



Helping People to  
Connect to the Religious  
Congregations and  
Spiritual Groups of  
Their Choice

**Temple University Collaborative On Community Inclusion of  
Individuals with Psychiatric Disabilities**

# **Helping People Connect to the Religious Congregations and Spiritual Groups of Their Choice: The Role of Peer Specialists**

*A monograph from the  
Temple University Collaborative on Community Inclusion  
of Individuals with Psychiatric Disabilities*

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## ***Introduction***

Many individuals with mental health conditions would like to connect or reconnect to religious congregations or spiritual groups in their communities. For some, this connection provides a meaningful way to express their faith. For others, these connections offer an opportunity to be part of a welcoming fellowship of people with shared beliefs.

Too often, mental health agencies have neither recognized the importance of the religious and/or spiritual needs of those they serve nor responded with the supports people need to make these “congregational connections.” This unresponsiveness is unfortunate. At a time when mental health systems are increasingly focused on the principles of recovery and community inclusion – that is, on helping individuals with mental health conditions to participate in the community activities and organizations they feel are most important to their recovery – it is critical to explore ways to support those who want to forge connections to the local religious and/or spiritual groups of their choice.

The emerging workforce of peer specialists – most succinctly described as “peers helping peers” – has a unique opportunity to help meet this need for connection. Peer specialists have different roles from the roles traditionally played by clinicians, counselors and rehabilitation personnel. Peer specialists can – and, when asked for such help by the people they serve, should – facilitate connections to the religious and/or spiritual congregations that are part of the fabric of every community’s life.

This monograph, which looks at the roles that peer specialists can play in helping facilitate such connections, grows out of the interest of the National Leadership Committee (NLC) of the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities ([tucollaborative.org](http://tucollaborative.org)). The NLC is a national group of peers, family members, and providers that oversee the Collaborative’s research and training activities and suggest, fund, and direct Collaborative staff in pursuing emerging areas of interest. The NLC has a continuing interest in using its resources to better understand and expand the roles that peer specialists play in promoting community inclusion, and in exploring the role peer specialists can play in helping those they serve to connect or reconnect to the local religious and spiritual groups of their choice.

## ***The Context***

“The role peer specialists can play in helping people connect to religious and/or spiritual groups” is a sensitive topic, in several ways:

*“People with Mental Health Conditions”*: For some time, the mental health field has struggled to find a widely acceptable way to “name” individuals with mental health conditions. A term like “people with psychiatric disabilities” reflects a medical-model orientation that many peers object to. And there is no consensus on the wide variety of other such terms: consumers,

clients, survivors, people with a mental health diagnosis, individuals with the lived experience of mental illness, and persons in recovery, to name but a few. However, all of these terms attempt to describe individuals whose mental health conditions have proven to be a barrier to their full engagement in, and enjoyment of, life. We use the term “people with mental health conditions” here to reflect that general meaning, while recognizing the objections to one term or another.

*“Religion and Spirituality”*: We focus here on a wide range of organized religious and/or spiritual groups that provide opportunities for worship and fellowship around a shared belief system. This includes an array of mainstream religious congregations (e.g., Catholic, Protestant, Jewish, and Muslim), as well as a diverse array of spiritual groups from older traditions (e.g., Zen Buddhism) and newer perspectives (e.g., contemporary meditation practices, breathwork). All are organized around a core system of beliefs, with established memberships, leadership, rituals and practices; but it is the combination of faith and fellowship that these organizations offer that appeals so strongly to those with and without mental health conditions. There is a broad literature on the positive role that these groups can play in recovery (e.g., Loenig, Larson, and Weaver, 2006) and growing evidence that people engaged in religious or spiritual activities tend to be more optimistic and have greater perceived peer support, higher resilience related to stress, and lower levels of anxiety (Pardini, Plante, Sherman and Stump, 2000; and Corrigan, McCorkle, Schell, and Kidder, 2003). Many people with mental health issues turn – or return – to religion and spirituality for just such support. This monograph explores how peer specialists can help in this process of connection.

