



THE TEMPLE UNIVERSITY COLLABORATIVE ON  
**COMMUNITY INCLUSION**  
of Individuals with Psychiatric Disabilities

# Developing Welcoming Faith Communities

Inspiring Examples of Faith-Based Initiatives  
to Help Individuals with Mental Health  
Conditions Participate Fully in the  
Life of Religious Congregations

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## Introduction: Religion and Mental Health Conditions

Many people with the lived experience of a mental health challenge<sup>1</sup> consider religion one of the most important facets of their lives. Many feel that connection to a faith community of their choice is among the most important ways in which they relate to the life of their community. Religious faith, research tells us, can play a major role in recovery for individuals with mental health challenges; and participation in the life of a chosen congregation provides a strong and reassuring tie to everyday community life, as it does for many Americans without disabilities.

However, while many peers – individuals with the lived experience of a mental health condition – would like to join a religious community, they are also worried they might face both subtle and more overt prejudice and discrimination if they are open about their mental health struggles. Clergy, other religious leaders, and congregants often are not very well educated about mental health issues and may not know where to look for support if they begin to sense an urgency in addressing mental health needs among congregants. Even though people experiencing mental health conditions and their family members often approach their clergy or faith community before any other resource, it has sometimes been hard for them to find strong and caring support and assistance.

Many religious communities and mental health providers are starting to focus on the intersection between religion and mental health. Spirituality as a facet of recovery from mental health conditions is being widely discussed – within both mental health and religious communities – and many resources are being developed for faith leaders, mental health providers, peers, and others interested in promoting faith and spirituality as recovery tools. On the mental health side, long-standing mental health wellness tools such as the Wellness Recovery Action Plan (WRAP) and Mental Health First Aid (MHFA) now include something about spirituality, and progress has been made in overcoming the deep-rooted reluctance of clinical personnel to address religion as one aspect of the recovery process. At the same time, religious communities have turned to mental health providers across the country to build partnerships.

## Developing Welcoming Congregations: Moving Beyond Understanding to Action

Today, many more religious communities have mental health support groups and mental health education initiatives, often designed to ensure that congregants facing emotional crises receive appropriate, timely, and understanding assistance in finding the mental health resources they need. While these mental health education activities are positive first steps for concerned religious groups, this document focuses on a different kind of parish activity: **welcoming congregations**.

A “welcoming congregation,” as it is defined here, ensures that peers not only join a congregation and attend services, but find ways to fully engage in the religious community of their choice. This might include joining Bible Study Groups, working on mission projects, and assuming leadership roles in the community.

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<sup>1</sup> The term “mental illness” is not used in this document unless it is part of the name of an organization because the phrase has fallen out of favor as a way to describe mental health conditions. It should also be noted that language to describe mental health conditions can range from “mental health challenges” to “mental health disorders” to other words and phrases.

To support welcoming congregations, a new generation of religious groups and organizations now not only provide resources to help educate congregations and support individuals with mental health conditions, but also help congregations develop the skills and resources they need to fully integrate peers into their communities. Organizations such as Pathways to Promise, Mental Health Ministries, the Interfaith Network on Mental Illness (INMI), and NAMI FaithNet help faith communities stand side by side with people with lived experience and bring them naturally into the main life of the congregation.

## Purpose of This Document

This document is a cooperative effort of The Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities (the Collaborative) and the National Mental Health Consumers' Self-Help Clearinghouse (the Clearinghouse). It provides an overview of what is available to faith-based communities, religious congregations, and mental health organizations that want to connect people with mental health conditions and their families to congregational life. Such an outreach may be developed by clergy and other religious leaders, by concerned congregants, and by people with mental health conditions themselves.

The document is also a guide to mental health programs who seek to act on their commitment to community inclusion by framing new initiatives to help the people they serve connect in various ways to the religious and/or spiritual organizations of their choice. We focus here on “inspiring examples” – people and organizations whose actions can lead the way for the rest of us.

