



The Apostolic Assemblies of Christ

2024 CHRIST PASTORS AND WORKERS CONFERENCE

BY *Lady Christine Clay*

“Maintaining our Cause - Developing programs to assist in all areas of Ministry (abuse, mental health, suicide)”



Presiding Bishop Bramlett Cooper
Assistant Presiding Bishop Isaac Williams
Founder Bishop G.M. Boone

Mental Health

**What comes to mind
when you hear the words
Mental Health?**



3 John 2

**Beloved, I wish above all things that thou mayest prosper
and be in health, even as thy soul prospereth.**



DEFINITION OF MENTAL HEALTH

The World Health Organization defines it as follows:

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

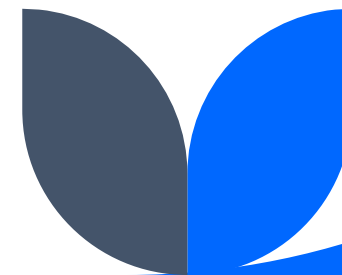
World Health Organization 7/17/2022





DEFINITION OF MENTAL HEALTH (CONT.)

- A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior.
- It is usually associated with distress or impairment in important areas of functioning.
- There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions.

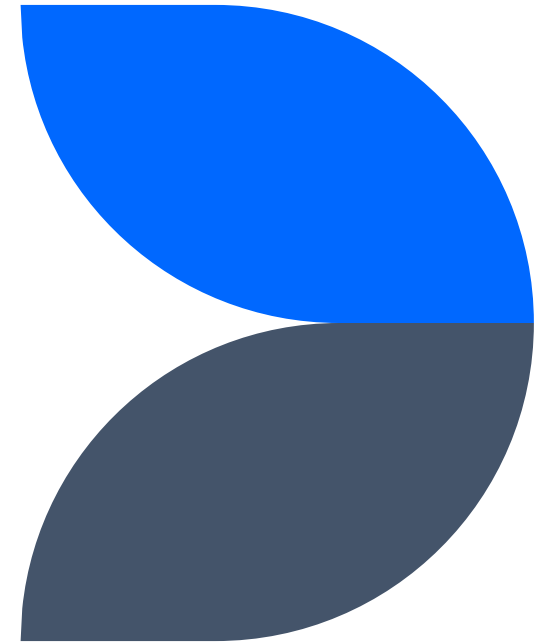


MENTAL HEALTH DISORDERS

- Mental Health disorders include but are not limited to
 - Depression
 - Anxiety
 - Psychosis
 - Obsessive compulsive disorder
 - Posttraumatic stress disorder
 - Eating Disorders
 - Bipolar Disorders
 - Disruptive Behavior Disorder

Mental Health Findings

The next two slides will reveal the findings/statistics of a survey conducted by Mental Health America 2023:



MENTAL HEALTH STATISTICS

21%

of adults are experiencing a mental illness. Equivalent to over 50 million Americans.

15%

of adults had a substance use disorder in the past year.

93.5%

did not receive treatment.

The percentage of adults reporting serious thoughts of suicide is

4.8%

– over 12.1 million adults.

11%

of adults who identified with two or more races reported serious thoughts of suicide.

16%

of youth report suffering from at least one major depressive episode in the past year.

More than 2.7 million youth are experiencing severe major depression.

55%

of adults with a mental illness receive no treatment – over 28 million individuals.



MENTAL HEALTH STATISTICS (CONT.)

11%

(over 5.5 million) of adults with a mental illness are uninsured.

60%

of youth with major depression do not receive mental health treatment.

In the U.S., there are

350

individuals for every one mental health provider.

28%

of all adults with a mental illness reported that they were not able to receive the treatment they needed.

Most reported they did not receive care because they could not afford it.

23%

of adults who report experiencing 14 or more mentally unhealthy days each month were not able to see a doctor due to costs.

1 in 10

youth with private insurance do not have coverage for mental or emotional difficulties – over 1.2 million youth.

FAITH-BASED COMMUNITIES

Now that I shared the definition of Mental Health, Mental Disorders and statistics; I will discuss how we as a Faith-based community may be of service to individual with mental disorders



FAITH-BASED COMMUNITIES & MENTAL ILLNESS (CONT.)

