

# GUIDE FOR MENTAL HEALTH MINISTRY

Advisory Committee on Social Witness Policy (ACSWP)

## Introduction

Churches and pastors are often the first line of defense for individuals and families seeking support and resources as they live with serious mental illness and navigate a complex, overwhelming and fragmented mental health system in the U.S. Thus, mental health ministry is essential to the churches' mission in our contemporary society.

And yet researchers suggest that only one-fourth of congregations

have a plan in place to assist individuals and families experiencing serious mental illness (Adelle M. Banks, "[Preaching on Mental Illness Often Rare, Survey Finds](#)," *The Christian Century* [November 2014]: 18). This document is intended to encourage congregations to educate themselves regarding the contemporary needs of individuals and families experiencing serious mental illness and to point toward a wide variety of resources available to congregations as they nurture mental health ministries within their contexts.

## The Context in Which Churches Consider Developing New Mental Health Ministries

Churches developing a holistic approach to mental health ministry should cultivate a keen awareness of the dynamics that have and still exist within our society that impact how people experiencing mental illness are seen and responded to, and how mental health is at times weaponized. Remember that "Christians" and "people experiencing mental health concerns" are not mutually exclusive groups. Churches should seek to avoid the error of portraying those living with mental challenges as the "other" rather than acknowledging that we, the body of faith, are experiencing mental health challenges. The reality is, mental health challenges "[are] common: nearly 1 in 5 (19%) U.S. adults experience some form of mental illness in a given year" ([Mental Health: A Guide for Faith Leaders](#), [Washington, D.C.: American Psychiatric Association Foundation, 2018], 4). Pastors are equally vulnerable, as research shows that 1 in 4 experience mental illness (see "1 in 4 Pastors and Congregants Suffer from Mental Illness," *Lifeway Research*, [research.lifeway.com/2014/09/22/1-in-4-pastors-congregants-suffer-from-mental-illness](https://research.lifeway.com/2014/09/22/1-in-4-pastors-congregants-suffer-from-mental-illness)).

Ableism, racism, sexism, heteropatriarchy, classism and other biases inform our systems and structures for mental, physical and spiritual care. Historically, the primary approach to mental, physical and spiritual care assumed that the white, forward-facing, muscular, European male represented the ideal body, and that continues to impact all aspects of our church and society; mental health care is



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no different. Mental health ministry should begin with a richer and more textured understanding of the splendid variety of human experiences and the uniqueness of each of them. No single characteristic, activity or chronic condition defines every aspect of human identity. We are all “created in the image of God” (Genesis 1:27).

Additionally, due to the social stigma associated with serious mental illness and disparities in access to mental health care vs. physical health care, many individuals and families will experience trauma. The experience of trauma is particularly acute in Black, Indigenous, People of Color (BIPOC) and LGBTQIA+ communities. These traumas have been caused both by oppressive systems, which increase the likelihood of experiencing mental health challenges, and by systematic exclusion from access to the system that could provide the care needed.

Congregations should also be aware that people with conditions considered chronic are 9% less likely to ever attend religious services than their able-bodied peers. (See Andrew L. Whitehead, “[Religion and Disability: Variation in Religious Service Attendance Rates for Children with Chronic Health Conditions](#),” *Journal for the Scientific Study of Religion* [June 2018]: 378.) This can be due to a lack of respite care support for families and other caregivers or to behavioral differences that can come into conflict with the dominant church culture.

There is a great need to understand these historical realities and the many past and contemporary injustices yet to be openly discussed. Additionally, churches will need to explore the historical role they have played in the discrimination against and oppression of people experiencing serious mental illness.



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## **Encouragement to Cultivate Mental Health Ministries**

Across the years, the PC(USA) has provided helpful resources that speak to the realities of living with mental illnesses, the call of faith communities to engage in ministries of mental health support and nurture, and the work of advocacy to both end any stigma surrounding mental health challenges and create public policies that are people-centered. The most recent of these was the 2008 policy statement and study guide, *Comfort My People*. While *Comfort*, drawing on biblical metaphors and images, leaned into the theme of exile to frame its policies and study of mental health conditions, this document centers on practices of abundant life (John 10:10) — a life rich in love, welcome, belonging and co-journeying one with another.



