GC Task Force for C034: Ministry with Individuals with Mental Illness and Their Families

February 22 Meeting (5:10pm – 6:30pm)

Attending: David Gortner (chair), John Tarrant (co-chair), Susan Phillips, Brandon Beck, Jeanine Driscoll, Amanda Henes, Robert Phillips, Eva Warren, Charles Zimbrick-Rogers, John Stewart

Unable to attend: Alice Webley, David Bailey

Summary

Meeting began with welcome and prayer.

Members introduced themselves to the group. Members were forthright about their own experiences, expertise, and perspectives. Susan was thanked for her role in bringing this Task Force (and resolution C034) to fruition.

Group discussed best plausible meeting times. Best time agreed was (for most months) the last Tuesday of the month. For the next meeting, some time conflicts were noted. A Doodle poll is to be distributed to seek the best time for all available, with top choices being 3/26 and 4/2.

Group devoted time to naming key issues to address about mental health, mental illness, ministry, and Christian community. David opened discussion by asking Eva to read the issues she had highlighted in her written response to an earlier communication (see highlighted below). From this came a range of topics identified, some emerging from the list of possible themes and ideas, and some emerging fresh. Important issues raised included—

➢ Distinctions AND intersections. Distinguishing this group's focus on mental health and illness from too much overlap with developmental disabilities and cognitive decline (dementias), and from too much overlap with addiction. At the same time, noting places of overlap and intersection. Another distinction raised was between mental illness and having a series of bad days and/or weak coping capacities. There was recognition that mental health and capacity for coping and resiliency lie along a continuum. The group landed with some energy to attend to the intersections as well as the distinctions.

➢ Stigma, and Helpful / Unhelpful Theological Perspectives. Stigmatizing of mental illness was identified as a key issue that has impact across society and the world, and within the Church. This very much overlapped with discussions about our theology and our reading of scripture. The group identified some theologies to combat, as well as some familiar and less familiar theologies to articulate more clearly for the Episcopal Church.

➢ How much. Resources for congregations and clergy were discussed, with questions about how much detail to provide on different forms and expressions of mental illness.

➢ Importance of listening. There was shared recognition of the need to do this work with a spirit of listening and a devoted practice of listening. The group noted that testimonies and stories would be invaluable in helping communicate.

➢ Impact of mental illness. The issue of impact of mental illness on congregations (and communities) was raised, for further consideration in future work, once other groundwork is laid.

David called the group to begin to identify areas of personal and shared interest, and to begin to name and organize some project areas. A range of big project and smaller topic areas were identified. Group members organized themselves around six of these (see below). Subgroups agreed to do some initial work in gathering insights, information, resources, and outlines of ideas to develop. This initial work on these topic areas will provide a foundation and backdrop for the group's future work.

The meeting closed with prayer.

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NOTES: **Naming issues to address about mental health, mental illness, ministry, & Christian community**

Strain on clergy (and lack of training) when it comes to responding to mental health issues

Equipping congregations – especially for congregations in locations where they may be the sole or primary resource

Highlighting congregational best practices, partnerships, programs

* **Distinctions and intersections** – and whether or not to touch on developmental disabilities, addictions, dementias – intersections do occur with these, and we should address these **places of intersections** and "comorbidity" / dual diagnoses – also in situational mental health challenges like post-partum depression – intersections – *Brandon, Jeanine, David*

Distinguishing between mental illness and having consistent bad days and having few coping mechanisms – continuum, distinction lines (e.g., between new-parent weariness vs. post-partum depression) – degrees of mental illness and capacity/coping

* **Stigma** – *Susan, John*

* **Defining** mental health, distorted mental health, and levels of distortion -- *Jeanine*

* **Reading & interpretation of the Bible** that helps people see where mental health/illness can be seen – *Robert, Amanda, Brandon*

* **Theologies** to combat ("demon possession, pray it out" "sin, confess" "medications are a sign of weakness or non-trust in God") – leaning into our incarnational theology, theology of God-with-us in brokenness – medication as daily practice / Daily Office – we can inadvertently create tensions by communicating normative pathways for healing, and thereby inflict stigma and pain unintentionally – Tensions of diagnoses and identity (and full identity in Christ) – Mythologies of "all together" wholeness – *Jeanine, Brandon*

* **Data & stories** – *David, Charles*

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TO FLAG FOR LATER: How mental illness impacts congregations / communities

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Eva's input (boldface added):