*“Recovery as a Spiritual Journey”*: This monograph purposely does not address two related issues, although both are important aspects of the intersection of religion and recovery:

- On the one hand, those with mental health conditions who see their recovery as part of a spiritual journey are often less concerned about the process of connecting to organized religion and more focused on their personal journey or spiritual awakening and its meaning to their lives. These are undoubtedly important issues, and there are many informal groups – based in either mental health services or peer-run programs – that provide opportunities for people to share their spiritual experiences with, and draw support from, one another. In addition, more than a few peer specialists are interested in providing support and/or guidance to the people they serve in this spiritual journey, and the peer-to-peer nature of this interaction is reported to be extraordinarily helpful. However, the focus here is on how peer specialists – in responding to the religious and spiritual expressions of need from the people they serve – can help those who want to include mainstream religious and/or spiritual congregations as part of that journey.
- On the other hand, some of those with mental health conditions have experienced their symptoms as a spiritual “crisis” that raises profound and

troubling concerns for them. Some wonderful advice – targeted to the individual in crisis, his/her family and friends, and the helping professionals – is available from the Reverend Laura Mancuso’s *Multicultural Competence, Intense Spiritual Experiences, and Mental Health: A Self-Help, Peer Support, and Service Provider Technical Assistance Tool*, which provides practical advice for helping people in this type of crisis to resolve their issues; and there are other helpful materials identified in the “Resources” section at the end of this monograph. However, the focus here remains on the role of organized religious groups in helping to meet the same types of non-crisis faith and fellowship needs that anyone in the community may have.

*“Community Inclusion”*: The concept of “community inclusion,” while increasingly emphasized at the policy, program, and practice levels, remains a challenge for both providers and peers (and thus peer specialists as well) within mental health systems. The term indicates a range of initiatives that help people re-engage in community life after having been isolated from the community. Programs that help people to return to work or school, to reconnect with family and friends, to be active in civic groups or local sports leagues, and to be part of local religious and spiritual groups all make it possible for individuals with mental health issues to move away from their over-reliance on the mental health system – its housing programs, workshops, specialized classes and clubs, etc. – and move toward life in the community.

It is important to note that clinicians and rehabilitation practitioners, as well as peer specialists, often find it difficult to support the community inclusion needs of the individuals they serve, either because their job descriptions do not include the kinds of supports people need to reconnect to community organizations or because there simply isn’t enough time for practitioners to work with people around these individualized needs. But change is in the air, and the Temple University Collaborative on Community Inclusion considers connection to mainstream religious and/or spiritual groups to be part of this innovative – next generation – movement.

Community inclusion suggests that mental health systems should serve less as “sanctuaries” providing a comforting but separate set of activities and more as a source of support for individuals who want to reconnect to community life. In many communities, one of the central connections that unite people is their religious and spiritual associations. Certainly, no one should be urged toward religious/spiritual engagement, much less toward a connection with a specific religious or spiritual group. But for the many individuals who want to connect to community life, there are few richer opportunities than to be part of a congregation, where faith and fellowship provide opportunities that cannot be found elsewhere.

*Peer Specialists*: Finally, the emergence of the new element in the mental health workforce most often referred to as “peer specialists” – people in recovery from mental health conditions who want to help others work toward recovery – provides an opportunity to address this previously largely overlooked aspect of community life. Peer specialists support people

with mental health issues by offering their own experiences, failures and successes as inspiration. Peer specialists have begun to transform local mental health care in many communities, even while their job descriptions vary from community to community, program to program, and individual to individual. This very fluidity offers peer specialists the opportunity to work with people in new ways and to place a premium on responding to consumers as they explore, articulate, and act on their most important goals for community life.

### ***An Examination of the Issues***

Because the intersection of community inclusion, participation in religious/spiritual groups, and the roles of peer specialists is a relatively new arena, there is not much information on the topic. To explore the issue more thoroughly, the Collaborative turned initially to written works on religion, spirituality and mental illness, but more importantly talked with peer specialists around the country about the issues as they experienced them.

