

***Build on Your Strengths:
Churches and Mental Health***



**Rev. Talitha Arnold
January 27, 2023**

**Association of Partners in Christian Education
2023 Annual Event**

The Role of Faith Communities

What brought you this workshop today?

What else brings us here today?



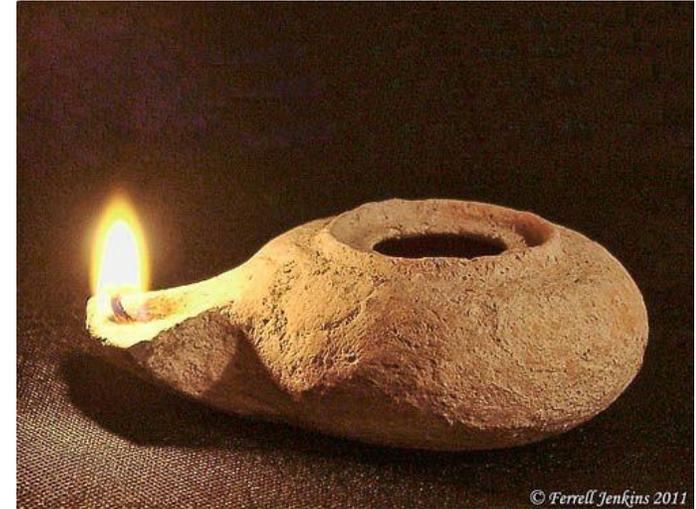
A promise
of faith:

“Then God opened
Hagar’s eyes,
and she saw a well of
water.”

Genesis 21:19

Goals for Today

1. Why include faith communities in suicide prevention?
2. Suicide as a public health issue—and concern for our congregations.
3. What do our congregations need to know?
 - a. Understanding of suicide dimensions and concepts.
 - b. Risk factors and signs.
 - c. What to do if someone is suicidal.
4. Changing beliefs and attitudes about mental illness and suicide.
5. Multiple ways Faith Communities can help in suicide prevention:
 - *Connection
 - *Education
 - *Narratives of Hope
 - *Worship
 - *Advocacy
6. How the pandemic has changed our practices and perspectives.



Most important goals?

1. To remember that our faith communities and our ministries of education are “wells in the wilderness.”
2. To deepen and expand those wells.



1. Why include Faith Communities in suicide intervention and prevention?

- Suicide affects people across faith traditions.
- Suicide attempts and ideation are crises of faith.

Assets and strengths that Faith Communities offer:

- Faith leaders and faith communities are on front line.
- Faith communities care for whole person and families.
- We interact with people in diverse settings, from diverse backgrounds, generations, workplaces.
- We have a voice (and a responsibility) for advocacy in our wider communities.



But to be honest

Sometimes faith traditions, faith leaders,
and faith communities
have been part of the problem:

- Mental illness seen as a sin, moral failing, God's judgment, or "test of faith."
- Silence and secrecy around mental illness and suicide.
- Focusing solely on the individual or family, without engaging the systemic issues that impact mental health and suicide (eg., racism, gender discrimination, gun violence).



The good news is. . .

Many faith traditions have changed their understanding of mental illness.



- Actions judged on basis of competency—being of “sound mind.”
- Mental illnesses seen like other diseases--not a reason for shame, guilt, or a sign of God’s disapproval.
- The silence is being broken and clergy see their role as partners with other mental health professionals.
- Clergy and faith communities are finding their voice to address systemic issues (eg., inequality in access to mental health resources, need for mental health training for police, addressing systemic violence).

2. Suicide is a Public Health Concern

10th leading cause of death in U.S.

(CDC statistics from 2020)

- Ages 10 to 34—suicide is 2nd leading cause of death.
 - Ages 35 to 54---4th leading cause of death.
- More women ***attempt*** suicide than men.
 - Four times more men ***complete*** suicide than women.
- 1.2 million people in the U.S. ***attempted*** suicide in 2020.
 - An estimated 45,980 persons ***completed*** suicide in 2020.
- Twice as many people die of suicide than homicide each year.

That public health concern includes the impact of Covid19

The pandemic increased “risk factors” for suicide:

- Loss of loved ones
- Unemployment
- Economic upheaval
- Social isolation
- Lack of access to social services
- Disruption of Faith Communities. (John Hopkins’ study)



Yet in 2020 there wasn't a “spike” in overall U.S. suicide rates.

But that “good news” changes when race, age, age, or economics are factored in.

- Pandemic exposed the country’s “fault lines” of poverty, health care access, housing, hate crimes, and other factors that impact mental health.
- Local studies in Illinois, Maryland and Connecticut showed increased suicide rates among communities of color in 2020.