- Faith-based communities can be of services because
- One in four individuals who seek help for mental disorders turn to faith leaders before they seek help from clinical professionals.
- However, many faith leaders are not prepared to assist in meaningful ways due to lack of training and/or experience with mental disorders



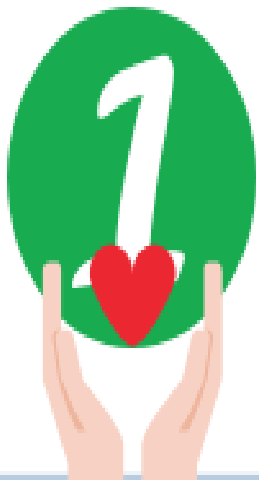


FAITH-BASED COMMUNITIES & MENTAL ILLNESS (CONT.)

- Faith-based communities can be of services by demonstrate their unique role as a source of love, community, encouragement, and compassion for people with mental disorders and their families and caregivers.
- I will review the Seven Principles of Compassion that any faith-based community may embrace to serve persons with mental illness.



THE INHERENT DIGNITY PRINCIPLE

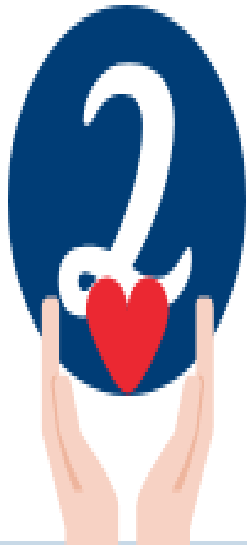


THE INHERENT DIGNITY PRINCIPLE: We Affirm The Inherent Dignity Of Every Person.



Mental illness affects a large number of people and many may be at risk of experiencing mental illness. The Inherent Dignity Principle asks that we consider the language we use to talk about and to people with mental illness and that we include the gifts, experiences, and abilities of those experiencing mental illness in the ongoing life of our community.

THE ILLNESS PRINCIPLE

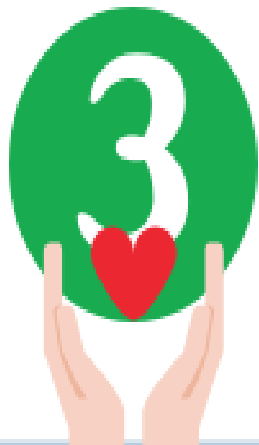


THE ILLNESS PRINCIPLE: We Acknowledge Mental Illness As An Illness.

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Mental illnesses result from a complex interaction of biological, psychological, and environmental factors. These conditions are diagnosed by a mental health or medical professional and can be serious, even life-threatening. Mental illness is not a lack of belief in a higher power or the result of sin or wrongdoing. With the Illness Principle, we will take advantage of opportunities to learn about different mental health conditions, as well as their signs and symptoms, so we can know how to participate in the lives of people with mental illness, and provide care and support, when needed.

THE CAREGIVER PRINCIPLE



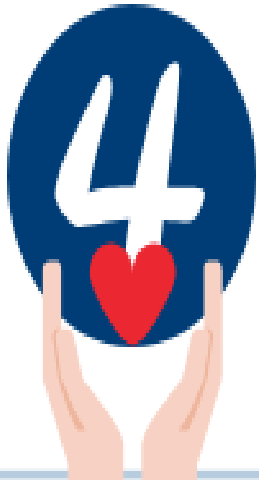
THE CAREGIVER PRINCIPLE: We Understand Mental Illness Impacts Families And Caregivers.



While challenges exist for people who experience mental illness, it can also be isolating for family members and loved ones who assist in their care. The Caregiver Principle recognizes our need to affirm our responsibility as a faith community to all families, including families experiencing mental illness. Our responsibility to promote the well-being of our communities includes providing care, support, and love to caregivers or families impacted by mental illness.



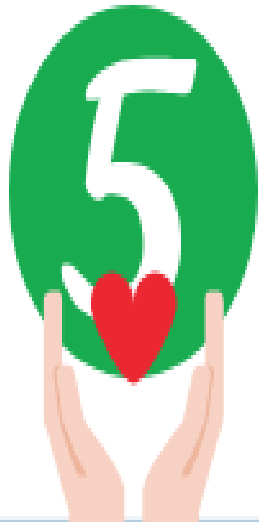
THE PROFESSIONAL ASSISTANCE PRINCIPLE



THE PROFESSIONAL ASSISTANCE PRINCIPLE: We Know Mental Illness Requires Professional Assistance.

