective.

McLean Hospital Spirituality and Mental Health Program — The Spirituality and Mental Health Program is a multi-faceted initiative to meet the spiritual needs of McLean patients by providing spiritually-integrated care within multiple clinical units throughout the hospital.

Mental Health Chaplaincy — The Mental Health Chaplaincy provides a companion presence in the city of Seattle for those living in homelessness, mental illness, addictions, and trauma.

Mental Health Ministries — Mental Health Ministries produces or connects faith communities with high quality resources to reduce the stigma of mental illness in faith communities and to lift up the important role of faith/spirituality in the treatment and recovery process.

Pathways to Promise — Pathways to Promise is an interfaith cooperative that provides training, consultation, and other resources for faith groups which want to become supportive, caring communities for people with mental illness and their families.

CHRISTIAN RESOURCES

(LISTED IN ALPHABETICAL ORDER)

AmySimpson.com — As an author, speaker, editor, and leadership coach, Amy is deeply committed to the vision of seeing purposeful people make the most of their gifts and opportunities. She often blogs on mental health topics.

Hope and Healing Center & Institute — The Hope and Healing Center & Institute is a comprehensive mental health resource dedicated to transforming lives and restoring hope through education, training, clinical services, and research.

Hope for Mental Health Ministry — A ministry of Rick and Kay Warren that encourages faith communities to provide transforming love, support, and hope to individuals with mental illness through the local church.

Key Ministry — Key Ministry provides knowledge, innovation, and experience to the worldwide church as it ministers to and with families of children with disabilities. Key Ministry has efforts to minister effectively with children, teens, and adults with common mental health conditions and their families.

National Catholic Partnership on Disability — The National Catholic Partnership on Disability (NCPD) works collaboratively to ensure meaningful participation of people with disabilities in all aspects of the life of the Church and society. They also have a number of resources to support faith communities addressing mental illness.

United Church of Christ Mental Health Network — The United Church of Christ Mental Health Network works to reduce stigma and promote the inclusion of people with mental illness/brain disorders and their families in the life, leadership, and work of congregations.

MUSLIM RESOURCES
(LISTED IN ALPHABETICAL ORDER)

Family Youth Institute — The Family Youth Institute seeks to Strengthen and empower individuals, families, and communities through research and education. Their organization supports research and resources that address mental health in the Muslim community.

Khalil Center — The Khalil Center is a psychological and spiritual community wellness center advancing the professional practice of psychology rooted in Islamic principles.

Muslim Mental Health Consortium — The Muslim Mental Health Consortium was created to promote work in Muslim Mental Health, conduct trainings, collaborate on research projects, engage in community outreach and specify clinics which can promote the work locally and across the US.

Naseeha Peer Support Hotline — Naseeha provides an anonymous, non-judgmental, confidential, and toll-free peer support helpline to listen to and be there for youth experiencing personal challenges and to support them in working through those challenges. Muslim helpline at 1-866-NASEEHA.

JEWISH RESOURCES
(LISTED IN ALPHABETICAL ORDER)

Blue Dove Foundation — The Blue Dove Foundation was created to help address the issues of mental illness and substance abuse in the Jewish community and beyond.

Local Jewish Social Services Agency or Jewish Federations — Some Jewish communities have a local Jewish social service agency (i.e. Jewish Family Services or Jewish Family and Children's Services) which may offer mental health services. Local Jewish Federations may know about Jewish mental health services in your area.

Religious Action Center of Reform Judaism–Mental Health — Provides resources, tools, and information about mental health through a Jewish Perspective.

VIDEO RESOURCES
(LISTED IN ALPHABETICAL ORDER)

Many organizations, including the U.S. Department of Health and Human Services, offer video resources to help individuals understand mental illness. Some of these videos also include resources on how you can care and support those with mental illness. The following organizations provide videos that can help you and your community understand mental illness.

HHS Partnership Center's Mental Illness 101 Videos — The Partnership Center hosts numerous webinars that provide general information about mental illness to educate faith and community leaders about topics related to faith and mental illness.

