

Bringing Faith and Mental Health Together:
**An Inventory of Faith and
Mental Health Initiatives**
in San Antonio and Nationally

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Executive Summary

A key component of recovery from mental illness is having meaningful, lasting social connections. By providing opportunities to become members of a community and to develop and maintain positive social relationships, congregations and other faith-based groups can play a significant role in supporting people with mental illness on their journeys to recovery. This can be especially effective when they collaborate with mental health providers and other agencies who deliver evidence-based and clinically necessary treatment and supports.

San Antonio has a long history of facilitating the connection between faith and mental health. For decades, faith-based volunteers have worked to educate congregations and equip them to become caring communities for people struggling with mental illnesses. More recently, the city embarked on an ambitious faith-based initiative aimed at enhancing the quality of life for its residents by engaging faith communities and social and health services entities through a comprehensive array of public-private partnerships. A significant component of the initiative includes mental health. The Pathways to Hope conference, which has become an orienting event each year, also features important efforts to integrate faith and mental health.

San Antonio's efforts are comprehensive and appear to be enduring. For these reasons, the H.E. Butt Foundation engaged the Meadows Mental Health Policy Institute (MMHPI) in March 2018 to gather an inventory of faith and mental health initiatives in San Antonio, as well as best practices in faith and mental health in Texas and nationally. This report's compilation of the current initiatives and the network of existing (and potential) relationships in San Antonio, as well as its description of exemplars in other areas of Texas and nationally, is intended to further inform San Antonio's efforts. To our knowledge, no repository of best practices and models currently exists that is readily available for people to learn about other resources and approaches, making this project of particular importance not only to San Antonio, but to people engaged in faith-related mental health initiatives around Texas and the nation.

In developing the inventory, we interviewed leaders from health and behavioral health programs in San Antonio, elsewhere in Texas, and nationally, who were collaborating with faith communities, as well as congregations and other faith-based groups that had a focus on mental health concerns. We also interviewed university training programs that had a faith or spiritual component. The faith and mental health initiatives, also referred to in this report as "faith-based" and "faith-related" initiatives, that we discovered over the course of our review represent a wide array of different types of initiatives, each of which provides guidance and resources upon which to draw in enhancing the existing initiatives in San Antonio. We also created an emerging taxonomy of initiatives to help the reader organize and better understand the wide array of emerging models. The taxonomy should be useful as faith and mental health leaders consider how to supplement and strengthen their current work.

Taxonomy of Faith-Mental Health Initiatives

The faith and mental health initiatives that we describe in this report can be organized into the following taxonomy of ways in which the initiatives have attempted to address mental health issues:

- **Educate faith communities** to increase mental health literacy and awareness,
- **Equip congregations** for mental health ministry,
- **Engage faith communities as partners** in efforts to improve mental health system access and performance,
- **Establish system-level efforts** to promote faith and mental health collaboration, and
- **Embed mental health services** in faith communities.

Recommendations for Enhancing Faith and Mental Health Initiatives

This report is intended to provide input to leaders in San Antonio as they make plans for disseminating their initiatives and developing new and stronger collaborations. It represents an occasion to take a step back, develop a more comprehensive sense of what has developed in San Antonio (and elsewhere), and to consider how all of the tremendous energy, talent, and creativity that is driving current faith-based mental health initiatives might become even more productive and effective. The recommendations in this report for San Antonio, if adopted and implemented, could further enhance the exciting developments in faith and mental health collaboration that had already gained significant momentum before we embarked on this project. The recommendations include the following:

- **Let faith also inform mental health.** Most initiatives focus on educating the faith community about mental health, but we also found emerging examples of mental health organizations learning how to incorporate faith and spirituality into their work, improving care effectiveness through the framework of “cultural competence.”
- **Further develop a two-way model of faith community and mental health community engagement.** Some of the more ambitious efforts, found in Texas and nationally (for example, the Memphis Model and adaptations of it by hospital-based systems and congregations in both Dallas and Houston, and the Bridges to Care and Recovery program in St. Louis), involved extensive, highly-organized collaboration between faith communities and mental health providers. These models could provide helpful input for San Antonio, which has the requisite infrastructure and faith community engagement to successfully develop more comprehensive and integrated approaches.
- **More widely disseminate resources and training in mental health ministry.** Collectively, the various initiatives in San Antonio represent a powerful set of training and educational resources that, coupled with resources developed elsewhere in Texas and nationally, could be more widely and systematically disseminated throughout the city and county. In addition, a connection to MMHPI’s Okay to Say™ initiative would allow these efforts to be shared more broadly, increase opportunities for people to share how

faith-based services have contributed to their recovery from mental health issues, and help the faith community reinforce the message that mental health conditions should not be seen as a weakness or moral defect.

- **Consider “task-shifting” as a means of further equipping congregations.** Some of the more comprehensive and well-resourced initiatives (for example, Houston’s Hope and Healing Center and Institute) were found to train congregation members in delivering supports and even interventions that were rooted in an evidence base. San Antonio leaders could examine these initiatives more closely to see which components could be fruitfully adopted and disseminated.

San Antonio’s efforts to improve mental health outcomes for its residents by strengthening faith-based mental health initiatives take place within the context of other initiatives for improving mental health systems in the community. These initiatives include the redesign process for the San Antonio State Hospital, led by UT Health San Antonio; ongoing crisis system improvement initiatives in Bexar County focusing on diverting people with mental illness from both jails and emergency rooms to treatment settings; a rapid assessment of Bexar County’s children’s mental health systems to build consensus on up-stream service improvement opportunities that was completed by MMHPI in early March 2019 with the support of the Kronkosky Foundation and the San Antonio Area Foundation; and the broader continued interest of health systems in San Antonio (and throughout Texas and the nation) to pursue large-scale strategies for early detection and treatment of mild to moderate mental illnesses in primary care. All of these system-level initiatives create opportunities for linkages and more intentional planning and programming with the faith-based initiatives identified in this report.

Background and Purpose

Recovery from mental illness is defined in part by the ability to carry out meaningful community roles and enjoy fulfilling relationships. However, the challenges of mental illness and the ravages of stigma often leave people with mental health conditions and their families struggling in social isolation and, as a result, finding full recovery difficult to attain. Overcoming stigma and “making room” for people with mental health challenges is vital to their recovery and well-being.

Unfortunately, at a time when people with mental illnesses so desperately need community support,¹ sociologists have warned of the widespread breakdown of “social capital” for all, not just those who often find it difficult to develop or maintain social connections.² One of the community entities that still regularly mediates between the individual and the larger society, and is prepared to offer ongoing community support, is the local congregation – whether it be a church, synagogue, mosque, or other faith community. Faith communities provide opportunities for people to experience community, to assume meaningful roles, bond to meaning, experience the transcendent, and develop satisfying social relationships. The prospects for congregations to support people with mental illnesses to achieve recovery in the community are significant, especially when they collaborate with mental health providers and other agencies that can deliver evidence-based and clinically necessary treatment and supports.

San Antonio has embarked on an ambitious initiative, which represents a comprehensive array of public-private partnerships aimed at enhancing the quality of life for its residents by engaging faith communities and social and health services entities. A significant component of the initiative includes mental health, for which a Mental Health Action Team has been established. Prior to this development, faith-based volunteers, such as those at the Wellness Center for Families of Faith, have worked to educate congregations and equip them to become caring communities for people and families struggling with mental illnesses. More recently, the annual Pathways to Hope conference has become an orienting event each year that features important efforts to engage faith and mental health.