While reviewing this policy for possible updates and revisions, the reality of the vastly changed landscape both within the PC(USA) and across current practices by mental health professionals was inescapable. In conversations with members and families within congregations struggling to navigate the nation's broken mental health-care system, leaders and members of congregations considering creative ways to address the nation's mental health crisis, and mental health-care providers and organizations, several points emerged regarding the intersection of faith communities and mental health ministry:

- Remember to start where you are as a faith community. A mental health ministry does not require congregants to become clinicians or hold degrees in psychology or social services. The first step is to walk together as a community with individuals living with mental health challenges, their families and other caregivers, and mental health professionals;
- The importance of confronting the stigma surrounding mental illness by openly sharing our stories and journeys with one another;
- The difficulties individuals and families face when navigating the constantly evolving dynamics at play in mental health care and treatment;
- The importance of seeing people experiencing mental illness not just as objects for ministry but as the best mentors for those navigating the mental health-care system;



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- The importance of identifying mental health networks within congregations and fostering a culture (both in the congregation and the larger community) of openness, accompaniment, companionship, support and hope;
- The vital work of connecting people with resources, family support systems and places to go for resources.

Upon recommendations, it was decided to offer this encouragement to congregations or individuals wishing to cultivate any type of mental health ministry. This is offered with the knowledge that, “people experiencing mental health concerns often turn first to a faith leader.” As “first responders,” “faith community leaders ... can help dispel misunderstandings, reduce stigma associated with mental illness and treatment, and facilitate access to treatment for those in need” ([Mental Health: A Guide for Faith Leaders](#), 2).



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## **Theological Framework and Foundations**

We offer you a set of theologies that might serve as foundations for a ministry of accompaniment for individuals and families struggling with serious mental illness. These are not exhaustive and will need to be worked on in a way that connects you to your community and the realities of the individual lives of those who experience mental health challenges.

**A theology of love:** “God is love, and those who abide in love abide in God, and God abides in them” (1 John 4:16b). Love and God are inextricable. It is this divine love that first sparked and continues to enliven Creation. Made in the image of God

(Genesis 1:27), then, it is the birthright of all to live in and through love, to experience love — divine and human — and to express love in ways that affirm individual and collective wholeness, goodness and dignity. As Christ incarnates love divine, so the body of Christ, the church, is to embody love: to passionately seek justice and equity, to compassionately journey with one another, and to creatively attend to the joys and sufferings of the world. Life abundant is not one lived untouched by challenge, but to live in communities abounding in a love that fosters connection, vitality and restorative sojourn. Grounded in and furthering the work of love incarnate, mental health ministry seeks the “Great Ends of the Church,” in particular, “the shelter, nurture and spiritual fellowship of the children of God” ([Book of Order](#), F-1.0304). This fellowship is one in which we are loved not “in spite of” mental health concerns or any other concerns, but fully as we are in this moment and place.

**A theology of welcome and belonging:** As a sacramental community, the church is emboldened to walk the path of faith in and through the welcoming embrace of love abundant — an abundance rich in relationality and mutuality. “Radical welcome,” as explored by Shanea D. Leonard, “is the spiritual ability to see the will of God to create, foster, make room for and be an active participant in beloved community that calls us outside of our proclivity to fear and into the brave loving strength of togetherness. It is the difference between inviting visitors in your home and welcoming family. One is temporal and the other is belonging” (Shanea D. Leonard, “Radical Welcome,” in [8 Habits of Evangelism](#), [Louisville, KY: Office of Theology, Formation & Evangelism, PMA, PC(USA), 2021], 4.) Belonging requires more than inclusion within structures and systems that already exist and begins with a thicker description of the complex and rich identities of human beings.



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The transformations intrinsic to practices of welcome and belonging are essential to mental health ministries that strive to honor the full dimensionality of human beings. As U.S. Surgeon General Dr. Vivek H. Murthy notes, belonging is “[a] fundamental human need — the feeling of deep connection with social groups, physical places, and individual and collective experiences.” Absent the connective networks of family, community, fellowship and friendship, we find ourselves in an expanding “epidemic of loneliness and isolation” (Dr. Vivek H. Murthy, “Our Epidemic of Loneliness and Isolation,” [Washington, D.C.: [The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community](#), 2023], 7, 1). Belonging is communal work. It is to grapple with the oppressions and exploitations to which the church is complicit and to be ever reformed by God’s grace, actively responding to the call to love, justice, equity and hope. As theologian Willie James Jennings writes, belonging is “communion,” which is participation in “the deepest sense of God-drenched life attuned to life together . . . with the people that comprise the place of one’s concrete living and the places (the landscapes, the animals and the built environments) that constitute the actual condition of one’s life” (Willie James Jennings, *After Whiteness: An Education in Belonging* [Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 2020], 13–14). To be met where we are, in the actual conditions — highs, middles, lows and everything in between — is integral to mental health ministries. These ministries do not claim to have “all the answers.” Rather, they commit to walking alongside those of us living with mental health concerns, ensuring that everyone is included in all aspects of the life of a congregation and given a voice to speak to their experiences.

