

**Reaching Out to Faith Communities Script**

Congratulations on taking the first step in raising mental health awareness in your faith community. This script provides guidance on presenting Reaching Out to Faith Communities—a four-part, self-study training curriculum created by NAMI FaithNet to equip NAMI members who want more instruction in how to engage with, educate and share their NAMI story with faith groups in their community.

Your commitment to sharing important information with your faith community will make a big difference in the lives of others. Thank you for taking action.

**Who are we?**

NAMI FaithNet is a network composed of members and friends of NAMI. It was established for the purposes of:

1. Facilitating the development within the faith community of a supportive environment for those with mental health conditions and their families.
2. Pointing out the value of one’s spirituality in the recovery process and the need for spiritual strength for those who are caretakers.
3. Educating clergy and faith communities concerning mental health.
4. Encouraging advocacy of the faith community to bring about hope and help for all who are affected by mental health conditions.

NAMI FaithNet is not a religious network but rather an outreach to all religious organizations. It has had significant success in doing so because all the major religions have the basic tenets of giving care and showing compassion to those in need.

NAMI FaithNet respects all religious beliefs. It also recognizes the expression by the majority of those affected by mental health conditions of the importance of the role of their spirituality in their ability to cope with having one of these conditions themselves or in caring for a friend or family member. NAMI FaithNet encourages all those who are affected by a mental health condition—who are also members of a faith community—to talk to their clergy person about mental health and the role their faith is playing in their lives.

To learn more about NAMI FaithNet, visit [www.nami.org](http://www.nami.org)/faithnet.

**How should you use this guide?**

This guide walks you through the Reaching out to Faith Communities presentation slides. It covers key points to make for each slide and suggested transitions from one slide to the next.

**NOTE: Try to connect the general information included in the slides and this guide to your specific faith group and to the people who will be attending the presentation by using anecdotes, examples and data from your community.**

The four sections of Reaching out to Faith Communities are designed to be used consecutively and as a whole. We suggest going through the four sections in the order given. In this material, we assume you have taken either the NAMI Family-to-Family or Peer-to-Peereducation courses. These two courses will help you become a stronger communicator and advocate.

The original content of these study materials arose from common questions and issues faced by NAMI members who were interacting with clergy and congregations. Its intent is to support NAMI affiliates in faith outreach with the goal of increasing awareness and the number of supportive congregations for individuals and families experiencing mental health conditions.

**Who can do the presentation? Who should you partner with?**

The slides and this guide can be used by individuals from your faith group, NAMI Affiliate, and other leaders. You may wish to partner with others in doing the presentation, although this is not required. Here are a few people you may wish to reach out to:

* **Your community health care professionals**. This includes psychologists, psychiatrists, nurses, counselors and other health care providers available in your faith community who may be interested in the presentation.
* **People in your community living with a mental health condition**. They can talk about their experiences living with a mental health condition, including the early warning signs they experienced, how and why they got help and what services and supports helped them the most.
* **Another representative from your NAMI Affiliate**. A NAMI Affiliate in your community can provide information on resources and help facilitate the discussion. To find contact information for your NAMI Affiliate, visit [www.nami.org/local](http://www.nami.org/local).
* **Spiritual leaders**. Reach out to prominent leaders in your faith group, such as your priest, rabbi, imam or monk or other faith community leaders.
* **Other organizations and groups**. You may want to include other organizations and groups that can offer unique perspectives on specific issues. These can include groups that represent veterans or others from culturally and racially diverse groups.

**What should you do to prepare for the presentation?**

Here is a quick checklist to go through as you prepare for the presentation:

* Download the PDF presentation slides to your laptop or put on a flash drive. Make sure the slides display correctly and that everything works.
* Setup an LCD projector to display the presentation.
* Practice the presentation to ensure you can cover all of the material within the timeframe available. Make adjustments to length as necessary.
* You may wish to create a slide or handout that includes information about your community’s services and supports.
* As mentioned earlier, contact anyone you may like to have present with you during the presentation.

**Part I: Laying The Foundation**

**Slide 1** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Key Points**

* *(Note to Speaker: Introduce yourself**with your name, your volunteer or staff position and the name of your local NAMI Affiliate.)*
* Thank you for this opportunity to speak with you about Reaching out to Faith Communities*.*
* Mental health affects everyone. Nearly 60 million Americans are affected by mental illness each year and 75% of all lifetime cases begin by age 24.

**Slide 2** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

For those new to NAMI, we urge you to become familiar with the four pillars of NAMI’s mission—education, support, advocacy and research. As NAMI members, NAMI FaithNet volunteers work to fulfill the NAMI mission of building better lives through educational outreach to clergy and faith groups.

Before going further, let’s be clear about the accepted definition of mental health conditions so that as we communicate with faith leaders and groups, we are using correct language. Mental illness is a term that is often used to refer to a wide range of mental health conditions that can be diagnosed by a health care professional. On this website, the terms mental illness and mental health condition have the same meaning. A person's thinking, feeling or mood may affect and disrupt their ability to relate to others and function in daily life. These experiences will vary between people, even between those with the same diagnosis. Recovery, including the meaningful roles in social life, school and work can be achieved, especially when you start treatment early and play a strong role in your own recovery process.

Through outreach to faith groups, we are helping to build stronger support networks in faith communities for people living with mental health conditions. NAMI education, support, advocacy and research programs are essential building blocks for faith community outreach.

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Reaching out to Faith Communities has four phases or units:

**Part I: Laying the Foundation**provides basic instruction about NAMI FaithNet, interfaith dialogue and effective approaches to engagement with religious leaders and bodies. It highlights the need for and advantages of outreach to congregations—advantages to both NAMI affiliates and faith groups. The last section of this unit offers a few study tips and resources.

**Part II: Opening the Door to Understanding and Dialogue about Mental Illness***,* emphasizes the social, spiritual and practical impact of mental health conditions on individuals, family members, friends and co-workers. It then explores the basics of practical and spiritual care to all involved. This knowledge moves us to begin dialogue and build awareness within a congregation, sharing the passion and concern we have gained.

**Part III: Sharing Your Story**provides training to more effectively tell your story about mental illness, the role of faith and NAMI in your journey.

**Part IV: Looking Ahead and Following Up**we address common challenges involved with outreach to faith communities, including methods for building relationships with clergy and congregational leaders. We close with follow-up suggestions for your own continuing education and that of the clergy and congregations you touch.

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Many of us are already connected to a local church, temple, synagogue or mosque.

But if not, you can still engage with them productively to help break the silence, misunderstanding and shame surrounding mental health conditions. By telling our story and sharing NAMI information with faith groups, we encourage congregations to become part of the fabric of understanding and support for recovery and wellness in our community.

Faith communities range in size from small home meetings to attendance numbering in the thousands. In each of these religious settings, there are individuals and families facing mental health challenges. You may be the first person to bring them the hope and help they need.

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Some NAMI members, leaders and friends have asked “What is NAMI FaithNet all about? How does it relate to the larger mission of NAMI?”

It’s easy to understand when we consider its history. Back in the 1990’s, several NAMI Orange County, California members joined efforts to start what is now called NAMI FaithNet, an information resource initiative for NAMI members, NAMI leaders, clergy and people of all faith traditions.

Then, as now, they realized that faith played a major part in helping them and their loved ones press on when mental illness entered their lives.

NAMI FaithNet of Orange County began helping communities of faith provide a place to belong, a place to put down spiritual roots. They did this by sharing what they gained from NAMI.

Even now, as then, NAMI FaithNet seeks to connect faith groups with NAMI education, support and advocacy programs.

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NAMI FaithNet continues to equip NAMI members, clergy and congregations by sharing NAMI resources and hopeful stories, so that they can create a place of support where people facing mental health conditions feel welcome, cared for and included.

