Creating Safe Spaces:
Models for MH Support Groups in Faith Communities

Hosted by the IMHC: Interfaith Mental Health Coalition
9/19/18 @ Elmhurst Hospital
Very diverse crowd: Hindu/Muslim/African American, etc. (No representation from our Jewish friends bc the event fell on Yom Kippur)

Speaker #1: Amy Simpson, author of "Troubled Minds"
A proper response to MI starts with a proper *understanding* of MI.

26% of American adults in any given year (more than 50% if over the course of their lifetime) suffer from a diagnosable MI.

Average age of onset for anxiety disorder is 11 years old (the most common MI) Half of all MI onset happens by age 14.

MI is more common than diabetes, heart disease, cancer, HIV, and AIDS combined in the US. Anti-psychotics are the top selling class of drugs. MI is the #1 cause of disability in the North America and the world, specifically major depression.

Las Vegas (and the state of Nevada in general) was sued for putting MI people on a Greyhound bus and sending them to another state. They did this to 40% of the hospital MI patients. Amy Simpson asks, is your church like Vegas? Churches are full of people who struggle with MI. 25% of ppl who have sought treatment for MI have gone to clergy first. 16% go to a psychiatrist. 16% to a general medical doctor. And the stats go down for there. So the most go to clergy, whether or not they're churchgoers already.

Faith communities are uniquely attractive to those with MI, and therefore uniquely responsible. (Much like Vegas, more attractive to those with MI) Why church attracts them: spiritual experience, promises of peace and joy, acceptance and love, a relationship with God, community/friends, financial support and care. etc.

Silence is a way churches inadvertently communicate rejection to those with MI. Presenting a perfect front and being silent and distant about the presence of MI. Churches should acknowledge MI as a common part of the human experience. In sermons, public prayers, etc.

Don't overlook the most obvious ways we can help: practical help, hospital visits, meals, rides, financial assistance, childcare, etc. All the same things we'd do for a cancer diagnosis. MI is less confusing than we think. It's a disorder of the brain,

straightforward. Needs spiritual nurture and loving community. A MI crisis is almost always accompanied by a spiritual crisis.

Faith communities are unique — probably the only place left in North America where a total stranger can walk into an organized, functioning organization and join in immediately. This is why so many turn here first.

Don't get so caught up in trying to fix the person that you miss helping the support system who is already caring for this person — the family, the caregivers. They need help. Don't neglect them bc they're in the best position to serve this person. Reach out to the family. Ask them what they need. Who's ministering to them?

Having a MI doesn't negate a person's giftedness. People with MI can still use their gifts in church/ministry.
Teaching kids, serving, etc. Think twice before removing ministry opportunities from these ppl. She gave an example of a women who suffered from depression and teaching Sunday school to kindergartners every week was keeping her functional and maybe even alive.

Families need support. Often in crisis, often overwhelmed. Navigating the system is difficult. Adjusting to the chronic nature of MI. They need loving communities who aren't scared to talk about it.

God is not defeated by MI. Faith leaders should not be silent on this subject, that silence itself causes injury. God always has a purpose for everyone. MI does not make anyone marginal to God's plans. God sees the value and potential in all of us. This is the right posture for ministering to those with MI, and to anyone at all for that matter. Our limitations don't limit God. Start by extending grace to each other. Take risks with and for each other. Offer hope.

Speaker #2: Julie Baier: She brought in and coordinates the NAMI Family Support Groups (caregivers, loved one, etc) & Individual Support groups to her church, Christ Church of Oakbrook. She's been leading for 15 years, is now a certified support group leader with NAMI DuPage (the largest in the country). It's not just a talk session, it provides info and education. All the support groups are peer-led. Free, at least monthly, 60-90 minutes. They're drop-in, no start/stop date, just ongoing. Does not recommend or endorse any specific medical treatment or therapy. Peer led by two trained co-facilitators. All materials are copy-written and evidence-based. Her church now has a full-fledged MH ministry with events, educational programs, etc. (NAMI sends those). She hands out a prayer that everyone loves, www.MIministry.org/each_day_prayer.doc

mentalhealthministries.net and NAMI FaithNet are great resources.

NAMI itself is not a faith-based org but is easily adapted to a faith-based setting. The model is unchanged but you can tweak what you need for your setting. Example: open and close in prayer, address and encourage spiritual wellness in addition to emotional and physical, offer spiritual resources/disciplines, talk about eternal hope, etc.

Why choose the NAMI support group model?
- The structure ensures everyone is heard and their needs met
- Evidence-based
- Local training available
- Peer led ($250/person to train)
- Bridge to other NAMI programs and services
- Adaptable to any faith-based setting.