## Methods

We sent a questionnaire about “welcoming religious communities” to mailing lists at both the Clearinghouse and the Collaborative and received 101 responses from church leaders, peers, and family members, all of whom work within their congregations on inclusion projects. The survey asked about a variety of congregational activities, including programs to educate the congregation on mental health issues and counseling for people with mental health issues, as well as projects to fully integrate peers into existing congregational groups and clubs. We then completed 34 extensive interviews with respondents whose congregations had well-established mental health ministries.

Respondents described their mental health outreach activities to us. These included programs to educate the congregation on mental health issues (45%); programs offering mental health counseling to congregants (60%); other initiatives specifically dedicated to helping congregants with mental health challenges (19%); collaboration with local community mental health organizations to ensure that local mental health organizations were aware of the congregations' outreach efforts (38%); special initiatives to welcome new congregants who were referred to them by local mental health organizations (24%); educational programs to encourage peers to join existing congregational groups (71%); and efforts to support peers to mentor others with lived experience of a mental health condition (43%) as they participate in congregational life. Clearly, many groups had multiple programs underway.

## Barriers in Developing Welcoming Congregations

There are several barriers that confront congregations and mental health organizations seeking to establish welcoming congregations. In speaking with our 34 respondents from these religious communities, the

Clearinghouse identified three main barriers: stigma/unawareness, lack of training for clergy and lack of time/resources.

**Stigma:**<sup>2</sup> Most religious groups have found **stigma**, often based on a lack of awareness about mental health conditions, to be the main obstacle to starting an effective mental health outreach ministry. Congregations that are successful often begin by educating the clergy about mental health conditions and the challenges they bring. Prejudice can also be due to a theological misunderstanding: Clergy and congregants may feel that experiences such as depression and anxiety can be managed with prayer and faith alone. This can change when clergy speak from the pulpit about mental health conditions or when concerned congregants, whether peers or not, start projects to educate the congregation about the realities of mental health conditions and recovery.

**Training Shortfalls:** Another barrier is a **lack of training**. Most seminaries don't train clergy in mental health interventions. This can result in many religious communities seeing mental health conditions as a moral or spiritual failure on the part of the individual. Some organizations are stepping in to fill this void. For example, Pathways to Promise has started a Mental Health Training Collaborative to help faith communities empower peers and their families; the Caring Congregations Curriculum includes workshops and other materials to help congregations welcome and integrate peers and their families; and the Interfaith Network on Mental Illness has developed training tools and videos as part of their Caring Clergy Project. (More information on these three resources can be found in the Appendix to this report.)

**Time and Resources:** Clergy may be overwhelmed by all the issues surrounding mental health, especially when they lack the **time and resources** to effectively address them. Congregations can help individuals with mental health conditions not only through support and prayer, but also using organized and personalized strategies for including them in the life of the congregation. Organizations such as Mental Health Ministries, a web-based group, and the Caring Clergy Project make videos available to church leadership that are informative and short, working within busy clergy's time constraints.

Many mental health ministries begin when someone in the community has a family member who is experiencing a mental health challenge, and this spurs a congregation to talk about mental health. Sometimes a prominent member of the community, or the clergy, has a mental health condition; this is often the catalyst for developing a mental health ministry. Most congregations find that when the community learns more about mental health issues and their prevalence, they become a more welcoming congregation to those affected by such issues.

## Strategies That Work

We spoke to faith leaders, congregants, and peers around the country who established or work with mental health ministries in their communities. We also spoke to representatives of national organizations such as Mental Health Ministries, Pathways to Promise and the Interfaith Network on Mental Illness. Each type of outreach had certain aspects in common. The following five steps were present in every congregation we spoke to, and can serve as general guidelines for those working toward welcoming congregations.