NAMI FaithNet affirms the value of both faith and treatment services. Its three-pronged emphasis on mental health education, spiritual care and medical treatment is the kind of holistic, practical and spiritual nurture we encourage faith groups to offer.

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Now, let’s consider a few unique factors about faith communities that make them logical places for NAMI to reach out to:

* According to a post-9/11, 2001RedCross survey, 60% of peoplein emotional distress turn first to clergy for help, before going to a psychologist or psychiatrist. Clergy are often on the front lines of mental and emotional crises, but few feel well-prepared to respond effectively to troubled people experiencing a psychiatric disturbance.
* Furthermore, there are far more churches, temples and mosques than mental health care providers in our rural and urban communities and they are more evenly distributed geographically.
* Faith groups already provide educational settings, so by interacting with them, NAMI can educate a larger percentage of Americans.
* Faith groups are already committed to social justice issues and advocacy for the marginalized, poor and oppressed in society.

Not only do faith communities play a unique role in society and benefit from NAMI outreach, but NAMI Affiliates also gain a great deal from connecting with religious bodies.

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1. NAMI Affiliates gain valuable community exposure to a circle of people who may never have heard of NAMI or its life-changing programs.

2. NAMI Affiliates also find new and eager participants for their education and support groups.

3. As people of faith discover the great benefit of support groups and courses like Family-to-Family and NAMI In Our Own Voice, they often become some of NAMI’s strongest volunteers, advocates, supporters, partners and new members.

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A final reason that NAMI outreach to faith groups makes sense is that they are a microcosm of the larger society. They are impacted at the same rate as the average population. So, let’s consider the prevalence of mental illness in society – including faith communities.

* **One in five adults experiences a mental health disorder** in any given year, including our returning troops1
* **Approximately 1 in 20 adults in the U.S.—13.6 million, or 4.1%—experiences a serious mental health condition** in a given year that substantially interferes with or limits one or more major life activities (4)
* **Approximately 1 in 5 youth** aged 13–18 (21.4%) experiences a severe mental disorder in a given year. For children aged 8–15, the estimate is 13%. (3)

1. Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved January 16, 2015, from http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml

2. Any Disorder Among Children. (n.d.) Retrieved January 16, 2015, from http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml

3. Serious Mental Illness (SMI) Among Adults. (n.d.). Retrieved January 16, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>

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*Treatment works, IF people can get it. There are many barriers to treatment. Navigating the complicated mental health system is one of them. Shame and misinformation about mental illness is another.*

* **Fewer than one-third of adults and one-half of children who live** with mental health needs receive any level of treatment in any one year.4
* **There are long delays**—an average of eight to ten years—before people get help for symptoms of a mental health condition.5

Outreach to congregations can help break the silence and shame that keeps people from seeking treatment.

4. *Mental Health:* A Report of the Surgeon General. (1999), p.408-9.

5. National Institutes of Health, National Institute of Mental Health. Mental Illness Exacts Heavy Toll, Beginning in Youth. *Press Release, June 6, 2005.* Available at <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>.

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NAMI folks know that without treatment or other supports, mental illness takes a tremendous toll on individuals and the entire community life. By informing religious groups about the impact of untreated mental health conditions, they can become change agents along with NAMI. Let’s consider these facts:

**School failure:** About half of students with a serious mental health condition in special education drop out of high school—the highest dropout rate of any disability group6

**Unemployment:** Only one in three adults who live with serious mental health condition is employed,7even though most want to work8

6.U.S. Department of Education, *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Education Act*, Washington, D.C., 2001.

7. New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report.* DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003. p.34.

8. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, *Evidence-Based Practices: Shaping Mental Health Services Toward Recovery,* http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/, accessed 03/07.

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***In addition, untreated mental illness can often result in:***

**Homelessness**

26percent of the homeless population lives with a severe mental health condition.9

**Hospitalization**

One out of every five community hospital stays involves a primary or secondary diagnosis of a mental health condition.10

9. *Hunger and Homelessness Survey, A Status Report on Hunger and Homelessness in America's Cities*, The U.S. Conference of Mayors, (December 2008).

10. Statistical Brief #62, Healthcare Cost and Utilization Project (HCUP). November 2008. Agency for Healthcare Research and Quality, Rockville, MD. Accessible at [www.hcup-us.ahrq.gov/reports/statbriefs/sb62.jsp](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb62.jsp).

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***And if that were not bad enough, untreated mental illness can lead to…***

**Criminalization:** About 20-25 percent of jail and prison inmates and youth involved with juvenile justice live with serious mental health condition.11, 12

**Suicide:** We lose one life to suicide every 15.8 minutes.13 People of faith are not immune to the terminal trauma that untreated mental illness can lead to.

As these statistics demonstrate, untreated mental illness is a major public health concern. Later sections of Reaching Out to Faith Communities are designed to equip faith groups to become part of the safety net and solution.

11. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Special Report. Mental Health Problems of Prison and Jail Inmates. September 2006. NCJ 213600. Accessible at http://www.ojp.usdoj.gov/bjs/abstract/mhppji.htm.

12. National Center for Mental Health and Juvenile Justice. Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System. 2007. Accessible at http://www.ncmhjj.com/Blueprint/default.shtml.

13. McIntosh, J. L. (for the American Association of Suicidology). (2009). *U.S.A. suicide 2006: Official final data.* Washington, DC: American Association of Suicidology, downloaded from <http://www.suicidology.org>

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Now, let’s explore the interfaith approach recommended by NAMI and NAMI FaithNet.

We recognize that Americans are a diverse population representing a wide variety of spiritual beliefs, values, perspectives and experience*s.* Wecome from many different philosophical, ethnic, cultural and religious persuasions. Our towns and cities, our neighborhoods are filled with people from atheistic, humanistic, Jewish, Muslim, Christian, Sikh, Hindu, Buddhist and Native American traditions, to name only a few.

NAMI and NAMI FaithNet hold this diversity in high regard. We value and respect the richness of all peoples’ ethnic, economic, cultural, educational and religious roots. NAMI FaithNet outreach to faith communities is based on this principle of honoring and respecting people of all faiths, beliefs and values.

Giving due respect to religious beliefs different from our own does not mean we must observe them ourselves. Each of us can be true to our own faith convictions while honoring the journey of others.

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This raises another consideration. What is the difference between religion and spirituality? Some define spirituality in terms of our relationship to others and the Universe. (Canda and Furhman, 1999) Being a spiritual person does not equate belonging to an organized religion.

In contrast, the term *religion* often refers to organized faith-based groups that hold to a core of common beliefs and practices. A person can be very spiritual, but not belong to any particular organized religious group. Though spirituality may not be at the core of life for everyone, it is often a very significant dimension to many, especially to those touched by serious mental illness.

Because religion and spirituality can carry either positive or negative associations, conservative or liberal views with it, outreach to faith groups requires a special sensitivity to the complexities associated with it. NAMI FaithNet does not encourage the debate or promotion of spiritual beliefs and values. It is centers around sharing our own journey with mental illness and the role faith and NAMI play in that journey. In developing your own story (Part III: Sharing Your Story*)*, we encourage you to mention the positive or negative role of spiritual beliefs and values in your life. The main focus, however, will remain on the role spirituality, faith groups and NAMI played in your journey with mental illness.

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Religious and spiritual practices can take many forms—structured or unstructured, connectional or independent. Faith groups may be quite independent, having no official connection to other congregations though they may hold similar beliefs. Others may be part of a larger faith-related body or connected to a denominational structure which agrees upon specific statements of doctrine, policy and governance.

Independent Christian groups may be referred to as *non-denominational* or *interdenominational*. Both terms refer to congregations that welcome and blend people and beliefs from many Christian traditions.

Learning about various faith groups in your community, their core beliefs and their traditions can be very enriching. We don’t have to become experts, but finding out what we have in common, not just how we differ, will build stronger bridges.