In preparing this report, the Collaborative:

- Sponsored a literature search that explored some of what is known about the role of religion in recovery and the importance of community inclusion for people with psychiatric disabilities;
- Spoke individually and in teleconference focus groups with peer specialists from around the county who had learned of our interest in the topic through a listserv mailing from the National Mental Health Consumers' Self-Help Clearinghouse;
- Interviewed a dozen representatives of mental health organizations with an interest in religion and mental health issues (e.g., Pathways to Promise, NAMI's Faithnet, Mental Health Ministries, etc.; more information on these organizations is available in the Appendix to this report); and
- Reviewed our findings from these experiences with local peer specialists and others involved in linking the religious/spiritual and mental health communities, resulting in the recommendations that appear here.

Two major themes emerged. First, the people we spoke to emphasized that the interest of many people with mental health conditions in connecting to mainstream religious/spiritual groups remains high. While there were many who had no interest in the issue and others who saw their religious/spiritual engagement in community life as only a secondary priority, many do feel that this is an important arena for their recovery.

Second, ironically, we found that relatively little attention is paid to how peer specialists can promote the connection of the people they serve to the mainstream religious/spiritual groups of their choice, and that many peer specialists were either unsure of the role they should play

in this arena or were actively discouraged from exploring these issues by their supervisors or agency policies. There were varied explanations for this:

- *Public services / private beliefs:* Many peer specialists said they had been told by supervisors that their roles within public, secular, mental health agencies made it inappropriate for them to be involved in others' private beliefs, and that it was "safer" and more "prudent" for them to avoid any sort of religious-themed conversations with those they served.
- *Competing religious/spiritual belief systems:* Some peer specialists told us they had been advised to avoid religious-themed conversations with consumers in order to sidestep the possibility of divisive discussions as adherents of different religious/spiritual beliefs argued about their belief systems.
- *Unhealthy religious ideation:* Many peer specialists avoided religious/spiritual discussions with consumers because of the concerns of mental health professionals – or their own concerns – that "unhealthy religious ideation" might be a by-product, potentially leading to symptomatic or emotional instability.
- *Defining reimbursable services:* Where peer specialists are funded through a specific allocation – such as Medicaid – there may be limitations on the roles they can play. What is and is not a reimbursable service, while open to interpretation, does inhibit some providers from supporting peer specialists' work in the area.
- *Negative religious/spiritual beliefs and systems:* Some peer specialists had had traumatizing experiences within religious congregations that either misunderstood or denigrated mental illness. As peer specialists, they sought to avoid similar traumas for the people they served by avoiding religious or spiritual discussions altogether.

As a consequence, many of the peer specialists we spoke to said they were unlikely on their own to start or respond to religious conversations with the people they served, much less to help them explore their options in reconnecting to local religious/spiritual groups. We found that the basic training offered in most states to prepare or license peer specialists had little or no discussion of this potential role for peer specialists, that peer specialists were uncomfortable raising these issues with their supervisors, and that little guidance was available to them even where they did feel free to discuss the topic with the people they serve. Many peer specialists – especially those who had been actively discouraged from related activity – felt strongly that this was a mistake and that the role of peer specialists – to encourage and support people in achieving their individual goals and to serve as guides and inspirations to people moving toward recovery – ought to provide an avenue to help the people they serve move toward connection with any community groups of their choice, including mainstream religious/spiritual congregations.

This monograph provides a half-dozen straightforward recommendations that peer specialists can use to help them define the role they can play in this arena and assist them in finding the resources they need to do so. The first three emphasize the importance of starting conversations on the topic – within your agency, with the people you serve, and with religious and spiritual groups in your community. The second three focus on making the connections you need to ensure that the people you serve become a part of the faith and fellowship groups that they believe can make a substantial difference in the quality of their lives.

### ***Recommendations***

***Recommendation One: Discuss with your supervisor and within your agency the role that you can/should play as a peer specialist in helping the people you serve connect to mainstream religious/spiritual organizations.***

Religion is a sensitive topic, and an even more challenging one in the mental health arena. As a peer specialist, you will want to ensure that your supervisor, the clinicians in your agency, and the program directors have agreed on a reasonably clear definition of the role you can play in helping individuals connect to mainstream religious/spiritual groups, recognizing that this role may vary from funding source to funding source and from person to person, depending on each individual's past experiences.