**Educating the congregation.** This is a very common first step in starting a mental health ministry. Congregational leadership or clergy who want to start a mental health initiative can begin by raising the issue

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<sup>2</sup> In modern usage, the word "stigma" is usually coupled with the word "discrimination," as in "stigma and discrimination," and is also frequently replaced by the word "prejudice."

during worship to increase awareness of mental health issues in the congregation. If congregants want to start an initiative, they can begin by providing the church leadership with information on mental health conditions and their impact on members of their community. Several churches hold Second Sundays, when they invite people to speak on many topics related to mental health and recovery in these monthly Adult Forums. This is a great first step towards being fully inclusive. Many congregations observe Mental Health Month in May and Mental Health Week the first week of October. There are major national conferences each year to help congregations start mental health ministries. Many congregations have programs to welcome all new community members. Very often, they have received training for welcoming people with disabilities, including psychiatric disabilities. In congregations that accommodate individuals who are experiencing homelessness, many of whom have mental health conditions, there are homeless outreach programs that address mental health. In some cases, a welcome packet includes information on available mental health services, both in the congregation and in the wider community. Often there are “welcome committees” for new members, and referrals can be made through these, if any counseling or other programs exist.

**Making a commitment.** Next, your congregation can make a commitment, as a community, to reach out to people with the lived experience of mental health conditions and their families. One example of such a commitment is the WISE Covenant. This pledge, which stands for **Welcoming, Inclusive, Supportive and Engaged**, was developed at the First Congregation Church in Boulder, Colorado. A copy of the full covenant and a checklist for congregations that wish to adopt it are available in the resources section of this document. Additionally, The Caring Congregations Curriculum (see the Appendix) recommends that you form a steering committee to find out the specific needs of the community and to bring clergy on board. A congregation’s mental health ministry needs to work from the bottom up. It is good for church leadership to develop programs, but real change needs to be made by the people directly affected by mental health conditions.

**Welcoming Peers.** A religious community can then welcome peers into the main life of the church. Mental health support groups are important and beneficial, but full integration means that peers are also involved in groups not solely affiliated with mental health. This includes making individuals with mental health conditions welcome at worship, but also assisting them in participating in and taking leadership roles in existing church groups. Peers may want to take the lead in beginning support groups and other services for people with the lived experience of a mental health condition.

Some effective ways of welcoming people with mental health conditions:

- Train peers as ushers or greeters.
- Start a “companioning” group in which congregants accompany peers to worship and help them identify ways they would like to participate in the community
- Encourage peers to participate by joining church groups, becoming a liturgist (who helps the pastor lead the congregation in worship) or a Eucharistic Minister (a lay person who assists the priest in administering the sacraments of Holy Communion), etc.
- Have clergy, peers, or family members speak publicly about their experience with mental health conditions.
- Collaborate with local mental health providers to identify people with mental health conditions who want to join religious communities, and provide transportation.
- Offer a support group and give leadership/facilitation roles to peers.
- Assist peers in obtaining Certified Peer Specialist training so they can take on leadership roles in the congregation.

**Advocating.** Lastly, when a church has included peers, it can also engage in advocacy for mental health issues, locally as well as on a state or even national level. Some ways of achieving this are:

- Stay informed on legislation surrounding mental health conditions and recovery.
- Contact elected representatives.
- Attend local, statewide, and national events on mental health recovery and spirituality.
- Keep in contact with advocacy groups such as Mental Health America, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the National Alliance on Mental Illness (NAMI).
- Work with other organizations for community events about mental health conditions.

Most of the religious communities we heard from have mastered the first and second stages of this process, and are looking for ways to fully implement an inclusion plan.

**Working with Local Mental Health Organizations:** While building a mental health ministry, religious communities with successful mental health outreach programs often partner with local mental health organizations. There are many examples of this among the congregations we have surveyed. The most effective partnerships are those that form naturally, when a congregant works for a mental health organization and refers members to a congregation. The same natural relationship happens when clergy are able to refer congregants with mental health issues to local mental health advocacy organizations and providers. Some examples:

- The Rev. Alan Johnson, a member of the First Congregational Church, United Church of Christ in Boulder, Colorado, worked with the Interfaith Network on Mental Illness to develop a 30-minute presentation on “Spirituality as a Resource on Recovery,” which precedes many of the Mental Health First Aid programs that are given by the local mental health center.
- The Rev. Talitha Arnold’s United Church of Santa Fe, New Mexico, supports the local Pastoral Counseling Center financially. The Senior Minister serves on the local hospital Ethics Committee and also has offered several programs for clergy on the role of faith communities in mental health issues and suicide prevention.