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Learning the terminology of various faith groups also broadens our cultural sensitivity. For example*, church, parish or congregation* usually refers to the corporate body of Christian and Catholic groups. The term *congregation* can also refer to a Jewish or Muslim group*.* When referring to the building or house of worship, Muslims worship in a Mosque; Jews gather in a Temple or Synagogue; Christians and Catholics meet in a church, chapel, sanctuary or cathedral; Sikhs meet in a gudwara; Quakers gather in a meeting house.

Terms for religious leaders also vary: *clergy, pastor, reverend, minister* usually denote ordained leaders in the Christian tradition; *rabbi* refers to men and women leaders of the Jewish faith; some Christian, Catholic, Orthodox and Buddhist leaders are called *priest or Father*; an *Iman* is a Muslim religious leader. *Clergy and cleric* are sometimes used in a generic sense referring to religious leaders of any faith groups.

If you’re interested, you could also explore the different meanings of other terms, like inter-faith and ecumenical, faith-based, not-for-profit, nonprofit and community organization.

It is important to note that NAMI is a non-profit, community organization. NAMI FaithNet, even though it works with faith communities, is not a faith-based organization, initiative or outreach. It is an outreach or initiative **to** faith-based groups.

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If you’re just beginning to reach out to faith groups, start where you are familiar. Don’t feel you have to go beyond where you are comfortable. You may belong to a faith group or simply know several congregations nearby in your community. You may have friends or neighbors who are part of a local congregation. Think of one or two clergy, lay leaders or people you know. Start talking about what NAMI programs have meant to you and see if they are interested.

If you don’t consider yourself a person of faith, you can still share your story with a faith group. Part III: Sharing our Storyfocuses on telling how your life has been impacted by mental illness, how spirituality or religion was helpful or hurtful and how NAMI programs helped you. By doing this we break the silence surrounding mental illness, raise awareness and offer NAMI resources that can make a life-changing impact.

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As you may have noted, much of our emphasis so far has been on talking about our journey and NAMI. But even more important is listening to the questions, concerns and experiences that spiritual leaders and congregations have concerning mental illness. We cannot over-emphasize the importance of relationship building with clergy, lay leaders and congregations. It takes time, but a few pointers from the experience of others may help.

**Approach With the Humility of Being a Partner:**

* See NAMI as a PARTNER in mental health education and awareness development. If you’ve been hurt in the past, avoid being accusatory, critical or condescending (Boy! Do you need to know what **we** know!) Reject the “us against you” mentality. You can’t hide a defensive attitude or a chip on the shoulder.
* Strive to be BRIDGE BUILDERS instead, between NAMI, clergy and medical professionals, emphasizing their complementary roles.
* Be a RESOURCE person on NAMI support, education & advocacy programs
* Recognize yourself as FELLOW LEARNER in the journey of life. Listen respectfully when you run into questions or beliefs with which you disagree.
* GROW your own spirituality so you can be “real” about the intersection of faith and service in a broken world.

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**A second key to relationship building is being realistic about expectations.**

Be realistic about the pace and scope of change you expect in programs, practices, attitudes, understanding and actions. We are changing centuries of misinformation and stigma, one person at a time.

Be realistic about the response you desire from senior clergy or faith leaders and what you want them to do. Support staff may be more available, so contact youth and associate clergy, the parish nurse, education director, pastoral counselors or lay care group leaders.

We can be realistic yet optimistic, because if we feel called into this work, the resources will be provided as we seek direction to break down the barriers, transform minds and open doors.

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One of your most important resources will be other volunteers and leaders in your NAMI Affiliate. We encourage you to learn and work with a partner or team. The more you talk about your interest in reaching out to Faith Communities, the more you’ll find others with similar passion.

Early on in the process, you will want to inform and secure the approval of your local NAMI Affiliate leadership before you begin formal outreach efforts on behalf of the affiliate.

Mention to your Affiliate leaders your interest in studying the Reaching out to Faith Communities curriculum. With their permission, submit a short article in your Affiliate newsletter inviting others to study with you. Make an announcement at your next general meeting or support groups; invite others who are interested to contact you.

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It’s always more fun to share the journey with others. As interest grows in your NAMI Affiliate, your team could read and discuss one unit at a time over a period of four to six weeks. Working together will broaden each of your perspectives and give you practice sharing your thoughts, questions, insights and concerns. We urge you to enter these comments and suggestions in the survey questionnaire provided at the end of each section.

A team building approach promotes consistency, accountability, creativity and momentum for one another and for the affiliate. As you make time to meet regularly, you may begin thinking of yourselves as a local NAMI FaithNetteam—certainly not necessary, but a real possibility.

One of the most important recommendations we suggest is assembling a resource folder or notebook. Later, in Part II: Opening the Doors, we’ll describe a similar packet to give to faith group leaders when you meet with them. But this notebook of resources is for your own use.

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Your Resource Notebook may contain any resources you find helpful, but here are a few essentials.

1. A NAMI Affiliate brochure and newsletter should include support group and education course information with the affiliate phone number.

2. You will want to create a list of the congregations whom you will or have already contacted. This record will help you and the NAMI office keep track of your contacts and help your affiliate leaders coordinate efforts with other volunteers. Include the name/s of the clergy person, the congregation’s address, phone number and e-mail address.

3. Using ideas from Part II: Opening the Door*,* write your ownlead-in statement. Later, Part III with help you develop and tell your story. These two tools can be revised and adapted over time to various audiences, but they will give you confidence as you begin dialogue with faith leaders and groups.

4. Print out the NAMI Fact Sheet from the additional NAMI FaithNet resources documents of Reaching out to Faith Communitieson the NAMI FaithNet web page.

5. Finally, we recommend getting familiar with the content of each web link on the Multi-Faith Mental Health Ministry Web sites list, also available from the additional NAMI FaithNet resources. You will be pleasantly surprised to discover the wealth of resources and materials for Mental Health Ministry.

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Feel free to work out your own study methods; this curriculum is only a guideline. But we do offer a few study tips above.

Notice we ask you to share your affirmations, concerns and questions with others. This includes filling out the short response survey from the link at the end of each Reaching out to Faith Communitiesunit.

Over the years, many NAMI members have been a catalyst for mental health awareness in their faith community without any training like Reaching out to Faith Communities. So you may wonder why this training tool. It’s simple. We merely want to share the vast experiences and lessons gained from many NAMI volunteers and leaders who have been in dialogue with clergy and people of faith for many years. Use what you find helpful and feel free to adapt it to your situation.

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We don’t need to be experts. We just need to know where to go or send others for the answers. If someone asks a question you cannot answer, depending on the topic, you can refer them to NAMI’s extensive website, to NAMI FaithNet’s micro-site or to one of the many Mental Health Ministry links available through “Related Links”.

**Slide 25***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

We are SEED Planters. New fields of opportunity lie untilled before us. As we work, plant, weed and water, we help prepare for the harvest. We may not see the ultimate fruit of our labors, but as we sow seeds of knowledge, compassion, support and advocacy, we surely will crowd out ignorance, prejudice and misunderstanding about mental health conditions and people living with them. There is great satisfaction in the work along the way.

* Speaking up for those who cannot speak for themselves
* Breaking the silence and shame of mental illness.
* Breaking down barriers to treatment with education and awareness.
* Bringing hope and courage to men, women, boys and girls who struggle alone on the margins of life.

Gunnar Christiansen, founder of NAMI FaithNet in CA, often quotes a saying by Robert Louis Stevenson, which he saw on a bread wrapper one day. *“Don’t judge your day by the harvest you reap, but by the seeds you plant.”*

**Slide 25***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

We’ve laid a foundation about NAMI FaithNet and outreach to faith communities. As you continue studying the other three units of Reaching out to Faith Communities, please make note of suggestions or questions that you would like to discuss with the NAMI FaithNet Advisory Group. We highly value your thoughts and feedback. Please take a moment to complete this quick, three-minute survey. Tell us what works best for you or how you’ve adapted the materials.

