

**Behavioral Health and Faith Community Nursing**

**Foundations of Faith Community Nursing**

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The Foundations of Faith Community Nursing course is based on the curriculum developed through the Westberg Institute for Faith Community Nursing, which curriculum is owned by Church Health Center of Memphis, Inc. 1300 Concourse Ave., Suite 142, Memphis, TN 38104

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**MENTAL HEALTH/BEHAVIORAL HEALTH**

**MENTAL HEALTH**  
A state of well-being in which individuals realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how mental health is defined.

**BEHAVIORAL HEALTH**  
A state of mental health and emotional being or choices and actions that affect wellness.

World Health Organization, 2014.

Substance Abuse Mental Health Services Administration, 2013.

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**Statistics**

- ▶ 1 in 5 U.S. adults experience mental illness each year
- ▶ 1 in 25 U.S. adults experience serious mental illness each year
- ▶ 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
- ▶ 50% of all lifetime mental illness begins by age 14 and 75 % by age 24
- ▶ Suicide is the second leading cause of death among people aged 10-34. It is the tenth leading cause of death in the U.S.

NAMI 2019

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## MORE STATISTICS

► FAMILY

1. 8.4 million people in the U.S. provide care to an adult with a mental or emotional health issue.
2. Caregivers of adults with mental or emotional health issues spend an average of 32 hours per week providing unpaid care.

NAMI 2019

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## MORE STATISTICS

► COMMUNITY

1. Mental illness and substance use disorders are involved in 1 of every 8 emergency department visits by an adult in the U.S.
2. Mood disorders are the most common cause of hospitalization for all people in the U.S. under the age of 45 (after excluding hospitalization relating to pregnancy and birth).
3. 20.1 % of people experiencing homelessness in the U.S. have a serious mental health disorder.

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If this is the scale of our need what is the scale of our response?

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**Question**

What would you do if a colleague of yours on a church staff became very depressed?

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“Do not fear, for I am with you, do not be afraid, for I am your God; I will strengthen you, I will uphold you with my viCtorious right hand.”

Isaiah 41:10

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Making use of material in the portal

Mental Illness & Families of Faith	How Congregations Can Respond	Resource/Study Guide for Clergy and Communities of Faith
Rev. Susan Gregg-Schroeder	Coordinator of Mental Health Ministries	sgschroed@cox.net

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## OUTCOME 1

► Identify signs and symptoms of mental illness and their spiritual implications.

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## MOST PREVALENT DISORDERS

### ADULT

- Major Depressions
- Schizophrenia
- Bipolar Disorder
- Anxiety Disorder
- Borderline Personality Disorder
- Antisocial Personality Disorder

### CHILD

- Major Depression
- Attention Deficit Hyperactive Disorder (ADHD)
- Behavior Disorders

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## SUBSTANCE ABUSE DISORDERS IN ADULTS OR CHILDREN

- ALCOHOL
- CANNABIS
- HALLUCINOGENS
- OPIOIDS
- SEDATIVES AND HYPNOTICS
- ANXIOLYTICS
- STIMULANTS

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## OUTCOME 2

- ▶ Identify signs and symptoms of behavioral health issues and their spiritual health implications.

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### IMPLICATIONS OF MENTAL ILLNESS ON SPIRITUALITY

- ▶ Isolation, withdrawal from family and community, leading to feelings of being alone and abandoned.
- ▶ Frustration with emotional pain, leading to a distance between the individual and God, particularly when prayers go unanswered (Koenig, 2009).

KEY TERM: STIGMA is a mark of disgrace associated with a particular circumstance, quality, or person; persists due to lack of knowledge, portrayal of people by the media, and fear. Hallucinations and delusions present in the psychotic state may lead certain mentally ill individuals to believe that God is talking to them, and to interpret biblical readings erroneously (Simpson, 2013).