In many cases, a congregant who is known to work in the mental health arena as a clinician or peer support specialist is called when someone needs referrals and other support with mental health, whether their own or a family member’s. Further, many of the religious congregations that responded collaborate with their local chapter of the National Alliance on Mental Illness (NAMI).

## Inspiring Examples

We have pulled together 15 inspiring examples of outstanding work to help create more welcoming religious communities. Our hope is that clergy and congregants, peers, and mental health organizations can borrow ideas and replicate programs based on these exemplary initiatives. More contact information on each of these can be found in the resources section that follows.

**Mental Health Ministries**, begun by the Reverend Susan Gregg-Schroeder, is a Web-based ministry providing resources to religious communities that want to reach out to and include people with mental health conditions. Early in her ministry, the Rev. Gregg-Schroeder experienced depression firsthand, without disclosing it to her congregation for two years. When she decided to speak publicly about it, many people in her congregation came forward with similar experiences and wanted to share the importance of their faith journey in dealing with mental health conditions.

Gregg-Schroeder founded Mental Health Ministries to provide resources to help faith communities be caring

congregations to persons living with a mental health condition and those who care for them.

**Caring Congregations Model:** Among the many useful tools now listed on the Mental Health Ministries website is the **Caring Congregations Model**, a curriculum (including several workshops) to help congregations become welcoming to people with mental health conditions and their families. One basic concept behind the Caring Congregations Curriculum is that, if the clergy and congregation leaders are educated about mental health issues, the rest of the congregation will follow.

The Caring Congregations Model has five steps:

- 1) **Education:** for leaders and the congregation
- 2) **Commitment:** a pledge from the community to become caring congregation
- 3) **Welcome:** finding ways to include people with mental health conditions
- 4) **Support:** offered to people with mental health conditions and their families
- 5) **Advocacy:** improving access to care, funding, and support for people with mental health conditions and their families.

Various groups have used and developed the Caring Congregations Curriculum over time. Notable among these is the Rev. Barbara F. Meyers, who has taught the curriculum to 15 to 20 congregations. She also has produced and hosted a public access television show, the monthly "Mental Health Matters – Alameda County," which explores mental health issues; as well as a video series featuring people telling their recovery stories.

Meyers went to seminary with the goal of doing community ministry for mental health, and so completed each assignment with a mental health slant. During a class in religious education, she was assigned a project to create a curriculum. She decided to propose a curriculum to teach congregations how to reach out to and include people with lived experience of mental health conditions. She developed seven different workshops, at the end of which the religious community makes a commitment to share their congregation with people with mental health difficulties.

Meyers attends Mission Peak Unitarian Universalist Congregation in Fremont, California. They have a peer support group that meets once a week for people with mental health conditions, and they are in the process of developing an interfaith counseling center. The congregational leaders approached other faith communities to work with them, and congregants who are mental health professionals have volunteered their time and expertise. In addition, congregants acted as grant writers, realtors, graphic designers and web designers.

**Pathways to Promise** is a national interfaith mental health organization that offers information, referral, and other assistance to religious communities that want to reach out to members with mental health conditions and their families. They have developed many resources for faith communities, all available on their website.

Pathways to Promise offers a detailed tool kit – "Mental Health Ministry: A Toolkit for Congregations" – for faith communities that want to reach out to those with mental health conditions in their communities. The kit focuses on five sections: education, community, hospitality, service, and advocacy. They have a three-step guide to planning a mental health ministry on their website.

