

Bethany Christian Church presents...

Mental Health & the Church



August 30, 2025



Bethany Christian Church

Mental Health & the Church Event

August 30, 2025
Agenda

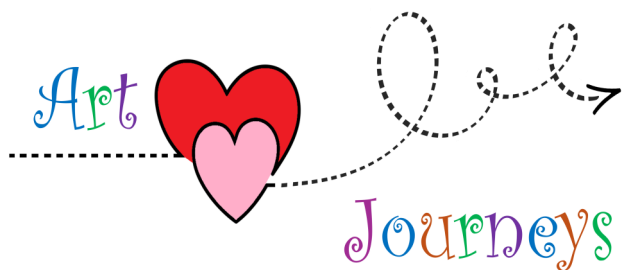
Time	Programming	Location	Leader/Speaker
9:00 AM	Resource Fair & Breakfast	Fellowship Hall	
10:00 AM	Welcome & Opening Prayer	Sanctuary	Rev. Michelle Brown, Pastor, Bethany Christian Church Rev. John Rich, Elder, Bethany Christian Church
10:15 AM	Keynote & Discussion	Sanctuary	Rev. Dr. Sarah Griffith Lund Founder & President, Blessed Minds, LLC
11:45 AM	Break		
12:00 PM	Lunch and Brainstorming	Fellowship Hall	
12:45 PM	FaithNet Presentation & Introduction to Ministry Assessment	Sanctuary	Kent Kunce National Alliance on Mental Illness, FaithNet
1:00 PM	Discussion Panel	Sanctuary	Elder Joann Hunter, Community Outreach Specialist United Way of Southwestern Indiana Kent Kunce, NAMI/FaithNet Volunteer Rev. John Rich, Co-director of Patchwork Central Patricia Watkins, MSW, LCSW
2:15 PM	Storytelling - "It Always Comes Around"	Sanctuary	Pastor Betsy Speis Wadesville Christian Church
2:45 PM	Bethany's Mental Health Ministry	Sanctuary	Rev. Michelle Brown
2:55 PM	Closing	Sanctuary	Rev. John Rich
3:00 PM	Resource Fair, Book Signing, & Snacks	Fellowship Hall	
4:00 PM	Break		
6:00 PM	Dinner for Speakers and Bethany Leaders	Gerst Haus - 2100 W. Franklin Street, Evansville	



Bethany Christian Church Mental Wellness Ministry

Thursdays, 6pm

Bethany Basement Wellness Space



Art Journeys meets on Thursdays at 6pm. Jean Page continues to offer many opportunities for reflection, learning, and mindfulness as she leads this wellness program. Join us as we continue to explore how acts of creation can calm the body and mind and fill the spirit. Art supplies are available and free! All ages and abilities are welcome.

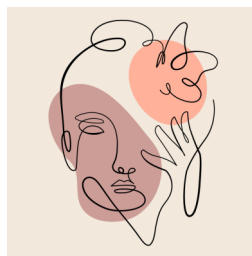
Sensory Support

Bethany has a supply of noise canceling headphones and ear muffs, weighted blankets, fidgets, and children's activity bags for use during worship. We are in the process of repurposing a room adjacent to the sanctuary as a low-stimulation environment with soft lighting, quiet activities, and a sensory tent.



Midday Mindfulness

30-minute Meditation,
12pm Thursdays
In Person ♦ On Zoom



*Mats, cushions, comfy couches, and
lift chair available*



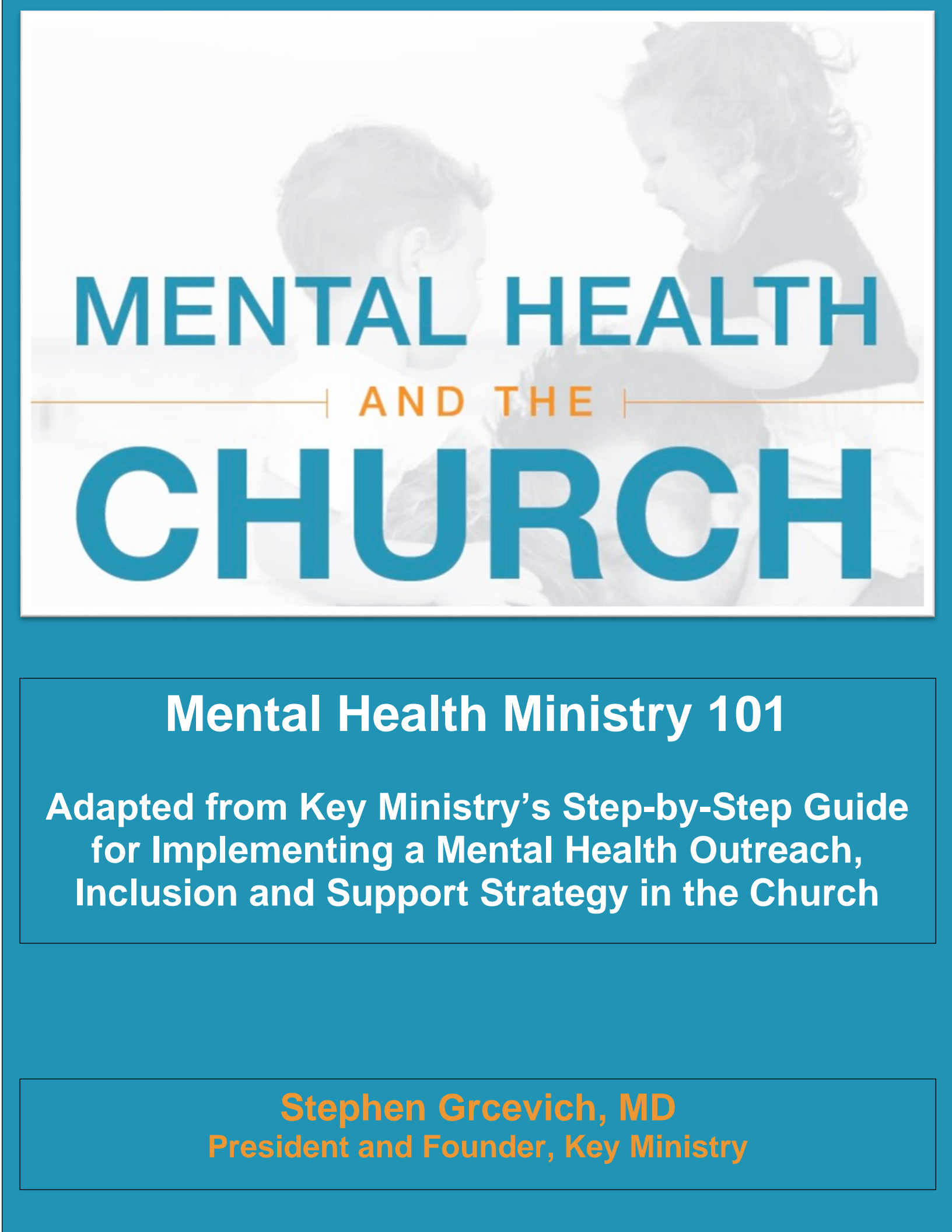
Bethany Christian Therapy Fund



The Mental Health Initiative grant Bethany received includes a therapy fund to assist people needing mental health care who would not otherwise be able to afford it. If this describes of you or someone you know, please scan the QR or visit Bethany's website, bethanychristianeansville.com, to apply.

So far no one has taken advantage of this resource, and the grant expires at the end of October. You do not need to be a member or attendee of Bethany to receive this assistance.