A John Hopkins’ study of the first two months of the “lock-down” in Maryland found that the number of suicides of Black Marylanders doubled in comparison with 2017–19. During this same period, the number of suicides of white Marylanders decreased by nearly half.

Youth and Children Data

As of 2022, suicide is the second-leading cause of death among people age 15 to 24 in the U.S. Nearly 20% of high school students report serious thoughts of suicide and 9% have made an attempt to take their lives, according to the [National Alliance on Mental Illness](#).

In addition, the suicide rate among pre-adolescents is spiking, although it's not clear what is causing that increase.

Impact of Communal Grief

(multiple losses from the pandemic or racial violence or both)

Native Indigenous communities –
loss of the “Elder Generation.”



Ongoing threat of racial or
gender violence– “driving while Black,”
“walking while Asian.”



Immigrant
communities from
homelands
devastated by the
pandemic (eg,. India,
Brazil, Honduras).



Unfortunately, the third year of the pandemic may be more emotionally risky than the first two.

- Cumulative exhaustion.
- Mental health and faith community resources stretched thin.
- Life isn't going to go back to "normal" --whatever that is-- any time soon.
- Variant viruses, the possibility of another surge(s), not enough people being vaccinated.
- "Next-year" effect --sometimes the second and third year after a loss is harder because a) the reality of the loss sets in and b) the support that comes after the immediate loss decreases as time passes.

In this wilderness of a pandemic/endemic and other challenges, ,
the “wells” of hope, faith, justice, and love
that our Faith Communities offer
are more important than ever.



3. Educated leaders and communities are crucial.

Suicide Prevention Basics for Faith Leaders/Congregations

- Be prepared—and help prepare your congregation.
 - *Include mental health and suicide concerns in communication.
- Take talk of suicide seriously.
- Previous suicide attempts increase future risk.
- Suicidal persons often feel ambivalent about dying, instead want current pain to end.
 - *Can be increased in “corona-time.”
- Suicidal persons are experiencing tunnel vision, bounded by the current pain.
 - *Increased by pandemic, racial injustice, and economic uncertainty.
- Asking a person about suicidal feelings provides an opportunity to get help that may save a life.

Identifying Risk Factors

- Loss of a loved one, a relationship, a job
- Previous suicide attempts
- History of trauma or abuse
- Keeping firearms at home
- Chronic physical illness, including chronic pain
- **Chronic stress or anxiety for oneself or loved ones.**
- Exposure to suicidal behavior of others or a family history of suicide



See Stacey Freedenthal, *Helping The Suicidal Person*, 69-70 and Dr. Alvin Poussaint on Suicide

Identifying Warning Signs for Persons who may be Suicidal

The following signs may mean someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking or writing about wanting to die or to kill themselves.
- Looking for a way to kill themselves, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain (physical or emotional).
- Talking about being a burden to others **or not being able to provide for others.**
- Frequent or increased suicidal thoughts.

Additional Warning Signs

- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.