Pathways to Promise has produced many excellent free resources for churches, available on their website. These include a survey to help church leaders identify the mental health concerns and interests of their congregations; ideas for church leaders to work with neighboring congregations and community allies to build a network of caring congregations; and a step-by-step guide for congregations to share the journey of healing and recovery with individuals and their families facing serious mental health conditions, addictions, and trauma.

Most recently, they were awarded a grant from the State of Illinois to provide Certified Recovery Support Specialist (CRSS, or peer support specialist) training for faith communities which serve as natural supports systems.

**The Caring Clergy Project** was begun by the Interfaith Network on Mental Illness (INMI). The Rev. Alan Johnson, a member of the First Congregational Church, United Church of Christ, in Boulder, Colorado, is a cofounder of INMI. The Rev. Johnson says that the Caring Clergy Project is for faith leaders everywhere.

The idea for the Interfaith Network came from the experience of the other cofounder: She visited a parish where the minister told the congregation that if they were faithful in their practices and prayer life, they would not need mental health care or medication. As the mother of a young man with schizophrenia, she communicated to the minister that this might encourage her son not to take his medications, and she was glad that her son was not with her in church that morning. This experience made her realize the need for a group to stand up for those with mental health conditions in faith communities.

The Rev. Johnson's involvement with faith communities and mental health expanded when he received Mental Health First Aid (MHFA) training. He noticed that faith and spirituality were not listed as recovery tools and decided to offer an addition to the local MHFA programs. The local mental health center welcomed his concern. As a result, four members of INMI speak about spirituality as a tool in recovery at the MHFA programs.

The Caring Clergy Project website also serves the needs of clergy who are too busy to devote time to extensive training in mental health issues. The main purpose is to help faith communities to be supportive of and engaged in advocacy around mental health issues. This involves educating clergy and other leaders. The site offers short videos that teach clergy how to address mental health issues.

**Sacred Creations** is a statewide organization in Illinois whose members all have lived experience of mental health conditions. Like other statewide consumer/survivor networks, Sacred Creations advocates to improve the systems that serve individuals with mental health conditions via outreach to legislators and the media. Sacred Creations includes churches in its outreach efforts and has developed a workshop to equip church leadership with information about mental health recovery. The organization also has a message about the role of congregations in suicide prevention which can be delivered in lieu of a Sunday morning sermon. A PowerPoint presentation originally prepared for the Missouri Department of Mental Health about the need to reach out to all faith communities is available upon request.

**Companioning** was developed by the Rev. Craig Rennebohm while he worked in Seattle with individuals who were experiencing homelessness and had mental health conditions. In 1987, he founded the Mental Health Chaplaincy, which offers the Companionship training to religious communities across the country. Companioning is not a mentor relationship; it is a mutual relationship based on an intentional effort to befriend someone and to draw them naturally into the faith community. It focuses upon five major issues: *Hospitality; Neighboring; Sharing the Journey Side by Side; Listening; and Accompaniment*. The main objective of the Chaplaincy is to provide multiple congregations with the tools for creating safe space as neighbors, helping people who struggle with mental health issues, listening with compassion and "presence," and at times accompanying them, if needed, to get further assistance.

**Tikvah** is a grassroots nonprofit organization that seeks to create opportunities for people with lived experience of mental health conditions to fully engage with the Jewish community. Tikvah – which means "hope" in Hebrew – hosts events, provides vocational training, and publicizes volunteer opportunities, all meant to help integrate peers fully into the community.

**Bright Tomorrows** in Tulsa, Oklahoma, is an interdenominational nonprofit organization made up of clergy, mental health professionals, peers, and their families. The organization assists churches in their efforts to serve those with mental health issues.

**The Sunshine Connection** is a local peer-run mental health program in Topeka, Kansas, that has partnered with Faith Lutheran Church. The connection between the mental health organization and the church happened organically about 12 years ago when a congregant met a Sunshine Connection staff member. Soon, many peers from the Sunshine Connection began to attend services. Today, many peers attend services and join groups just as any other congregant would. Many people from the Sunshine Connection volunteer in the parish as ushers, collecting donations and leading groups. Several of them work at Vacation Bible School.