MENTAL HEALTH | AND THE | CHURCH

Mental Health Ministry 101

Adapted from Key Ministry's Step-by-Step Guide
for Implementing a Mental Health Outreach,
Inclusion and Support Strategy in the Church

Stephen Grcevich, MD
President and Founder, Key Ministry

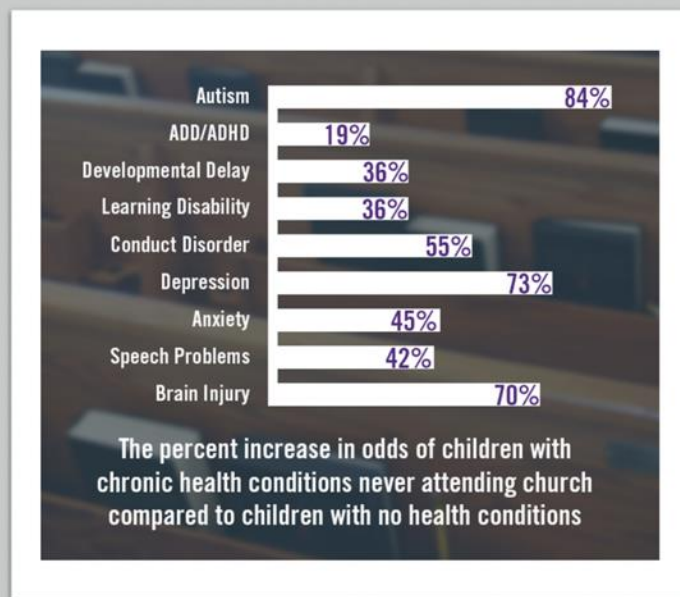
Church, We've Got a Problem

Key Ministry was launched twenty years ago by the recognition families of kids with “hidden disabilities” – significant emotional, behavioral, developmental and neurological conditions lacking outwardly apparent physical symptoms – were greatly underrepresented in the church. Clinical experience with thousands of kids and families served by my child and adolescent psychiatry practice formed the foundation of that hypothesis. Several years ago, a major research study was published lending support for that hypothesis.

Noted sociologist Andrew Whitehead published a study examining the impact of physical, mental health, and developmental disabilities upon church attendance using data generated from nearly 100,000 phone interviews conducted in each of three waves (2003, 2007, 2010-11) of the National Survey of Children's Health (NSCH). Families of children with no chronic health condition were significantly less likely to report never attending church services compared to the overall sample. Children with the following conditions were significantly more likely to report never having attended church:

Relationship between disability and family church attendance

- Autism and common mental health conditions associated with marked reductions in attendance
- Conditions NOT linked to lower attendance:
 - Intellectual disability (most recent cycle)
 - Cerebral palsy
 - Hearing, vision problems
 - Epilepsy
 - Asthma



Whitehead AL. *J Scientific Study Religion* 2018;57(2)377-395.

Disabilities not significantly impacting church attendance included asthma, diabetes, Tourette Syndrome, epilepsy, hearing or vision problems, intellectual disabilities, and cerebral palsy.

While not as robust as these findings, The Baylor Religion Survey (2011) reported the presence of anxiety or depression symptoms in adults decreased the likelihood of attending a church service in any given week by over 50%

Historically, disability ministry has focused upon support and inclusion of individuals with physical conditions that made church attendance as well as children and adults with “special needs” – obvious developmental and intellectual disabilities. ADHD is five times more common than autism and eight times more common than intellectual disabilities (Zablotsky et al., 2019). Anxiety is more common among adolescents than ADHD. Given the prevalence of anxiety, depression, and disruptive behavior disorders,

mental illness is the most common disability impacting church attendance and engagement in children and youth. It's not an overstatement to note that 20% of our population experience mental health conditions that reduce their likelihood of attending church during any given week by 50% or more. These figures don't include parents, spouses, siblings and children from families impacted by mental illness who miss out on church when one member of a family experiences mental health-related struggles with church attendance.

An outreach and inclusion strategy is desperately needed.

Why are These People Missing?

Traits associated with common mental health conditions often clash with “church culture” – how we expect people should act - and interact with one another when we come together.

Our model identifies seven barriers to church attendance common among persons with common mental health conditions.



Seven barriers to church attendance

- Stigma
- Anxiety
- Capacity for self-control
- Sensory processing
- Social communication
- Social isolation
- Past church experiences



STIGMA: How might an individual or family impacted by mental illness feel stigmatized in your church or your area of ministry?

ANXIETY: What do we expect of people involved with our church or ministry that might be challenging for an adult or child with an anxiety disorder? Someone with social anxiety disorder? Separation anxiety disorder? Generalized anxiety disorder? Panic attacks or agoraphobia?

SELF-CONTROL: What do we expect of people involved with our church or ministry that would be challenging for someone who struggles with attention, self-discipline or self-control?

SENSORY PROCESSING: How might someone with sensory processing differences experience the different environments in our church where ministry takes place?

SOCIAL COMMUNICATION: What do we expect of people involved with our church or ministry that would pose challenges to someone who struggles to pick up on social cues or body language?

SOCIAL ISOLATION: What can we do within our church or ministry to build connections with individuals and families affected by mental illness who don't have a relationship with a church?

PAST EXPERIENCES OF CHURCH: What can we do to encourage individuals or families impacted by mental illness who have had bad experiences to church to give it another try?

Our mental health inclusion model features seven broad strategies designed to identify and address barriers to church attendance and engagement throughout each ministry department. The strategies include:

Seven strategies for promoting mental health inclusion at church (TEACHER)

Team	Assemble your inclusion team
Environments	Create welcoming ministry environments.
Activities driving spiritual growth	Focus on ministry activities essential to spiritual growth
Communication	Develop a church-wide mental health communication strategy
Help	Help families with their most heartfelt needs
Education	Offer education and support
Responsibility	Empower your people to assume responsibility for ministry

TEAM: Who might have gifting, knowledge, connections or experience that would be useful to us in shaping our inclusion strategy within our church or area of ministry?

ENVIRONMENTS: Are there modifications we can make to the spaces where we meet to enhance the effectiveness of ministry offered while making them more comfortable for persons who experience sensory processing differences associated with common mental health conditions?

ACTIVITIES PROMOTING SPIRITUAL GROWTH: What's our discipleship strategy? What supports do we need to put in place to ensure children and adults with mental health concerns can engage in that strategy?

COMMUNICATION: How do we use worship services, ministry activities and our printed and electronic communication platforms to dispel stigma and promote connection for persons inside and outside of the church?

HELP: What concrete steps might we take to meaningfully serve individuals and families with mental health struggles, both inside and outside of the church?

EDUCATION AND SUPPORT: What does our staff need to learn to better support affected individuals and families? What do members of our congregation need to learn to better care for and support persons in their sphere of influence? What types of support groups are needed?

RESPONSIBILITY FOR MINISTRY. How do we promote ownership of mental health ministry by the people of our church? How might provide personal and tangible support to individuals and families in need of such support? How can we engage them in accompanying friends and neighbors to church activities?

In our next section, we will introduce a mental health ministry planning grid to help your inclusion team develop a system for identifying potential obstacles to attendance in your church for children and adults with common mental health conditions, along with sample questions leaders may ask to identify barriers in the areas of ministry for which they are responsible and examples of how the seven strategies may be applied to remove or overcome barriers in question.

Using the Mental Health Ministry Planning Grid

We've prepared a grid to help you and other members of your planning team organize your thoughts about mental health inclusion in the ministries you serve and implement strategies outlined in *Mental Health and the Church*. This grid won't make much sense unless you are familiar with the book.

A key idea presented in the book is that individuals and families impacted by a broad range of mental health conditions encounter **seven common barriers to church involvement** – stigma, anxiety, executive functioning, sensory processing, social communication, social isolation and past experiences of church. ***These barriers are listed on the horizontal axis of the grid.***

The book also presents **seven broad ministry strategies for overcoming the barriers to church involvement** – assembling an inclusion team, creating welcoming ministry environments, prioritizing manpower and resources on including people in activities your church identifies as most critical for spiritual growth, developing a mental health communication strategy, helping individuals and families impacted by mental illness both inside and outside of church, providing mental health education and support, and giving responsibility for the ministry to the people of your church. ***These strategies are listed on the vertical axis of the grid.***

Barriers to church involvement→ Strategies ↓	Stigma	Anxiety/Fear	Executive Functioning	Sensory Processing	Social Communication	Social Isolation	Past Experiences of Church
Assembling your inclusion team							
Create welcoming ministry environments							
Inclusion in activities with high impact for spiritual growth							
Communication strategy							
Helping families inside and outside church							
Education and Support							
Responsibility: Empowering your people for ministry							

The grid is intended to provide church leaders with a template for considering how barriers to attendance and engagement exist within their church as well as within each key area of ministry offered by the church. In a large church, your inclusion team might ask leaders responsible for ministry departments or functions (children's ministry, student ministry, family ministry, adult ministry, small group ministry, worship team, care and support, missions and outreach) or support functions (facilities management, communication) to identify barriers within their areas of responsibility and consider how the seven

inclusion strategies might be used to minimize or eliminate the barriers. In a smaller church where leaders have multiple areas of responsibility, the grid might be used to identify barriers and inclusion strategies for the church at large.