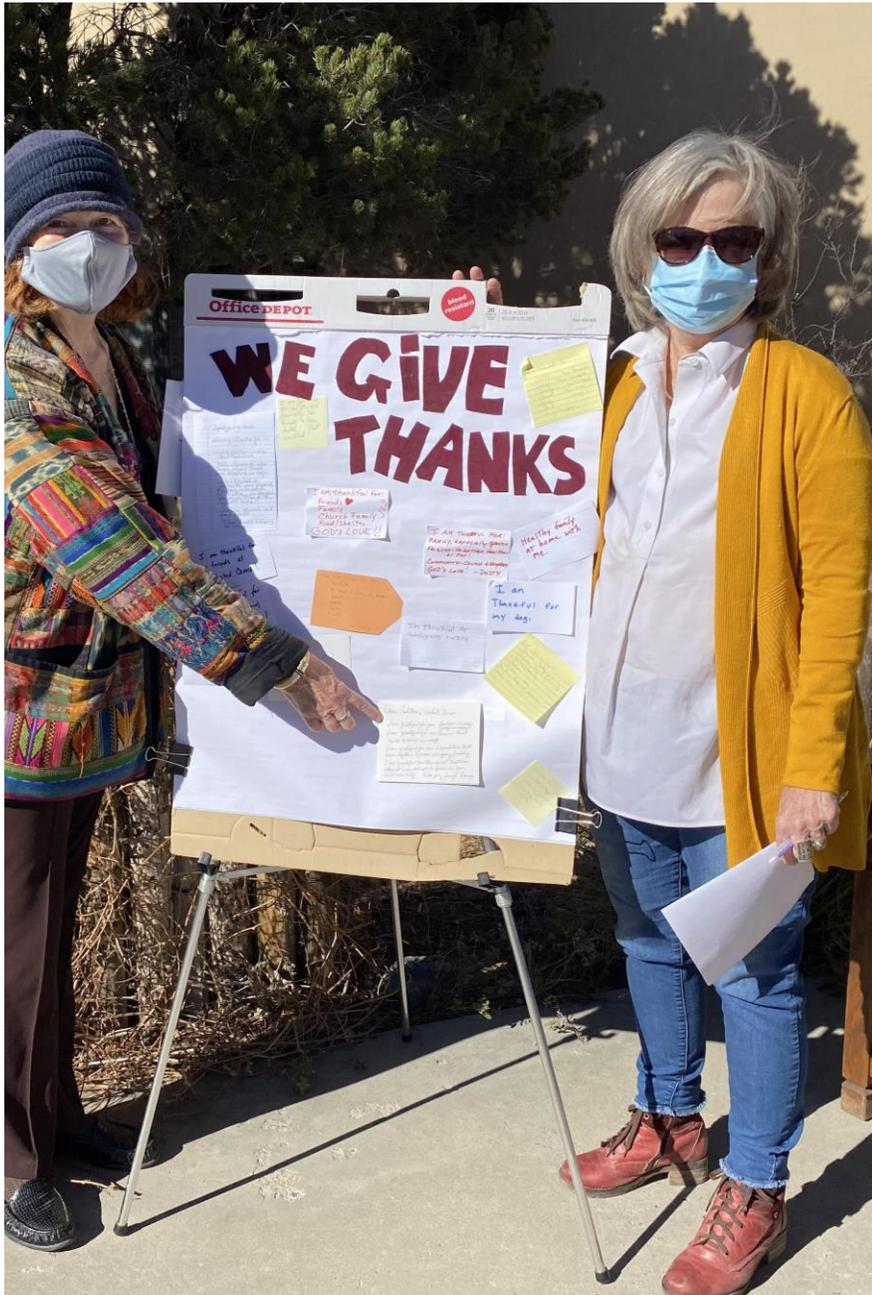
Source: <http://www.suicidepreventionlifeline.org/learn/warningsigns.aspx>

Seeing these warning signs is much more difficult for faith communities in a time of social isolation.

Even as pandemic morphs into “endemic,”
***seeing Warning Signals and Risk Factors
is harder. . .***



Because we're not seeing people as much.



How have you and your Faith Community stayed connected the last 3 years?



Ways to Help If Someone (or a loved one) is Suicidal

- Stay calm.
- Take threats seriously.
- Ask directly.
- Know community resources for referral in advance.
- Connect him/her with resources.
- **Seek immediate help; e.g., call 988 or National Suicide Prevention Lifeline (1-800-273-TALK [8255]).**
- Accompany to hospital or clinician, when needed—with another person. (Or find someone to do so.)
- Pay attention to the family as well as the individual.



Even before you need them . .

Know your resources and gameplan in advance:

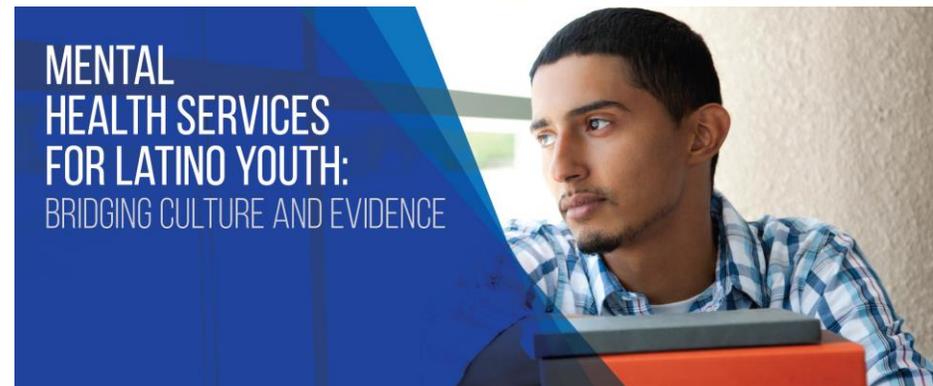
- Whom can you call?
 - What will you do?
- Who will support the person?
 - The family?
 - You?