**A theology of lament:** To love with our “all-ness” is to risk. It is to risk sorrow, regret and loss; it is to experience anger, resentment and doubt, as well. As Paul Tillich remarks, doubt is a [dynamic](#) and not a denier of faith. The broad swath of human emotions and feelings is an inescapable aspect of life abundant, of a life abounding both in the glories of celebration and the possibilities of devastation. The practice of lament creates spaces, times and communities attuned to the cycles of life and death, wonder and despair, wound and recovery. Lament, as Walter Brueggemann states, expresses a “form of speech and faith.” It cries out to God, community, neighbor, family and self. An act of faith in God’s saving (and at times delayed) work in the world, lament “always carries with it a surplus of political, economic and social freight.” Lament dares to name what hurts, what is broken and what is lost. In the same breath, lament articulates hope in the transformative work of God while calling human structures to account. In other words, lament keeps “the justice question” at the forefront of faith communities and their relationships to political, economic and social orders (Walter Brueggemann, “[The Costly Loss of Lament](#),” *Journal for the Study of the Old Testament*, 11[36], 59 and 63). A mental health ministry participates in both movements of lament: in the communal space-making to acknowledge the realities of pain and scars and to cry out to God; and by



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working in the world to change policies, social attitudes, and health-care systems to destigmatize mental health challenges and diagnoses and press for just and equitable access to these systems.

An important part of welcoming and belonging is how we live out hospitality as we have known it in Christ. All Christians are called to practice hospitality while understanding that we are not and should not be all the same. Hospitality is encountering another as they are, showing them love and grace without any conditions to be other. We practice hospitality by sharing resources, our needs, providing protection, by being willing to be both guest and host — as Jesus did. In hospitality, you can be either building up the body or in need of the body building you up. All mental health ministries need to be aware of how they embody the hospitality of Christ.

**A theology of the body:** We are the body of Christ together — “there are different kinds of gifts, but the same Spirit distributes them. There are different kinds of service, but the same Lord. There are different kinds of working, but in all of them and in everyone it is the same God at work” (1 Corinthians 12:4–6). There are different ways of being, loving, seeing and relating to the world, but it is the same love that draws us together. While various pressures might loom and uncertainties press in, the deep connections of our lives and the on-the-ground and in-the-pew realities of our daily schedules bring with them moments of profound joy. As lament gives expression to hurt and injustice, celebration and praise give voice to delight. Richer and thicker descriptions of our identities as human beings invite us to embrace the diverse languages of faith, hope, longing, despair, lostness and resilience that interlace across the narratives of our lives. Mental health ministries foster a culture in which the languages and stories of individuals living with mental illness shape and contribute to the dreams, relationships, self-understanding and resources of the broader faith community.

As communities and individuals contemplate and/or develop mental health ministries, there are additional Scripture passages that provide a biblical foundation for this important work, as highlighted in this resource. One story that is important to revisit is the story of the Gerasene demoniac (Matthew 8:28–34; Mark 5:1–20; Luke 8:26–39). Religious leaders and theologians are offering new interpretations that take into account the lived experiences of people with serious mental illness. See, for example, Christine J. Guth, “[Legion No More: Confessions of a Gerasen](#) (Mark 5:1–20),” *Journal of Religion, Disability and Health* (February 2008). Another passage that conveys our equality and God’s sense of justice is Galatians 3:28 — “There is no longer Jew or Greek; there is no longer slave or free; there is no longer male and female, for all of you are one in Christ Jesus.”

A final note in regard to the theology that provides a foundation for the work of



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mental health ministry is the confession that “in life and in death we belong to God” ([A Brief Statement of Faith](#)). The church is not the instrument of salvation; Christ is. Similarly, the goal of mental health ministry is not to play the role of savior or endeavor to save individuals “from” mental health challenges. The church is the body, the hands and feet of Christ, active in the work, collaborating in God’s work of solidarity, repair and restoration within the broken systems of our society and the world.



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## ***Building and Using Networks and Community Connections***

Another simple truth with which we must grapple is that those in the church must hold in tension the reality that ministry around mental health is desperately needed and that the church is not the body that has the most up-to-date information and tools to do this work. Many in the church have learned that the most important thing we can do is build and rely upon community connections and networks that exist within our local communities and throughout the world. Many have found that it is these connections that make any mental health ministry a success or not.