THANK YOU! We hope to hear from you throughout your journey.

**Part II: Opening Doors**

**Slide 1***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

As was mentioned in the introduction, Reaching Out to Faith Communitiesis a four-part training curriculum provided by NAMI FaithNet to equip NAMI members to engage with and share NAMI resources with local faith groups.

This section, Part II: Opening the Door to Understanding and Dialogue about Mental Illness*,* emphasizes the social, spiritual and practical impact of mental health conditions on individuals, family members, friends and co-workers. We then explore the basics of practical and spiritual care to all involved. This knowledge moves us to begin dialogue and build awareness within a congregation, sharing the passion and concern we have gained.

**Slide 2***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Did you know that NAMI began in the late 1970’s with several women in a Wisconsin church looking for mutual support? They needed someone to understand and talk to.

Harriet Shetler’s son was diagnosed with schizophrenia. When she shared her anxiety with a friend in her church, this friend put her in touch with another member of the congregation, Beverly Young. Beverly faced similar challenges with her own son who had a mental health condition.

Harriet and Beverly met for lunch in 1977 for mutual support and within six months, their efforts brought together 75 people. NAMI—the Alliance for the Mentally Ill, an early chapter in NAMI’s life, was formed in Madison Wisconsin. Things haven’t been the same since for her and thousands of other NAMI members!

Yes, NAMI started in a congregation that provided a place to connect and offered support for those facing the challenges of mental illness.

**Slide 3***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

In most religious organizations, finding a place to feel connected and supported comes naturally. But that’s not true in all congregations. Many people and families affected by mental health conditions are isolated and lonely. They are looking for a place to belong, a place where people of faith respect them as a person with abilities, hopes and dreams.

They are looking for a reason to regain hope, because their condition has taken a great toll on their ability to function productively. It has sometimes alienated them from others and from God.

So, let’s explore the practical, social and spiritual impact of mental illness and how the faith community can respond.

**Slide 4***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Think about chronic, serious conditions of any nature. Don’t they all present challenges to our faith?

Perhaps you may have asked yourself questions like those listed above during a difficult time. Where is God? Why do bad things happen to good people? What have I/we done wrong? How can my faith help? What’s next? What is the meaning of all this turmoil? Where do I belong?

Just as in the case of chronic pain, paralysis, heart problems or cancer, mental illness can profoundly impact a person’s spiritual life and journey, either positively or negatively.

Mental illness can also cause feelings of spiritual isolation. Individuals and their families are often the loneliest and most estranged members of our neighborhoods and communities.

**Slide 5***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Listen to these “WHAT IT’S LIKE…” scenarios:

Imagine what it’s like to be a child whose mother does not respond at all to a simple, “Look what I did in school today,” or who suddenly switches moods, talking non-stop nonsense for thirty-six hours, and then disappears for months because she has to be hospitalized.

Imagine what it’s like to be told by your father, before he goes to work each day, to keep an eye on your at-risk for suicide mother when you get home from school – but he is so preoccupied that he never really explains what is going on, never asks how you are doing, and neither does anyone else.

Imagine what it’s like for an individual that is struggling—bipolar disorder, family estrangement and severe financial strain. She calls the church where she was baptized as a child. “I don’t know where else to turn. I’m so frightened and alone.”

Imagine what it’s like for a homeless young man who comes late at night and sleeps in the doorway of the synagogue. He usually leaves early in the morning before anyone knows he is there. Then one day, exhausted, he sleeps late and is awakened by a custodian. The young man cringes, tired, tearful, sad and ashamed. What would your church offer?

**Slide 6***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

As mental health conditions often cause withdrawal and insecurity around people, it also often results in unusual behaviors and responses which tend to make others feel uneasy and unsure of how to respond.

Social isolation increases and brings with it spiritual estrangement—a very real and difficult part of the experience.

However, with informed, appropriate spiritual care, we can bridge this void and significantly improve a person’s recovery.

In a study by psychiatrist Marc Galanter of New York University, patients rated spiritual beliefs and values as one of the top factors in their recovery, along with medication, therapy, education and work. So, faith communities have the unique privilege of nurturing these spiritual beliefs and values.

(Citation: Spirituality and the Healthy Mind Science, Therapy, and the Need for Personal MeaningMarc Galanter, Oxford University Press, 2005)

**Slide 7***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

To do that we must avoid making the mistake one church made—offering a very *different* non-response to those with mental illness than to people with other serious conditions.

One example was cited by Ellyn Saks, a lawyer and professor *of* psychologyat University of Southern California. In her book The Center Cannot Hold she describes how, when she had cancer, she was visited in the hospital and supported in her recovery. (Left column.)

Then, she contrasts that with what happened when she was hospitalized for schizophrenia. (Right column). She was alone in her recovery.

Of course, we need to be sensitive to each person’s desire for privacy in medical matter, but even with that consideration, care for individuals and families facing mental illness is really no different from that of individuals and families facing *other* serious conditions.

**Slide 8***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Plain and simple, most faith groups *know how* and to give basic spiritual care to the majority of their parishioners. As clergy and lay people grow in their knowledge about mental illness and empathy for those who experience it.

We can help overcome their isolation and estrangement that results. Spiritual connections open up new horizons of hope and purpose. So what are the essentials of basic care-giving?

**Slide 9***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

There are two approaches to basic care for people and families with mental illness—the One-on-one approach and the program approach. Common to both approaches are four principles.

1. Basic Care-giving begins with **learning to recognize the condition** and accept the person living with it—just as they are. This may take a concerted effort on our part. All the care and concern we offer may be misdirected if we don’t understand the condition. For example, expecting someone struggling with clinical depression to pull them self together may be like asking a fellow with a broken leg to walk without a cast.

2.We can provide a list of social services and mental health care providers. Perhaps your NAMI affiliate already has such a list. Having access to these referrals will remove one barrier from the ill person getting help when they are ready. However, remember that they may be so ill that they need help taking that first step into treatment.

3. **We need to make it clear in what is said from the pulpit or written,** that we support both medical treatment, counseling and *spiritual practices and faith*. We must not see faith as opposed to medical interventions. God has given us both; even Christian psychologists and psychiatrists can be God’s agents in the healing process. This openness to spiritual practices and medical interventions removes judgment and brings people and families into the larger network ofhealing and recovery.

4. **We must attend** to the individual’s basic needs. Perhaps they need shoes, a winter hat, gloves or coat; perhaps they need shelter, a meal or transportation to a doctor. These actions often open the door to nurturing their spiritual growth.

**Slide 10***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Now, the principles of basic spiritual care are similar but take an added degree of sensitivity to the individual’s spiritual path. The key is acceptance of where they are in their relationship to God, to themselves and to others.

First, we need to **create a safe place** for the one who suffers both literally and figuratively. People experiencing a condition often need a quiet, secure place where they are loved, accepted and welcomed just as they are, unconditionally. They also need to feel free from fear, abuse and danger.

Second, the **gift of presence** is often priceless. One little boy told his Mommy he was going next door to see his friend who had lost his puppy. When the mother asked him what he was going to do, the little boy answered, “I’m going to sit and cry with him.” The little boy knew he couldn’t fix the problem. He just wanted to be there and share his friend’s journey through the loss.

Third, **listen and share the journey**. We can simply give people time and space to talk, letting them work through things for themselves, rather than giving advice or pushing our agenda. Ask honest, open questions that will help them express their feelings, fears and desires.

Finally, let’s not underestimate **the power of prayer support**. One homeless woman was told by a street Chaplain on a Friday that his church would pray for her on Sunday. The next Monday, she greeted him with a smile and said she felt much better over the weekend just knowing someone was thinking of and praying for her.