Observing these various developments, the H.E. Butt Foundation and the Meadows Mental Health Policy Institute (MMHPI) felt that San Antonio’s initiatives were ambitious and well-organized, and could potentially drive community-wide mental health systems improvement, including enhancing access to care and reducing barriers to help-seeking. These initiatives appeared to be serious endeavors and entail longer-term commitments or intentions among

¹ See, for example, McCorkle, B. H., Rogers, E. S., Dunn, E. C., Lyass, A., & Wan, Y. M. (2008). Increasing social support for individuals with serious mental illness. Evaluating the compeer model of intentional friendship. *Community Mental Health Journal*, 44, 359–366. DOI 10.1007/s10597-008-9137-8

² The classic case for a decline in the density of social networks is found in Putnam, R. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

participants. For these reasons, we felt that it would be beneficial to conduct a thorough analysis of initiatives unfolding in San Antonio and best practices provided elsewhere in Texas and nationally. A comprehensive inventory of the current initiatives and the network of existing (and potential) relationships between the various promising faith-based mental health initiatives could help inform San Antonio's efforts. It should be emphasized that our report is indeed an *inventory* rather than an analysis of the effectiveness or quality of these initiatives. We did not set out to research the outcomes of the programs. Rather, we utilized our team's knowledge and expertise to evaluate whether programs were informed by recent developments in the field of mental health and aligned with best practices. Also, because several different exemplars of faith-based mental health initiatives have sprung up in other Texas communities and in other states, a description of the visions, goals, strategies, and outcomes of these initiatives could also help further inform San Antonio's efforts.

As MMHPI's evaluation team interviewed dozens of people in San Antonio and elsewhere, it heard a common question: "When will your inventory be published so that we can learn about approaches to engaging faith and mental health that might inform us?" Our interviewees were eager to talk about their own work, but they also knew that efforts to engage faith and mental health communities were in fledgling stages of development, and they wanted to learn from others. In addition, there is no repository of current best practices and models to which people can readily turn to learn about other resources and approaches. The idea of developing an inventory really struck a chord with the people we interviewed.

In addition to offering an inventory of faith and mental health initiatives, this report is intended to provide input to leaders in San Antonio as they make plans for disseminating their initiatives and developing new and stronger collaborations. It often feels somewhat pretentious to offer recommendations to people who are already so dedicated and knowledgeable, but this report nevertheless represents an occasion to take a step back, develop a more comprehensive sense of what has been developed in San Antonio (and elsewhere), and to consider how all of the tremendous energy, talent, and creativity that is driving the current initiatives might become even more productive and effective.

In the pages that follow, we provide a detailed overview of our methodology and a summary of the people and organizations we interviewed over the course of the project. We also present maps of the faith-related mental health initiatives in San Antonio as well as the congregations that have engaged one or more of the initiatives. We then offer a taxonomy of faith-related mental health initiatives to help the reader conceptually organize the various types of initiatives that can be found in San Antonio, elsewhere in Texas, and nationally. Finally, we offer some suggestions as to how the current initiatives in San Antonio might be better connected and could draw on the developments in faith-related mental health initiatives elsewhere in Texas and nationally.

The comprehensive inventory of faith-related mental health initiatives, which begins on page 22, constitutes the bulk of this report. The inventory is organized into three sections: San Antonio, Texas, and National.

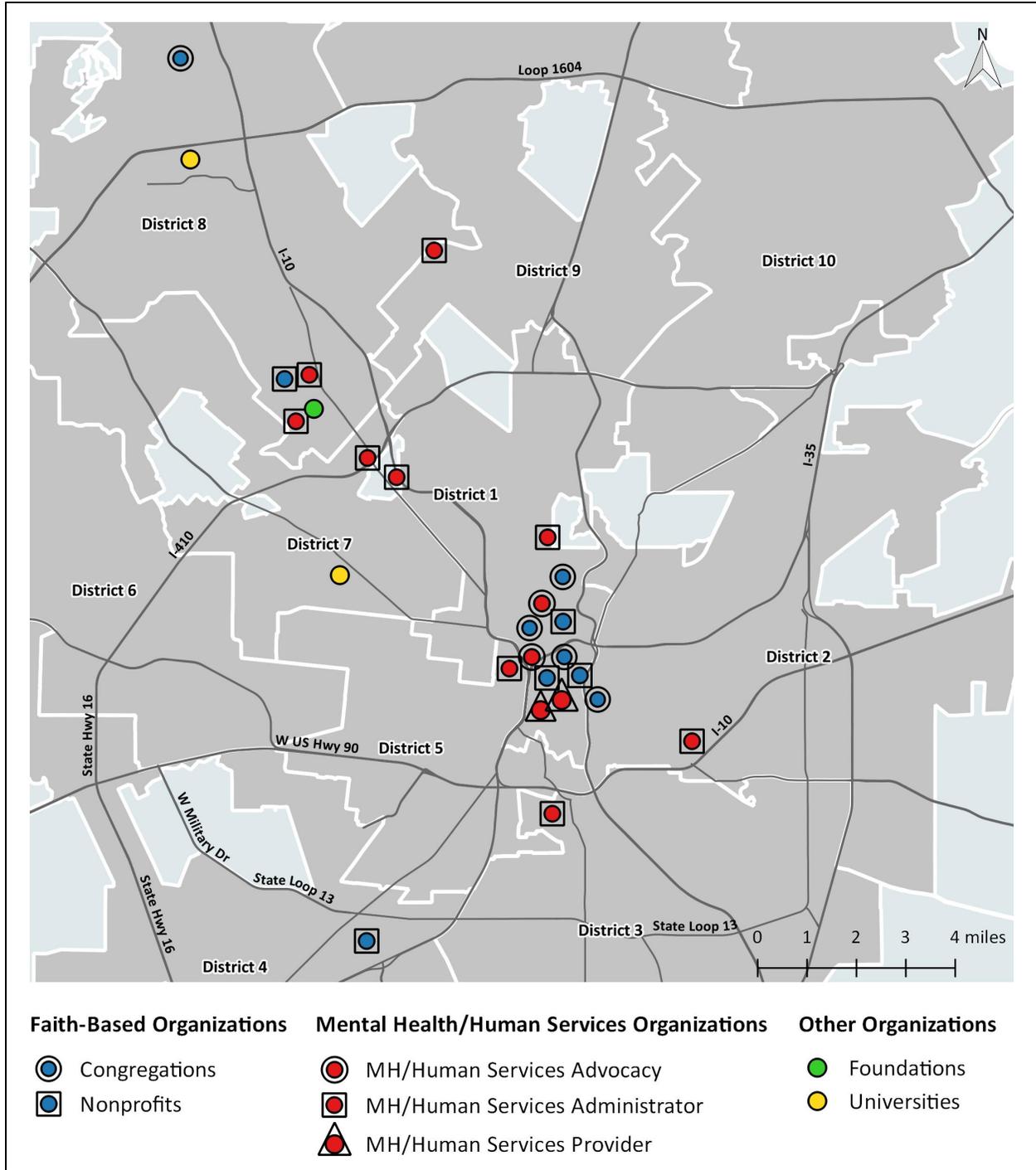
Methodology

Identification and Selection of Faith-Related Mental Health Initiatives

We attempted a comprehensive review of faith-based mental health initiatives in San Antonio. We even reviewed programs that did not technically consider themselves “faith-based” if we knew they were in some way collaborating with, educating, or otherwise engaged with faith communities. We also interviewed a sample of San Antonio’s congregations that were known to be focusing on mental health concerns.

Selection of interviewees was rooted in two methods. First, H.E. Butt Foundation and MMHPI staff who lived in or were very familiar with San Antonio recommended organizations and individuals who should be interviewed. Second, we used a “snowball sampling” approach by following up on the recommendations from interviewees of other organizations and individuals involved in faith and mental health initiatives. In Texas and nationally, we used a similar approach to identifying faith and mental health initiatives, drawing on MMHPI’s connections and expertise, but also following up on the suggestions of interviewees over the course of the six months during which we identified and documented initiatives outside of San Antonio.

As can be seen in the map and table below, we met with dozens of San Antonio non-profit organizations, including mental health/human services, advocacy, administrative, and provider leaders, as well as foundations, universities, congregations, and other non-profits. While we did not consider them to represent faith and mental health initiatives, MMHPI Senior Fellow Judge John Specia interviewed a number of San Antonio’s judicial and criminal justice system experts. Criminal justice agencies do not appear on the map, but they are listed in the table. Agencies that did not have faith-related mental health initiatives, but whose representatives we interviewed, appear in the table and map, but not in the inventory.