**The Institute of Muslim Mental Health** provides community outreach, research, and education with regard to the mental health needs of the Muslim American Community. It partners with Muslim faith leaders, mental health professionals, and others to support the mental health and well-being of Muslim communities through prevention and intervention education. Each year the organization hosts a conference with Michigan State University's Department of Psychiatry that raises awareness of the particular mental health issues facing the Muslim community, provides a forum for Muslim mental health stakeholders to meet and collaborate, and publicizes current research in the field.

**FaithNet**, an outreach initiative to faith communities sponsored by the National Alliance on Mental Illness (NAMI), has eight recommendations for religious communities that want to include people with mental health conditions:

- 1) Involve top clergy in the development of a mental health ministry; 2) form a committee that can educate the congregation;
- 2) Educate the congregation as a whole;
- 3) Provide a support group for family members;
- 4) Provide a ministry for people with mental health conditions;
- 5) Reach out to those with mental health conditions in the surrounding community;
- 6) Be a model for other employers by hiring people with mental health conditions; and
- 7) Advocate on behalf of the congregation for more services.

**Saul's Circle** is an outreach program for people with lived experience of mental health conditions at Congregation Beth El-Keser Israel in New Haven, Connecticut. The program grew out of a perceived need in the congregation to reach out to peers and their family members. In addition, local mental health services referred individuals to the congregation.

Saul's Circle created a way for Jewish peers to participate in the Jewish community and its religious practices, culture, and traditions. This helped both the congregation, which could better serve members with mental health conditions, and peers, who could lend their skills and talents to the community. Because the community is collaborative and volunteer-driven, there are many opportunities for everyone to participate in activities and leadership. In addition, a staff person in charge of outreach to individuals with disabilities reaches out to people with lived experience to make sure they have what they need to attend services and other events (e.g., transportation).

**The WISE Covenant and more.** In order to become more welcoming to people with mental health conditions, the First Congregational Church, United Church of Christ, Boulder, Colorado, added the WISE (**W**elcoming, **I**nclusive, **S**upportive and **E**ngaged) covenant to its other five covenants: Inclusive Language, Just Peace, Whole Earth, Accessible to All (A2A), and Open and Affirming (LGBTQ [Lesbian, Gay, Bisexual, Transgender, Questioning] welcoming). WISE, mentioned earlier, outlines the ways in which congregants can

welcome people with mental health conditions and includes a commitment to “recruiting, nominating and supporting persons with mental health challenges to serve on teams and in leadership positions within the congregation.”

Another aspect of the ministry is the Second Sunday Adult Forum, which was established in 2006, shortly after the ministry began. After a church member survived the suicide of two children, a group was assembled to address mental health issues. The Second Sunday Adult Forum has now run for 65 second Sundays, focusing on a different mental health issue each time. It is a way for peers to assume leadership while telling their personal recovery stories.

In addition, five years ago, the congregation established a Spiritual Support Group for Mental Health and Wellness as an interfaith meeting where people can speak freely about mental health challenges and offer and receive support. The goal of the group, which meets twice a month, is to reduce prejudice, help people overcome isolation, and foster hope. The group developed 13 guidelines and a four-page, step-by-step description of how to hold a meeting. Advertising the group at local mental health organizations and in the local newspaper attracted many people from the community.

**The Bridge Free Methodist Church** in Glen Carbon, Illinois, is the “religious home” of AJ French, who has lived experience of a mental health condition and is the founder of Sacred Creations (see above). She says that her involvement with the church was a major facet of her recovery and continues to contribute to her wellness. When she joined the church, she had been experiencing mental health issues for some years. She asked to be given work to do for the parish and, as time went on, assumed more and more responsibilities. She eventually took on a leadership role in her religious community and has been able to assist others.