**Slide 11***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Mental health conditions impact the family, as well as the ill person. It can create turmoil and pull families apart. They often withdraw from activities and services if they feel judged or embarrassed by their loved one.

So, faith groups may need **to make a concerted effort to reach out** to these family members.

We need to **learn how the condition affects each family member**—parent, spouse or child. Each of them is impacted in unique ways.

But most often, families just need someone who will walkacross that bridge and be a friend—especially when their loved one goes off their meds or community services fall short. So **creating a supportive network** for the family will speak volumes, if done with sensitivity.

**Learn what is helpful or hurtful** to say or not say. Ask the family; don’t assume you know. Remember, every family member needs something different.

As we said before, giving **information** about NAMI or community mental health resources is always wise and helpful—though the family may not be ready to take the initiative to pursue the resources you share.

**Slide 12***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

As the doors of understanding widen about supporting men, women, veterans, boys and girls, parents, spouses and siblings touched directly or indirectly by mental or emotional problems, the sensitivity to their specific needs will unfold.

Faith groups can collaborate with community mental health providers and offer space for peer specialists. They may consider offering one-on-one companionship to needy individuals or respite care for family members. Throughout the country, many faith communities have developed outreach and survival services, drop-in centers, housing and other programs to support recovery and wellness. The possibilities are endless.

**Slide 13***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Large congregations certainly can develop impressive ministries to support and nurture people impacted by mental illness. But in most cases, it’s the small, personal gestures than can be equally helpful.

- Create a respite care team

- Send cards or meals to a family member

- Offer to mow the lawn or trim the bushes for a military wife

- Offer to baby sit for a working mother

- Invite the family to sit with you at church services and events

- How many other ways can congregations show genuine welcome?

**Slide 14***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

With this basic understanding of how to meet the practical, social and spiritual needs of individuals and families touched by mental health conditions, we now can share our concern with others as we dialogue with clergy, lay leaders and other attendees.

Start in natural settings. Speak up in small groups and meetings about your interest in mental health. Welcome others to discuss this with you afterwards. Coffee hours and other informal gatherings provide an opportunity for people to get acquainted and share concerns.

They may ask how you got interested. Keep your answer brief and share one or two details. Then ask them if they know of anyone who experiences mental or emotional problems. You may be surprised how often you get a positive response.

With sensitivity and tact, be alert to opportunities for communicating with clergy and others—in a committee meeting, prayer group or sermon. Take small steps. Don’t push. Share, listen and meet people where they are.

Consider how you could maximize these opportunities by preparing a brief, thought-provoking lead-in statement.

**Slide 15***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

A lead-in statement is simply a sentence or two that invites others into a deeper conversation.

On this slide are examples of comments that maximize the opportunity for conversation. By sharing a simple fact or making a short comment about how NAMI and mental illness impacted your life, you free the other person to discuss a topic that is often taboo in most circles.

**Take time at this point to write and review your own lead-in statement**. Start with your own experience but keep it very short. End with a question that solicits a response from them. Leave them wanting to know more.

Now, place your *lead-in statement* in your personal resource notebook which we created in Unit I, *Laying the Foundation*.

**Slide 16***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

When you talk with the clergy or lay leaders of a faith community, pose a few questions to discuss:

“How can this congregation and community open its doors and be more supportive to individuals and families who face mental illness?

How can this religious body increase its capacity to support the healing and recovery of people living with mental a mental health condition?

What resources and tools are available to help this congregation develop a mental health ministry? With whom can we partner?”

We don’t need to push for immediate, specific plans or answers. Our goal is to begin the dialogue, so that mental health becomes part of the conversation in the larger context of disability ministries. An exploratory conversation moves that process along.

Most importantly, let’s remember what one of our forerunners in mental illness ministry emphasized: “It takes the people in the pew to take the initiative to educate the church about mental illness.” Don’t leave it all up to the clergy. Be willing to take the initiative and keep the discussion going.

**Slide 17***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Over time, as you talk with clergy and congregational leaders, they may ask about NAMI’s relationship to religious groups. Be prepared with a short response. “NAMI has members from many different faith backgrounds. It respects all religions and welcomes individuals from all walks of life and spiritual traditions. NAMI’s goal is to provide a bridge from faith groups to mental health resources so they can better meet the needs of their people living with mental illness.”

Regarding your own faith journey, you can respond with an honest answer. Perhaps one of these can be adapted for your response:

“When mental illness struck it really challenged my faith. For a long time, I felt alone and isolated. I was reluctant to talk about the experience with anyone, but then one of the elders made a special effort to visit me. My faith was an important part of my recovery.” …Or…

“I’m not a member of any faith group. I’m a seeker, but I know that other individuals and families in our NAMI affiliate have found help and support from their congregations.”

Remember the conversation is not just about you, but about mental health, NAMI and faith groups as supportive communities for recovery.

**Slide 18***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Another way to open doors to dialogue is to observe national awareness campaigns. In America today, there is an awareness campaign for almost everything. Have you ever heard of National Hole in a Bucket Day or National Barbecue Month or Dance like a Chicken Day? Look them up. They are for real!

But seriously, May, July, September and October provide ideal opportunities to open the door on serious conversations about mental health.

Focus on just one or two projects at first. The following suggestions will get your creative processes into gear.

**Slide 19***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Choose just one or two activities at first to observe a National Mental Health month or day.

* Write an article for your faith community’s newsletter or bulletin
* Compose a prayer, a poem or song to share in a service, small group or adult education class
* Schedule a speaker from NAMI or a mental health professional
* Invite members of your faith community to participate in your NAMI WALK
* Create a bulletin board

The possibilities are numerous. Offer to lead a book study, or show a DVD during an adult or youth education class. Go to [www.nami.org](http://www.nami.org) and click on the “Get Involved” tab to learn more. In addition, it links to multi-faith mental health ministry websites that offer downloadable bulletin inserts, worship planning guides, fact sheets, book list and other ideas for raising awareness.

Get started at least three to four months ahead. With their many other programs and events, faith groups have to plan many months in advance to reserve space, meet deadlines for newsletters, websites, bulletins, and to prepare music and worship materials.

**Slide 20***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

There is also a need for advocacy at the individual and legislative levels. Faith groups and major denominations can and have been strong allies with NAMI advocating for better public policy legislation. Advocates lobby legislators for better health care laws and increased public funding for readily accessible affordable mental health care.

On the personal level, there may be opportunities to advocate for make a dramatic difference in someone’s life. Many people with mental health conditions, especially those without family or a social worker, have no one to help them figure out the complex, broken maze of mental health care.

Within the faith community, social justice committees or health commissions can become strong advocates for people impacted by mental illness, realizing they are often among the neediest, most marginalized and voiceless members in our communities.

**Slide 21***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

In Part I: Laying the Foundation*,* we encouraged you to create a resource notebook for yourself. Now it’s time to create a similar packet for the clergy or congregational leaders with whom you have met or plan to meet.

Your local **NAMI Affiliate brochure** will likely list their contact information, support group meeting times and locations as well as education courses. This brochure may be the most valuable information you provide.

The **NAMI FaithNet brochure** explains who NAMI is, what NAMI FaithNet offers, what mental illness is, the unique role faith communities can play in recovery.

A **brief referral list** can include local mental health care providers, psychiatric emergency numbers and social service agencies.

**Fact sheets** give objective information that is difficult to argue with. It is available on at [www.nami.org/faithnet](http://www.nami.org/faithnet) with the Reaching out to Faith Communitiesresources**.**

Finally, print out the **Multi-Faith Mental Health Ministry Web sites list**, also from the additional NAMI FaithNet resources.