Organizations with Faith-Related Mental Health Services or Initiatives
Faith-Based Congregations
City Church Downtown
Oak Hills Church
St. Mark's Episcopal Church
Temple Beth-El
Trinity Baptist Church
Faith-Based Non-Profits
Catholic Charities, Archdiocese of San Antonio, Inc.
Corazon Ministries, Inc.
Daughters of Charity Services of San Antonio
The Ecumenical Center
Wellness Center for Families of Faith
Foundations and Related Organizations
Methodist Healthcare Ministries of South Texas, Inc.
The H.E. Butt Foundation
Judicial/Law Enforcement
Bexar County Felony Drug Court
Former Bexar County Sheriff
Mental Health/Human Services Administrators
Bexar County Department of Behavioral and Mental Health
City of San Antonio Department of Human Services Faith-Based Initiative
Mental Health/Human Services Advocacy/Collaboratives
Bexar County Community Health Collaborative
National Alliance on Mental Illness (NAMI) San Antonio
Mental Health/Human Services Providers
Children's Bereavement Center
Clarity Child Guidance Center
Crosspoint, Inc.
Haven for Hope

Organizations with Faith-Related Mental Health Services or Initiatives
Jewish Family Service of San Antonio
San Antonio Clubhouse
South Texas Veterans Health Care System (U.S. Department of Veterans Affairs)
St. PJ's Children's Home
The Center for Health Care Services
Universities
St. Mary's University
University of Texas at San Antonio

Key Informant Interviews

The protocols we developed for conducting key informant interviewees can be found in Appendix A. We developed protocols for three different categories of interviewees:

1. Faith-based organizations, including congregations and other faith-based groups;
2. Mental health and other health and human services organizations that primarily provide, administer, or advocate for mental health and related services; and
3. Mental health or religious/spiritual training programs, such as university-based programs.

The MMHPI team that conducted the interviews included:

- Amanda, Mathias, PhD, Senior Director of Innovation (San Antonio interviews);
- Judge John Specia, MMHPI Senior Fellow (San Antonio interviews);
- Jim Zahniser, PhD, Senior Director of Evaluation Design; and
- Jennie Birkholz, MA, Contracting Consultant.

Dr. Mathias and Judge Specia are experts on San Antonio, having lived and served there for decades. Dr. Zahniser, the project director, is a national expert in faith-related mental health initiatives, having worked with Pathways to Promise, a national inter-faith mental health ministry organization, for over a decade and having provided training in various mental health ministry models in a number of communities nationwide. Ms. Birkholz has likewise worked with faith and mental health collaboratives and also is knowledgeable about mental health in Texas, based on her work at Bluebonnet Trails Community Services for a number of years.

Inventories and Maps of Faith-Related Initiatives and Participating Congregations

Inventory of Faith and Mental Health Initiatives

We created an inventory of the faith-based mental health initiatives that were reviewed for this project, with inventory entries appearing in three separate sections:

1. San Antonio Initiatives,
2. Examples of Other Initiatives in Texas, and
3. Examples of Other Initiatives Nationally.

The inventory entries describe the faith and mental health initiative and, in many cases, they also describe the collaborative relationships that were developed for the initiative. The entries also provide postal and internet addresses for the initiative's host organization, when available.

Creating Maps of San Antonio's Faith and Mental Health Initiatives

Geographic information systems (GIS) software was used to create maps of the various organizations that were involved in exemplary faith and mental health initiatives in San Antonio at the time of the study, and whose representatives were interviewed for the project. We also used GIS to create maps of the more than 200 congregations involved in one or more major initiatives (described below). Most of these congregations were not interviewed for the project.

Map of San Antonio Organizations

The map of organizations (shown above) uses symbols to identify different types of organizations. It also shows the geographical boundaries of each San Antonio city district.

Maps of San Antonio Congregations

We created a number of maps showing the congregations that we learned were involved in one or more of the major faith and mental health initiatives in San Antonio. Congregations were identified with the help of the leaders from the four major San Antonio-based initiatives that we discovered during the course of the research phase of this project. Each of the leaders sent us a list of the congregations that had participated in their respective initiatives, along with the congregations' addresses. While the combined list of congregations across all initiatives yielded more than 200 congregations, we do not assume that we captured all of the congregations in the San Antonio area that have been involved in mental health initiatives of some kind. We are simply reporting on the information we gathered through an iterative process of identifying faith-related mental health initiative leaders and their participants. As mentioned above, we used a "snowball sampling" method of identifying initiatives and participants until no more new information was found. But it is still possible that some participants, or even some initiatives, are not represented in our maps.

As can be seen in the map below on page 10, we again used geographic boundaries to show the city districts. We also used the known city district boundaries to create individual maps of each city district, showing the congregations that we discovered were involved in faith and mental health initiatives. Otherwise, these maps are more complicated than the map of organizations, above.

First, we used letters to indicate each congregation's associated religion. The vast majority of congregations were Christian ("C"); we also show Mormon ("M"), Jewish ("J") and Inter-Faith ("IF") groups.

Second, we used colors to identify the four major faith and mental health initiatives with which each congregation had become involved. We used primary colors and dark gray to depict congregations that were only involved in one of these initiatives. As we describe in further detail below, secondary colors are used to depict congregations involved in more than one initiative. (A description of each of the initiatives highlighted below and on the map is included in the faith and mental health initiatives inventory – San Antonio section.)

*The **Pathways to Hope** Conference (yellow)*

The annual conference was briefly mentioned above. A very large number of congregations have attended this conference, and they show up in yellow on the map. (Some congregations have been involved in this and other initiatives; other colors are used to depict their multi-initiative involvement – see below.) Participation in the Pathways to Hope Conference does not necessarily indicate an ongoing commitment to or engagement in faith and mental health initiatives. However, attendance at the conference does represent a significant time commitment – often more time than attendance at an initial event or training in one of the other major initiatives, for example – and each congregation in the map represents a potential partner in any effort to expand current, community-based efforts aimed at educating and mobilizing communities for stigma reduction, increasing rates of referral to treatment, or expanding natural support resources.

*The City of San Antonio's Faith-Based Initiative, **Mental Health Action Team** (blue)*

The city's Department of Human Services has implemented a faith-based initiative, focused on eight different areas of concern to residents, one of which is mental health. As mentioned briefly above and detailed in the inventory below, a Mental Health Action Team of volunteers has worked to engage more than a dozen congregations (depicted in blue) in introductory trainings and conversations about mental health. As a result of this effort, some faith groups held follow-up events with many more of their participating congregations, and not all of those congregations are shown on the map. For example, after one of its congregations participated, the Mormon community (also known as the Church of Jesus Christ Latter-Day Saints) held a

follow-up event that was attended by hundreds of participants. Not all of the congregations represented at that event are known to MMHPI. Some are also depicted with other colors (see the explanations below).