Speaker #3: Rev. Richard Heller, a pastor, a chaplain and a licensed counselor. Also has experienced a major depressive episode as a pastor. Did not receive support from his fellow pastors. (He offers a NAMI recovery connection support group. Sometimes had good turnout, sometimes zero. Put the group on hold. Lack of interest. They decided to do a a topic-oriented group, more specific focus.) Why do people turn to clergy first? BC church has a reputation of being supportive and helpful to people. That is our mission, to respond to the needs of our community.

One woman in the audience asked about Eastern European and Middle Eastern cultures- cultural pushback, very closed off, won't acknowledge MI among themselves. Islamic Circle of North America, 80% of those they serve are refugees, PTSD, depression, etc. But they don't want to deal with their MI issues, how to get them involved in care if they won't acknowledge? People don't reach out or come to support groups bc they don't think they need help. The 2nd speaker spoke up and said she sees the same thing in her affluent white community — ppl don't want to acknowledge they need help. She said it was slow going, very low turnout in her group at first, but be patient and stay with it, they'll come. Another person said, See how you can integrate something that IS important to them and roll MH topics into that. Like the topic, How can you be more effective at work? Family, etc? And then sneak in mental wellness. Or be creative in what you call it, "Strategies for Life After Loss" instead of "grief support group" because they consider grief only loss of life without realizing there are other things we grieve for besides death of loved one. Be creative with your presentations and how to draw people to come.

A NAMI employee stood up and said people are less moved by a presentation from her and more interested in a peer-based type of event, where they can share amongst each other and hear stories, peer counselors, etc. Walking a journey together, coming alongside.

Speaker #4: Bob Barger (coordinator of the MH Ministry at College church in Wheaton, retired pharmacist, former board of directors of NAMI, certified in MHFA) and Judy Smith (nurse and served on board of NAMI DuPage, certified in MHFA, College Church in Wheaton). How to start a MH ministry. They have 15wk curriculum of support groups. Here was the process of starting a MH ministry:

1. They approached their pastor about starting a MH support group. Pastor asked, is there any interest?
2. Put a notice in church newsletter about an informational meeting on MH support groups to assess interest. 20 people showed up (1500 member church).
3. Pastor asked, is there liability? Had the church attorney review the concept and assess any legal liability. They checked -- no additional insurance required, attorney said it's under the umbrella of their current insurance.
4. At the informational meeting, they asked about needs and MH issues, what are the goals/outcomes, etc. Needed to train some facilitators. Decided not to reinvent the wheel, used the 15 week curriculum of Grace Alliance, a structured, international org. Offered both a Living Grace Group (for the person with MI) and Family Grace (for caregivers).
5. Got 2 facilitators per group and no more than 8 participants per group. Trained them using the Grace Alliance materials. These are support groups, not therapy groups. (This is key for the liability piece). Make sure the congregation understands this as well. It's a key component.

Entire process from initial inquiry to first class: one year. Educating pastors, leaders, etc.

1. Group guidelines: no crosstalk, validate each other's feelings, "I" statements, not "you" statements. no trying to "fix" each other, honesty, confidentiality!!
2. Values: safe place, acceptance, never give up, encouragement, growth, unity, confidentiality.
3. Their curriculum is Living Grace, similar to NAMI Family-to-Family. It combines education with support. 15-week groups. They prefer this format than an ongoing group with no stop/start. 1.5 hours, very structured.

LIVING GRACE Curriculum:

Week 1: identity
Week 2: MH recovery
Week 3: God is bigger than our weakness
Week 4: Medication
Week 5: Whole health renewal
Week 6: Renewing your mind
Week 7: Rest, relaxation, joy
Week 8: Managing triggers
Week 9: Cycles and triggers
Week 10: Mindful grace
Week 11: Grieving and grace
Week 13: Safe and healthy relationships
Week 14: Its not your fault
Week 15: Staying resilient

FAMILY GRACE CURRICULUM TOPICS: In addition to many of those above, also: You're not the hero/ Cycles and Triggers/ Handling problems/ Boundaries & rebuilding/ Enabling vs. Empowering/Staying ahead of the game.

Challenges they've faced: someone doesn't believe in medication and/or counseling; caregivers need support; need to refer out to psych, counseling, etc; sometimes due to stigma, they need to refer someone to another church for support group.

They send a weekly email to all participants for encouragement. FreshHope app does daily reminders, some of these are used.

Surprises they found during the first year:
- People with family member with ADHD or autism spectrum greatly benefited from the support group
- 30% of people repeat the cycle again.
- People didn't want the groups to stop so they added a monthly alumni group for touching base.