El Sufrimiento No Siempre Se Nota

RECON**ZCA**
LAS SEÑALES

El Suicidio Es Prevenible



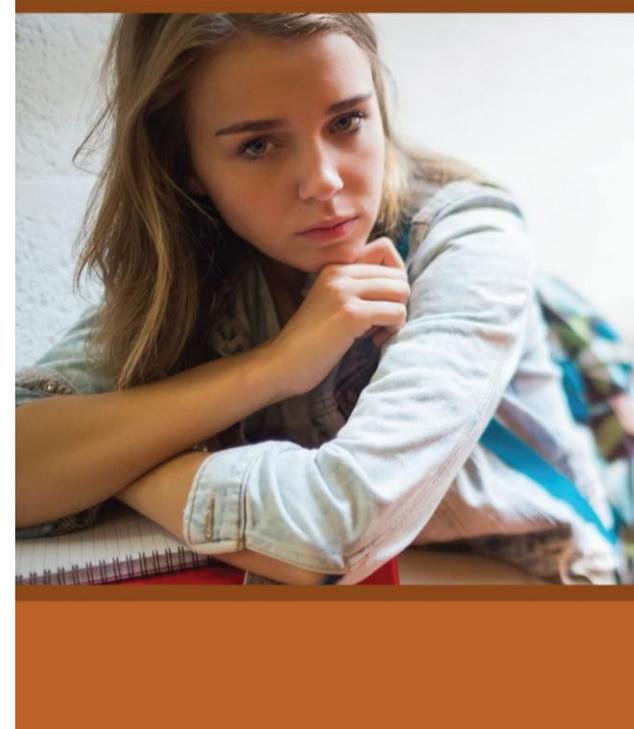
How to Make a Referral for Mental Health Treatment

- Communicate clearly about the need for referral.
- Reassure the individual and family that you will journey with them.
- If possible, have a list of professionals at hand for immediate reference.
- Follow-up. Stay in touch.



Dealing with Resistance to Mental Health Treatment Referral

- Acknowledging a problem.
- Stigma.
- Past experience with medication.
- Support team.
- Religious Concepts
- Hopelessness.



Perhaps what's most helpful is the faith leader's expression of their own confident trust that the troubled individual can find the strength to take the next step toward their own healing.

4. Faith Leaders Must Know Theological Positions about Mental Health and Know the Facts

- Many **faith traditions have changed their understandings** of mental illness and suicide and do not see it as a moral or spiritual failing. (Because youth often have friends of many backgrounds, it's important for them to know this.)
- Even in traditions where suicide is strictly prohibited (eg., Islam, some branches of Christianity), **actions are judged on basis of competency**. You have to be of sound mind to be held responsible for your actions.
- **A mental illnesses is like any other disease** -- not a reason for shame or guilt.
- As children's and youth ministry leaders, **create a faith culture of understanding and openness**. Let people know it's okay to talk with you and/or seek professional help.

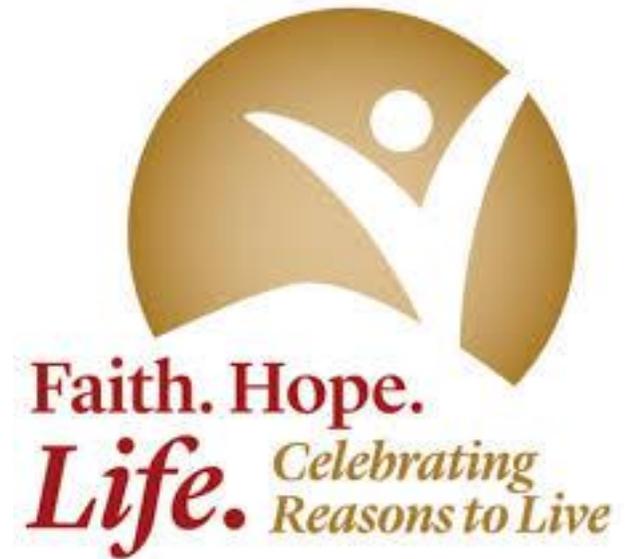


Are there additional ways
Children's and Youth Ministers
and their Faith Communities
can help prevent suicide?

YES!!!

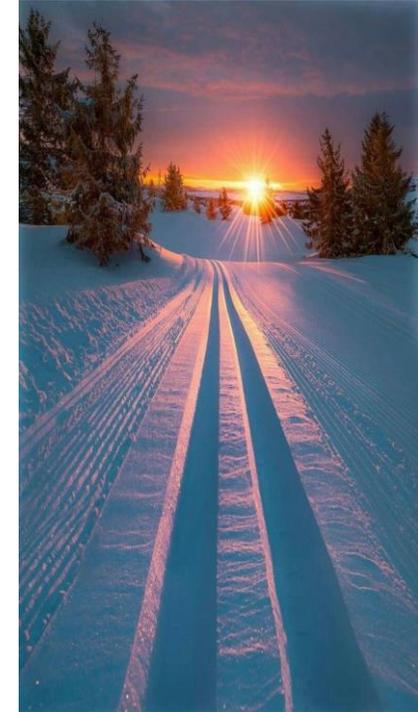
5. Strengths to Build on in Faith Communities

- We are often intergenerational.
- We work with families and couples, rather than only individuals.
- Studies show that people are more likely to seek out a faith leader (such as a children's minister/youth pastor) than a therapist, at least initially.
- Faith traditions offer messages of hope and reasons to live.
- Faith traditions sometimes offer injunctions against suicide.
- We offer connection—through youth groups, Sunday School, worship, service, advocacy.
- People will more often attend a presentation at their faith community (in-person or online) than at a clinic or college.