*The **Wellness Center for Families of Faith** (red)*

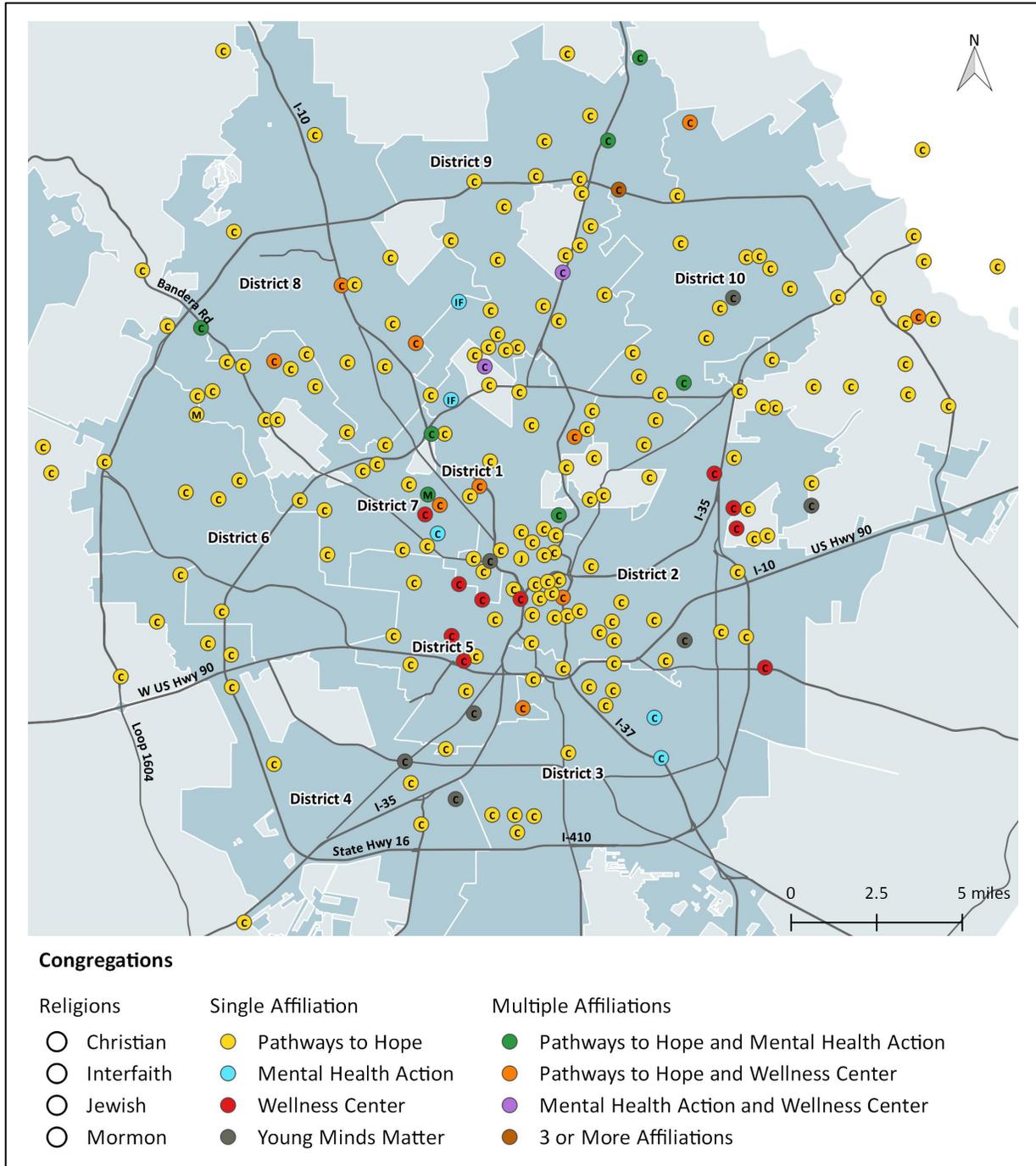
The Wellness Center for Families of Faith (WCFFF) is probably the oldest mental health ministry in the San Antonio area. Its founders and leaders, Sylvia Luna and Yolanda Ortega, have worked with dozens of congregations, most of which are predominantly Latino, to provide mental health education, equip lay leaders for ministry, and help implement family support groups. Congregations involved in this initiative are depicted in red (although, again, some are depicted in other colors).

*The Bexar County Community Health Collaborative **Young Minds Matter** initiative (dark gray)*

Pastor Fuji Walker has evolved a faith-based mental health program that is focused on youth. She has worked with a number of congregations to learn more about the mental health issues facing today's youth, and her work has thus far focused primarily on congregations in which most members are people of color. The list of congregations involved in Young Minds Matter (YMM) continues to grow, but this map uses gray to depict the congregations involved in YMM at the time of our interview with Pastor Walker.

As mentioned above, for congregations that were involved in two or more initiatives, we used secondary colors to indicate congregations that were in some way affiliated with more than one initiative:

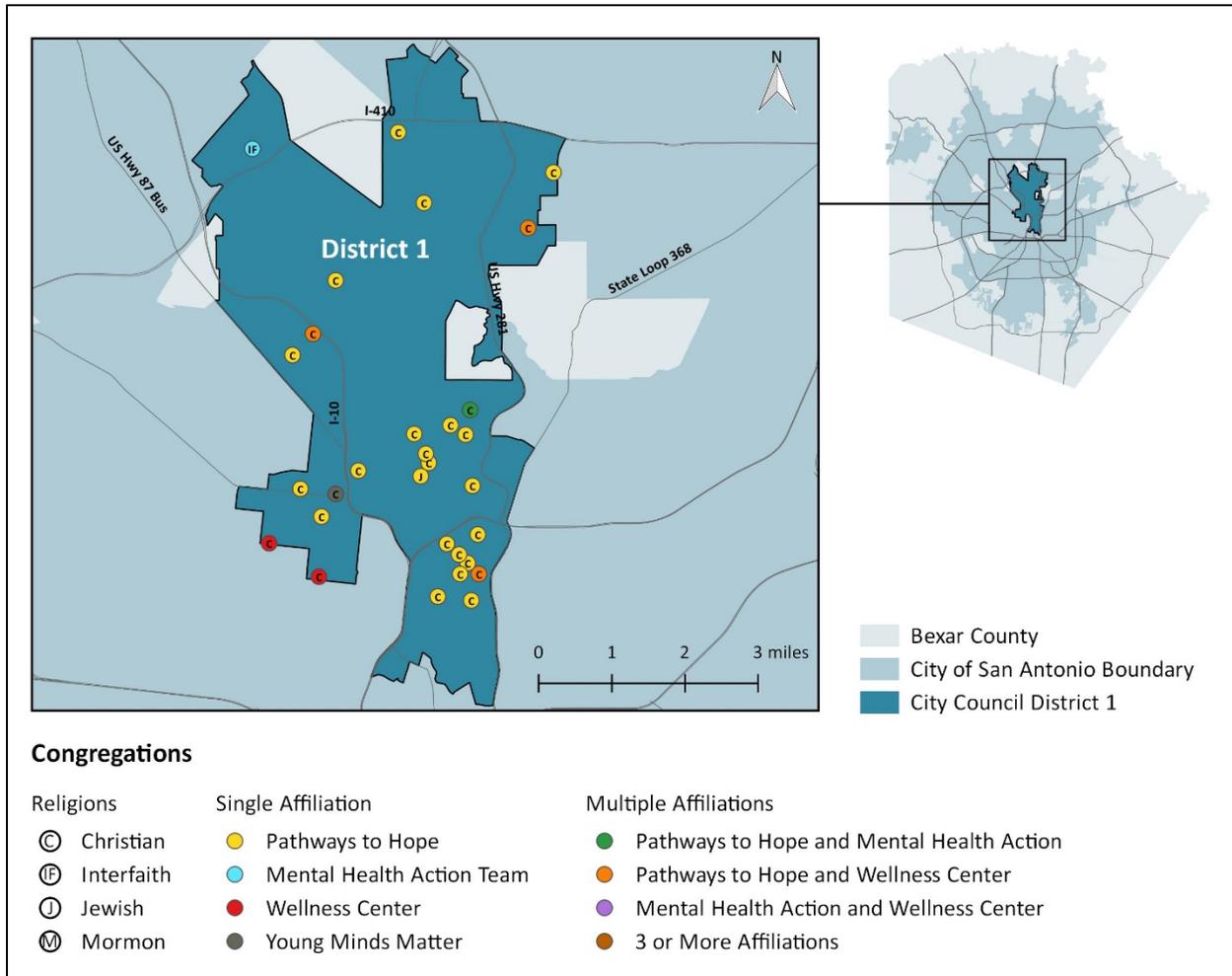
- Pathways to Hope Conference and the Mental Health Action Team (green),
- Pathways to Hope Conference and Wellness Center for Families of Faith (orange),
- Mental Health Action Team and Wellness Center for Families of Faith (purple), and
- Three or more affiliations (brown).



City District-Specific Maps of Participating Congregations

We created a map for each city district. Below is the example for city district 1. Appendix B includes maps for all of the city districts. These maps may be helpful to faith and mental health initiative leaders as they work together to collaboratively disseminate mental health education and ministry throughout the city.

As can be seen in the map below, 30 congregations in city district 1 are known to have been involved in one or more faith and mental health initiatives.³ The majority (in yellow) have participated in the Pathways to Hope conference, but some of those congregations also have had some involvement with other initiatives. Interestingly, all four initiatives are represented by at least one congregation in this district.



³ MMHPI and the H.E. Butt Foundation have a spreadsheet that lists the names and addresses of each congregation included in the citywide and district-specific maps.