Hope and Healing Center and Institute — These videos provide general information about how faith relates to mental illness. They also provide in depth information about specific strategies for understanding and addressing mental illness.

Hope for Mental Health — In these videos, individuals can hear from individuals struggling with mental illness, faith leaders, and professionals as they share about moving towards hope.

Key Ministry — This series of fourteen videos, hosted by Steve Grcevich, MD, was designed to accompany and support the content of the book, *Mental Health and the Church,* and serve as a resource to pastors and ministry leaders seeking to develop a mental health inclusion strategy within their churches.

Mental Health and Chaplaincy's Faith Community and Clergy Training videos — These videos were designed to help faith communities and clergy care for and support Veterans and persons with emotional and mental health struggles. Discussion questions embedded in the videos encourage conversation within small groups of community members. They are appropriate for religious education classes, book clubs, study or prayer groups, community meetings, Veterans' gatherings, and the like.

SAMHSA's Living Well with Serious Mental Illness Videos — Learn how treatment and support make it possible for people with serious mental illness (SMI) to manage their disorder and live healthy and rewarding lives.

TRAINING RESOURCES
(LISTED IN ALPHABETICAL ORDER)

Companionship Movement Training — This three-hour training guides faith communities in developing caring responses to individuals and families coping with the challenges posed by mental illness.

HHS Partnership Center's Mental Illness Videos — The Partnership Center hosts numerous webinars that provide general information about mental illness to educate faith and community leaders about topics related to faith and mental illness.

Mental Health First Aid (MHFA) — Communities around the country are taking Mental Health First Aid training to increase their ability to recognize the signs and symptoms of someone developing a mental illness, substance use disorder, or experiencing a crisis, and to learn how to offer a timely, appropriate, and safe response to those individuals.

Mental Health Training for Muslim Community Leaders — Multiple courses specifically developed for Muslim leaders to learn more about mental illness and how to respond in the community.

National Alliance on Mental Illness (NAMI) Resources — NAMI provides a number of training resources that faith and community leaders can engage to learn more about mental illness and those affected by it. While a wide range of their resources may be helpful to faith communities, consider two resources below:

- **NAMI Basics' OnDemand** — This free, six-session online, education program is for parents, caregivers and other family who provide care for youth, aged 22 or younger, who are experiencing mental health symptoms.

- **NAMI FaithNet's Bridges of Hope Presentation** — The purpose of Bridges of Hope is to educate faith communities about mental illness so they can create stronger safety nets and welcoming communities of faith for people affected by mental illness.

CAREGIVER RESOURCES
(LISTED IN ALPHABETICAL ORDER)

Administration for Community Living (ACL) Support for Caregivers — Administration for Community Living programs and councils help support and empower those caring for older adults and people with disabilities which includes individuals with mental illnesses. While some of the information is targeted toward caregivers of elderly loved ones, many of the resources remain relevant and can be helpful to those providing care and support for

loved ones with mental illness. Consider resources supported by ACL such as the Family Caregiver Alliance or the Caregiver Action Network.

ARCH National Respite Network and Resource Center — The mission of the ARCH National Respite Network and Resource Center is to assist and promote the development of quality respite and crisis care programs in the United States; to help families locate respite and crisis care services in their communities; and to serve as a strong voice for respite in all forums. They also list information state-by-state related to respite care.

Mental Health America (MHA) Caregiver Basics – MHA provides information, forms, and documents to assist caregivers in providing support to their loved ones with mental illness. The tools they include help caregivers encourage loved one to become as involved as possible in their treatment, experience more in control, and work toward becoming as independent as possible.

National Alliance on Mental Illness (NAMI) Family Members and Caregivers — The National Alliance on Mental Illness is a leading voice for family and loved ones of individuals with mental illness. They provide a free, 12-session educational program for family, significant others, and friends of people with mental health conditions called NAMI Family-to-Family. This program significantly improves the coping and problem-solving abilities of the people closest to a person with a mental health condition.