Peer specialists may also want to define that role more clearly for themselves. Some peer specialists may want to serve as spiritual guides to individuals who see their recovery journey as innately spiritual, and others may want to play a central role in responding to those individuals in a spiritual crisis. These are legitimate roles, if they do not lie outside the role your agency or supervisor has defined for its peer specialist workforce. Nonetheless, each peer specialist ought to be able to respond to an individual's expressed desire to connect or reconnect to a community religious group of their choice, for it is well within the peer specialist's role in inspiring and encouraging the people they serve to realize their community inclusion and recovery goals. Knowing the limits can help save you and your agency from unproductive "after the fact" debates, and can save the people you serve from some confusion as you move forward. Defining your roles and goals ahead of time is critical.

***Recommendation Two: Discuss with the people you serve their goals for reconnecting to mainstream community religious/spiritual groups. The most important thing is to emphasize that reconnecting with religious groups is entirely their choice.***

It can be relatively simple to initiate discussions with the people you serve about their interest in connecting or reconnecting to religious/spiritual groups. Most peer specialists have an early discussion with people about their recovery goals, and – either informally or as part of a more formal WRAP plan – you can provide opportunities for individuals to indicate the priority they attach to this aspect of community life.

But because religion and spirituality are such charged topics, peer specialists need to be alert to those consumers who have had very negative experiences with religious groups, or for whom discussion of religion raises deep emotional issues. Most of the time, however, the people you serve will be more than able to place this aspect of community life in a context that works for them. You may also want to assess the tension that discussion of religion and spirituality raises for you, and either find a way to resolve those issues for yourself or ask someone else to work with those you serve around these sensitive issues.

However, it is critical that peer specialists emphasize individual choice (as you do in all of your work). The people you serve have an absolute right to move forward on this aspect of their lives, or to delay engagement until other priorities have been addressed, or to reject this aspect of community life altogether. And, obviously, which group or congregation – if any – that they may want to focus on is a very personal choice.

***Recommendation Three: Discuss with faith-based groups in your community their attitudes and experiences in welcoming people with mental health conditions into their congregations.***

First, you may simply want to learn more about the wide variety of religious and spiritual groups in your community, in part to help the people you serve choose what they feel is best for them. But you may also want to learn whether particular local religious/spiritual groups have any programs that touch on mental health or other social service issues that are likely to make them more or less cooperative in opening their services and social events to individuals with mental health conditions.

Second, some congregations may have well-established educational programs that focus on disability issues in general, or initiatives that focus on those with addictions, those with developmental/intellectual disabilities, or those with physical or psychiatric disabilities. Connecting with these congregations can provide an opening, both for you as a helper and for the individual with whom you are working. In these conversations with religious and spiritual groups, you may want to start small, focusing on their willingness to welcome, perhaps, only one or two people with mental health conditions who are interested in participating in their congregation, rather than suggesting the congregation start a whole new program for more people than they can handle.

Third, you may want to explore human services – drop-in centers, soup kitchens and hunger/pantry programs, computer training classes, vocational training and job seeking programs, etc. – operated by faith-based groups. Such a connection to a service-oriented faith-based group may be just the type of religious/spiritual involvement – an opportunity to “give back” – that someone is looking for.

***Recommendation Four: Identify a variety of opportunities to help the people you serve to connect to the religious/spiritual groups of their choice. Relying upon family and friends, other peers and yourself, and volunteers from the religious group are all possibilities.***

There are a variety of ways peer specialists can help the people they serve connect to religious/spiritual groups. Some people are shy in new groups: you may find that while a number of those you serve attend services, that is all they do. Joining the congregation for other faith-based or social events may be more difficult for them.