**Slide 22***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

After your visit with a minister or community, don’t forget to record your visit on a Contact Report Form described in Part I: Laying the Foundation*.*

This simple report form is described in the box above. It helps you and your local affiliate coordinate outreach to local faith groups by avoiding duplicate efforts with other NAMI volunteers.

**Slide 23***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Rarely, but in some communities it may seem that no one wants to listen. Nevertheless, this seeming lack of interest doesn’t have to keep you from following your own passion for integrating your journey with mental illness and the desire to educate people of faith.

Even if it seems that ears are closed, you can be sure that every congregation has someone who has experienced mental health conditions themselves or has a friend or relative living with a diagnosis.

Eventually allies will come forward. Perhaps a parent, a social worker, a psychologist, psychiatrist or counselor in your congregation will join your efforts. Persist in planting seeds of information and resources. Soon you’ll be known as someone to whom others can come for information about mental health and NAMI resources. Just be willing to be build the bridge and eventually others will walk across it.

**Slide 24***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Often clergy will listen attentively to other clergy. Listed above are ways that some affiliates have found to connect clergy with other clergy and to people living well with a diagnosis.

You may know only one religious leader in your city or town who understands the needs of people with mental health conditions. Ask him or her to speak at a luncheon for religious leaders. Invite a NAMI *In Our Own Voice* presenter to give a short talk. You can also download our *Say It Out Loud* toolkit aimed at young adults from our website.

Facilitate a discussion that acknowledges the impact of untreated mental illness on the community. Encourage the expression of differing views about mental health issues. Thank spiritual leaders and congregations for their willingness to listen and share their thoughts and opinions.

In Part IV: Looking Ahead and Following Up*,* we will discuss how to respond to hurtful and troubling perspectives on mental health conditions.

For now, keep in mind the aim of NAMI FaithNet—to build bridges, communicate with congregations, open up conversations, encourage dialogue. Stand with them, come alongside, look at possibilities together, share the journey.

Visit the “Get Involved” tab on [www.nami.org](http://www.nami.org) to learn about more ways you can help in your local community.

**Slide 25***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

So, who wants to Open Doors to Understanding and Dialogue about mental health conditions?

Before we conclude this section, you might want to take a few minutes to jot down a few names of clergy or congregations in your community with whom you already have contact.

Remember, building relationships is time-consuming, but it certainly ensures a continuing dialogue which with bear fruit in due time.

**Slide 26***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please take a few minutes to complete this quick, three-minute survey.

Your response, questions, suggestions and feedback are invaluable to us. Tell us what works best for you or how you’ve adapted the materials. Thank you!

**Part III: Sharing Your Story**

**Slide 1***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Whether or not you’ve had training in telling your story, this unit is designed to help improve your story telling ability to faith communities.

We believe that effective story telling is the most powerful tool we have as mental health advocates. By sharing our journey, whatever that may be, we hope to open wider the hearts and minds of our listeners.

At the same time, we also know it’s easy to get lost in the details of a long, painful and complicated saga—either your own or that with a loved one. So, this session is designed to teach NAMI members to briefly and effectively share their story with people of faith.

This training module is designed to:

* Increase your appreciation for the value of story telling
* Provide examples of and a formula for effective story telling
* Teach you how to write and practice telling your personal story, and
* Equip you with confidence in sharing your story succinctly and effectively

**Slide 2***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*“If a story is not about the hearer, he will not listen. And here I make a rule—a great and interesting story is about everyone or it will not last.”*

Mental illness is prevalent around us. It touches everyone—those who have a diagnosis, their family and friends, their employers, their classmates and their co-workers. As we develop our story, we will most likely mention fears, needs, feelings and concerns common to people of all ages and walks of life. Though our journey with mental health is unique and perhaps traumatic, it will very likely resonate with our listeners to become a powerful catalyst in changing their understanding of people experiencing chronic emotional and mental disturbances. Your story will help them see that people living with depression, schizophrenia, bipolar disorder or anxiety disorders are just like them. They too have walked through hard times and overcome difficult challenges.

**Slide 3***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Consider these outcomes created by Sharing your Story:**

Story telling can open hearts and minds. It gives a real face to mental illness and recovery. Effective story-telling can prompt a readiness to learn. In the case of mental illness, it re-frames a topic often associated with fear, disdain, misinformation and prejudice.

Story telling can break the silence by giving people permission and a new language with which to talk mental health. In the end, story-telling paints a new picture and creates a new paradigm. We learn to see the person behind the condition. Stories help us better understand, welcome and help our brothers, sisters, parents, spouses and neighbors living with depression, schizophrenia, bipolar disorder or other mental and emotional disorders.

Sharing our story in a faith community does not have to emphasize our spiritual beliefs and values – though it can. The focus is on your personal journey with mental illness and the role the faith community and/or NAMI play. In developing your own story, you may mention how religious beliefs had a positive or negative impact. Sharing candidly in this way and offering NAMI support and education resources may reap more benefits to your listeners and their loved ones than you may ever know.

**Slide 4***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Remember what we just said: Your story will help others see that people living with mental and emotional disturbances are just like them – people with hopes, dreams and talents. Stories help us see the person behind the condition.

This quote from John Swinton’s book Resurrecting the Person: Friendship and Care of People with Mental Health Problems urges us to look for and nurture that person behind the condition.

**“*In the Kingdom of God there is neither Jew nor Greek, people with schizophrenia nor dementia, only people loved equally by God and called to live humanly.”***

Story telling helps the listener see common strengths and limitations in others, so that we consider one another worthy of being loved equally by God and ourselves.

**Slide 5***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Your story can make a significant impact and be a first step to encouraging this kind of person-centered ministry.

To make your story most effective:

1. Keep it brief (aim for about a page)

2. Focus on essential elements. Don’t get lost in the details. Keep the big picture in mind.

3. Stress the importance of your faith in recovery, or in coping with the challenges of caring for a family member.

4. Mention positive concepts like hope and recovery. Help your listeners see more than the frightening, negative, debilitating side of mental illness.

5. Make a clear “ask.” Encourage them to continue to learn about mental health conditions so they can offer genuine, practical support and spiritual nurture for people and families challenged by serious mental health conditions.

**Slide 6***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Read out loud the SAMPLE STORY FOR COMMUNITIES OF FAITH. This effective story is suitable for a two to three-minute presentation to a faith community. (It can be downloaded from the Reaching out to Faith Communities documents.)

Notice your reactions as you read or hear it: What stood out to you? What feelings were expressed? What moved you or seemed most powerful?

**Slide 7***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Next, find and download from the same resources section, the SEVEN STEPS TO TELLING YOUR STORY & the STORY PRACTICE SHEET.

Compare the Seven Steps to the Sample Story.

What parts in the Sample Story correspond to the Seven Steps? Mark the sample story with the corresponding outline numbers. For example, the first paragraph of Susan’s story would correlate with steps 1, 2 & 3.

Paragraphs two and three in Susan’s story correlate with steps \_\_\_\_\_\_\_.

The last four paragraphs of Susan’s story correlate with steps \_\_\_\_\_\_\_\_.

**Slide 8***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Writing your story for faith communities:**

* Now use your Story Practice Sheet to write your own story, using the pointers already described on it for you.
* Refer to the outline of the “Seven Steps to Sharing Your Story” for help.
* Condense the key turning points in your life into a few sentences that correlate with the Seven Steps Outline.
* Take time to think through the milestones of your journey with mental illness, faith and NAMI. Write them down. Don’t try to memorize your story at this point.
* Use the Seven Steps outline on next two pages as you write your story.

**Slide 9***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Introduce yourself and where you are from.
2. Let your audience know how you are affected by a mental health condition—either as a consumer of mental health services, a family member, friend or significant other.
3. Mention that you plan to share your story with the goal of helping break the silence and shame of mental illness. Let them know you will share some helpful pointers and resources.