Faith communities may learn to identify early signs and symptoms of mental illness; however, mental health professionals hold the expertise required to diagnose and treat mental illness. The Professional Assistance Principle asks us to encourage someone who exhibits signs and symptoms of mental illness to connect with a licensed mental health professional and provide assistance in gaining access to care when necessary.

THE TREATMENT AND MEDICATION PRINCIPLE

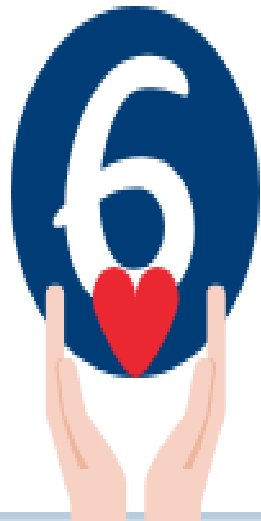


THE TREATMENT AND MEDICATION PRINCIPLE: We Encourage Participating In Recommended Psychiatric Treatment, Including Therapy, And, As Necessary, Medication.

Diagnosis of mental illness is the beginning of a journey similar to the diagnosis and management of other chronic health conditions, such as diabetes or high blood pressure. As with other chronic conditions and disabilities, early treatment and supportive services are key to potentially reducing lifelong challenges. A person-centered care plan developed with a qualified health professional may include hospitalization, medications, psychotherapy, counseling, and other supportive services. The Treatment and Medication Principle asks that we commit to support individuals as they work together with their mental health professional.



THE COMPLEXITIES PRINCIPLE



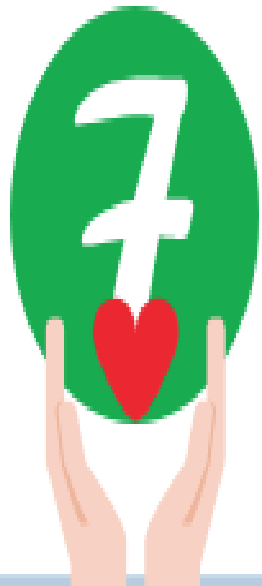
THE COMPLEXITIES PRINCIPLE: We Understand Mental Illness Can Be A Challenging, Life-Long Journey.



Supporting people with mental illness may not be easy at times. The circumstances and challenges faced by friends, family, and caregivers of people with mental illness are often complex. Through the Complexities Principle, we enter into the complexities with people experiencing mental health challenges and their loved ones. We enter these relationships with humility, empathy, and compassion to learn about the challenges they are facing.



THE HOPE PRINCIPLE



THE HOPE PRINCIPLE: We Recognize And Celebrate That People With Mental Illness Can Get Better.



With the Hope Principle, we affirm that wellness for people with mental illness is characterized by stability, not cure. As their wellness journey begins and moves toward stability, we have the opportunity and privilege to walk with people with mental illness through peer support (people with lived experience) and other volunteers in the faith community

HOW CAN WE HELP?



Now that I shared the seven principles of compassion, how can faith-based communities help?



HOW CAN WE HELP? (CONT.)

01

As a faith-based community we can embrace these principle and find ways to implement them in our house of faith to serve persons with mental disorders.

02

First, we can collect a list of mental health professional in our congregations and communities; to make referral when needed

03

Secondly, we can continue programs like this one to educate the members of our congregations about different mental disorders and community resources (multiple times a year).

04

Thirdly, we can learn the correct language to properly and respectful support individual with mental disorders.

05

Finally, we can remind individuals of God's love for them in a non-judgmental zone and not question their faith because they are experiencing a mental health challenge.



QUESTIONS?

Thank you

REFERNCES

1. Center for Faith-based and Neighborhood Partnerships (Partnership Center). Retrieved from 1. Center for Faith-based and Neighborhood Partnerships (Partnership Center). Retrieved from

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2. World Health Organization. (2022). Mental Disorder . Retrieved from

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