The people you serve also must decide whether to disclose their status as a person with a mental health condition. Some will feel comfortable doing this; others would prefer to be more discreet. This is important to discuss, particularly as you and the person you serve develop a strategy for connecting with religious and/or spiritual groups. Once the two of you are clear about disclosure, consider together whether the individual you serve wants to join the congregation on his or her own, or with any of the following supports:

- Family and friends who are already active in, or interested in joining, the same congregation can be invaluable supports. You can help them prepare by talking about the roles they can play in accompanying people to services and social events.
- One or two of the other people you serve may want to join the same congregation. Going together can be a lot easier than going on their own, and may solve problems related to transportation, shyness, and introductions.
- You may find initially that the best person to provide support is yourself. Going to one or two services or attending one or two social events together may do the trick, and may or may not involve disclosure.
- If you have the permission of the person you are working with, you may want to call the pastor, rabbi, imam, group leader, etc., to ask for their help. Or there may be someone or some group within the congregation who can reach out to the person you work with to help them feel more comfortable.

Your role as a peer specialist may include not only helping the individual you serve to get started in making this new connection, but to be an encouragement, supporter, and sounding board as time goes on. Listening to problems, sharing personal experiences, developing new solutions to emerging problems, shifting from one congregation to another – all of these can be important aspects of your “connector” work.

***Recommendation Five: Look for opportunities – beyond attendance at services – for the people you work with to participate in the services and social life of the congregations in your community.***

Most religious and/or spiritual groups offer a variety of ways for congregants to be involved. You and the person you serve may want to explore several of these options:

- Attending services is the most obvious first choice, and provides an opportunity for the person you serve to see if this is the right religious/spiritual choice and to begin to develop “nodding” relationships with other congregants. This sounds easy; but, for some of those with mental health conditions, simply attending services regularly and interacting informally with others may be difficult and then a to-be-celebrated first success.
- Many congregations offer opportunities for people to join study groups where various aspects of their faith are reviewed in greater depth, often through shared readings and group discussions. Helping people join such groups on their own or with support can be an important part of your role, and can lead them to a deeper sense of connection to their faith and more meaningful interactions with members of the congregation.
- Congregations frequently offer opportunities for service. Volunteering to teach a Sunday School class, participating in an event to raise money for a disadvantaged group, helping clean or repair church property, etc. – these are all ways for individuals to be engaged in the congregation and to get to know people in a way that has nothing to do with a mental health condition.

At the same time, many congregations are interested in their responsibilities to address diversity, and would welcome the engagement of anyone who is comfortable with self-disclosure and who can help congregants explore mental health issues.

- Some congregations already have diversity programs and would welcome a speaker on mental health issues or as a member of a working group to discuss how the congregation can be more supportive of those with mental health issues.
- Other congregations may be interested in helping congregants be more aware and accepting of mental health issues so that the congregants themselves feel more comfortable in seeking out mental health services.
- A few congregations may be interested in starting special programs – one-to-one supports, help in finding housing or jobs, financial support services – targeted to people with disabilities generally or people with mental health issues in particular.

Helping the people you serve to suggest and/or participate in these types of programs can be a significant part of your role – but only if the individual is interested, comfortable with self-disclosure, and able to access your support and the support of others. Again, a variety of program guides and resources are referenced in the Appendix.

***Recommendation Six: Explore how you can help your agency work more productively with the religious and spiritual groups in their community in order to broaden the impact of your work.***

While many agencies have connections to faith-based organizations, many do not. On the one hand, you will be learning more about local congregations as you help the people you serve to connect to the religious and spiritual groups of their choice; and you may develop a sense of which congregations would be open to a broader engagement in mental health issues and have some valuable suggestions to offer your agency about how to proceed. On the other hand, you may want to be involved in this process yourself, expanding your role beyond the peer-to-peer support services you have previously delivered. In our discussions with peer specialists across the country, we found peer specialists who had:

- Spoken to congregations about their own experiences both to encourage congregants to seek help for themselves and their loved ones and to be more welcoming to new congregants with mental health issues;
- Worked with congregations to establish support programs targeted to people with mental health issues, helping them with housing, hunger, job seeking, or financial management – all drawing on congregants’ skills and interests; and
- Served as consultants to individual congregants or a “social services committee” of congregants who were interested in developing person-to-person connections to a variety of individuals with disabilities, helping them feel more comfortable at services and social events.