**Slide 10***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

4. In telling your story, write down one or two sentences for each point:

**What happened before treatment?**

**What helped?**

**How are you different today?**

**What role did your faith/the faith community play in your journey?**

5. Succinctly make your point about the changes in your life.

6. Make your “ask” relevant to your audience. For most groups, it would be appropriate to ask them to continue to learn more about mental health and to create a welcoming, supportive place to belong.

7. Close with a clear *thank you* for allowing you to share your story.

Finish this section before moving on.

**Slide 11***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Now it’s time to practice telling your story**

* It is most ideal if you can work with one or two other people, each of you taking a turn to share your stories with one another. If you’re not currently working on this module with another person, call up another NAMI member and ask them to let you practice telling your story.
* After each turn, allow or ask for constructive feedback
  + Did you include feeling words? They help convey what has happened more powerfully.
  + What specific image or language was most effective or moving?
  + How is your life different now?
  + What parts could be strengthened and how shall I do that?

Other ways to practice your story could be at a NAMI support group, with a trusted friend, therapist, social worker, family member or co-worker. Get used to telling your story and you’ll find people open up and share with you.

**Slide 12***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Now let’s imagine, we’ve just finished speaking to a group at a church, temple or congregation. You’ve established a connection with your audience by telling your story.

Now, you or your host/hostess may invite them to ask questions or make comments. Some may want to tell how mental illness impacted them. If you feel uncomfortable leading the group discussion, turn the meeting back over to your host.

Mention to the group that you will leave with your host NAMI brochures that contain information about serious mental health conditions, support groups and education programs.

Afterwards, be prepared to stay and talk informally. Some individuals may feel more comfortable talking to you one-on-one.

Before you leave, speak with the host or faith community leadership regarding future opportunities for mental health education and awareness.

**Slide 13***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

In previous units of Reaching out to Faith Communitieswe have stressed the value of leaving an information packet for each minister or congregation with whom you hold a conversation.

Here is another occasion; after telling your story in a faith community, when it would be appropriate to leave this information packet with your host. It will provide long-term information for them and emphasize the valuable connection they now have with their local NAMI Affiliate.

**Slide 14***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Likewise, here is another occasion when the Contact Report Form which we described in Part II: Opening the Doorcan be used.

**Faith Group:** (name of congregation, address, phone number, e-mail, web site)

**Conversation Partner(s):** (name/s, address, phone, e-mail)

**Interests Observed:** (specific topics, suggested ways to follow-up)

**Follow up:** (documents sent, e-mail, calls, plans, visits)

Before and after each visit with a faith group, be certain to turn in this Contact Form to update your affiliate leaders and other members of your Affiliate NAMI FaithNet team.

**Slide 15***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Congratulations! You’ve completed Part III: Sharing your Story with Faith Communities. You are now prepared to effectively share in only 3-5 minutes your own story about the impact of mental illness, spirituality and NAMI on your life.

If you have questions, about this or any part of Reaching out to Faith Communities*,* please call our HelpLine. Someone is always available to answer questions. If they cannot immediately answer your question, they will contact a member of the NAMI FaithNet Advisory Group.

**Slide 16***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

It only takes one passionate person with a convincing story to win listeners. You may feel inadequate, but just as the saying above states, “One person can make a difference, and everyone—even you—should try.”

Start small. It is enough if only one person in one congregation plants seeds of education, welcome, support and advocacy for those living with a mental health conditions.

**Slide 17***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please take a moment to complete this short three-minute survey. Tell us what works best for you or how you’ve adapted the materials.

On this form, you may include suggestions for building stronger bridges with faith communities. What has worked well in your area? This kind of information sharing will help us develop resources and tools that are practical and pertinent. Your feedback is essential to helping NAMI members be more effective advocates and educators in outreach to faith communities.

Thank you!

**Part IV: Looking Ahead and Following Up**

**Slide 1***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

By now in your study of these materials, we trust you are already seeing the value of educating clergy and people of faith about mental illness. If you need a summary of what you’ve learned so far, please refer back to Part I: Laying the Foundation*,* slide 3.

This sessionwill offer examples of how some affiliates have created strong collaborations with community organizations. We will also consider ways to respond to common ideological challenges and ways to build relationships with clergy and congregational leaders. We close with a follow-up suggestion for your own continuing education and that of the clergy and congregations you touch. Finally, we’ll share our vision for the future one which we trust will continue to inspire us all.

**Slide 2***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

As we mentioned previously*,* outreach efforts to faith groups can be done individually, but it is most effective to develop a team approach. In addition to your local affiliate NAMI FaithNet team, some Affiliates work alongside an interfaith clergy advisory group that meets periodically to help plan educational efforts with and for clergy and faith groups. With the input of these faith group leaders, the NAMI FaithNet steering committee is better informed to plan seminars or conferences of greatest interest to congregational leaders.

In other areas of the country, NAMI FaithNet advocates have helped form or join an existing mental health collaborative. These networks are comprised of social service and community organizations, clergy and mental health providers. This collaborative group meets regularly to create a coordinated system of care to better serves the needs of people with mental and emotional conditions. They address the entire range of needs: mental health care, medical care, substance abuse recovery, temporary and permanent supported housing, education, employment training and re-integration. The role of the NAMI affiliates in these collaborations is to provide a link to services for their members, and a bridge to NAMI programs for the community.

**Slide 3***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

As you probably realize, not all people groups are as sympathetic to the needs of men, women, boys and girls with mental health conditions. The longer you work in the arena of mental health education and awareness, the more you will begin to see and hear views about mental health not based on the “medical model.” In other words, these people do not believe that serious and chronic mood, behavioral and thoughts disorders have a biological link. If you have personally encountered these beliefs, you probably have found them hurtful and problematic.

For the sake of brevity, we will divide these problematic views about mental illness into three categories—philosophical, theological and societal. We will not attempt to fully explain or counter all the problematic views in detail, but we will summarize a few of the more common issues and suggest a way to respond.

**Slide 4***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

One extreme view proposed by psychiatrist Thomas Szasz, “is that there is no such thing as mental illness because the very notion is based on a fundamental set of mistakes. …More specifically, Szasz has argued that by definition, ‘disease means bodily disease,’ and, given that the mind is not literally part of the body, disease is a concept that should not be applied to the mind.” (Perring, “Mental Illness”, Stanford Encyclopedia of Philosophy, 2010 edition)

This view is somewhat related to that which says mental health conditions are merely a “societal label” in Western culture for those whose behavior is out of society’s range of “normal.” Others believe that mental health conditions are merely extreme coping behaviors and reactions to unbearable life stressors.

However, we reiterate that NAMI holds that “mental health conditions are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. …Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan…” which may include medication treatment, psychosocial treatment, peer support groups, social services and support from family, friends and a faith community.

**Slide 5***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Other opinions about mental health have to do with sincere religious beliefs. These belief systems consider mental illness the result of sin, moral failure, lack of faith, God’s judgment or demon possession. They sight isolated Biblical passages that seem to verify their position.

Other sincere people of faith hold that psychology and psychiatry are based on values incompatible with their religious beliefs. Therefore, mental health professionals that practice the behavioral sciences would not be suitable counselors and doctors for people in their faith tradition.

The best response is to listen with respect. Yes, there are religious passages and theological arguments that could counter these perspectives. However, the best approach does not argue but informs. In previous units of Reaching out to Faith Communities we suggested leaving a Fact Sheet. Let the facts speak for themselves. Tell your own hopeful story. Combine it with attention to the recent findings of brain and medication research. This personal, hopeful approach will usually build a growing, empathetic understanding of the complexities of mental health.

We encourage individuals and families to talk with a therapist, counselor, clergy or spiritual leaders who is familiar with your faith tradition and biological basis of mental health conditions. Take care of yourself. Find settings and support that contribute to recovery and wellness. In addition, remember to use the NAMI web sites ([www.nami.org](http://www.nami.org/) and [www.nami.org/faithnet](http://www.nami.org/faithnet)) which offer additional resources for learning to respond positively and respectfully.