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### HISTORY OF THE CHURCH'S CARE FOR PEOPLE WITH MENTAL ILLNESS

- ▶ Has not always been positive
- ▶ People with mental illness were believed to be possessed by demons
- ▶ Fears that mental illness was contagious
- ▶ Major religions at the forefront of providing care and crusading for change

Koenig, 2005

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**HISTORY OF THE CHURCH'S CARE OF PEOPLE WITH MENTAL ILLNESS (CONTINUED)**

- ▶ Congregations turned a blind eye Rogers et al., 2012
- ▶ Families want assistance
- ▶ Faith communities overlook needs
- ▶ Illness within faith community is prevalent and also nearly invisible Stanford, 2012

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**BREAKOUT ROOMS**  
**CRITICAL THINKING**

What have you seen happen spiritually to people living with mental illness as a result of their disease?

Person with closest Birthday to today lead.  
Person with farthest birthday to today record and report.  
Report back in 5 minutes

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**BARRIERS TO BEHAVIORAL HEALTH**

- ▶ "No Casserole disease" (Amy Simpson 2013)
- ▶ Silence in the congregation
- ▶ Resistance within mental health community to involve faith communities
- ▶ Lack of knowledge and training
- ▶ Lack of financial resources (Koenig, 2005)

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**BREAKOUT ROOMS**  
CRITICAL THINKING

What barriers in the faith community have you seen interfere with ministering to people living with mental illness?  
What is the most common barrier?

Person with birthday furthest from today lead.  
Person with birthday closest to today record and report.

Report back in 5 minutes

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**OUTCOME 3**

► Make appropriate referrals, based on assessment, to behavioral health resources.

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**GOALS OF ASSESSMENT**

To keep the person safe

To refer to the appropriate level of care

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**APPROPRIATE ASSESSMENT**

- ▶ Assess for threat of harm to self or others. (See Appendix C, p. 230)
- ▶ Listen non-judgmentally.
- ▶ Give reassurance and information.
- ▶ Encourage appropriate professional help
- ▶ Keep yourself safe.
- ▶ De-escalate the situation.

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**Response to those experiencing panic attacks, fear of dying or extreme distress**

- ▶ Monitor physical symptoms as well as mental and emotional symptoms.
- ▶ Be aware that people experiencing a panic attack may think they are having a heart attack, especially if this is their first panic attack. In this case, refer a person having chest pain to the emergency room or call 911.
- ▶ If the person has had panic attacks previously, ask what has worked to relieve an attack in the past, and provide assistance.

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**Response to those experiencing Signs and Symptoms of substance abuse**

- ▶ Try to get person to a safe place.
- ▶ Do not argue if they show signs of intoxication.
- ▶ Do not let the person drive or engage in activity that could cause harm to themselves or others.
- ▶ Contact Alcoholics or Narcotics Anonymous as a resource.
- ▶ If unable to manage the situation, or if the person becomes aggressive, keep yourself and others safe by isolating the person in any way possible.
- ▶ Contact law enforcement for assistance and describe the situation, including the substance being used if it is known.

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**Response to those experiencing exacerbation of mental illness**

<p><b>Non-aggressive</b></p> <ul style="list-style-type: none"> <li>▶ Encourage person to seek counseling.</li> <li>▶ Provide local resources and help make an appointment.</li> </ul>	<p><b>Aggressive</b></p> <ul style="list-style-type: none"> <li>▶ <b>Keep yourself safe. Take all threats seriously.</b></li> <li>▶ <b>De-escalate the situation.</b></li> </ul> <p>Stay calm Use a calm tone of voice Use non-threatening language Allow person to pace if needed Do not involve law enforcement unless absolutely necessary Sometimes passing the person to another health team member or spiritual care leader helps</p>
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**QUESTIONS FOR CULTURAL CONSIDERATION**

- ▶ What would you like your provider to know about your religious or spiritual practices?
- ▶ What forms of healing are respected in your religion?
- ▶ Is there a spiritual leader or healer you would find helpful?