The Bridge offers pastoral counseling, and people with mental health conditions are encouraged to express their needs within church groups. There are workshops and presentations on mental health recovery and recovery tools, such as WRAP.

**DuPage Unitarian Universalist Church.** Robert Skrocki is a licensed clinical social worker and immediate past president of the DuPage Unitarian Universalist Church in Naperville, Illinois, which has a mental health outreach program. He is also involved with Pathways to Promise and a local Interfaith Mental Health Coalition, which partners with clergy, lay leadership, and others. They sponsor Mental Health First Aid classes and develop mental health advisory teams (which include both peers and professionals). They also provide clergy with advice on reaching out to people with mental health conditions, and educate clergy about behaviors that may seem disruptive but are actually indicative of mental health conditions and how they can be addressed. Existing supports in the congregation are helpful in this regard. For example, Pastoral Ministry Associates provide counseling and support to people going through difficult times, and a Joys and Concerns web page is a way for members of the church to give and receive support.

The congregation’s Companionship Care team, which reaches out to people who are isolated and supports congregants with mental health conditions, uses the Companionship model, developed by the Rev. Craig Rennebohm (see above). The model ensures that they walk “side by side” with people in their recovery. Companions, many of whom are on their own recovery journey, receive a three-hour training and meet twice a month to address their own concerns. The church bulletin makes congregants aware of their availability. Companions wear name tags identifying them and they circulate during coffee time. There is also a circle of chairs in the back of the room where Companions spend time talking to congregants who need support. At this writing, the team is working on getting Emotional CPR (eCPR) training for the congregation. They conduct seminars to reduce prejudice and ask parishioners to tell their recovery stories during services. They also raise money for their local Samaritan Interfaith Counseling Center, which provides faith-sensitive counseling services

on a sliding fee scale. Many members of the congregation utilize this counseling service. The local Samaritan Center for Congregations also provides consulting on setting up care ministry programs and developing a welcoming church culture.

**United Church of Santa Fe**, where the Rev. Talitha Arnold is the senior minister, has seen a great deal of progress in the partnership between spiritual communities and mental health organizations, Arnold says. She believes that churches with a multi-program approach to being welcoming congregations are the most successful; in her congregation, she has taken both a pastoral care approach and a programmatic approach. Arnold says that her experiences with mental health conditions in her family led her to contemplating these issues early on. When she was a student in divinity school, she decided to write a sermon using the casting out of demons as a metaphor for mental health conditions. After the sermon, many congregants came forward to talk about their family members' and their own experiences with mental health conditions. She cites that as a good example of what happens when you broach the subject of mental health with a congregation.

Fostering conversations about mental health was their first step. They have invited mental health speakers to their Adult Education Series, as well as educators to speak to youth in the congregation. There are people in the congregation with children who have mental health or emotional problems, and other families that adopted children suffering from previous trauma. They try to incorporate children into every aspect of church life. These efforts include 1) a Covenant of Openness and Affirmation, which initially focused on LGBTQ issues and now embraces all persons of varying races, economic classes, sexual and gender orientation, and physical or mental disability; 2) the local pastoral counseling center, which holds regular sessions on the role of the faith community in suicide prevention; and 3) advocacy on the state level for funding, among other efforts. Arnold considers inadequate funding – along with some lingering prejudice – to be a major barrier to an effective mental health ministry. She has also noticed that, in a moderately liberal faith community, many wanted to leave mental health issues to professionals in order to avoid promoting the idea that mental health issues could be resolved by faith alone. More recently, clergy have taken a more active role in mental health in the congregation. She feels that the biggest obstacle for mental health ministries is acknowledging that faith communities can play a pivotal role. Mental health should not be left up to the experts; what faith communities offer is very important.

## Conclusion

Faith communities have always played a significant role in American life: They offer opportunities not only to express one's spirituality but also to experience the benefits of fellowship. The examples above provide some guidance to others who want to help ensure that individuals with mental health conditions have the same opportunities for faith and fellowship as anyone else.