**Slide 6***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

In addition to philosophical and religious beliefs that are problematic, stigmatizing attitudes are prevalent in the larger population. In general, it is not uncommon to find stigmatizing remarks and practices in the media, in correctional institutions, in the work place, in classrooms, in families and yes, even in the medical community.

Usually stigma is based on ignorance or lack of knowledge. This, in turn, leads to fear of the unknown, judgmental attitudes and prejudice. But in the medical community, some mental health professionals have admitted that their bias and insensitivity was based on the feeling that “they knew best”. They confessed a failure to see their patient as a person worth listening to, an individual with unique potential for fuller recovery.

So, how can we respond to hurtful societal attitudes? First and foremost, do not fight stigma alone—especially if your rights to treatment or equal opportunity have been violated. Ask others to assist you in choosing a healthy path for yourself. Share the experience with your caregivers, with your peers, with your fellow NAMI members or affiliate leaders.

Find a NAMI support group or a mental health advocate, especially if the stigma impacts your ability to function at work or school. In NAMI circles, there will always be others who understand and can help you consider ways to handle the situation.

**Slide 7***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Now let’s consider another challenge you may face—getting the attention of and building relationships with busy clergy and congregations.

Many Affiliates have tried sending a mass mailing to clergy and congregations in their town or city, but get little or no response. According to marketing research, a 5-10% response rate to mass mailings is very good. For frugal NAMI Affiliates, this seemingly low response rate may not justify the high printing and mailing costs. Save your money. Mass mailings are not the most effective means to develop relationships with faith groups and their leaders.

A phone calling campaign may help lay the groundwork, but can take a lot of man hours. If you’ve left phone messages but receive no reply or have been discouraged by the cold response of an administrative assistant, remember this. Clergy and faith groups are pulled in many directions by other community organizations who expect them to get involved with other public health concerns – crime, domestic violence, homelessness, hunger and bullying, to name only a few. NAMI is just one of many organizations inviting them to events, to partner, to meet, to give time and energy. Clergy, like all of us, have to choose a cause and learn how it may or may not relate to other valid causes.

**Slide 8***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

So what outreach methods do work for NAMI Affiliates around the country? Your NAMI FaithNet partner or steering team will want to create a list of possibilities that suit your financial and volunteer resources.

Computers are allowing affiliates to connect more efficiently to faith groups through e-advertising, e-newsletters, Facebook, Twitter, blogs, websites or other social media.

But more than any other method, the personal, short, face-to-face introduction yields the most fruit over time. At the door after a service or meeting, just two to three short comments asking for a time later to talk will generally be welcomed.

Clergy understand the old tradition of a personal visit, a knock on their door, a friendly hello, a brief introduction and a brochure in the hand. Keep it short and to the point. This would be an appropriate time to use your 2-3-minute story and make an “ASK”, inviting them to an event or a follow up appointment.

Start with the familiar and build on those relationships. What faith communities do you already have connections with? With whom do you already have an acquaintance? Take time right now and prioritize your contacts for the next few weeks.

**Slide 9***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

As you develop relationships with clergy, you will want to maintain the contact and follow up with them periodically. A simple and effective way to do this, and a way that many faith leaders appreciate, is sending a short e-mail thanking them for their time after a visit, and referring them to a few trusted, helpful links to mental health resources.

Like NAMI, advocacy, education, support and research are fundamental to the missions of these excellent organizations. Visit [www.NAMI.org](http://www.NAMI.org) for information and resources.

**Slide 10***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Of course, NAMI’s website and NAMI FaithNet’s micro-site are central to our work with clergy and congregations: [www.nami.org](http://www.nami.org/) and [www.nami.org/faithnet](http://www.nami.org/faithnet). As you discover the wide range of NAMI materials, you’ll find yourself referring congregational leaders and people of faith to these web pages often.

You can also sign up for NAMI’s additional newsletters by registering as a member on NAMI.org.

We don’t need to be an expert to reach out and speak up in a congregation. None of us knows all the answers. We simply need to know where to help others find the answers.

**Slide 11***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Sponsored by the Alban Institute, the CRG Mental Health Ministry Resources micro-site contains over 100 reviews of books, DVDs and links to mental health ministry organizations. The materials are specifically selected for individual, small group or pastoral care with the goal of building caring congregations. This one-stop-shopping website will save you time in researching mental health ministry tools. Its links will take you to numerous other related sites.

The CRG mental health ministry resource pages are merely one section of the larger Congregational Resource Guide web site. For other ministry areas, the CRG offers on-line materials as well as regional trainings for clergy and congregations: stewardship and capital campaigns, communications and administration, spiritual formation and discipleship, music and worship planning, small group and health ministry, children, youth, adults and senior ministries.

**Slide 12***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mental Health Ministries* is another excellent source for creating caring congregations which clergy and lay leaders find valuable. Rev. Susan Gregg-Schroeder, a United Methodist minister from California, has written and created several award winning DVD’s, pamphlets, bulletin inserts, articles and other downloadable resources to help congregations develop a strong mental health ministry. The website materials are divided into several sections: Education, Commitment, Welcome, Support and Advocacy.

**Slide 13***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

A third excellent on-line source for mental health ministries is Pathways to Promise. Its materials are interfaith and include bulletin inserts, study guides, worship planning materials and much more. Their new booklet, Mental Health Ministry – A Toolkit for Congregations, outlines simple monthly program suggestions and activities to build awareness and educate congregations all year-round.

**Slide 14***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

There are over 340,000 local congregations in the United States. Imagine if each one of these congregations had a mental health ministry team to keep the needs of individuals and families facing mental illness a priority.

Imagine every clergy or mental health ministry resource team in every congregation, neighborhood, town, village and city across America planning a prayer vigil and educational programs for Mental Illness Awareness Week.

Imagine every Mosque, Temple, Synagogue, Cathedral and house of worship broadcasting a message of hope during May—Mental Health Month that mental health conditions are treatable and recovery is possible. Imagine thousands more sons, daughters, husbands, wives, young people, children and veterans finding a spiritual home, a place to feel welcomed, supported and included, a place to gather and serve at the table of fellowship.

**Slide 15***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

With a continual development of community services for those with mental health conditions, an increase in numbers of supportive congregations, the advancements in medical science and information technology, who knows what possibilities for spreading our hopeful vision, lie ahead!

Reaching out to Faith Communities is equipping volunteers like you to help change minds and open hearts. As we open our own lives to receive and give encouragement, knowledge and empowerment, the benefits flow into the lives of others.

We may be only one small stream in the larger river of life, but as we remain true to our higher calling, the renewal and vitality of our life will certainly flow out to bring hope and healing to others.

**Slide 16***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

We encourage you to keep telling your story, planting seeds of knowledge, hope and support whenever you get the opportunity. We may never know the freedom our story may give someone else to overcome the barrier of shame that has kept them from getting into treatment.

You can make a difference. As First Lady Rosalynn Carter said, *“People with mental problems are our neighbors. They are members of our congregations, members of our families; they are everywhere in this country. If we ignore their cries for help, we will be continuing to participate in the anguish from which those cries for help come. A problem of this magnitude will not go away. Because it will not go away, and because of our spiritual commitments, we are compelled to take action.” −Rosalynn Carter*

**Slide 17***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Congratulations and thank you for your commitment to completing this Reaching out to Faith Communitiestraining. We highly value your feedback. Thank you for taking the time to complete this quick, three-minute survey. Tell us what works best for you or how you’ve adapted the materials.

You can also keep in touch with NAMI FaithNet through our e-newsletter and web site. Perhaps we’ll see you at the next NAMI Convention where you can tell us about your outreach to faith groups at a NAM FaithNet networking session.