Creating the Inventory of Faith and Mental Health Initiatives

The inventory of faith and mental health initiatives constitutes the heart of this report. As mentioned above, we created inventories of faith and mental health initiatives in San Antonio, elsewhere in Texas, and nationally. The inventory entries describe the faith and mental health initiative and the collaborative relationships that either constitute the initiative or have developed from it.

An Emerging Taxonomy of Faith and Mental Health Initiatives

The faith and mental health initiatives that we discovered over the course of our review represent a wide array of different types of initiatives, each of which provides guidance and resources upon which to draw in enhancing the existing initiatives in San Antonio. The models certainly overlap in many instances – some initiatives or programs incorporate one or more types of models in their work – but this taxonomy might be useful as leaders consider how to supplement and strengthen their current work.

Educate Faith Communities To Increase Mental Health Literacy and Awareness

Many faith and mental health programs work to educate congregations about mental health. The goal is to increase mental health literacy, break down stigma, and help faith communities gain confidence in referring people to mental health services. The City of San Antonio's Mental Health Action Team engaged congregations using the Bridges of Hope curriculum, which serves to increase awareness of the importance of mental health in the congregation setting and to begin educating congregations about mental illnesses. Many initiatives offer more extensive education, for example, NAMI Austin's half-day Bridges to Hope training or even the day-long training in Mental Health First Aid that is offered through the National Council for Behavioral Health. The annual Pathways to Hope conference in San Antonio offers multi-day sessions and workshops that serve to educate both faith communities and the wider community.

Initiatives within this model sometimes overlap with the category below, in that they often also equip congregations for mental health ministry. For example, San Antonio's Wellness Center for Families of Faith not only provides mental health education and anti-stigma events, it also helps congregations implement support groups for family members.

Equip Congregations for Mental Health Ministry

This model offers very specific, "off-the-shelf" resources for congregations that can enable them to implement mental health ministries as well as training in how to use them. For example, Grace Alliance, out of Waco, has developed family, individual, and college student support group manuals free of charge to congregations as well as training in implementing the groups (for which there is a cost). Likewise, Fresh Hope out of the Omaha, Nebraska, area provides group support manuals, although its approach is to combine family members, their

loved ones with mental health conditions, and friends or other natural supports. Fresh Hope also offers groups in the community, including in jails, to reach people with mental illnesses.

The Mental Health Chaplaincy in Seattle and a national organization out of St. Louis, called Pathways to Promise, provide training in the Companionship model of mental health ministry. Companions offer one-on-one community support to people experiencing mental illness and social isolation. The training comes with a booklet that explains the model as well as didactic presentations and *in vivo* skill development exercises. The model also provides guidance on how to run Companionship Ministry Team meetings.

Engage Faith Communities as Partners in Efforts to Improve Mental Health System Access and Performance

Some of the earliest models of faith and mental health initiatives sought to engage congregations in helping to improve the health and mental health outcomes for people with mental illnesses. This type of initiative typically comes from a health or behavioral health provider (or organization of providers) that recognizes the human resources and perspectives of faith communities, including a desire to serve others, that can make them effective partners in expanding opportunities for people to receive social support and assistance in accessing services. These initiatives typically seek to reduce higher-end utilization of services (in inpatient or emergency department environments) by increasing access to community-based/outpatient services and congregation-based support.

The Memphis Model is a good example of this approach. As we describe in further detail in the national section of the inventory, the Memphis Le Bonheur Health System trains congregation members in supporting people discharged from the hospital; this approach is associated with reduced hospital readmissions. The program even involves the development of a “covenant” with each participating congregation.

A more recent example is the Bridges to Care and Recovery (BCR) program in St. Louis, Missouri, which represents a collaborative partnership between the Behavioral Health Network (an organizing entity for publicly-funded mental health agencies) and more than 50 African American congregations. While BCR incorporates elements of the previous two models, its impetus was to improve mental health services access and population health outcomes for St. Louis residents and congregation members.

Establish System-Level Efforts to Promote Faith and Mental Health Collaboration

Some communities have developed mental health collaboratives or coalitions that bring diverse faith communities (and mental health organizations, as well) together to plan mental health conferences, mental health education and training opportunities, and mental health advocacy

efforts. The Interfaith Mental Health Coalition in Chicago, Illinois, was founded in 2010 and engages a variety of faith community and mental health/health providers in ongoing efforts to disseminate mental health literacy and ministry capacities throughout the Chicago area. The Interfaith Coalition for Mental Health in Indianapolis, Indiana, is another example that is described in the national section of the inventory.

Pathways to Promise is a national organization that works with national religious denominations, faith and mental health initiative leaders, and foundations to disseminate mental health education and ministry resources.

Embed Mental Health Services in Faith Communities

Some mental health organizations, as well as some individual congregations, establish mental health services in the faith community setting. For example, West Texas Counseling and Guidance (WTCG) has a wide variety of faith/spirituality-related programming, and it also has developed partnerships with local denominational groups and individual congregations. Various churches loan them space to run support groups, and formal counseling services are co-located at churches around San Angelo and in Del Rio.

The Hope and Healing Center and Institute out of Houston represents an example of a very comprehensive approach to providing faith-friendly services and engaging faith communities in the provision of mental health supports and services in the congregation setting. It also offers a particularly intriguing approach to ensuring greater access to the full range of mental health conditions, from emerging/mild conditions to more severe conditions. Using “task-shifting” methods, it trains congregations in providing early intervention services in the congregation setting and it guides the development of support groups. Hope and Healing also provides an array of affordable (usually free of charge) mental health treatments and interventions at a central location, including Assertive Community Treatment for people with serious mental illnesses.

Taxonomy of Faith and Mental Health Initiatives

Faith-Mental Health Model	Goal/Approach	Examples
Educate Faith Communities to Increase Mental Health Literacy and Awareness	Uses educational and training methods to increase understanding of mental illness, reduce stigma, and increase capacity to refer for services.	San Antonio’s Wellness Center for Families of Faith and the city’s Mental Health Action Team provide mental health education.

Faith-Mental Health Model	Goal/Approach	Examples
Equip Congregations for Mental Health Ministry	Trains congregation members in the provision of community-based support to people with mental health conditions and/or their families.	<p>Grace Alliance and Fresh Hope provide support group manuals and training.</p> <p>The Mental Health Chaplaincy of Seattle provides training in Companionship.</p>
Engage Faith Communities as Partners to Improve Mental Health System Access and Performance	Works collaboratively with congregations to improve system access and mental health outcomes.	<p>The Memphis Model establishes covenants between a health system and congregations, who work together to decrease hospital readmissions and improve mental health services access.</p> <p>Bridges to Care and Recovery in St. Louis trains congregations in mental health ministry and provides referral pathways and financial support for accessing mental health services.</p>
Establish System-Level Efforts to Promote Faith and Mental Health Collaboration	Leaders develop a community-wide coalition or collaborative that systematically disseminates mental health education, training, and ministry throughout a geographic region.	<p>The Interfaith Mental Health Coalition in Chicago and the Interfaith Coalition for Mental Health in Indianapolis organize mental health conferences and other mental health training and education events, and develop mental health advocacy capacities among collaborating partners.</p> <p>Pathways to Promise works with national faith groups and other leaders to disseminate mental health education and ministry resources.</p>

Faith-Mental Health Model	Goal/Approach	Examples
Embed Mental Health Services in Faith Communities	Mental health services are delivered in the congregation setting in order to increase access to faith-friendly approaches to mental health.	<p>West Texas Counseling and Guidance co-locates mental health services and support groups in area congregations.</p> <p>Using “task-shifting” methods, Houston’s Hope and Healing Center and Institute embeds mental health support services and interventions within congregations. It also provides a wide array of mental health treatments and interventions at the center.</p>

Recommendations for Enhancing Faith-Related Mental Health Initiatives

In recent years, San Antonio has become a locus of active engagement concerning faith and mental health. Through the San Antonio Human Services Department, the city has established a faith-based initiative, which includes mental health as one of eight different areas of focus. The annual Pathways to Hope Conference, co-directed by Doug Beach of the National Alliance on Mental Illness (NAMI) San Antonio and Carol Morehead of St. Mark’s Episcopal Church, now draws nearly 1,000 participants and features nationally-known speakers from Texas and other states.