The next section of this guide includes sample questions for team members to consider in your planning process specific to each of the ministries or functions typically offered by the local church. Reviewing these questions will be helpful for churches too small to have inclusion teams for each ministry area or function, organized by common departments and functions. We encourage you to periodically check our website or our Facebook page for new training resources and opportunities! Don't get discouraged if your church is unable to develop a perfect inclusion plan. No church will be able to welcome every individual or family affected by mental illness, but **every church can welcome more children, adults and families touched by mental illness!**

The first step in using the grid is to consider how each of the barriers comes into play within your church or area of ministry. Working across the horizontal axis, start with stigma.

STIGMA: How might an individual or family impacted by mental illness feel stigmatized in your church or your area of ministry?

ANXIETY: What do we expect of people involved with our church or ministry that might be challenging for an adult or child with an anxiety disorder? Someone with social anxiety disorder? Separation anxiety disorder? Generalized anxiety disorder? Panic attacks or agoraphobia?

SELF-CONTROL: What do we expect of people involved with our church or ministry that would be challenging for someone who struggles with attention, self-discipline or self-control?

SENSORY PROCESSING: How might someone with sensory processing differences experience the different environments in our church where ministry takes place?

SOCIAL COMMUNICATION: What do we expect of people involved with our church or ministry that would pose challenges to someone who struggles to pick up on social cues or body language?

SOCIAL ISOLATION: What can we do within our church or ministry to build connections with individuals and families affected by mental illness who don't have a relationship with a church?

PAST EXPERIENCES OF CHURCH: What can we do to encourage individuals or families impacted by mental illness who have had bad experiences to church to give it another try?

Next, consider how the team might apply the seven inclusion strategies arranged along the vertical axis to minimize or eliminate the barriers to church attendance and ministry participation identified in the first part of the exercise.

TEAM: Who might have gifting, knowledge, connections or experience that would be useful to us in shaping our inclusion strategy within our church or area of ministry?

ENVIRONMENTS: Are there modifications we can make to the spaces where we meet to enhance the effectiveness of ministry offered while making them more comfortable for persons who experience sensory processing differences associated with common mental health conditions?

ACTIVITIES PROMOTING SPIRITUAL GROWTH: What's our discipleship strategy? What supports do we need to put in place to ensure children and adults with mental health concerns can engage in that strategy?

COMMUNICATION: How do we use worship services, ministry activities and our printed and electronic communication platforms to dispel stigma and promote connection for persons inside and outside of the church?

HELP: What concrete steps might we take to meaningfully serve individuals and families with mental health struggles, both inside and outside of the church?

EDUCATION AND SUPPORT: What does our staff need to learn to better support affected individuals and families? What do members of our congregation need to learn to better care for and support persons in their sphere of influence? What types of support groups are needed?

RESPONSIBILITY FOR MINISTRY. How do we promote ownership of mental health ministry by the people of our church? How might provide personal and tangible support to individuals and families in need of such support? How can we engage them in accompanying friends and neighbors to church activities?

We encourage you to periodically check [Key Ministry's website](#) or [Facebook page](#) for new training resources and opportunities! Don't get discouraged if your church is unable to develop a perfect inclusion plan. No church will be able to welcome every individual or family affected by mental illness, but **every church can welcome more children, adults and families touched by mental illness!**

Questions for Senior Leadership

Prior to beginning any mental health ministry planning process, signoff from senior leadership (senior/lead/primary teaching pastor, executive pastor-if present, and Board) is essential!

- *Does our church recognize a need for outreach to individuals and families in the communities we serve impacted by mental illness, and to more effectively disciple and support those in our church who are affected?*
- *Is our church called to respond to this need in the context of other potential ministry opportunities?*
- *Will our most senior leader publicly endorse the process/strategy, especially if they themselves will not be directly responsible for crafting/implementing the strategy?*

If the answer to all three of these questions is a resounding “YES” your church is ready to design an impactful mental health ministry strategy!

Once the decision has been made to design a strategy, senior leaders might consider the following issues:

TEAM:

- *What role will the senior/lead pastor play in the process?*
- *Who will be responsible for leading the team?*
- *Who from the staff needs to be on the team?*
- *How will our mental health ministry strategy encompass existing informal processes and ministries supporting mental health needs?*
- *Do we address this process as a group, or do we ask leaders to form smaller teams or work groups to address mental health inclusion within their specific areas of ministry responsibility?*
- *What types of gifting, talent, expertise or life experience need to be represented on the team?*
- *Who among our members or regular attendees needs to be part of the process?*
- *Are there people or organizations from outside of our church who might contribute to the process?*
- *Will we need to allocate funds to support the process?*

ENVIRONMENTS:

- *Will the team have a budget to implement any physical modifications to our ministry spaces?*
- *What process might they follow in implementing any environmental modifications?*

ACTIVITIES PROMOTING SPIRITUAL GROWTH:

What ministry activities should be prioritized in our planning process?

- *Weekend worship services?*
- *Small groups?*
- *Missional outreach - in our local community and beyond?*
- *Special events?*

COMMUNICATION:

- *What do we want to say about mental health in worship services and other public events?*
- *How might our church's website and social media platforms support our ministry strategy?*
- *What tools will our people need for outreach to their friends and neighbors?*

HELPS:

- *What is our policy for providing financial support for persons with mental health treatment needs?*
- *How available will our facilities be for care and support activities?*
 - *Example: Will we offer church-based respite events or encourage individuals or small groups to provide respite in their homes or the homes of families receiving respite?*

EDUCATION:

What training and education will staff and Board members need to minister more effectively with persons affected by mental illness who are already connected with our church, as well as with persons in the surrounding communities who lack a connection with a church?

RESPONSIBILITY FOR MINISTRY:

What steps must we take as a leadership team to create a culture in which our people are empowered to do mental health ministry in their workplaces, schools, neighborhoods and social networks?

Questions for Preschool, Children's, Family Ministry Leaders

Considering Potential Barriers

STIGMA:

- *How might children or families in our ministry experience mental health-related stigma in our church or previous experiences in other churches?*
- *Would a parent feel comfortable volunteering information about accommodations their child receives at school for emotional or behavioral concerns?*
- *Would a parent be reluctant to let our team know if their child takes prescription medication for a mental health condition?*
- *Would a parent encounter criticism or discouragement at church for taking their child to a secular psychiatrist or counselor for treatment?*

ANXIETY:

- *What challenges might a child or parent with anxiety experience the first time they attempt to attend a weekend worship service?*
- *What can we do to help kids with anxiety (and parents with anxiety) have a positive first experience of our ministry?*
- *What activities in our ministry programming are most likely to cause discomfort for a child with anxiety?*
- *How might we help children with anxiety and their families prepare for new or unfamiliar experiences?*

SELF-CONTROL:

- *When and where in our ministry programming might a child experiencing difficulties with executive functioning struggle most to maintain self-control?*
- *How do our ministry environments promote (or detract from) self-control?*

SENSORY PROCESSING:

- *What children's ministry activities are most likely to cause discomfort for children who are hypersensitive to sensory input? What about kids who are sensory seeking?*
- *Does our church offer sensory-friendly worship services, or an online church option for families of kids with sensory processing differences?*
- *Do we make snacks available for kids sensitive to food of different textures or smells?*

SOCIAL COMMUNICATION:

- *How can we minimize the possibility of kids with social skill differences being bullied by kids in our ministry, both inside and outside of church?*
- *How might we support children with social skill differences in group activities?*

SOCIAL ISOLATION:

- *How do we promote connection between families served by our ministry and families impacted by mental illness in our communities who lack a church home?*

NEGATIVE PAST EXPERIENCES OF CHURCH:

- *How do we introduce our ministry to families who have had bad experiences in the past?*
- *Does our ministry have a system in place to follow up with families of children who at one point attended regularly but have been absent for weeks or months?*

Considering Specific Support and Inclusion Strategies

TEAM:

- *Who might help staff and volunteers better recognize and understand the challenges kids with common mental health conditions and their families experience during church-related activities?*
- *What gifts, talent, expertise or life experience need to be represented on the team?*
- *Who might help us identify and connect with families of children with behavioral health concerns who don't have a church?*

ENVIRONMENTS:

- *How might we redesign the spaces in which children's ministry activities occur to promote:*
 - *Good self-control?*
 - *Learning?*
- *How might we make children's ministry activities more sensory-friendly?*
- *How can our entrances, registration areas and small and large group ministry environments become more sensory-friendly?*
- *How difficult is it for children and parents who struggle to process multistep directions to find where they need to go before, during and after church?*

ACTIVITIES MOST ESSENTIAL IN PROMOTING SPIRITUAL GROWTH:

- *What practices do we most want children and families to engage in to facilitate spiritual growth? How do we make it easier for children with common conditions such as ADHD, anxiety disorders, disruptive behavior disorders (Oppositional Defiant Disorder, Conduct Disorder) and mood disorders (depression, bipolar disorder, DMDD) to engage in and sustain those practices?*
- *How might we support children with anxiety, sensory processing issues or social communication weaknesses in milestone events such as baptism or confirmation?*
- *How and when will we minister with families of children in the extremely rare situation when the child experiences difficulties managing emotions or behavior so severe that attending church no longer represents the "least restrictive environment" for ministry? Situations when a child is extremely disruptive or at risk of harming themselves or others.*

COMMUNICATION STRATEGIES:

- *Do our registration materials afford parents the opportunity to inform ministry staff and volunteers of any emotional or behavioral struggles their child might experience at church, or invite parents to share helpful ideas for promoting positive experiences or good behavior with your ministry team?*
- *How can we help kids with organizational difficulties get information or ministry resources home to their parents?*
- *How do we use photography or video on our websites and social media platforms to relieve the anxiety a parent or child might experience a child who regularly attends might experience during a special or unfamiliar ministry event or activity?*
- *Do we have alternative methods for parents to contact ministry staff when anxiety or social communication deficits renders them unable to use a telephone?*

TANGIBLE HELPS:

- *What tangible help and support are we able to offer families of children with mental health concerns?*
 - *Would parents (and their children) be comfortable in making use of respite care offered by the church's disability ministry?*
 - *Are we able to provide parents assistance in accessing mental health treatment for their children? (Current referral lists to qualified professionals/agencies, financial assistance for initial assessments)*
- *How might we support families in the church engaged in ministries such as adoption or foster care that disproportionately serve children with mental health concerns?*
- *Do families of kids with mental illness receive the same supports from the church as a family of a child with a medical illness? Meal service, hospital visitation, cards, encouragement, prayer?*
- *How might we help families access necessary educational accommodations and support services through their child's school?*

EDUCATION AND SUPPORT:

- *What training/education do our staff need to respond to challenges that occur more frequently among children with mental health disorders?*
 - *How should greeters and volunteers responsible for check-in be trained to respond when a child is visibly upset or experiencing an emotional crisis upon arrival at church?*
 - *How should staff and volunteers be trained to respond when a child exhibits aggressive behavior or extreme disrespect toward adults or peers?*
 - *How should staff and volunteers be trained to respond when children demonstrate dangerous or impulsive behavior? Running away from their classroom or church building, climbing, jumping from high places or playing with lit candles or other dangerous objects?*
 - *How do we train staff and volunteers to avoid causing shame or embarrassment of kids who are self-conscious or experience learning differences?*
 - *Do our staff and volunteers need training in understanding the effects of trauma or training in mental health or psychological first aid?*
- *What education and support might we provide to families of children with mental health concerns?*
 - *Speakers and other special events*
 - *Education and support groups (NAMI Basics, Empowered to Connect, diagnosis-specific support groups such as CHADD)*

RESPONSIBILITY FOR MINISTRY:

- *How might we resource and encourage individuals and small groups in our church to provide practical support to families impacted by mental illness both inside and outside the church, including respite, sibling support and transportation assistance?*
- *How might we encourage and resource families served by our ministry to use their social media platforms to resource, encourage and support families impacted by mental illness outside of the church?*

Questions for Student, Youth or Young Adult Ministry Leaders

Considering Potential Barriers

STIGMA:

- *Would youth served by our ministry feel open to discuss their mental health-related symptoms and struggles with ministry staff or peers?*
- *Would a parent feel comfortable approaching team members for assistance for a teen or young adult child in need of mental health support?*
- *Would a student feel judged at church for accessing the services of a secular psychiatrist or therapist for treatment?*

ANXIETY:

- *What difficulties might a student with common manifestations of anxiety experience in attending ministry gatherings?*
- *How might we help students who feel uncomfortable attending church or ministry events alone?*
- *How might we support students who may be intensely uncomfortable with self-disclosure in small group participation?*
- *What supports may be necessary for students with anxiety to participate in mission trips or missional outreach with unfamiliar people in unfamiliar situations?*

EXECUTIVE FUNCTIONING, SELF-CONTROL:

- *How might our ministry team support engagement in students who are forgetful, disorganized and struggle to manage time?*
- *How do our ministry environments promote (or detract from) the student's ability to sustain attention and focus so they might internalize the teaching being offered?*
- *What supports might students need who struggle with self-denial and delaying gratification in managing desires to "self-medicate" their mental health symptoms with alcohol and illicit substances?*

SENSORY PROCESSING:

- *What ministry activities are most likely to cause discomfort for students who are hypersensitive to sensory input? What about kids who are sensory seeking?*
- *How might our ministry offer sensory-friendly activities or worship experiences to all students?*

SOCIAL COMMUNICATION:

- *How might we promote connection and engagement among students who struggle with social interaction?*
- *How can we minimize the possibility of students with social skill differences experiencing bullying by peers in our ministry, both inside and outside of church?*

SOCIAL ISOLATION:

- *How do we connect with students who might benefit from our ministry but lack friendships with peers who currently attend?*
- *How do we connect with students from families with little to no experience of church because a family member had a mental health disability that impacted church attendance?*

NEGATIVE EXPERIENCES OF CHURCH:

- *Does our ministry have a system in place to follow up with students who at one point attended regularly, but have been absent for weeks or months?*
- *What processes do we have in place to protect the confidentiality of information shared by students with ministry staff and volunteers related to their mental health condition?*

Considering Specific Support and Inclusion Strategies

TEAM:

- *What gifts, talent, expertise or life experience need to be represented on the team?*
- *Who might help our staff and volunteers better recognize and understand the challenges students with common mental health conditions experience during church-related activities?*
- *Who might help us identify and connect with students with behavioral health concerns who lack a connection with a church?*
- *Who might help us understand the system in place in our community that serves teens and young adults experiencing mental health crises: suicidal plans, severe self-injury, psychosis?*

ENVIRONMENTS:

- *How might we redesign the spaces in which student ministry activities occur to promote focus, concentration and learning?*
- *How might we make student ministry activities more sensory-friendly?*

ACTIVITIES MOST ESSENTIAL IN PROMOTING SPIRITUAL GROWTH:

- *What practices do we most want students and their families to engage in to facilitate spiritual growth? How do we make it easier for children with common conditions such as ADHD, anxiety disorders and mood disorders (depression, bipolar disorder, DMDD) to engage in and sustain those practices?*
- *How might we support students with anxiety, sensory processing issues or social communication weaknesses in milestone events such as baptism or confirmation?*
- *What steps might we take to help a student with anxiety or delays in social skill development to take part in special events such as retreats, mission trips and service projects?*

COMMUNICATION STRATEGIES:

- *How do we afford parents the opportunity to share helpful ideas to promote positive experiences at church? How might we encourage parents to inform your team of emotional or behavioral struggles their student might experience during church activities?*
- *How can we help kids with organizational difficulties communicate information or ministry resources back to their parents?*
- *How can we better remind forgetful students of upcoming ministry events and activities?*
- *How do we use photography or video on our websites and social media platforms to relieve the anxiety a student might experience during a new or unfamiliar ministry event or activity?*
- *Do we share helpful and age-appropriate information regarding mental illness through our social media platforms and printed materials?*
- *How do we promote our ministry to students who avoid common social media platforms?*
- *Do we have alternative methods for students or parents to contact ministry staff when anxiety or social communication deficits preclude use of a phone?*
- *How might we introduce our ministry to students with mental health challenges who don't currently attend our church?*
- *How do we introduce our ministry to students who have had negative experiences of church? Students who experienced embarrassment or shame or struggled to meet the social expectations of their previous church?*

TANGIBLE HELPS:

- *What tangible help and support are we able to offer families of students with mental health concerns?*
 - *Childcare?*
 - *Transportation assistance?*
- *Are we able to provide parents assistance in accessing mental health treatment for their children? (Current referral lists to qualified professionals/agencies, financial assistance for initial assessments)*
- *How might we support families in the church engaged in ministries such as adoption or foster care that disproportionately serve students with mental health concerns?*
- *Do families of students with mental illness receive the same supports from the church given to families of a student with a medical illness? Meal service, hospital visitation, cards, encouragement, prayer?*
- *How might we help families access necessary educational accommodations and support services through their child's school?*
- *How might we help support students in our community with mental health concerns who are "aging" out of the foster care system?*

EDUCATION AND SUPPORT:

- *What training/education do our staff need to respond to challenges that occur more frequently among students with mental health disorders?*
 - *How should team members respond if a student behaves inappropriately toward a peer or an adult?*
 - *How should team members be trained to respond when children demonstrate dangerous or impulsive behavior?*
 - *How do we train team members to avoid causing shame or embarrassment of kids who are self-conscious or experience learning differences?*
 - *How should team members respond when a student discloses suicidal thoughts or intent?*
 - *How should team members respond when a student discloses possible physical or sexual abuse?*
 - *Do our team need training in understanding the effects of trauma?*
 - *Who on our team requires training in mental health or psychological first aid?*
- *What types of mental health education and support groups might we offer to students from inside and outside our church?*
 - *Grace groups*
 - *Fresh Hope groups*
 - *NAMI*
- *What education and support might we provide to families of students with mental health concerns?*
 - *Speakers and other special events*
 - *Education and support groups (NAMI Basics, Empowered to Connect, diagnosis-specific support groups such as CHADD)*

RESPONSIBILITY FOR MINISTRY:

- *How might we support parents of students with mental illness in shepherding their child's spiritual growth?*
- *What resources might we provide our students to help them invite peers with mental health challenges to our ministry activities?*
- *How do we encourage our students and other church attendees to use their social media platforms to resource, encourage, and support friends and family members impacted by mental illness?*

Questions for Leaders in Adult and Small Group Ministries

Considering Potential Barriers

STIGMA:

- *Would anyone participating in our ministry feel open to discuss mental health symptoms and struggles with team members or as part of a small group?*
- *Would someone in our ministry feel comfortable approaching a team member for assistance in obtaining mental health support for themselves or a family member?*
- *Would an individual feel judged if others in the church learned they had accessed the services of a secular psychiatrist or counselor for mental health treatment?*

ANXIETY:

- *What difficulties might someone with anxiety experience in joining a Bible Study or small group?*
- *How might we support attendees likely to be intensely uncomfortable with the expectations for self-disclosure in a small group?*
- *What supports may be necessary for someone with anxiety to attend a weekend retreat?*

EXECUTIVE FUNCTIONING, SELF-CONTROL:

- *How might our ministry team support engagement in individuals who are forgetful, disorganized or struggle to manage time?*
- *What types of support or small group experiences might be helpful to a person who struggles with self-destructive behavior? Substance use, gambling, extramarital sexual relationships, pornography, overeating, gaming addiction?*

SENSORY PROCESSING:

- *How might our Christian education or small group activities be made more sensory-friendly?*

SOCIAL COMMUNICATION:

- *How might we help individuals who struggle with social interaction to become more engaged in our ministry activities?*

SOCIAL ISOLATION:

- *How do we connect with individuals both inside and outside of our fellowship who would benefit from our ministry but lack friendships with anyone who might invite them to attend?*
- *How do we connect with individuals unable to take part in our ministry activities because they are caring for a spouse or family member with a disability?*

NEGATIVE EXPERIENCES OF CHURCH:

- *Does our ministry have a system in place to follow up with regular attenders who have been absent for weeks or months?*
- *What processes do we have in place to protect the confidentiality of information shared by participants in a small group related to their mental health condition or the mental health condition of a family member?*

Considering Specific Support and Inclusion Strategies

TEAM:

- *Who might help us better understand challenges adults with common mental health conditions might experience in small groups and other ministry activities for adults?*

ENVIRONMENTS:

- *How can someone predisposed to severe anxiety attacks in crowded or confined spaces inconspicuously locate a comfortable place to sit during a worship service?*
- *Would someone unfamiliar with your church struggle to find where a Sunday School class, Bible study or small group is meeting without having to ask someone for directions?*
- *How do our ministry environments promote attention to the teaching/activity taking place within that space? Are there modifications we can make to minimize distraction?*
- *How can our ministry environments for adults become more “sensory-friendly?”*

ACTIVITIES MOST ESSENTIAL IN PROMOTING SPIRITUAL GROWTH:

- *How can we proactively reduce the apprehension adults might experience attending an adult education event or becoming part of a small group?*
- *What changes might we make in our registration or assimilation processes for adult education and small groups so that persons with common mental health conditions are more likely to participate?*
- *What training might we make available to small group leaders to better support adults with mental health issues?*
- *What alternative discipleship strategies can our church offer to persons uncomfortable with the self-disclosure necessary for participation in a small group?*
- *How might we welcome individuals and families impacted by mental illness into the relational structure of our church?*

COMMUNICATION:

- *How might we encourage adults impacted by mental illness to attend adult education activities or take part in a small group?*
- *How can we better remind adults prone to forgetfulness of upcoming ministry events and activities?*

TANGIBLE HELPS:

- *What role might our small groups play in supporting individuals and families affected by mental illness, both inside and outside of our church?*
- *How might we welcome individuals and families impacted by mental illness into the relational structure of our church?*

EDUCATION AND SUPPORT:

- *What type of training will our small group leaders need to more effectively support persons affected by mental illness?*
- *What types of mental health education or support groups does our church provide to individuals and families impacted by mental illness, both inside and outside of our church (i.e., NAMI, FaithNet)?*

RESPONSIBILITY FOR MINISTRY:

- *How might we encourage and support individuals taking part in classes and small groups to invite and accompany friends and neighbors with common mental health conditions?*
- *How might we encourage our people, both individually and collectively to provide personalized support to friends and neighbors with significant mental health conditions?*

Questions for Teams Responsible for Worship Services

Considering Potential Barriers

STIGMA:

- *Is there anything a person impacted by mental illness might experience during a worship service might experience that could result in them feeling stigmatized or judged?*

ANXIETY:

- *A mother with social anxiety disorder and agoraphobia raising a six-year-old daughter with separation anxiety decide to attend a worship service at your church for the first time. Consider all the possible challenges they are likely to encounter!*
 - *What fears will the mother need to overcome prior to leaving the house?*
 - *How many unfamiliar people will the mother need to interact with the first morning they attend?*
 - *What problems might be anticipated if the mother wants her daughter to attend Sunday School?*
 - *What challenges might the mother experience if the sanctuary/worship center is full or nearly full by the time she arrives?*
 - *What experiences might the mother encounter during the worship service itself with potential for increasing her anxiety and discomfort?*
 - *What might the mother learn regarding expectations for church members or attendees during the service with potential for heightening her anxiety?*
- *What experiences during a worship service might precipitate anxiety for someone who attends church on a more regular basis?*