*In terms of focus, there are two or three key areas I'd love for us to touch on. The first is the **strain on clergy** that currently exists when it comes to **responding to mental health issues**. I feel that many communities rely on clergy people to serve as mental health support and I fear that **clergy are not receiving adequate support or sufficient training** in that respect.*

*The second would be looking into how we can best **equip our congregations to have difficult conversations around mental health**. In an ideal world, I'd love for every congregant to be **baseline trained in crisis response**, the same way some schools train everyone in CPR. The church is often a place of welcome for those who walk a difficult path. I would to see that welcome extended to more concrete support.*

*Finally, I'd love to start a conversation on **how churches and communities are already ministering to those with mental illness**. My home parish of St. Bart's, for example, has a counseling program and my current parish is exploring partnership options with the local health department around addiction prevention and support.*

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From agenda, with additions during meeting –

  ➢ Beginning to name and organize some projects

> ***listening*** to be done,
>   - Data (numbers, prevalence, etc)
>   - Testimonies & experiences – to help identify opportunity-points and tension-points in the Church and in everyday life (society)
> ***teachings*** to be created and adapted, (The "Whats")
>   - Theology
>   - Stigma
>   - Intersections
> ***resources*** to be offered, (The Whos and Wheres)
> ***training*** to be developed, (The "Hows")
>   - MHFA trainings
>   - NAMI – CIT trainings
>   - Advocacy work
> ***strategies*** to work with,
>   - Advocacy work
>   - Inner resource work
> ***partners*** to find and work with

Possible partners and resources to bring into our conversation:

https://www.st-francis.org/services.aspx

https://www.nami.org/#

> **https://www.nami.org/Press-Media/Press-Releases/2015/10-Warning-Signs**

https://www.mentalhealthfirstaid.org/

To Get Our Thinking Started… *(provided in agenda to prompt our thinking)*

Possible "Big Buckets" –

- ❖ theology of… (mental health, mental illness, "heart, mind, soul, strength")—
- ❖ data about… (mental health, mental illness, impact)—
- ❖ testimonies about… (stories that illustrate)—
- ❖ situations that can give rise to, accompany, or result from mental health challenges—
- ❖ experience and impact of… (internal, interpersonal, community)—
- ❖ false teachings and unhelpful responses about… ("fault" and blame, "bootstrap" theology)—
- ❖ spiritual gifts and yearnings, faith journeys, and religious beliefs in relation to…
- ❖ information about broad types of mental illness and their signs and impacts—
- ❖ why different therapies, treatments, and helps for… (why medication, why therapy / counseling, why education, why dietary, why hormone, why meditation, etc)—
- ❖ working with people with mental illness to find their best ways to contribute in discipleship, ministry, mission, and leadership—
- ❖ complexity of intersection of mental health, poverty, and patterns of addiction, abuse, and neglect—
- ❖ signs of severe or extremely serious problems, with potential for harm to self or others—
- ❖ basic information, insights, signs, resources related to different mental health challenges—
  - o Schizophrenia
  - o Bipolar disorder
  - o Depression
  - o Anxiety disorders
  - o PTSD and traumatization
  - o OCD and ruminative disorders
  - o ADHD and attention / distraction
  - o Impulse control and aggression disorders
  - o Personality disorders
  - o ?? Addiction, chemical dependency, gambling, sexual addiction
  - o ?? Autism spectrum
  - o ?? Developmental disabilities
  - o ?? Cognitive decline and disorders – Alzheimer's, dementia, etc.
  - o ?? Situational or more intermittent challenges
    - ▪ Postpartum depression
    - ▪ Performance anxiety
    - ▪ Frozen grief
  - o Severe manipulative and other-destructive disorders
    - ▪ Sociopathy and psychopathy
    - ▪ Sexual desire disorders (also power-related)

Possible "Smaller Packets" –

- ❖ Tools, resources, and practices for basic recognizing, healthy interacting, appropriate assisting
- ❖ Quick notes for more significant indications
  - o Personal interaction & help & resourcing
  - o Strategies for during meetings, worship, other gatherings
- ❖ Resource notes (by region) for individuals with symptoms who can and want to seek help
- ❖ Support networks (NAMI)
- ❖ Training networks (MHFA)
- ❖ Guidelines for appropriate accommodations (e.g., employee work release)
- ❖ The Church as a resource and partner with mental health workers & organizations – e.g., partner in therapy, resource regarding spiritual matters, etc.