Amidst all this activity, significant collaborative relationships have emerged. The city’s faith-based initiative includes a Mental Health Action Team comprising leaders from various mental health services and faith communities that has engaged more than a dozen congregations in educational sessions, which themselves have led to dozens more congregations becoming involved in denomination/faith group-specific events. More established ministries such as the Wellness Center for Families of Faith have collaborated with groups such as the Northwest Urban Deanery and criminal justice system-related initiatives. The Bexar County Community Health Collaborative has engaged faith communities, particularly through its Young Minds Matter program.

Recommendations for San Antonio

Even a cursory glance at the table of contents or the organization and congregation maps depicted above should alert the reader that significant and widespread faith and mental health activity is taking place in San Antonio. Yet, our key informant interviews and our review of faith

and mental health initiatives elsewhere suggests several potential enhancements to current efforts.

Let Faith Inform Mental Health

Several San Antonio interviewees who had worked in faith and mental health initiatives for years mentioned the potential value of helping mental health communities develop a more sophisticated understanding of faith communities. For example, Yolanda Ortega, a founder of the Wellness Center for Families of Faith, indicated that many providers would benefit from hearing local theologians and clergy talk about the important religious practices and theological perspectives that often anchor the faith of many people who receive mental health services. To date, most faith and mental health initiatives have focused on educating faith communities about mental health issues. The focus has been on increasing “mental health literacy,” de-stigmatizing mental illness, and helping congregations become more knowledgeable about the array of mental health services to which congregants could be referred. But several interviewees who were committed to such activities indicated that it would likewise be helpful for mental health providers to become more knowledgeable about the faith perspectives and commitments of the people they serve. Perhaps religious leaders, including clergy and professors of theology or religion, could provide trainings to mental health agencies.

Dr. Fred Smith at Houston Theological Seminary (featured in the Texas section of the inventory) has developed training in mental health for seminarians, but, through his consultation with the Memphis Model leaders and others, he has also helped bridge mental health providers’ gaps in understanding. Leaders in San Antonio might explore his work further.

Chaplain (Ch.) Juliana Leshner, Chief of Chaplain Services at South Texas Veterans Health Care System in San Antonio and head of Chaplain Services at the Department of Veterans Affairs (VA) at Kerrville, is doing groundbreaking work on moral injury issues. The South Texas VA Chaplain Services program was recognized as a best practice by the VA Professionals Association for work in recognizing and treating battle-moral injuries, which Ch. Leshner defines as searing wounds to the conscience. Chaplains specialize in addressing such moral injury-related subjects as guilt, shame, and forgiveness. This work represents a unique manner in which faith and mental health are being brought together.

The Mental Health Center of Denver (MHCD), which is Denver’s local mental health authority and featured in the national section of the inventory, offers an interesting example that is in this same vein. As part of its training in cultural competence, MHCD educates its mental health workers on how to address faith and spirituality in person-centered treatment planning. It employs a Director of Faith and Spiritual Inclusiveness, who has developed relationships with hundreds of congregations in the Denver area and works with clinical staff to help people become participants in local congregations of their choice. This model may be of interest to the

Center for Health Care Services and could be pursued in collaboration with local faith and mental health initiative leaders.

Another example of letting faith inform mental health comes from the Pastoral Counseling Center in Dallas, which embeds its spiritually-informed counselors in primary care services for the uninsured. When desired by the person receiving services, these counselors are prepared to discuss faith and spirituality with patients at Brother Bill's Helping Hand outpatient clinics as part of an integrated health/behavioral health intervention process.

Finally, we should note that more than one of the key informants we interviewed emphasized the potential significance of discussing concepts of hope and faith, and how these perspectives can help people find significance and persevere in the face of illness and loss. These are not only important goals for people of faith, however. One interviewee wondered if provider communities might be rejuvenated by engaging faith communities in an exploration of how faith and hope can be incorporated into behavioral health service processes.

Further Develop a Two-Way Model of Faith Community and Mental Health Community Engagement

Impressive examples of mutually beneficial collaboration between faith communities and mental health communities have developed elsewhere in Texas and nationally. The Memphis Model is an obvious example, and elements of it have been appropriated by hospital-based systems and congregations in both Dallas and Houston. (These Texas models can also be found in the inventory.) Bridges to Care and Recovery represents a more outpatient-oriented focus, but it also represents a collaboration between faith communities and providers in which both commit to creating pathways to increase access to mental health care. As can be found in the inventory entries, these models involve a great deal of mental health education and ministry capacity development, and they also require providers to work more closely and collaboratively with congregants.

Clearly, examples of this kind of effort currently exist in San Antonio. However, formal, well-designed relationships between providers and congregations could be developed in San Antonio. This would require extensive planning among community leaders, but the entities that are prepared to equip congregations are either in place (as in the case of the Wellness Center for Families of Faith) or are rapidly developing (as in the case of the city's faith-based initiative and the Bexar County Community Health Collaborative's Young Minds Matter program).

The local mental health authority – the Center for Healthcare Services (CHCS) – could develop formal arrangements with San Antonio's faith-related mental health initiatives. For example, CHCS could help clients who are interested in faith community participation, but, because of

experiences of stigma or other factors, have not been able to access congregations that are engaged with mental health issues and receptive to people who are coping with mental health conditions. This should be done in conjunction with the faith and mental health initiative leaders identified above. It is fortuitous that Doug Beach, one of the Pathways to Hope conference leaders and a participant in the city's faith-based mental health initiative, is also on the CHCS advisory board.

Another important partner in this type of initiative would be Methodist Healthcare Ministries of South Texas, Inc., which has an obvious health system connection as well as a long history of employing Wesley Nurses in the service of enhancing congregation-based health and wellness programs. Another partner that may be overlooked is county judges. It would be beneficial to educate judges about the faith-based mental health resources available in their communities. Proactive outreach to judges and spending time in their courtrooms will help build relationships and inform judges.

More Widely Disseminate Resources and Training in Mental Health Ministry

The mental health initiatives available in San Antonio are exemplary. They have been developed by talented, committed, and knowledgeable leaders. We recommend that the city's Mental Health Action Team, the Wellness Center for Families of Faith, the Bexar County Community Health Collaborative's Young Minds Matter Program, and the Pathways to Hope conference planners meet to develop a multi-year strategy for disseminating available trainings and ministry resources throughout the city and county. (Other entities, such as the Northwest Urban Deanery and various congregations that are intensively engaged in mental health ministry could and should also be involved in planning.)

This group of partners could develop "train-the-trainer" strategies that would take the pressure off of leaders, such as Sylvia Luna, Yolanda Ortega, and Pastor Fuji Walker, and equip a larger number of leaders to bring education and training opportunities to congregations.

In addition, the group could identify a core set of locally-developed resources along with education and ministry development resources available elsewhere in Texas and nationally that could be disseminated over time. Support group resources available through Grace Alliance already are being used in some area congregations, but wider dissemination of these groups (which have reportedly been researched for effectiveness in Texas by Dr. Mathew Stanford) could be indicated. Other similar approaches, such as those developed by Fresh Hope, may be of interest to other congregations that would like to include family members, people with lived experience of mental illness, and friends in the same group. In addition, approaches to one-on-one mental health recovery support, such as the Companionship model out of Seattle, could be identified for dissemination and adoption in San Antonio. (Companionship has a certain appeal

because its principles and practices have also been used to train formal community mental health support teams in Seattle.)

Other communities, such as Chicago and St. Louis, have developed Mental Health Training Collaborations that bring together faith communities, advocacy organizations (such as NAMI), and behavioral health providers to develop behavioral health training curricula. This has resulted in the more widespread dissemination of Mental Health First Aid, companionship, trauma-informed care, and other trainings in those communities. It would be exciting to see the leaders of the four major faith and mental health initiatives mentioned above host a meeting with congregation leaders from various denominations and faiths to identify a core curriculum (and the trainers prepared to deliver it) for San Antonio, which could be developed city-wide over the next two years.