Faith Communities Provide Multiple “Protective Factors” for Mental Health Care for Children, Youth, Families

- A. Connection and Community**
- B. Educational Opportunities**
- C. Narratives of Hope**
- D. Worship**
- E. Advocacy**



Strengthen these in “corona-time.”

A. Connections and Community

Groups, Groups, Groups

- Youth Groups and Sunday School/Children's Church
- Choirs *(including Youth and Children's Choirs or other musical groups)*
- Parenting Groups or informal gatherings
- Outreach and Advocacy "communities of ministry"
 - *E.g. Cooking for Shelters, "Walks for Mental Health," litter patrols,*
- Service trips (when allowed)

Front-line Leaders (whether staff or volunteers)

- Nursery Caregivers, Children's Ministry Teachers, Youth Leaders, Office Administrators



B. Educational Opportunities



- **Multiple settings** (study groups, youth groups, Women's/Men's fellowship groups—which may include grandparents)
- **Multiple topics** (basic mental health, suicide prevention, dealing with stress, your faith tradition's understanding of mental health and suicide prevention, impact of racism or violence on mental health, etc.)



C. “Narratives of Hope”

Faith traditions are built on stories of people overcoming adversity and finding meaning in life’s hardships.



Stories from history



Stories from our Communities

Sacred Narratives of Hope

- **Hagar** (Genesis 16:1-4; Genesis 21:8-21, Qur'an)
Twice the Egyptian woman enslaved by Sarah and Abraham is at the point of despair and death in the wilderness. God hears Hagar's cries and responds, showing her the well. Her story reminds us of both the role of injustice in mental health concerns and also God's presence even in the desert. God hears our cries and can open our eyes to the possibilities of life around us.
- **Moses** (Numbers 11:10-25)
Exhausted by the people's complaints, Moses tells God to end his life. God hears his cry and tells Moses to appoint 70 elders to help with the ministry.
In your faith community, who can help "share the load" in this hybrid, ever-changing social media time? (eg., who can help with online services--like a teenager who understands tech stuff)
- **Ruth, Orpah, and Naomi** (Ruth 1)
After their husbands' deaths, Ruth and Naomi support one another. They return to Bethlehem at the barley harvest—a sign of hope.
How can your congregation be "paired up" for care? (eg., "Prayer Child program," "Resident Grandparents")
- **Elijah**— Asks God to take his life because he's exhausted and fears for his life. God instead gives him food, water, and appoints Elisha to help.
 - *Our families, youth, and children may need basic necessities – or a monthly meal they don't have to plan or prepare.*

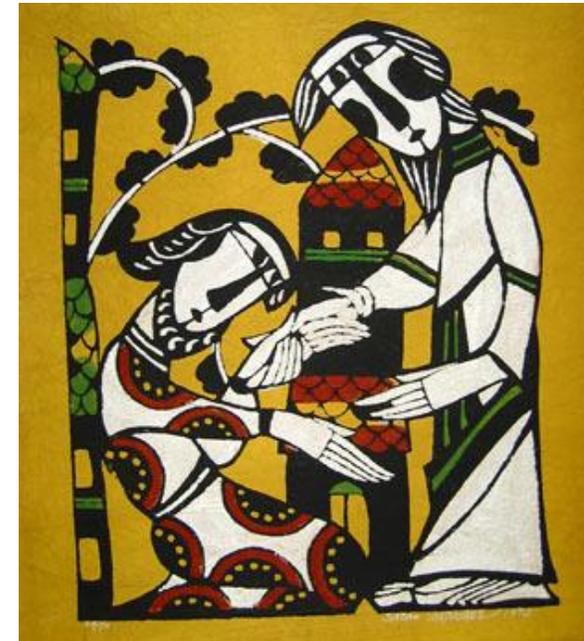
Christian Biblical “Narratives of Hope”

Jesus' Encounters with Persons with Mental Illness

There are **more stories of Jesus healing persons** afflicted with “troubled spirits,” “unclean spirits,” “demons” (1st Century descriptions of mental illnesses and/or spiritual distress) ***than all other healing stories combined.***

(Mark 5:1-20; Mark 9:14-29; Matthew 8:28-34; 9:32-34; Matthew 12:22-24, etc.)