EXECUTIVE FUNCTIONS/SELF-CONTROL:

- *A family attends a worship service with a child who struggles with attention, impulse control and a relative inability to sit still. What resources are available to the family to help promote self-control and facilitate their attendance in the service?*
 - *Do we have volunteers available to sit with or entertain a child so that the parents can focus on worship/the content of the sermon?*
- *How is an attendee with a relatively short attention span likely to experience the music and process the teaching presented during a worship service?*

SENSORY PROCESSING:

- *How might a child or adult with heightened sensitivity to noise, light, touch or smell experience a worship service in our church?*

SOCIAL COMMUNICATION:

- *What challenges might someone encounter attending a worship service if they struggle to make small talk or pick up on body language, facial expressions and the nuances of speech?*

SOCIAL ISOLATION:

- *How is someone likely to find themselves attending a worship service if they lack connections with people who are active in our church?*

PAST EXPERIENCES OF CHURCH:

- *How does our church communicate about mental illness in the worship services/sermons? Are our communications perceived as factual and caring?*

Considering Specific Support and Inclusion Strategies

TEAM:

- *Is someone on our ministry team empowered to monitor communication for insensitive or inappropriate comments or statements?*
- *Is there anyone on our ministry team prepared to talk about mental health concerns during a weekend worship service*

ENVIRONMENTS:

- *How does the design of our worship space minimize distraction and promote learning? (Comfortable seating, use of color, decorations, window treatments and floor coverings)*
- *How might a child or adult with sensory processing differences experience the music or lighting during our worship services?*
- *Do we offer any “sensory-friendly” worship services for adults?*
- *How might we make worship experiences designed for children and teens more sensory-friendly?*

ACTIVITIES PROMOTING SPIRITUAL GROWTH:

- *If we assume worship attendance is a prime catalyst to spiritual growth, what steps are we prepared to take so that more individuals and families affected by mental illness are present during our services?*

COMMUNICATION:

- *Do we have a schedule or calendar in place for addressing mental health-related topics during worship services?*
 - *Addressing mental health concerns during prayer times*
 - *Speaking into mental health topics during sermons*
- *Do we have a strategy for increasing viewership of our worship services among individuals impacted by mental illness who aren’t currently part of a church?*
- *How would someone in attendance at one of our worship services know mental illness is not a taboo topic and persons with mental health concerns are welcome in the church.*

HELPS:

- *How might we make our worship services available to persons with mental illness who might not be able to attend church because they lack transportation or live in a treatment facility where services are unavailable?*

EDUCATION AND SUPPORT:

- *Do we call attention to support groups available through our church either during the service or through print material/bulletins distributed in the service?*

RESPONSIBILITY FOR MINISTRY:

- *How can members of our worship team use their gifts and talents to minister with families affected by mental illness?*
- *How might we use worship services to inspire attendees to minister with friends, neighbors and colleagues burdened by mental health concerns?*

Questions for Teams Responsible for Electronic or Online Ministry

Note: Staff or volunteers involved with online ministry will bear most of the responsibility for developing and implementing the church's communication strategy. Consideration of the seven barriers to church attendance may be less relevant to this team outside of their role in supporting inclusion in other ministries and activities of the church.

Considering Specific Support and Inclusion Strategies

TEAM:

- *Do we need someone on our team to identify articles, teaching and research on mental health-related topics from within and outside the Christian subculture of interest to our attendees and their friends and neighbors?*
- *Is someone on our ministry team empowered to monitor communications for materials persons impacted by mental illness might view as insensitive or inappropriate?*

ENVIRONMENTS:

- *How might we use our online platforms to help address the perception that persons with mental illness aren't welcome at church?*
- *If we have an online platform for presenting worship services or other church activities, how are we using that platform to reach families in our community impacted by mental illness lacking a connection to a church?*
- *How will we incorporate mental health themes into the preaching, prayer and public announcements offered during our online services?*
- *Are our social media platforms free of bullying?*

ACTIVITIES PROMOTING SPIRITUAL GROWTH:

- *Do we make it possible for individuals interested in a ministry activity or event to sign up electronically if they're uncomfortable with phone calls or in person registration?*
- *Do we have a designated mental health liaison to facilitate communication between attendees requiring accommodations or support and staff/volunteers responsible for key areas of ministry?*
- *How can we incorporate photography and video during worship services and on our website and social media platforms to overcome foreseeable challenges to participation in our most critical ministry practices and activities?*
 - *Anxiety a first-time attendee might experience prior to their visit*
 - *Anxiety to join a small group*
 - *Anxiety about attending a retreat or special event*
 - *Anxiety about participating in a mission trip or outreach event*
- *How might we use technology to remind children and adults prone to forgetfulness of important ministry resources and events?*
- *Do we provide opportunities for online small groups for caregivers of persons with mental illness unable to access childcare or respite care to regularly attend in-person groups?*
- *Do we provide attendees with mental health conditions opportunities to share their testimonies?*

HELPS:

- *Do we make it possible for individuals or families impacted by mental illness to communicate their needs for prayer and support electronically?*
- *Can someone in need of mental health support find what your church is able to offer by accessing your website?*
- *Do we make referral lists to mental health practitioners and facilities available online?*
 - *Do we have a process for keeping referral lists updated?*
- *Do we use our social media platforms to provide helpful mental health information to our followers so they might share such information with their friends and neighbors?*

EDUCATION AND SUPPORT:

- *What types of online programming might we create to educate our attendees about mental-health related topics?*
- *If our church offers mental health support groups, how might our church make those groups available online?*

RESPONSIBILITY FOR MINISTRY:

- *How do we draw attention to the work of church members engaged in mental health ministry?*
- *How do we enlist our members and attendees in changing the common perception among the unchurched that individuals with mental illness aren't welcome at church.*

Questions for Leaders in Care and Support Ministries

Considering Potential Barriers

STIGMA:

- *What would cause someone in our church to be reticent in sharing their need for mental health support?*
- *Would a family in our church with a serious mental health crisis be supported in a similar manner as a family experiencing a serious medical crisis?*

ANXIETY:

- *Is there anything in our church's process for accessing care and support that would be difficult or overwhelming for a person with an anxiety disorder?*

EXECUTIVE FUNCTION/SELF-CONTROL:

- *How would our care and support ministry respond to someone experiencing difficulty managing their time and sustaining commitments for counseling or group support?*

SENSORY PROCESSING:

- *Is there any quality of the spaces in which we provide care and support that might serve as a distraction or cause discomfort for someone with sensory processing differences?*

SOCIAL COMMUNICATION:

- *Does our church offer options for obtaining support for persons who struggle to communicate in group settings?*
- *Would our church be equipped to support a person lacking the pragmatic language skills necessary to "fit in" at church?*

SOCIAL ISOLATION:

- *Would someone who identifies with our church but lacks friendships within the church be aware of the opportunities that exist to obtain care and support?*
- *Would someone without a connection to a church think of us as a place they might find support?*

PAST EXPERIENCES OF CHURCH:

- *Does your church have a history of dropping the ball when attendees approached the church with a mental health-related need?*
- *Given the frequency reported in some studies with which persons who approach their church with a mental health concern leave because of the response they received, how might we convince someone who was hurt in another church to allow us the privilege of ministering to their needs?*

Considering Specific Support and Inclusion Strategies

TEAM:

- *Who in our congregation has helpful knowledge or personal experience to inform our mental health outreach and inclusion efforts?*
- *Who has connections with gifted and talented individuals in the mental health community who might lend support to our ministry?*
- *Who might help us build relationships with persons impacted by mental illness who lack connections with a church?*

ENVIRONMENTS:

- *How might we take our care and support capacities to locations outside of the church where they are most needed?*
- *Are the spaces where we provide care and support easily accessible to individuals and families in need of such support?*

ACTIVITIES MOST ESSENTIAL IN PROMOTING SPIRITUAL GROWTH:

- *How can our care and support ministry promote participation in the activities offered in our church most critical to spiritual growth?*

COMMUNICATION:

- *What resources can we create for our communication team to share in support of the church's overall inclusion strategy?*
- *How easy is it for someone with mental health-related difficulties to find care and support resources on your church's website?*