Consider “Task-Shifting” as a Means of Further Equipping Congregations

A recent study from rural India found that psychological treatment delivered by trained lay people in rural India resulted in positive outcomes for people with severe depression who received this treatment.⁴ That finding, published in Great Britain’s primary medical journal, may seem somewhat surprising, but there is actually a relatively voluminous literature and evidence base that supports the notion that lay people can be trained in delivering very routinized mental health treatments.⁵

San Antonio faith and mental health leaders might consider learning more about Houston’s Hope and Healing Center and Institute, which draws on the decades of research showing that concerned non-professionals or para-professionals (e.g., community health workers or curanderos) who receive structured training and support can be of great help to people coping with mental health conditions and other challenges.

The University of Texas at San Antonio is working with the Texas Department of Health and Human Services on the redesign of the San Antonio State Hospital. This process entails far more than the use and purposing of physical facilities; it includes the examination of prevention, early detection, and post-acute care for people suffering from mental illness. The faith-based community should be considered for this process.

Finally, there are existing program funding opportunities at the state level which could be considered and accessed collectively by the San Antonio faith community. In particular, city leadership should consider applying to the Texas Health and Human Services Commission under

⁴ Patel, V., et al. (2017). The Healthy Activity Program (HAP), a lay counselor-delivered psychological treatment for severe depression, in primary care in India: A randomized controlled trial. *The Lancet*, 389(10065), 176–185.

⁵ Kazdin, A.E. (2017). Addressing the treatment gap: A key challenge for extending evidence-based psychosocial interventions. *Behaviour Research and Therapy*, 88, 7–18.

House Bill 13 for funding of community-wide collaborative efforts. This competitive grant process requires a local match of either city, county, or philanthropic funds. The grant application could be constructed in such a manner to leverage the ongoing financial and in-kind support provided by the City of San Antonio for the mental health component of its faith-based initiative.

Inventory of Faith-Related Mental Health Initiatives

San Antonio Initiatives

Bexar County Community Health Collaborative: Young Minds Matter Initiative

Address: 1002 N. Flores, San Antonio, TX 78212

Interviewee: Pastor Fuji Walker, Program Manager

Website: www.youngmindsmatter.com

Faith and Mental Health Initiative

In 2007, the Bexar County Community Health Collaborative (the Health Collaborative) started the Young Minds Matter (YMM) Initiative. With a goal of solving critical community health needs, YMM was developed to empower youth to start a conversation about their own mental health struggles and reduce the stigma associated with mental illness.

While the initiative began in 2007, it has taken shape and had a tremendous impact locally under the remarkable leadership of program manager, Pastor Fuji Walker, over the last four years. When Pastor Walker joined the Health Collaborative, she recognized a need to go out into the community to build traction for the YMM initiative. While YMM had been introduced in schools, clinics, and community-based organizations, Pastor Walker strengthened existing relationships and created new opportunities to engage local congregations. Pastor Walker reports that when she approached local churches, specifically the African American congregations, she experienced resistance to the idea of talking about mental health. “Once I explained that I didn’t want to take the church out of these sessions, but rather provide them an opportunity to have these conversations, to help facilitate them, intertwined with their faith and teachings, the doors began to open,” she reported. The goal for the initiative is to build community dialogue and support, and destigmatize mental health issues for youth.

Services and Programs

The initiative attempts to engage youth through YMM sessions in local congregations and schools, providing a safe space to ask questions about mental health as well as discuss their own struggles. The sessions comprise interactive, introspective, and educational exercises. Participants are given the opportunity to submit questions prior to sessions in order to tailor the sessions to the issues most concerning or interesting to the youth. Additionally, YMM has received national attention, with agencies, congregations, and schools from around Texas and the United State interested in gaining access to YMM curriculum (this is currently in development). For example, curriculum material includes topics such as anxiety, bullying, relationships, self-image, and peer pressure.

Embedded within the YMM initiative is the Youth Health Advisory Council (YHAC), which is made up of youth ranging from ages 13 to 24 years. The YHAC provides an opportunity for participants to have a voice in decisions related to mental health service delivery and policy making. The group participates in events and networks throughout the United States, working to reduce stigma and increase awareness of issues related to mental health that are most important to youth today.

Opportunities and Needs

After eleven years in existence, YMM is gaining attention and is in a pivotal moment for growth. While the curriculum being developed by Pastor Walker is impressive, the initiative needs more support and professional guidance for it to evolve and grow. With proper funding and research, the curriculum has the potential to open a dialogue that has long been needed among San Antonio's youth and the community at large. Additionally, support is needed to increase capacity, expand the initiative, and grow its presence in San Antonio and throughout Texas. One opportunity that has been explored is to develop chapters throughout the state, providing Texas youth an opportunity to become educated about and receive support for the mental health issues they face. The spirit of the work is collaborative and it is imperative that the resources, tools, curriculum, or any other support is provided free of charge. This will ensure that congregations, schools, or any community group with limited or no resources will be in a position to adopt the program.

Collaborative Relationships

YMM is currently conducted at the following congregations in San Antonio:

- The Well Community Church
- Grace Tabernacle Church
- Redeeming Grace Christian Church
- Bethesda Assembly of God
- Cornerstone Central
- Home of the Holy Spirit Church
- Temple Missionary Baptist Church

Catholic Charities, Archdiocese of San Antonio, Inc.

Address: 202 W. French Pl., San Antonio, TX 78212

Interviewee: Antonio Fernandez, President & CEO

Website: www.ccaosa.org

Faith and Mental Health Initiative

For the past 75 years, Catholic Charities, Archdiocese of San Antonio, Inc. (CCAOSA) has provided an array of services throughout San Antonio and the Archdiocese of San Antonio's 19

counties. Currently, CCAOSA has five different 501c3 entities under their umbrella – three of which with their own mental health/counseling departments. (These are the Catholic Charities Counseling Center, Seton Home, and St. PJ’s Children’s Home. The Counseling Center and Seton Home are discussed in more detail below. St. PJ’s Children’s Home is a separate entry in the inventory.) Mental health staff at CCAOSA consists of a multi-disciplinary team made up of licensed professional counselors (LPCs), licensed clinical social workers (LCSWs), and interns in training for licensure.

The Catholic Charities Counseling Center, located in downtown San Antonio, provides mental health services to people experiencing homelessness and as well as others who can easily access the center. Services at this location include individual and group counseling, marriage counseling, and play therapy. While counseling is usually grounded in the Christian faith, the organization and counselors always provide therapy as guided by the client. That is, should a person not wish to incorporate faith or spirituality in their services, CCAOSA respects that request. Referrals to the Catholic Charities Counseling Center can occur in a variety of ways; one way is through Catholic Charities’ two home-based parenting education programs, Great Start Plus and Building Strong Families. These programs serve families that have been or are currently involved with Child Protective Services (CPS).⁶ In addition to counseling services, the center is home to a café and food services for those in need.

Seton Home serves teenage girls who have been removed from their families by CPS due to abuse and neglect, and who are also pregnant and/or parenting a child. Residents at Seton Home range in age between 12 to 17 years. Seton Home is chartered by the State of Texas and licensed by the Texas Department of Family and Protective Services to provide, among other services, individualized case management and counseling, which is trauma-informed. With counseling, therapists can provide spiritual and moral guidance for the young women who wish to integrate these aspects into their care.⁷

In addition to the Catholic Charities Counseling Center, Seton Home, and St. PJ’s Children’s Home, CCAOSA provides faith-related mental health services in other ways through different formats and programs. For instance, CCAOSA President & CEO, Antonio Fernandez, reported that a survey was administered to priests throughout the Archdiocese of San Antonio’s 19 counties to identify perceived needs in the area. Results of the survey indicated that mental health and access to services was one of the top three priorities among the priests. Due to this need, CCAOSA provides counseling services in 12 different parishes. They also have a parish support line, which is a direct phone number that priests can call for additional resources to help individuals and families in need within their congregations. CCAOSA also operates Caritas

⁶ Catholic Charities Archdiocese of San Antonio, Inc. (2016). *Family & children’s services*. Retrieved from https://ccaosa.org/?page_id=1528

⁷ Seton Home. (n.d.). *Who we serve*. Retrieved from <https://www.setonhomesa.org/about/who-we-serve/>

Legal Services, which provides reduced-fee legal and other support services (including counseling) to low income immigrants.⁸ Finally, the Catholic Charities Guadalupe Community Center is home to the William N. Mullin Military Family Relief Program, which provides, among other services, counseling to active duty, reserve, National Guard or veteran service members and their family members.⁹

Last year alone, CCAOSA provided counseling services to nearly 1,000 people in San Antonio and the Archdiocese of San Antonio's 19 counties. Mr. Fernandez reports that one misconception the CCAOSA faces is the belief that services are reserved for individuals with a Catholic religious preference. CCAOSA, however, is determined to provide services to anyone in need, regardless of their religious background or lack thereof.