***Conclusion***

For many peer specialists, helping the people you serve to connect to the religious and/or spiritual groups of their choice will be a new and challenging role – one for which there are few guidelines. There are a few things that individual peer specialists or groups of peer specialists – in local, state, and national associations – can do to help make this easier:

- **Training:** The knowledge base and skill set needed to work effectively as a connector to religious and spiritual groups may require some time to develop. Many of the peer specialists we spoke to suggested this could be addressed by:
  - A. Adding the topic of religion and spiritual connections to the basic training that many peer specialists receive. This would open opportunities for new peer specialists to talk about their own feelings and concerns in this regard;
  - B. Developing advanced peer specialist training programs that focus on the issues involved in connecting people to the religious and spiritual groups of their choice; and

- C. Helping peer specialists develop the range of culturally competent perspectives that will make them more comfortable in supporting the people they serve as they pursue the religious and spiritual connections of their choice.
- Supervision: At the same time, peer specialists need to be able to turn to their supervisors for support as they venture into this relatively unexplored arena. And there is a need for supervisors to have a clearer notion of the ways in which peer specialists can address the religious and spiritual needs of agency clients. Subtle and sometimes not-so-subtle discouragement of peer specialists for responding to expressed needs for religious or spiritual connection won't help either peer specialists or the people they serve. This is a challenge for everyone involved in defining and developing peer specialist services as the roles of this emerging workforce begins to be better understood and appreciated.

Peer specialists can play a critical role in making community inclusion a reality, helping to support the people they serve as they rejoin the broader community, in all its richness and diversity. Part of that richness and diversity includes people who want to connect or reconnect to religion and/or spiritual groups; and peer specialists who are alive to that possibility, who can use their unique role as peer supporters and community connectors, will be invaluable in the years ahead.

### **RELIGION AND MENTAL HEALTH CONDITIONS: RESOURCES AND READINGS**

There are a number of resources that address the intersection of religion and mental illness, but there are none that focus on the roles that peer specialists can play in connecting the people they serve to mainstream religious and/or spiritual groups of their choice. Included here are a number of resources and readings that peer specialists may find useful, many of which deal with educating congregations on mental health issues, developing faith-based programs to meet the needs of individuals with mental health conditions, training for clergy around their roles in addressing mental health issues with their congregants, and the roles peers and others can play in responding to the spiritual concerns of people in recovery.

American Association of Pastoral Counselors (AAPC)  
9504A Lee Highway, Fairfax, VA 22031-2303  
Phone: 703-385-6967  
Fax: 703-3527725  
Email: [info@aapc.org](mailto:info@aapc.org)  
Website: <http://www.aapc.org/>

- The AAPC is an organization of mental health professionals who have undergone religious education and training. Members of the association provide non-

sectarian counseling that combines spirituality with traditional mental health services. The website includes information on how to become a certified pastoral counselor recognized by the AAPC, and also provides links to find certified pastoral counselors and counselor centers. They host a number of conferences around the country and there is information about becoming an AAPC member.

Association for Clinical Pastoral Education, Inc.  
1549 Clairmont Road, Suite 103, Decatur, GA 30033  
Phone: 404-320-1472  
Fax: 404-320-0849  
Email: [acpe@acpe.edu](mailto:acpe@acpe.edu)  
Website: <http://www.acpe.edu/>

- ACPE is an accrediting agency in the field of clinical pastoral education. This website is helpful to individuals seeking training in pastoral education to assist in clinical settings. Information is provided on where to find ACPE accrediting agencies all over the country. They also list job opportunities nationwide for accredited clinical pastors, as well as information about advocacy organizations, pastoral care and counseling organizations, faith-based organizations and networks, and mental health services and professional organizations. Resource guides are available for purchase on the website, and cover topics such as mental illness awareness, mental illness and families of faith, and creating caring congregations.