There are many great locally based organizations that help provide mental health care, resources for those wishing to learn more about mental health and what could be needed to equip anyone wishing to take part in a ministry around mental health. Some examples include the following:

- [Pathways to Promise](#)
- [Faith Connections on Mental Illness](#) in North Carolina
- [National Alliance on Mental Illness](#). They have a network that can help connect to local resources, online groups, training, resources for considering faith and mental health and more.

When doing work in mental health ministry, there are also resources that are specifically designed to help guide faith leaders. They come from various organizations and agencies and can also be focused on specific groups or mental health issues. Some examples include the following:

- American Psychiatric Association — provides current resources/information as well as [Mental Health: A Guide for Faith Leaders](#).
- American Association of People with Disabilities and Interfaith Disability Advocacy Coalition. *That All May Worship: An Interfaith Welcome to People with Disabilities* ([archive.org/details/thatalldisability00ginn/page/n6/mode/1up](https://archive.org/details/thatalldisability00ginn/page/n6/mode/1up).)
- [Journal of Disability and Religion](#) — includes outstanding scholarly articles for designed for religious leaders.
- Substance Abuse and Mental Health Services Administration (U.S. Department



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of Health & Human Services) — includes resources specifically for community and faith leaders ([samhsa.gov/mental-health/how-to-talk/community-and-faith-leaders](https://www.samhsa.gov/mental-health/how-to-talk/community-and-faith-leaders).)

- U.S. Department of Health & Human Services also has resources for specific segments of larger communities and how to build those communities — one such resource is for youth and the mental health crisis of mental health care ([hhs.gov/sites/default/files/youth-mental-health-and-well-being-in-faith-and-community-settings.pdf](https://www.hhs.gov/sites/default/files/youth-mental-health-and-well-being-in-faith-and-community-settings.pdf)), and the Center of Addiction & Faith ([addictionandfaith.com](https://addictionandfaith.com).)

These books and electronic resources provide an initial list of resources; they will be helpful in congregational settings and for study groups.

- Brian Brock, *Disability: Living into the Diversity of Christ's Body (Pastoring for Life: Theological Wisdom for Ministering Well)*, Ada: Baker Academic, 2021. Brock writes as the father of a child with special needs and artfully weaves together theological commentary with narrative reflection, offering rich theological wisdom for pastors considering mental health ministries. He emphasizes the importance of thinking more intentionally and theologically about disability as a doorway into a more vibrant and welcoming church life for all Christians.
- Erik Carter, "Becoming Communities of Belonging — The Church and People With Disabilities," A Lecture for Wheaton College (March 14, 2018; [youtube.com/watch?v=AsiUgl9oPws](https://www.youtube.com/watch?v=AsiUgl9oPws)).
- Monica A. Coleman, *Bipolar Faith: A Black Woman's Journey with Depression and Faith*. Minneapolis: Fortress Press, 2016. Coleman is a theologian associated with process theology and womanist theology who writes out of her own experience of wrestling with depression and encounters within the faith community.
- Elizabeth Hinson-Hasty, *Dutiful Love: Empowering Individuals and Families Affected by Mental Illness*. Minneapolis: Fortress Press, 2021. Hinson-Hasty interviews siblings of people struggling with serious mental illness regarding their experiences in church and society. The book includes discussion questions; a tool for mapping spaces, language and rituals within your congregation; and a list of helpful resources.
- Rebecca F. Spurrier, *The Disabled Church: Human Difference and the Art of Communal Worship*. New York: Fordham University Press, 2019. Spurrier draws upon three years of her own ethnographic research to describe how one diverse church, the Sacred Family community, resources, sustains and embodies a common religious identity. It explores how an ethic of difference is both helped and hindered by a church's embodied theology.



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- John Swinton, *Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges*. Grand Rapids: Eerdmans, 2020. Swinton is a theologian and a psychiatric nurse. The book calls churches to be epicenters of compassion for those experiencing depression, schizophrenia, bipolar disorder and related difficulties.

Finally, within the PC(USA), there is also an ever-changing network and set of resources that are available for mental health ministry. Many of those are currently connected to the Presbyterian Mission Agency and can be found here: [presbyterianmission.org/ministries/compassion-peace-justice/mental-health-ministry](https://presbyterianmission.org/ministries/compassion-peace-justice/mental-health-ministry). There may also be resources and connections that can be made within mid councils.

The different connections and resources provided above are just examples of the vast number that exist around the world and are intended to be a starting point for anyone wishing to enter this much-needed ministry in mental health. Use these resources and others to ensure that we all stay up to date on the latest information, research, approaches and lessons learned for doing work in this area as we help meet the crisis of care that currently exists.



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