We invite you to explore the issues within your congregation, mental health community, and/or peer group; to contact the organizations and individuals discussed in this document for assistance and support; and to begin the difficult but rewarding task of shaping a new generation of welcoming congregations. For more information and assistance in the development of welcoming congregations, readers are invited to use the resources in the appendix to this proposal and/or to contact us at the Collaborative (by phone at 215-204-6779 or by email at [abilger@temple.edu](mailto:abilger@temple.edu)) to discuss training and technical assistance resources.

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## Appendix – Resources

### National

- Mental Health Ministries – <http://www.mentalhealthministries.net/>
- Pathways to Promise – [www.pathways2promise.org](http://www.pathways2promise.org)
- Caring Clergy Project – <http://www.caringclergyproject.org/>
- Mental Health Chaplaincy – <http://mentalhealthchaplaincy.org/>
- Interfaith Network on Mental Illness – <http://www.inmi.us/>  
They maintain an Interfaith Directory for organizations working at the intersection between mental health and spirituality/faith: <http://www.inmi.us/fwconn.html>
- Interfaith Disability Advocacy Coalition – <http://www.aapd.com/what-we-do/interfaith/interfaith-disability-advocacy-coalition.html>

### By Denomination

- Anabaptist Disabilities Network – <http://www.adnetonline.org/Topics/MentalHealth/MHministries>
- Brethren Christ Church in the US – <http://www.bic-church.org/>
- Episcopal Disability Network – <http://www.episcability.org/>
- Episcopal Mental Illness Network – <http://www.eminnews.com/>
- Health Ministries Association – <http://hmassoc.org/>
- Mental Health 4 Muslims – <http://mentalhealth4muslims.com/>
- Muslim Mental Health Network – <https://groups.yahoo.com/neo/groups/MuslimMentalHealth/info>
- National Catholic Partnership on Disability – <http://www.ncpd.org/ministries-programs/specific/mentalillness>
- Presbyterian Serious Mental Illness Network – <http://www.presbyterianmission.org/ministries/phewa/presbyterian-serious-mental-illness-network/>
- Unitarian Universalist EquUal Access Mental Health Caucus – <http://www.equualaccess.org/mentalhealthcaucus.html>
- United Church of Christ Mental Health Network – <http://www.mhn-ucc.blogspot.com/>

### Mental Health Provider Organizations

- American Psychiatric Association Mental Health and Faith Community Partnership – <http://www.psychiatry.org/faith>

### Organizations Mentioned in this Document

- Bright Tomorrows – <http://www.brighttomorrows.org/>
- Caring Clergy Project – <http://www.caringclergyproject.org/>
- Institute for Muslim Mental Health – <http://www.muslimmentalhealth.com/>
- National Alliance on Mental Illness (NAMI) – <http://www.nami.org/>
- Sacred Creations – <http://www.sacredcreations.org/>
- Saul's Circle – <http://www.beki.org/sauls.html>
- Substance Abuse and Mental Health Services Administration (SAMHSA) – <http://www.samhsa.gov/>
- Tikvah: Advocates for the Jewish Mentally Ill – <http://www.tikvahajmi.com/>

### Mental Health Outreach Resources

- Creating a Caring Congregation Model –

[http://www.mentalhealthministries.net/resources/caring\\_congregations\\_model.html](http://www.mentalhealthministries.net/resources/caring_congregations_model.html)

- Companionship: A Presenters' Guide – <http://www.pathways2promise.org/training/companionship.pdf>
- Caring Congregations Curriculum – <http://www.mpuuc.org/mentalhealth/>
- Mental Health Ministry Tool Kit – <http://www.pathways2promise.org/resources/mental-health-ministry-tool-kit/>
- Ten Steps for Developing a Mental Health Ministry in Your Congregation – <http://www.nhcucc.org/Documents/WeeklyNewsDocuments/TenstepsAJohnsonarticle.pdf>