Mental Health Ministries  
6707 Monte Verde Drive, San Diego, CA 92119  
Email: [sgschroed@cox.net](mailto:sgschroed@cox.net)  
Website: <http://www.mentalhealthministries.net>

- Mental Health Ministries is a website dedicated to providing resources to promote mental health awareness in faith communities. They offer a study guide that addresses understanding mental illness, the role of faith communities, how to create caring congregations, and the role of faith leaders. There are short video clips focusing on issues such as overcoming stigma, understanding depression, and mental illness and older adults, to name a few. There are books and DVD resources that cover similar topics, as well as brochures, handouts, and bulletin inserts that can be distributed in faith communities.

Mission Peak Unitarian Universalist Congregation/Mental Health Ministry

Rev. Barbara F. Meyers  
38132 Kimbro Street, Fremont, CA 94536  
Phone: 510-796-5722  
Email: [com\\_minister@mpuuc.org](mailto:com_minister@mpuuc.org)  
Website: <http://www.mpuuc.org>

- Mission Peak Unitarian Congregation is a local congregation of the Unitarian Universalist Association, where individuals are encouraged to explore and develop their own religious philosophies. This program offers two support groups that meet regularly: one for clients and one for families. The pastor produces a public access TV show that is available on their website; topics include African American Mental Health, Co-Occurring Disorders, Grief, Recovery, and more. The website has a number of resources – books, links to websites, movies, and blogs – centered on explaining mental health conditions, and can be used for families and in congregations.

Mental Health Chaplaincy  
1919 E. Prospect St., Seattle, WA 98112  
Phone: 206-322-6030 ext.2  
Email: [craig@mentalhealthchaplain.org](mailto:craig@mentalhealthchaplain.org)  
Website: <http://www.mentalhealthchaplain.org/>

- The Chaplaincy is a local program that provides homeless outreach in Seattle to individuals with mental health conditions who cannot get care on their own or may not know where to go. They assist individuals in hospitals or outpatient programs requesting spiritual care in the Seattle area. They also provide trainings and workshops to congregations, clergy, and volunteers around the United States to develop ministries that support individuals with mental health conditions and their families. You can download free resources from the website that are based largely on the Chaplaincy's experiences on the streets of Seattle. Some examples include "Spiritual Care with Psychiatric Patients," "The Way of Companionship," and "ROEM: From the Streets to Stability."

NAMI Faithnet  
3803 N. Fairfax Dr., Suite 100, Arlington, VA 22203-1701  
Phone: 703-524-7600  
Fax: 703-524-9094  
Email: [faithnet@nami.org](mailto:faithnet@nami.org)  
Website: [www.nami.org](http://www.nami.org)

- NAMI Faithnet helps congregations develop a supportive environment for individuals with mental health conditions. Through presentations, programs, awareness initiatives, and other resources, they encourage advocacy and

educate faith communities concerning mental health conditions. They offer a PowerPoint presentation aimed at educating faith communities on mental health conditions, a training curriculum to encourage NAMI members to share their stories and talk about mental health issues in their congregations, and an education initiative to create partnerships in African American faith communities. There are sample worship services that integrate mental health into sermons, links to other national faith-based organizations that promote mental health awareness, and a community faith-based discussion board that anyone can join.

#### Pathways to Promise

5400 Arsenal Street, St. Louis, MO 63139

Fax: 314-877-6405

Email: [pathways@mimh.edu](mailto:pathways@mimh.edu)

Website: [www.pathways2promise.org](http://www.pathways2promise.org)

- An interactive website that provides educational resources, program models, and assistance to consumers, family members, advocates, mental health professionals and clergy around a wide range of issues in the mental health/religion arena. Their website is particularly helpful to clergy with regard to the way in which they can effectively respond to people with mental health conditions within their congregations. Materials focus on what clergy and congregants can do in crisis situations or with regard to suicide threats/attempts, inappropriate language or behavior, agitated or threatening behavior, and withdrawal. There is information aimed at helping pastors identify their role in the lives of people with mental health conditions and how to know when to counsel them or refer them to outside agencies; and there is guidance on facilitating relationships with their family members. The website also offers a number of different resources, including national contact information for support, education, research and technical assistance.