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**QUESTIONS FOR CULTURAL CONSIDERATION**  
(CONTINUED)

- ▶ What do you call your complaint or condition?
- ▶ What do you think caused this?
- ▶ What do you think will happen because of this condition?
- ▶ When you think about getting a diagnosis and treatment, how will this affect your life?

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### ASSESSMENT AND REFERRAL

- ▶ What questions are appropriate when assessing suicidal ideation?
- ▶ What resources do you have in your community to help someone with suicidal ideation?

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### CRITICAL THINKING

What behavioral health resources are available in a faith community and in the external community to support a person with mental illness?

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### MENTAL HEALTH CRISIS RESOURCES METRO MOBILITY CRISIS TEAMS

Anoka, Anoka: 763-755-3801  
Carver, Chaska: 952-442-8781  
Dakota, Hastings: 952-891-7171  
Hennepin, St. Paul: 651-266-7900  
Scott, Shakopee: 952-818-3702  
Washington, Stillwater: Adult-651-777-5222, Child-651-275-7400  
National Suicide Prevention Lifeline: 1-800-273-8255

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## More Crises Resources

Crisis Connection: 612-379-6363  
 Walk-In Counseling Center: 612-780-0574  
 HCMC Acute Psychiatric Services: 612-873-3161  
 Fairview Riverside Behavioral Emergency Center:  
 612-273-5640  
 Minneapolis Police Department-Crisis Intervention  
 Team c/o 911

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## MORE MENTAL HEALTH RESOURCES

► **Education:**  
 FCNN Symposia  
 Arden Woods Mental Health Forum at Salem Covenant Church, New Brighton, MN  
 meets on second Friday every other month except during the summer.  
 Journal of Christian Nursing--Includes mental health articles.  
 Monday Night Mental Health Speaker Series---Paths Toward Well-Being. Second Mondays of  
 most months  
 Christopher Benz Foundation: [www.janet@christopherbenzfoundation.org](http://www.janet@christopherbenzfoundation.org) Suicide prevention  
 Training

► **Referrals:**  
 Arden Wood Mental Health Services, New Brighton, MN  
 Counseling Care, Burnsville, Lake Elmo  
 Nystrom and Associates, Apple Valley, Bloomington, Brainerd/Baxter, Coon Rapids, Duluth, Eden  
 Prairie, Elk River/Ostego, Maple Grove, Minneapolis, Rochester, Woodbury, MN  
 Prairie Care, Brooklyn Park, Chaska, Edina, Maple Grove, Minneapolis, Rochester, Woodbury, MN  
 Traverse Counseling and Consulting, Plymouth, MN  
 Waters Edge, Burnsville, MN

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## BREAKOUT ROOMS Case Studies

► Room 1 Case Study 1 Alice  
 ► Room 2 Case Study 2 Mr. Zane

Person with first name beginning with letter closest to beginning  
 of alphabet lead.

Person with first name beginning with letter closest to end of  
 alphabet record and report.

Return in 10 minutes

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### Case Study 1: Alice

- ▶ On Wednesday evening at church, a congregant named Alice approaches you, the FCN, and asks you to talk with her about getting a doctor's appointment. Alice tells you that she is feeling hopeless, has no interest in doing her crafts, and is sleeping all the time. She is not sure what is wrong with her and doesn't know who to consult.
- ▶ What do these complaints suggest to you?
- ▶ What questions and actions would your assessment include?

#### Group Activity

Person with birthday nearest today lead and person with birthday furthest from today record and report to main group. Assess symptoms and make appropriate referral.

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### CASE STUDY 2: Mr. Zane

On Sunday morning you, the FCN, are taking blood pressures. While taking Mr. Z's blood pressure, you notice that he is continually cocking his head and looking around. You also observe that he is disheveled and has body odor. When you talk with him about his condition, he is slow to answer, as if you are interrupting a conversation he is having.