Question from a woman: India/Pakistan, what looks like MH issues some interpret as possessed by evil spirit, go to mosque, When person is abused, saying they're weak in spirit. Speaker answer: Clinical MI looks the same everywhere but has different cultural contexts. Dreams/visions, etc. can be seen as assets, where for us it's a delusion. Suggestion from Robert Skrocki: offer a MHFA class in your faith community so that they can learn to correctly interpret the symptoms as MI and not a spiritual problem.

Speaker #5: Rev. Kirsten Peachey, MSW, Mdiv, Dmin, from Chicago Theo. Seminary. Director of Congregational Health Partnerships, Co-Director of the Center for Faith and Community Health Transformation. And Robert Skrocki, MSW, Communications Coordinator for Interfaith MH Coalition, chair of national Pathways to Promise, SamaraCare's MH ministry development coordinator. Topic: trauma informed care.

Definition of trauma: a subjective experience, feeling overwhelmed by a life event, seeing it as a threat to their life and their ability to cope. It significantly overwhelms their ability to cope. Abuse, violence, war, discrimination, oppression, chaos. Different levels. We need to be a trauma-informed congregation bc many people seek help from their faith community.

ACES: Adverse Childhood Experiences (physical or sexual abuse, bullying, emotional abuse, death of parent, imprisonment of parent, alcoholic parent, etc). They need to be taught coping skills — forgiveness, etc. How to recover from these traumas. Offering support groups is only a small portion, the entire congregation needs to be a trauma-informed environment

Trauma impacts:

- Our self-capacity, including our feeling skills, the self as deserving, inner connection to others
- Our ability to think through problems and make judgments
- Our beliefs including safety, trust, esteem, intimacy and control.
- Our frame of reference, including identity, worldview and spirituality
- Our perception and memory
- Our body and brain.

How faith communities can create a healing culture:

- Provide a secure base for secure attachments that nurture, protect, provide sanctuary and are dependable, available and understanding
- Inclusive and non-judgmental attitudes
- Provide structures where personal sharing can take place that support survivor's control, power and choice.
- Set boundaries that reinforce personal boundaries
- Provide a web of relationships that provide safety, connection, hope
- Provide ways to connect their stories to their faith tradition stories of hope

Other ways faith comms can be trauma-responsive:

- Public prayers and sermons mentioning trauma, name it, don't ignore it!
- Announcing Sexual Assault Awareness month, Child Abuse awareness

week, etc
- Special welcome to veterans
- Memorial services and rituals
- Calming meditation and prayer
- Visitation
- Small groups that allow expressing anger at God, rituals of healing (like the jewish bathing ritual of Mikveh — powerful!) Washing away the toxic residue, rituals are very powerful.
- Referrals to services, outside consulting
- Confer with trauma victims about how best to include and support them in rebuilding trust
- Responsibility not to be silent about abuse

Faith comms are uniquely suited to help us manage these traumas. We need to have a trauma-responsive culture/environment.

"Nothing about us without us!" A mantra among the MI and trauma-survivors. If you're going to plan something with them in mind, consult and confer with them about what they'd like and what they need.

Participant from Islamic Center in Naperville said their seniors get depressed, can't drive, their grown children are working. They're lonely. Their faith community gets them together to support each other, go to lunch, take walks, go on outings, etc. Helps them tremendously.

R.I.C.H. Relationships:
Respect - value the person's innate worth and potential
Information - collaborative sharing and learning
Connection - proactivity find authentic common ground
Hope - trust in our ability to overcome and heal

If you can incorporate this framework in the things you do in your faith comm, you form more positive connections and reduce isolation. Where can you offer this structure in your comm? i.e. small groups, etc.

How do you avoid oversharing, crossing boundaries, dominating conversations, overwhelming needs? [great questions, he didn't answer them]

Speaker #6: Rev. Kathy Dale McNair, Presbyterian minister. "Mental Health Matters" Depression and anxiety are common human experiences. They're not necessarily MI but you do need to get through them so you don't get stuck and it becomes a MI.

In the U.K. they actually have a Minister of Loneliness. This person created connections between the elderly and the teenagers, both who tend to suffer from loneliness.

“Wholeness is not perfection, but rather embracing our brokenness.” [Quote by whom?]
We have to name and claim the broken and hurting places in us.

The spiritual practices are somewhat universal - prayer, fasting, etc. These can be helpful across many faiths.

[Idea for our Naperville event: create a list of Scriptures from other faiths that relate to MH, hope, strength, encouragement, human dignity and worth, etc. One Muslim woman offered one from the Quran: “I am closer to you than your jugular vein.” (Look this up for full reference and citation) For Christian, use Isaiah 41:10.]