***He reaches out, listens,
shows compassion,
offers comfort and hope.
We're called to do the same.
(even via social media)***



Sacred texts also address the societal and systemic issues of mental illness

“The Gerasene (or Gardarene) Demoniac”

(Mark 5:1-20, Luke 8:26-29, Matthew 8:28-34)

A man with a severe mental illness lives in the tombs outside a wealthy Roman city, known for its big buildings (but with no room for someone with a mental illness).



Congregational “Narratives of Hope”

*“And we’ll tell the story how we overcome,
And we’ll understand it better bye and bye.”*

Thomas Dorsey, 20th c. Gospel Composer



**We learn from one another about
resiliency, hope, and strength.**

- Pair older adults with younger adults and/or youth (eg., Youth Mentors)
 - *Invite older adults to share “hope moments” with congregation.*
- Pair parents whose children are grown with parents in the thick of it.
 - *Invite parents to share “you’ll get through this” messages with younger parents.*
- Groups for persons going through loss or transition—or connect with groups in the wider community.

D. Worship as Pastoral Care –Engage Youth and Children

- **Sermons and services** as “teaching moments.”
- **Prayers**—for persons with mental illness, loved ones, mental health professionals.
- **Music**— research shows positive impact on mental health (plus lots of oxygen).
- **Rituals** – provide structure for life transitions (infant blessing/baptism, weddings, funerals).
- **Leadership roles** -- a person is more than their illness.



Worship as Pastoral Care (cont.)

■ Sermons and Seasons

- Not only during May Mental Health Month or Suicide Prevention Sabbath but woven throughout the worship life of the congregation.
- Incorporate into themes of special seasons (eg., Passover, Easter, Eid).
- **Address systemic issues that impact mental health.**

■ Prayers:

- As with physical illness, offer intercessory prayer for those living with mental or emotional illness.
- Often can't name the individual due to confidentiality concerns, but can name the condition (depression, schizophrenia, etc.).
- **Include concern for mental health as well as physical health, whether we're in a pandemic, endemic or whatever time we're in.**

E. Advocacy and Action

Helps change policy. Helps change the person.



Anti-Bullying Covenant

Developed by the Youth of the United Church of Santa Fe
November 14, 2010

We, the youth of United Church of Santa Fe, are against bullying of any kind (cyber, physical, verbal, emotional, or any other type) that results in the intimidation or dehumanization of another person or group. We affirm that all persons are created and loved by God and deserve fair and equal treatment. We covenant with one another to do our best to honor this statement. Therefore, we will treat all people with love regardless of sexual orientation, race, class, gender, citizenship status, physical ability, age, or family background. Furthermore, we encourage other youths and adults and other faith communities to join us in this covenant.

EJ Bolleter	Natalie Mayhew	Evangeline L. Ortega-Saunders
Jessi Bray-Morris	Catherine McDonald	Ozzie J. Ortega-Saunders
Julian Callin	Ben Michaels-Fallon	Robert R. Ortega-Saunders
Dylan Chandler	John Michaels-Fallon	Aly Raboff
Delaney Covelli	Julia Michaels-Fallon	Sarah Raboff
Charlie Fox	Bern Miller	Jordan Readyhough
Robby Fox	Sean Noonan	Jojo Sarr
Holden Gerberding	Allie Norris	Macleann Sarr
Nicky Hughes	Olivia M. Ortega	Abel Yore
José Lain-Straus	Elena E. Ortega-Saunders	

