5 ACTIONS
YOU CAN TAKE TODAY

With 1 in 5 Canadians experiencing a mental health problem in any given year[1] and pastors and leaders estimating that up to 70% of their pastoral care involves mental health concerns, it is not surprising that the subject of mental health is in the forefront of many pastors' minds. At the same time, pastors and leaders may feel overwhelmed and ill-equipped to support congregants who are struggling with their mental health. If you feel this way, you are not alone. However, the good news is, there are many small things you can do that will make a big difference.

Here are 5 actions you can take today that will reduce stigma and affirm and encourage those living with or affected by mental health concerns in your church.

1 Model Appropriate Vulnerability

Vulnerability researcher Brene Brown writes, "when we find the courage to share our experiences and the compassion to hear others tell their stories, we force shame out of hiding, and end the silence." Sometimes we need to hear about the suffering of someone we know and respect before we can begin to acknowledge our own. Don't underestimate the healing power of sharing the vulnerable parts of your story.

A study conducted by Lifeway Research on acute mental illness and Christian faith indicated that 23% of the pastors surveyed have personal experience with mental illness and many more have experience supporting a family member or friend.[2] But even if you don't have firsthand experience, there are parts of your story that will resonate with others walking through difficult experiences. Make your church a safe place to carry pain by being open about yours.

2 Share a Story

"Lived experience" is a term used to describe the personal experience of living with a mental health problem.

Make space for the sharing of **lived experience** stories during your service or sermon. Invite leaders in your community to share about their experiences living with mental illness and how it affects them in their body, mind, spirit and community interactions. Introduce the story and then hold the story well by acknowledging it as a gift to your community.

Sometimes we're tempted to share stories of triumph when someone feels they've moved past a difficult season or experience, and these stories are important ones, but equally important are the stories of suffering that have not yet resolved. By listening we are challenged to sit in a transitional space, acknowledging the present suffering while also holding on to future hope with someone. Difficult lived experience stories can serve as grit that causes us to slow down and make our theology meaningful.

3 Mention Mental Health in a Sermon or Prayer (more than once)

In the Lifeway Research study, 63% of people who live with mental illness and attend church said that talking openly about mental illness so that the subject isn't taboo is one of the major ways the church could assist them.[3] You might want to publicly acknowledge the prevalence of mental illness during a sermon or include mental illness when speaking of challenges people may be facing. You might even choose to focus an entire message on the experience of depression or another mental health topic. If your community prays publicly for community needs, you can also pray for those who are suffering with mental and emotional pain (without singling anyone out).

4 Identify Counsellors in Your Area

68% of pastors say their churches maintain referrals lists; only 28% of family members are aware their churches have such a list. Make sure your community is aware of the resources available to them.[4]

Among those who seek treatment for mental illness, 25% first seek help from a member of the clergy.[5] Along with advising them to see their family doctor, you can also prepare yourself to respond by compiling a list of counsellors in your area. Start by asking other pastors whom they would recommend. While many people prefer to see a counsellor who understands their spiritual and biblical perspectives, it's important to remember that there are many competent mental health professionals who are not Christians but who will nevertheless work effectively and respectfully with a person of faith. A counsellor referral list is a helpful tool for connecting people with resources; a future goal might be to understand, document and connect with all the mental health-related resources in your area.

5 Identify Mental Health Professionals in Your Church

If you have mental health professionals in your community, invite them to share about their work and how it intersects with their faith. Honour them, pray for them and validate their work. A future goal might be to invite them to offer a workshop or seminar about mental health for your congregation. If you don't have mental health professionals in your church, consider connecting with those in your community. Many will be willing to deliver educational events for you.

These are just 5 small steps you can take today that will impact how your community thinks about mental health and prepare you to respond when someone is facing a mental health challenge. There are many more actions that can be taken, but start small, be faithful with what you know, and trust that the Holy Spirit will lead and guide you as you prepare your church to be a sanctuary for all.

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1 CMHA, "Fast Facts about Mental Illness," Canadian Mental Health Association.https://cmha.ca/media/fast-facts-about-mental-illness/, accessed January 3, 2018.

2 Lifeway Research, http://lifewayresearch.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf, Accessed, 27 June 2018.

3 Lifeway Research, http://lifewayresearch.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf, Accessed, 27 June 2018.

4 Lifeway Research, http://lifewayresearch.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf, Accessed, 27 June 2018.

5 Wang, Philip and Patricia A Berglund and Ronald C Kessler. "Patterns and Correlates for Contacting Clergy for Mental Disorders in the United States." Health Serv Res. 2003 Apr; 38(2):647-673.