- ▶ What do these observations suggest to you about Mr. Zane?
- ▶ What questions and actions would your assessment include?

#### Group Activity

Person with birthday nearest to today lead the group and person with birthday furthest from today to record and report symptoms, nursing actions, referral and plan to the main group. Ask group you are reporting to for anything different they would like to add.

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### CRITICAL THINKING

Can a nonbehavioral health professional adequately assess a mental health issue for referral? Explain your answer.

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## OUTCOME 4

Create a plan to transform and enhance the current environment of the faith community to ensure an environment recognized as caring by those needing behavioral health services.

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### FAITH COMMUNITY BEHAVIORAL HEALTH ASSESSMENT Appendix B, p. 229

Share the results of your completed Faith Community Health Assessment by raising your hands if the answer is true for each of the assessment items.

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## BUILD A MENTAL HEALTH MINISTRY

- ▶ C - Care for individuals and families
- ▶ H - Help with practical needs
- ▶ U - Utilize volunteers
- ▶ R - Remove the stigma
- ▶ C - Collaborate with the community
- ▶ H - Offer hope

Warren, Rick, Hope for Mental Health  
(Acrostic used to build mental health ministry)

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## COMBAT STIGMA

<b>Educate</b>	Educate the faith community about mental illness and treatment.
<b>Set up</b>	Set up a referral manual with addresses and phone numbers of mental health professionals.
<b>Practice</b>	Practice inclusion. Become aware of those who are suffering and offer empathy and compassion.
<b>Have</b>	Have Bible studies that focus on passages that reflect on health and God's grace.
<b>Set</b>	Set the example and speak up about mental illness.
<b>Set up</b>	Set up a health committee that includes professionals as well as lay ministers to address health issues in the faith community.
<b>See</b>	See Appendix D p 231 Behavioral Health and Faith Community Nursing

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### Behavioral Health Resources for Mental Health Ministries

- ▶ AA, NA and Al-Anon: [www.destinationhope.com](http://www.destinationhope.com)
- ▶ Celebrate Recovery: [www.celebraterecovery.com](http://www.celebraterecovery.com)
- ▶ Mental Health Ministry Tool Kit: [www.pathways2promise.org](http://www.pathways2promise.org)
- ▶ Make It OK: [www.MakeItOk.org](http://www.MakeItOk.org)
- ▶ Mental Health Connect: [www.mhconnect.org](http://www.mhconnect.org)
- ▶ Mental Health Ministries: [www.mentalhealthministries.net](http://www.mentalhealthministries.net)
- ▶ National Alliance for Mental Illness: [www.namihelps.org](http://www.namihelps.org)
- ▶ Vansela, Judy E., Circle of Care and Hope: [www.outskirtspress.com](http://www.outskirtspress.com) or Amazon and Barnes and Nobel (focuses on Black congregations)

All of these organizations focus on Friendship.

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### Sample Mental Health Team Mission Statement

The mission of the Revive Church Mental Wellness Team is to promote the mental well-being of people in our church and in the community in a manner congruent with the Christian faith and principles as described in the statement of faith of the Evangelical Free Church. In doing so, members of the mental wellness teams will:

- ▶ Promote healthy relationships and stable emotional lives
- ▶ Promote excellence in the provision of mental health related services in the church
- ▶ Promote the development and continuation of support groups and provide support for the leaders of these groups
- ▶ Encourage continuing education of the church leadership, of the church membership and of the greater community about mental health issues.

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## Breakout Rooms

- ▶ Use the results of your Faith Community Behavioral Health Assessment to develop a plan to remove one identified barrier as a starting point for moving your faith community toward being a better place of caring for the mentally ill.
- ▶ Return in 5 minutes
- ▶ Each person share with the full group the barrier you are planning to help remove from your congregation.

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Best Wishes to you as you build a safe place in your congregation for those with Mental Illness and promote Mental Health.

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