Adult Signers

Gail Anderson	Sharon Elias	Philip Kruger	Genie Ramsey
Lynne Andrews	Jerry Elliott	Jack Laim	Mick Ramsey
Rev. Talitha J. Arnold	Kathleen Fallon	David LaPlantz	Dr. Larry Rasmussen
Adelene Blankenship	Dave Feldt	Eugene Law	Nyla Rasmussen
James Ted Bolleter	Peggy Feldt	Dr. Jennifer Manske	Marilyn Readyhough
JoAnn Bolleter	Gail B. Flanagan	Lynn Mark	Hjelmfelt
Sarah Bolleter	Kathy Flynn	Alissa Mangus	Gaye Reese
Bette Booth	Karen Freeman	Karen Marzulli	Fred Riise
Melissa E. Bridge	Sam Gerberding	Michael Maxwell	Marge Riise
John Brent	Robert Glick	Sherry Maxwell	Bill Ritter
MaryBeth Brent	Andrea Hamilton	Janet McAllister	Pat Ritter
Edith Brown	Marisa Hamilton	Debra McElroy	Janis Rutschman
Margaret Burk	Stephen Hamilton	Karen Meador	MaryBeth Sarr
Caroline Burnett	Larry Hays	Rev. James L. McEachern	Loel L. Saunders
Col. Annelis Carson	Jacquelyn Helin	Robert Meineshaugen	Vickie L. Sewing
Bill Carson	Tom Himrod	Walter A. Moody	Janine Sieja
Georgia Carson	Rose Himrod	Kim Muller	Kathleen Smith
Mary Lou Carson	Eric Hjelmfelt	Dan Murray	Rev. Jean Anne Swapp
John Cavanagh	Diane Holbrook	Mary Noonan	Kom Strawn
Cynde Christie	Pamela E. Homer	Candy Norris	Harry Turner
Bob Chvatal	Pamela S. Hyde	Frank Norris	Jece Turner
Susan Chacon	Nikki Harsh	Christine Olson	Sara J. Vacha
Donna Clark	Bonney Hughes	Laura C. Ortega	Nakabe Wells
Shirley Clark	Hank Hughes	Nancy Paraskevas	John H. White
Beth Clayton	Sharon Ireland	Megan Perkins	Dave Wilkinson
Buddy Coe	Rev. Brandon D. Johnson	Kathy Fitze	Ann Willcutt
Robyn Covelli-Hunt	Reese Julien	Harporie Popp	Bob Willcutt
Karen Davis	Joan Keenrick	Jeanne Pschorr	Nancy Witter
Kim Davis	Neal Keenrick	Fred Quist	Alicia Wolfe
Michael Davis	Rev. Ringer Knapp	Marge Quist	Steve Yore
Rosanna Dill	Linda Knapp	Candace Raboff	
		Patricia Racette	

Organizations

Ghost Ranch • HaMakom Jewish Community
United Church of Santa Fe • Love God, Love Neighbor, Love Creation

For more information contact Rev. Brandon Johnson or Rev. Talitha Arnold
THE UNITED CHURCH OF SANTA FE
1804 ARROYO CHAMISO (AT ST. MICHAEL'S DRIVE, NEAR THE HOSPITAL) 988-1295
www.UnitedChurchofSantaFe.org



Education and Advocacy

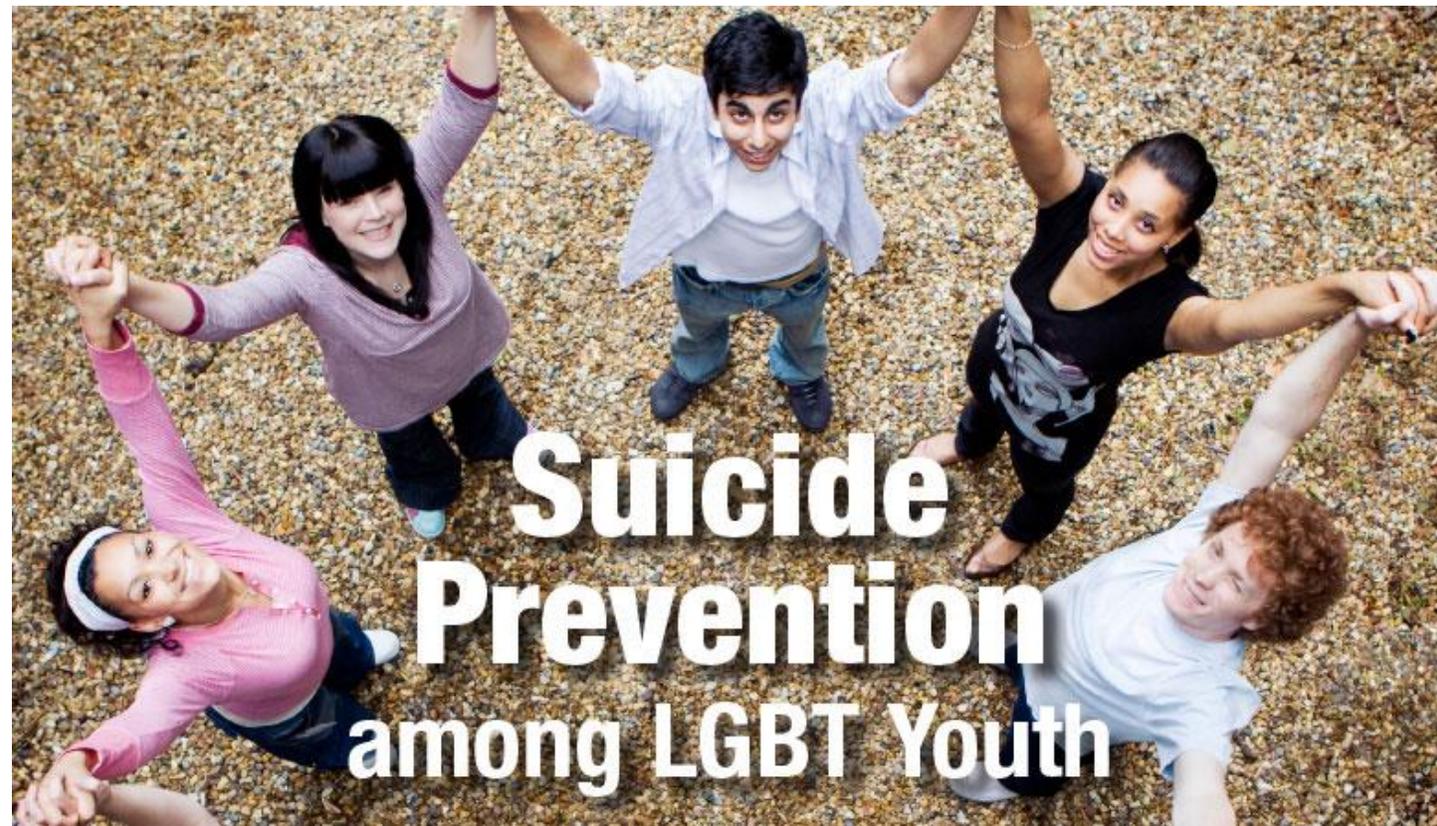
Why advocate— and what to advocate for?