SAMHSA's Resources for Families Coping with Mental and Substance Use Disorders — Find a variety of resources with more information about how to help a family member living with a mental or substance use disorder. These include a guide to helping a loved one experiencing mental or substance use disorder and a guide on how to start a conversation when they are experiencing a mental or substance use disorder.

GENERAL PEER-SUPPORT GROUP RESOURCES
(LISTED IN ALPHABETICAL ORDER)
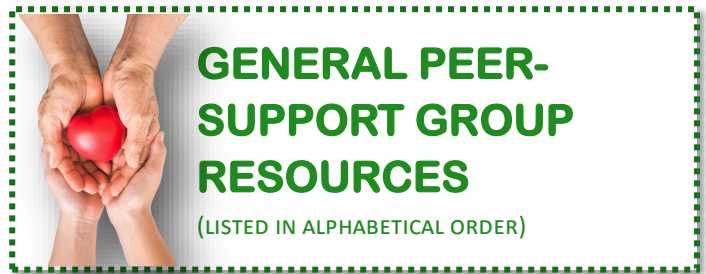
As noted by the Substance Abuse and Mental Health Services Administration (SAMHSA):

"Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process."

Center on Integrated Health Care and Self-Directed Recovery — This Center seeks to enhance the health and well-being of people with psychiatric disabilities and co-occurring medical conditions, improve their employment outcomes, and stimulate the development of self-directed recovery models. They provide a map of peer support training and certification program by state.

Mental Health America Center for Peer Support — This Center provides information about peer support and its use as a program to support the certification of peers to provide recovery support services.

National Alliance on Mental Illness "In Our Own Voice" Program — This program develops presentations that change attitudes, assumptions, and ideas about people with mental health conditions. These presentations provide a personal perspective of mental health conditions, as leaders with lived experience talk openly about what it's like to have a mental health condition.

FAITH-BASED PEER SUPPORT GROUP RESOURCES
(LISTED IN ALPHABETICAL ORDER)

Fresh Hope — Fresh Hope for Mental Health is an international network of Christian, peer-to-peer mental health support groups that focuses on recovery principles/tenets read at each meeting. These groups are sponsored and hosted by local churches or ministries. Each group meeting includes both those with a diagnosis and their loved ones. The local facilitators for the groups are trained and certified by Fresh Hope. There are also specialty groups, such as Fresh Hope for Teens, Fresh Hope for Living Free, and Fresh Hope for Co-Occurring.

The Grace Alliance — The Grace Alliance strives to provide simple and innovative Christian mental health resources and programs for families and individuals experiencing mental health challenges. Grace Alliance equips faith communities with active community support and leadership tools. Living Grace Groups are groups for individuals diagnosed with a mental illness.

My Quiet Cave — My Quiet Cave is a nonprofit organization that provides mental health resources and connection for individuals and faith communities from a Christ-centered perspective. They create space to heal in *Overcome*, a 9-week group study for those affected by mental health struggles.

Reboot Recovery — REBOOT Recovery helps veterans, first responders and their loved ones heal from the moral and spiritual wounds of trauma. Its courses are private and peer-led, inclusive of the entire family, and offered at no cost to participants.

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x. "Support to Caregivers" Administration for Community Living, last modified September 9, 2019, https://acl.gov/programs/support-caregivers.

xi. Michelle Pearce et al. "Religious Coping Among Adults Caring for Family Members with Serious Mental Illness" Community Ment Health J. 2016;52(2):194–202. doi:10.1007/s10597-015-9875-3; Rita Bauer et.at. "Rewards of Caregiving and Coping Strategies of Caregivers of Patients With Mental Illness," Psychiatric Services 2013:64 (2) 185-188.

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xviii.   "Occupational Outlook Handbook > Community and Social Service > Substance Abuse, Behavioral Disorder, and Mental Health Counselors" prepared by the Department of Labor (Washington, DC, 2019), Last modified September 4, 2019, https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm#tab-2.

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