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United Church of Santa Fe

Leveraging Peers and Community Supports



#MHWorkforce #KPIHP

INSTITUTE FOR HEALTH POLICY FORUM



KAISER PERMANENTE®

The Role of Faith Communities in Mental Health

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**Founding Member
National Action Alliance for Suicide Prevention**

Why include faith communities in mental health care?

- Mental health issues affect people across faith traditions.
- Faith leaders and faith communities are on front line.
- Faith communities care for whole person and families.
- We interact with people in diverse settings.
- Congregations include people from diverse workplaces, including mental health professionals.
- Mental health crises are also crises of faith.

But to be honest. . .

Sometimes faith traditions, faith leaders,
and faith communities
have been part of the problem:

- Mental illness seen as a sin, moral failing, God's judgment, or "test of faith."
- Silence and secrecy around mental illness and suicide.

The good news is. . .

Many faith traditions have changed their understanding of mental illness.



- Actions judged on basis of competency — being of “sound mind.”
- Mental illnesses seen like other diseases — not a reason for shame, guilt, or a sign of God’s disapproval.
- The silence is being broken and clergy see their role as partners with other mental health professionals.

Faith communities provide multiple “protective factors” for mental health care

1. Connection and Community



2. Educational Opportunities

Faith communities' “protective factors” (cont.)

3. “Narratives of Hope”

Faith traditions are built on stories of people overcoming adversity and finding meaning in life's hardships.



Stories from History



Stories from the Community

Faith communities' “protective factors” (cont.)

4. Worship as pastoral care

- Sermons and services as “teaching moments.”
- Prayers – for persons with mental illness, loved ones, and mental health professionals.
- Music – research shows positive impact on mental health (plus lots of oxygen).
- Rituals – provide structure for life transitions (infant blessing or baptism, funerals).
- Leadership roles – a person is more than their illness.

Faith communities' "protective factors" (cont.)

5. Advocacy

Helps change policy. Helps change the person.



Anti-Bullying Covenant

Developed by the Youth of the United Church of Santa Fe
November 14, 2010

We, the youth of United Church of Santa Fe, are against bullying of any kind (cyber, physical, verbal, emotional, or any other type) that results in the intimidation or dehumanization of another person or group. We affirm that all persons are created and loved by God and deserve fair and equal treatment. We covenant with one another to do our best to honor this statement.

Therefore, we will treat all people with love regardless of sexual orientation, race, class, gender, citizenship status, physical ability, age, or family background. Furthermore, we encourage other youth and adults and other faith communities to join us in this covenant.

Adult Signers

EJ Bolleter	Natalie Mayborn	Evangeline L. Ortega-Saunders
Jessa Bray-Morris	Catherine McDonald	Ozzie J. Ortega-Saunders
Julian Callin	Ben Michaels-Fallon	Robert R. Ortega-Saunders
Dylan Chandler	John Michaels-Fallon	Aly Raboff
Delaney Covelli	Julia Michaels-Fallon	Sarah Raboff
Charlie Fox	Ben Miller	Jordan Readyhough
Robby Fox	Sean Noonan	Jolo Sarr
Holden Gerberding	Allie Norris	Maclean Sarr
Nicky Hughes	Olivia M. Ortega	Abel Yore
José Latin-Straus	Elena E. Ortega-Saunders	

Organizations

Ghost Ranch • HoMakem Jewish Community
United Church of Santa Fe • Love God, Love Neighbor, Love Creation

For more information contact Rev. Brandon Johnson or Rev. Talitha Arnold
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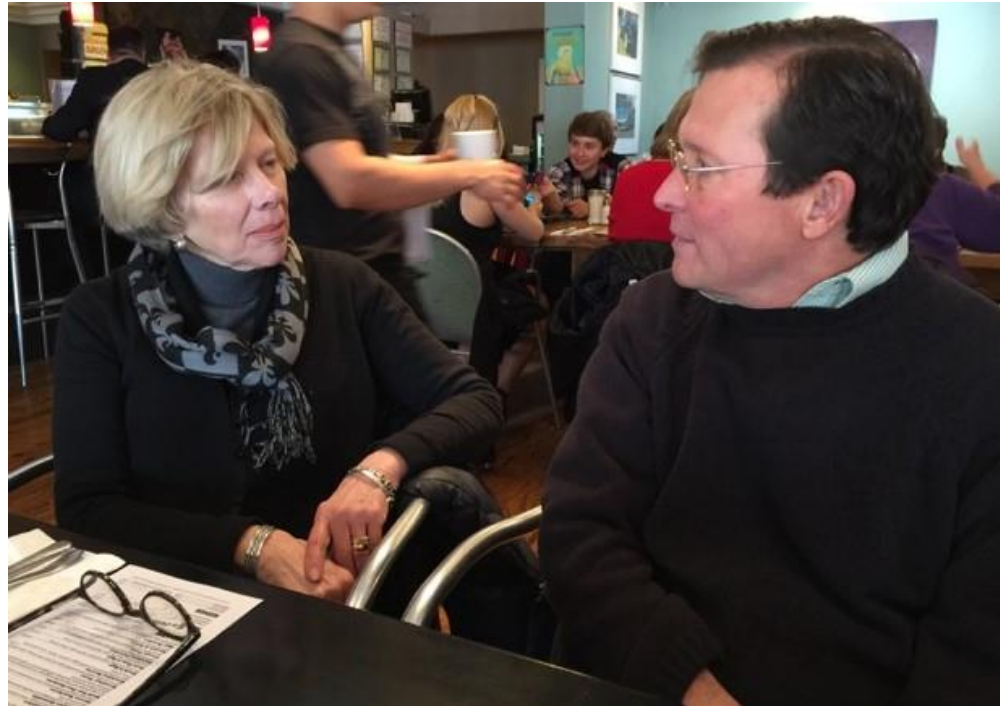
What do faith leaders and faith communities need to be effective agents for mental health?

1. Ways to identify and strengthen what they are already doing to foster good mental health.
2. Training for leaders (clergy, staff, lay leaders) in basic mental health issues and suicide prevention.



What do faith leaders & communities need? (cont.)

3. Ways to develop partnerships with mental health professionals, clinicians, etc. in the wider community (including knowing those who will respect people's faith).



4. Ways to support mental health professionals in our faith communities.

Bottom line:

Caring for persons with mental illness –
and for their families and loved ones—
is a team effort.

Faith communities and faith leaders
are an important part of the team
and offer multiple protective factors.

Faith communities and faith leaders need
resources, training, and acknowledgement
from other “team members.” (clinicians, providers, etc.)

Thank you!