- Faith Leaders must be a community voice to advocate for:
 - Treatment facilities (both out-patient and hospital).
 - Better funding for such facilities, drug research, etc.
 - Training for those who work with people at risk.
 - Reducing access to means of suicide
(eg., bridge nets, guns, etc.)
 - Educating media (newspapers, TV, etc.)
around suicide prevention and messaging.



**Make the connection between
mental health issues and issues like
poverty, racism, other forms of discrimination.
(especially in Corona-time)**

**Standing in solidarity with
communities dealing with either
the Covid19 virus or the virus of
hate is a mental health action.**



What do Youth and Children's Leaders and their Faith Communities need to be effective agents for mental health?

- 1. Build on Your Strengths.** Identify and strengthen what you are already doing to foster good mental health.
- 2. Train your leaders** (both staff and lay leaders—and clergy) in basic mental health issues and suicide prevention .



What do Faith Leaders/Communities Need? (cont.)

- 3. Develop partnerships with mental health professionals, clinicians, etc. in the wider community (and know those who will respect people's faith).**



- 4. Support mental health professionals in our faith communities.**

Bottom-line:



Caring for persons with mental illness – and for their families and loved ones— is a **team effort**.

Faith communities and faith leaders are an important part of the team and offer **multiple protective factors**.

Faith communities and faith leaders need **resources, training, and acknowledgement** from other “team members.” (clinicians, providers, etc.)



**The role of Faith Communities
in Mental Health and Suicide Prevention
is even more important in “Corona-time.”**



**Transform “Corona-time”
into Kairos-time --
God’s time of
*Faith.Hope.Love.***



Fill me again, great Spirit, with all that I need to make it through this life of mine.
Give me the vision I need to see clearly. Give me the strength I need to keep going.
Give me the love I need to share what I have with others.
Let me have a little courage and lot of wisdom, as much hope as you can spare...
Please give me your blessings again, dear Spirit,
for I use them up so quickly in these dark times.

Steven Charleston

Choctaw Elder
and
Episcopal
Bishop
Steven
Charleston

Prayer by Rev. Talitha Arnold

God of all mercy,

From whose love nothing can separate us, we pray this day for all persons dealing with mental illness and those who love and care for them.

*Especially this day, we pray for all whose lives have been touched by suicide,
for those who have died by suicide and those who have attempted it.*

We pray for those who, because of mental health challenges such as depression, PTSD, bipolar disorder, or live with thoughts of suicide.

We pray for those who live in despair and without hope because of poverty or discrimination.

*We pray for families and friends, colleagues and co-workers, children, youth and parents
who have been touched by the suicide of a loved one,*

We pray for counselors and therapists, psychologists and psychiatrists, for pastors, rabbis, priests, and imams, and for all who seek to help.

We pray, too, that you might give us the courage and wisdom

to be there for others in distress,

to offer your love and our care,

to help break the silence and change the conversation about suicide,

to be your listening ear, your hands, and your heart for others. Amen.