HELPS:

- *What mental health services or supports can our church provide?*
 - *Counseling (licensed clinicians)*
 - *Mental health support groups*
 - *Respite care (for parents of affected children, youth)*
- *Does our church maintain current referral lists of mental health practitioners and facilities for both children and adults?*
 - *Are the referral lists regularly updated?*
 - *Are the referral lists easily accessible?*
- *What pastoral care services do we provide to attendees in psychiatric hospitals, group homes or other mental health treatment facilities?*
- *How would families experiencing a mental health emergency access the care and support offered by the church during medical emergencies?*

EDUCATION AND SUPPORT:

- *What training and education is most essential for our staff and volunteers?*
 - *Educating pastors, support staff on challenges to church attendance, spiritual development associated with common mental health conditions?*
 - *Training for frontline staff, deacons on responding to persons reporting suicidal thoughts, plans?*
 - *Trauma-focused care and support?*
 - *Mental Health First Aid/Psychological First Aid*
- *What mental health education and support groups best fit with our church's approach to ministry?*
- *What special events might we create to increase awareness in our congregation?*
 - *Mental Health Sunday*
 - *Churchwide "town meetings"*
 - *Live speakers, discussions*
 - *Videoconferences*

RESPONSIBILITY FOR MINISTRY:

- *What strategy will we employ to recruit leaders from the congregation to provide personalized mental health support? (Stephen Ministries, mental health advocate, etc.)*

Questions for Leaders Responsible for Mission Outreach

Considering Potential Barriers

STIGMA:

- *What objections might arise from within our congregation for targeted outreach to the mental health community? How might those objections be best addressed?*

ANXIETY:

- *What opportunities for meaningful service are available to teens and adults in our church with social anxiety disorder, separation anxiety disorder and generalized anxiety disorder?*
- *What strategies might we employ to promote mission trip participation among attendees with anxiety? How can we prepare and support them once they have committed to participate?*

EXECUTIVE FUNCTION/SELF-CONTROL:

- *What roles exist for volunteers who demonstrate great passion but come across to others as “undisciplined” or exhibiting traits of “roller coaster” spirituality? If the roles don’t exist, how might we create them?*

SENSORY PROCESSING:

- *How might we identify and create roles for teens and adults with sensory processing differences in each of our ministry projects?*

SOCIAL COMMUNICATION:

- *How might we identify and create roles for teens and adults with social communication deficits in each of our ministry projects?*

SOCIAL ISOLATION:

- *Do we engage in any ministry initiatives that explicitly serve persons who are socially isolated or marginalized for whom mental illness is a contributing factor to their isolation?*

PAST EXPERIENCES OF CHURCH:

- *Does our church offer any intentional outreach to individuals and families who were once engaged with a congregation, but stopped attending?*

Considering Specific Support and Inclusion Strategies

TEAM:

- *Are there individuals inside or outside of our church who might help us identify opportunities to serve and share the Gospel with persons impacted by mental illness?*
- *Who might help us create roles in missions and outreach for neurodiverse people?*

ENVIRONMENTS:

- *Are there opportunities for making mental health ministry available in the spaces and places where our church has established outreach?*

ACTIVITIES MOST ESSENTIAL IN PROMOTING SPIRITUAL GROWTH:

- *If participation in missions and outreach is central to our church’s discipleship strategy, what steps can we take to facilitate the participation of individuals and families impacted by mental illness in each of our outreach initiatives?*

COMMUNICATION

- *How might we inform members and attendees of service opportunities suitable for everyone in our congregation?*

HELPS:

- *What mental health helps and supports might we provide in our missional outreach that we routinely offer to members and attendees?*

EDUCATION AND SUPPORT:

- *Is there mental health-related training and education that might increase the impact of our outreach? Examples:*
 - *Education on depression and anxiety for ministry with college students*
 - *Education on the impacts of trauma for foster care/adoption ministry*
 - *Education on impacts of trauma, substance abuse exposure and ADHD for outreach with at-risk elementary, middle and high school students*

RESPONSIBILITY FOR MINISTRY:

- *How might we encourage our established volunteers to invite friends and neighbors with mental health concerns to serve alongside them in outreach activities?*

Questions for the Facilities Management Team

Note: Outside of their participation in the church-wide group responsible for crafting a mental health inclusion strategy, the facilities management team will largely be assisting other departments as they seek to address issues impacting attendance and engagement within the spaces where their ministry takes place. As a result, consideration of each of the seven barriers may be less relevant to this team than other teams in the church. The questions here pertain to application of the seven strategies in creation and utilization of space in support of mental health inclusion and ministry.

TEAM:

- *Is there anyone available to our ministry team with the knowledge and experience to help us make the physical spaces in which ministry takes place more welcoming to everyone, including individuals and families with mental illness?*

ENVIRONMENTS:

- *Are there affordable ways to make lighting less harsh within our ministry environments?*
- *Are there affordable ways to modify lighting, paint, wall decorations, window treatments or floor coverings to create ministry environments more conducive to supporting self-control in spaces where children's and student ministry take place?*
- *Are there inexpensive ways of using interior design, lighting, paint, window treatments or floor coverings to promote attention and learning in ministry spaces most often used for preaching or teaching?*
- *How might we provide more comfortable seating for children and adults during ministry activities?*
- *Can we identify a quiet space (or spaces) within our facility where an adult or child might go for privacy while regaining control over their emotions?*
- *Can we establish sensory-friendly entrance for members, attendees and visitors who become uncomfortable in crowds or experience distress when multiple conversations are taking place in proximity at the same time?*
- *Can we identify areas in our sanctuary or worship center that are more friendly to persons with sensitivity to loud noises?*
- *Is it possible or practical to establish a "fragrance-free" zone during our worship services for individuals and families who are sensitive to strong smells or odors?*

ACTIVITIES PROMOTING SPIRITUAL GROWTH:

- *Do we have any designated seating during worship services for persons prone to anxiety in crowded or confined spaces?*
- *Do we have spaces for hosting small groups or other discipleship activities for students or adults who might be uncomfortable attending the activity in a private home or office?*

COMMUNICATION:

- *Is the signage throughout our facilities sufficiently clear for someone to find where they need to go without having to approach someone for help or remember multistep directions?*

HELPS:

- *How might we make our facilities available to individuals, organizations or community agencies serving individuals or families affected by mental illness?*
- *How might we use our facilities to provide shelter for members of the homeless population experiencing mental illness*
- *Could we establish and maintain housing for adults in our community with serious mental illnesses?*
- *How might we help paint, repair or landscape facilities owned or controlled by agencies providing care or support services to persons with mental illness and their families?*
- *Would we consider partnering with community agencies to offer job training and employment opportunities in facilities management to individuals in mental health recovery programs?*

EDUCATION AND SUPPORT:

- *How might we provide space to individuals and organizations offering mental health education and support groups?*

RESPONSIBILITY FOR MINISTRY:

- *How might we support and empower the people of the church and volunteers in providing shelter or housing to persons with mental illness?*

Mission: NAMI Evansville is a nonprofit organization that: 1) provides support, education and advocacy for persons with mental illness and their families and friends in Evansville, IN. 2) promotes better quality of care, rights and interests of citizens with mental illness, particularly those who cannot speak for themselves, and to advocate policies at the local, state and national level to accomplish these objectives. 3) promotes suicide awareness and suicide prevention in Evansville.