Speaker #7: Tom Lambert, Catholic Deacon. Was state president of NAMI in the 90’s. On the board for Pathways to Promise. His oldest daughter has MI (schizo-affective). www.MIministry.org. His topic: "Building Ramps for the Mind: How to Make Our Places of Worship More Accessible for People with MI and their Families.” Be sensitive to people who want to sit in the back, etc. Who don’t want to greet. Make sure ushers are sensitive.
He says he doesn’t have any letters behind his name other than DAD.

How do you “build ramps” for the mentally ill? Create a safe place to talk about it! build awareness, have acceptance, provide accompaniment. Three As: awareness, acceptance, accompaniment.

Initial steps to forming their ministry:

- Form the team (look for people with a passion for MH)
- Define the need for your church leadership
- Invite surrounding churches (collaborate and share events, can even cross denominations)
- Publicize - bulletin and announcements

The offer a 5 week series. The topics are:

1. The impact of MI on people and their families
2. Spend an evening with a MH professional. They'll share their clinical perspective, treatment options, what they see about how we as a faith community can help

3. Ministry to People with MI. He and his wife go talk about what they've learned over the years with their daughter. Creating welcoming environments, accepting people for who they are, holy listening (not problem solving!), accompaniment (journeying with them). He says don't worry about repeating and continuing to talk about stuff. He said they did 16 straight weeks of filling a bulletin board with MH issues. After the 8th week, someone asked them. "Hey, is the church doing something with MH?" It took them 8 weeks to even notice.
4. Spirituality and MI. What does spirituality mean for you? Discuss spiritual practices. How our faith nourishes us. Healing connections and being valued in a caring community.
5. How can we minister to people with MI and their families. Next steps? Forming a MH team. Establish relationships with local providers. They want each parish to have a "MH navigator" to help people find their way through the MH system, getting connected to resources. There are a lot of good programs but people don't know.

Format for each meeting:

- Opening prayer
- Opening questions and discussion
- Presentation
- Q&A
- Handouts related to topic

Speaker #6: Rev. Barbara Wilson, senior pastor AME church. coordinator for MH in Presbyterian 90 congregations in Chicago and suburbs. Worked formerly in criminal justice field. MDIV and DMIN. Adjunct professor at McCormick seminary.

She advocates an approach to building healthy rapport and relationships within our faith community. It's called **Circle of Trust** Approach, by Parker Palmer. A framework that works well within any faith community or no faith. We all have core values. See the web site for more explanation of these. www.couragerenewal.org.

1. Everyone has an inner teacher.
2. Inner work requires solitude and community
3. Inner work must be invitational
4. Our lives move in cycles like the seasons.
5. Appreciating paradox enriches our lives and helps us hold greater complexity.
6. We live with greater integrity when we see ourselves whole.
7. A hidden wholeness underlies our lives. No matter what medical, mental,

emotional challenges we're facing, there is a wholeness inside us. We all have potential.

Practices of this approach:

- Create spaces that are open and hospitable, but resource-rich and charged with expectancy.
- Commit to no fixing, advising, saving or correcting one another
- Ask honest, open questions and listen to each other.
- Explore the intersection of the universal stories of human experience with the personal stories of our lives.
- Use multiple modes of reflection so everyone can find his or her place and pace. (Visual, music, etc)
- Honor confidentiality.

Parker Palmer, "If we are willing to embrace the challenge of becoming whole, we can't do it alone. At least not for long. We need trustworthy relationships to sustain us in the journey toward an undivided life. Rejoining soul and role requires community - a circle of trust."

Donna Hicks, "Dignity" book
Rachel Naomi Remen book "Kitchen Table Wisdom"

- What is offered in the circle is by invitation, not demand. People don't have to share! Silence is ok.
- Speak your truth in ways that respect other people's truth. You don't have to agree about everything. No debating.
- No fixing, saving, advising or correcting.
- Learn to respond to others with honest and open questions.
- If you feel judgmental, or defensive ask yourself, "I wonder what brought her to her belief."
- Attend to your own inner teacher. Learn from within. Pay close attention to your own reactions and responses. You are your most valuable teacher [huh?]
- Trust and learn from the circle
- Know that it's possible to leave the circle with whatever it was that you needed when you arrived, and that the seeds planted here can keep growing in the days ahead.

Curriculum "Geography of Grace" a 12 session guide. Uses geography, landscapers, water, mountains, trees, valleys. There are reflections and exercise. Uses the Circle of Trust approach.

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