#### Peers Envisioning and Engaging in Recovery Services (PEERS)

333 Hegenberger Road, Oakland, CA 94621

Phone: 510-832-7337 ext.220

Email: [mtarver@peersnet.org](mailto:mtarver@peersnet.org)

Website: <http://www.peersnet.org/>

- PEERS is a non-faith-based, consumer-run local organization that aims to eliminate mental health disparities and contribute to the well-being of mental health consumers through a number of different programs in Oakland (CA). Among other things, PEERS supports the spirituality of mental health consumers through a program that focuses on community dialogues, trainings to providers and clergy, and hosting various events on spirituality. Their website includes

downloadable resources on such topics as spirituality, empowerment, mental health, media, African American community, Asian American community, Latino community and housing.

Spiritual Competency Resource Center

Phone: 707-763-3576

Email: [david.luckoff@gmail.com](mailto:david.luckoff@gmail.com)

Website: <http://www.spiritualcompetency.com/>

- Spiritual Competency Resource Center is a website that offers online courses, audio-visual trainings, workshops and articles that aim to enhance the ability of mental health professionals to respond to the spiritual needs of the people they serve. These courses are approved for continuing education credits for licensed social workers, registered nurses, and psychologists. However, for a small fee, any individual can sign up for trainings.

### **Additional Readings**

Ashcraft, L., Anthony, W.A., & Mancuso, L.L. (2010). Is spirituality essential for recovery? If spirituality supports resiliency, then it's definitely part of our business. *Behavioral Healthcare*. 30(7): 7-8.

Ashcraft, L., Anthony, W.A., & Mancuso, L.L. (2010). Build your staff's spiritual competency: Help staff reunite "the mystical and the measurable" in themselves and consumers. *Behavioral Healthcare*. 30(8): 10-13.

Blanch, Andrea. (2007). Integrating religion and spirituality in mental health: The promise and the challenge. *Psychiatric Rehabilitation Journal*, 30, 251-60.

Corrigan, P., McCorkle, B., & Kidder, K. (2003). Religion and spirituality in the lives of people with serious mental illness. *Community Mental Health Journal*, 39, 487-99.

Koenig, H.G., Larson, D. B., & Weaver, A. J. (2006). Research on religion and serious mental illness. *New Directions for Mental Health Services*, 1998, 81-95.

Pardini, D. A., Plante, T. G., Sherman, A., & Stump, J. E. (2000). Religious faith and spirituality in substance recovery: Determining the mental health benefits. *Journal of Substance Abuse Treatment*, 19, 347-54.

Mancuso, L. L. (2011). *Multicultural competence, intense spiritual experiences, and mental health: A self-help, peer support and service provider technical assistance tool* (Report). <http://www.consumerstar.org/resources/pdf/STAR%20Center%20Tool%20on%20Multicultural%20Competence%20Intense%20Spiritual%20Experience.pdf>

The Center Newsletter: Spirituality and Mental Health. (2012, October).

<http://www.bu.edu/cpr/resources/articles/2012/CPRNewsletter2012oct.pdf>

This collection of first-person accounts of the role that spirituality has played in the lives of individuals in recovery has been published by Boston University and offers 13 accounts by people who talk about the spiritual dimension of their recovery journey.

*Psychiatric Rehabilitation Journal*

Spring 2007 issue

- This specific issue of the *Psychiatric Rehabilitation Journal* focuses on the integration of spirituality in recovery. There are 6 articles that address consumer and religious and mental health professional perspectives on the role that religion and spirituality play in recovery, the challenges of incorporating spirituality with mental health, and the relevance that spirituality has in the life of consumers. Also included in this issue is a report titled “Spirituality Matters: Creating a Time and Place for Hope,” two articles written by consumers on their own journeys with mental health and spirituality, an educational article by Mental Health Ministries and a book review section.

Substance Abuse and Mental Health Services Administration. (2002). Building Bridges: Mental Health Consumers and Members of Faith-Based and Community Organizations in Dialogue.” Retrieved from: (<http://mentalhealth.samhsa.gov/publications/allpubs/SMA04-3868/default.asp>).