Principles of Support

<i>We will see the individual first, not the illness.</i>		<i>We recognize mental illnesses are medical illnesses that may have environmental triggers.</i>		<i>We understand that mental illnesses have traumatic events.</i>
<i>We aim for better coping skills.</i>	<i>We find strength in sharing experiences.</i>	<i>We reject stigma and we do not tolerate discrimination.</i>		<i>We won't judge another's pain as less than our own.</i>
<i>We forgive ourselves and reject guilt.</i>	<i>We embrace humor as healthy.</i>	<i>We accept that we can solve some problems, but not all problems.</i>	<i>We expect a better future in a realistic way.</i>	<i>We will never give up hope.</i>

Stages of Emotional Response

<p>1. Dealing with catastrophic events (e.g., crisis, chaos, shock, denial, normalizing, hoping against hope)</p> 	<p>Need for: support, comfort, empathy for confusion and pain, help finding resources, crisis management, reassurance, permission to be numb, NAMI Evansville</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="820 966 998 1144"> <p>SOUTHWESTERN CRISIS LINE MENTAL HEALTH SERVICES 812.422.1100 WE ARE HERE TO HELP 24/7 • FREE • CONFIDENTIAL SCAN THIS TO SAVE OUR CONTACT INFORMATION</p> </div> <div data-bbox="1015 966 1193 1144"> <p>Call NAMI HelpLine 1-800-950-NAMI (6264) M - F, 10 am to 10 pm, ET</p> </div> <div data-bbox="1209 966 1364 1144"> <p>Text NAMI HelpLine Text "HELPLINE" to 62640 M - F, 10 am to 10 pm, ET</p> </div> </div> <p>If calling 911, notify the operator that it is a psychiatric emergency and ask for a crisis intervention trained (CIT) officer.</p>
<p>2. Learning to cope (e.g., anger, guilt, resentment, recognition, grief)</p>  <p><i>God, grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom to know the difference.</i></p>	<p>Need for: hope, education, self-care, networking, support groups, allowing – venting feelings, skill training, learning the system, NAMI Evansville – www.namievansville.org</p> <p>Trained NAMI volunteers bring peer-led programs to your community. With the unique understanding of people with lived experience, these programs provide outstanding free education, skills training and support.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="820 1386 950 1491"> </div> <div data-bbox="966 1386 1356 1491"> <p>NAMI Family-to-Family, Family & Friends, Basics, Ending the Silence, In Our Own Voice, Homefront, Provider training: Facilitating a better understanding of mental health conditions, increased coping skills and empowerment of participants.</p> </div> </div> <div style="display: flex; justify-content: space-around;"> <div data-bbox="820 1501 1031 1575"> <p>Peace Zone Peer Recovery Ctr. 812-436-4320 www.peacezoneevansville.org</p> </div> <div data-bbox="1047 1501 1356 1575"> <p>NAMI Open and Peer Connection Support Groups: Gain insight from hearing the challenges and successes of others, and the groups are led by trained leaders who've been there.</p> </div> </div>
<p>3. Moving into advocacy (e.g., understanding, acceptance, advocacy, action)</p>  <p>Jesus said to him, "You shall love the Lord your God with all your heart, with all your soul, and with all your mind." This is the first and great commandment. And the second is like it: "You shall love your neighbor as yourself." On these two commandments hang all the Law and the Prophets" (Matt. 22:37-40).</p>	<p>Need for: restored balance in life, responsiveness from the system, sense of empowerment, hope, advocacy and action, NAMI Evansville – www.namievansville.org</p>  <ul style="list-style-type: none"> ✓ Provide encouragement and help. ✓ Advocate to prevent stigma. ✓ Share your experience. ✓ Assist in finding needed help. ✓ Offer spiritual support, fellowship groups and join NAMI Evansville FaithNet. ✓ Commit to an ongoing relationships. ✓ Give time, talent and financial support. ✓ Become a NAMI facilitator or educator.



Mission, Goals, & Objectives

Our Mental Health Ministry is to bring Christ to families in their response to the various stages of mental health concerns. Individual Mental Health Ministry team members are available to meet and confidentially talk with individuals and families needing support. Ministry members are familiar with public and private support services available to assist families in finding appropriate providers. Our mental health ministry exists to serve individuals and families experiencing mental illness by offering God's hope and love through encouragement, practical support and prayer. If you or a family member are experiencing mental health concerns, please contact a Mental Health Ministry member. You may also contact the Evansville area Crisis line at 812-422-1100 24 hours a day, 7 days a week.

The Mental Health Ministry team members, in alignment with the mission, goals and objectives of the Ministry, will use an action plan that fulfills the needs of the Church. Team members are expected to:

- attend regularly scheduled and as needed meetings
- complete required training (Mental Health First Aid Training, free NAMI training that provides better understanding, support and coping skills)
- fulfill their assigned duties as needed by the ministry (e.g., support/stages of response, education/instruction, resources/reference guides, referrals/needs requests, advocacy/events, sustainability/evaluation)
- and, as with all ministries, maintain confidentiality

Assessment Of Ministries To Support Individuals Living With Mental Illness And Their Caregivers

On a scale of 1 to 4, with 4 being best (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree) rate your congregation's capabilities for ministering to individuals living with mental illness and their caregivers.

1. Our Church staff knows how to help a person who is in crisis as result of a mental illness.
1 2 3 4
2. Our Church staff knows how to help a person who is learning to cope with a mental illness.
1 2 3 4
3. Our Church staff knows when and where to refer people to mental health professionals, support groups and classes when the need arises.
1 2 3 4
4. Our Church staff ensures ongoing support for the person with mental illness and their caregivers after making a referral.
1 2 3 4
5. Our Church staff knows where to refer people who are interested in helping others living with a mental illness.
1 2 3 4
6. Individuals living with mental illness and their caregivers feel safe, welcome, accepted, understood, and supported, rather than judged or stigmatized by our congregation.
1 2 3 4
7. Our staff and congregation are educated about the realities of mental health conditions, dispelling myths and misconceptions, and encouraging empathy and understanding.
1 2 3 4
8. Our staff and congregation offer various forms of support, such as pastoral counseling, support groups, peer mentoring, and referrals to professional mental health services.
1 2 3 4
9. Our staff and congregation offer physical resources like meeting spaces for support groups, as well as emotional support through prayers, encouragement, and a sense of belonging.
1 2 3 4
10. Our staff and congregation actively work to counter any negative beliefs or attitudes about mental illness, such as equating it with sin or personal weakness.
1 2 3 4
11. Our staff and congregation are educated about the medical and biological aspects of mental illness, as well as the importance of treating individuals with dignity and respect.
1 2 3 4

12. Our staff and congregation encourage each other to show compassion and empathy towards those with mental illness, recognizing that they are not responsible for their condition and are still valued members of the community.
- 1 2 3 4
13. Our Church staff assesses the effectiveness of our mental health ministries by gathering feedback from church members, including those who have mental illness and their caregivers.
- 1 2 3 4
14. Our Church staff tracks the number of people who participate in support groups, the success of intervention programs, and the overall mental health of church members.
- 1 2 3 4
15. Our staff and congregation are committed to continuously improving its efforts to support individuals with mental illness and their caregivers, adapting our approaches as needed to meet the evolving needs of our community.
- 1 2 3 4
16. Our staff and congregation know to treat people with mental illnesses the same way they treat people with other illnesses by offering to visit them, assist with transportation, send cards of encouragement and bring food as needed.
- 1 2 3 4
17. Our staff and congregation pray for people with schizophrenia, bipolar disorder, anxiety disorders, depression and other mental illnesses.
- 1 2 3 4
18. Our staff and congregation know to avoid stigmatizing language that refers to people as "crazy," or "mental" and to use phrases like "people with mental illnesses" rather than "the mentally ill."
- 1 2 3 4
19. Our staff and congregation have resources to educate them about mental illness (e.g., Bring in speakers from NAMI (National Alliance on Mental Illness), the medical community, your local mental health center, publishing articles in your congregation's newsletter, showing videos on the subject and engaging the congregation to discuss the issues raised).
- 1 2 3 4
20. Our congregation has ministries providing support for people with mental illness and their caregivers (e.g., youth – where early intervention is so important, homeless – where chronically homeless often have mental illness, prison – where more people with mental illnesses are in jails than are in mental hospitals, etc.).
- 1 2 3 4

Based on your scores, select from assessments 1-20 the area or areas you want to implement continuous improvement solutions for your ministries (e.g., youth, family, home, health, hospital, crisis, addiction, poverty, homelessness, financial, prison, prayer, support group, communications, worship). NAMI Evansville FaithNet is prepared to partner with you to ensure individuals who live with a mental health condition and their caregivers are welcomed, supported and loved through each of your Church ministries.