Collaborative Relationships

As described above, CCAOSA works with the Archdiocese of San Antonio and the parishes throughout its 19-county catchment area, Seton Home, and St. PJ's Children's Home. CCAOSA also collaborates with NAMI San Antonio, Clarity Child Guidance Center, and Daughters of Charity Services of San Antonio.

Children's Bereavement Center

Address: 205 W. Olmos Dr., #101, San Antonio, TX 78212

Interviewee: Blaire Thompson, Managing Director

Website: www.cbcst.org

Faith and Mental Health Initiative

The Children's Bereavement Center of South Texas (CBCST) is not a traditional faith-based organization, but it addresses topics of faith and healing while serving grieving children and their families. Because the experience of grief often engenders questions concerning faith, CBCST often helps children and families process and incorporate faith and spirituality in the grieving processes.

The program directly serves children who have experienced a loss through the death of a loved one and provides support to their families. In order to provide the best services for specific situations, CBCST places each child into a particular affinity group. The purpose of affinity

⁸ Immigration Advocates Network. (2018). *National immigration legal services directory: Catholic Charities Archdiocese of San Antonio, Inc – Caritas Legal Services*. Retrieved from https://www.immigrationadvocates.org/nonprofit/legaldirectory/organization.393339-Catholic_Charities_Archdiocese_of_San_Antonio_Inc_Caritas_Legal_Services

⁹ Catholic Charities Archdiocese of San Antonio, Inc. (2016). *Guadalupe Community Center*. Retrieved from https://ccaosa.org/?page_id=1537

groups is to create peer support groups that offset the tendency to become isolated during the grieving process. Affinity groups are categorized by ways that parents or other family members died, and include the following: *Beyond Illness* (parents who died by chronic illness), *Beyond Sudden Death* (parents who died by accident), *Beyond Violence* (parents or other family members who died by homicide), and *Beyond Self-Hurt* (parent or sibling who died by suicide). Other groups include: *Sibling Loss*, *Family Loss* (for children whose extended family members have died), and *Little Hearts* (for children ages three to five years).

Mr. Thompson explained that CBCST provides a wider range of services than most other national child bereavement centers. Through significant financial support from the community, CBCST also provides individual and family counseling. In addition, camps, school-based support, and community education are also key components of CBCST's work. School-based support, led by a licensed social worker, provides consultation, assistance, and crisis response to school personnel when a child has experienced a death or other major loss. Through the Grief Education Institute, the Center also provides six different trainings for counselors and others in the community, as well as an annual symposium.

Collaborative Relationships

CBCST receives referrals from local congregations as well as chaplains from local hospitals (particularly the Baptist Hospital system). In the past, CBCST has also been connected with local United Methodist clergy who attended an educational event it offered. CBCST has also provided workshops on bereavement to congregation-based Stephens Ministry programs.

City Church Downtown

Address: 1123 E. Commerce St., San Antonio, TX 78205

Interviewee: Reverend Doug Robins, Senior Pastor

Website: <http://www.downtownmovement.com>

Faith and Mental Health Initiative

Rev. Robins founded City Church Downtown (City Church) 10 years ago, after having established the City Church Bandera Road in 1992. Since then, he has helped lead the development of a culture at City Church that emphasizes the importance of sharing life with one another in such a way that spiritual and emotional development are enhanced. The foundation of this approach is that leaders like Rev. Robins share their own experiences with suffering and troubles publicly, including emotional and relationship difficulties. For Rev. Robins, this has meant sharing with the congregation his past challenges with depression, including the fact that in the past he has taken medication as part of his recovery process.

Rev. Robins indicated that, “for too long we have put pastors on a pedestal, even though everyone knows they also have problems like everyone else.” As he became more open about his own mental health issues, it “changed the game” and people responded enthusiastically, saying “finally, someone is being honest.” This culture of openness and vulnerability has continued to grow and develop at City Church. The congregation’s leadership sends the message that “it is okay not to be okay, but we are on the road to being okay.” (Rev. Robins indicated that “the culture of a church is every bit as important as what you offer in the way of services and programs. If you don’t have the right culture, these offerings will not help as much.”)

Rev. Robins believes that although the faith community can play a role in preventing mental health conditions and the unnecessary exacerbation of mental illnesses, it is important to accept the fact that various biological and experiential factors can lead to brain changes that cause mental illnesses. The church needs to recognize the importance of destigmatizing mental health conditions by helping people understand that they are not fundamentally different from other health conditions. This would help them avoid feeling ashamed and encourage them to seek help when they need it

In addition to establishing a culture of openness and vulnerability, City Church has taken a programmatic approach in addressing mental health issues. For example, they have “mental health month” every year, most recently in April 2018. Every Sunday its teaching series covers mental health issues and includes an ongoing focus on destigmatizing mental health conditions. For too long, noted Rev. Robins, mental health has been stigmatized and people experiencing depression and other conditions often feel like they are “less than” or that they somehow should have been more spiritually devout. One of the ways in which City Church helps break down stigma is to incorporate various slogans as positive messages, including, for example, “everyone is in need of recovery.”

During mental health month, City Church asks the local National Alliance on Mental Illness and other organizations, including mutual support groups and mental health providers, to set up tables so that congregants can talk with them after worship services and make arrangements to connect with their programs and services. In keeping with the culture at City Church, sermons focus on mental health/emotional issues from the Bible and the pastors and other speakers share from their own journeys of recovery and healing. “We ask people who speak during mental health month to be as honest as they can about their own journey with mental health issues, as well as their own faults and failures,” said Rev. Robins. During mental health month, the City Church Downtown website has featured a counselor referral network, something the church is now planning to make available all year round.

City Church also offers a six-month long course entitled, *Peel the Onion*, which draws in part from Rick Warren's, *Celebrate Recovery*, as well as from a mental health program out of Austin that utilizes participatory psychodrama activities. *Peel the Onion* is a recovery process for anyone in the congregation, not just those with identified mental illnesses. The course typically lasts six months and at the end it concludes with a retreat. *Peel the Onion* has used this with both adults and youth, although it is now used mostly with people 18 years and older.

Another helpful resource for City Church has been Pete Scazzero's book, *Emotionally Healthy Church*, which members of City Church have used in book studies. From its the work with Scazzero's book, the congregation developed another slogan: "It's impossible to be spiritually mature and emotionally immature at the same time." In its study together, the congregation also has drawn on an abundance of biblical material that addresses emotional and mental health, including passages emphasizing "whatever is lovely, whatever is pure, think on these things," or "be transformed by the renewing of your minds."

The congregation has developed small group and youth group offerings that provide people with ongoing support and emotional nourishment. The small groups are called "tribes," which pray together and otherwise provide support for emotional challenges. *City Youth* is a program for youth that, among other things, facilitates supportive relationships between youth and emotionally mature adults from the congregation.

The congregation pairs these biblical and church community perspectives with modern, scientific information about the brain and mental health, and it emphasizes the importance of taking appropriate medications and using psychotherapy, when indicated and recommended by mental health providers. As Rev. Robins noted, "One of the things we try to do is to help people detect their mental health conditions earlier, so they do not lose so much by delaying treatment, as is too often the case. If we can destigmatize mental illness, we may be able to help people get the help they need earlier, rather than later. This is a sort of 'preventative maintenance.'"

Collaborative Relationships

Rev. Robins was a speaker at this year's Pathways to Hope conference. As mentioned above, this conference invites various mental health organizations to provide information to congregation members during mental health month. City Church Downtown also provides space for NAMI family support groups to meet.

City of San Antonio Department of Human Services (DHS): Faith-Based Initiative

Address: 106 S. St. Mary's St., 7th Floor, San Antonio, TX 78205

Interviewees:

- Reverend Ann Helmke, DHS Community Faith-Based Liaison
- Kathleen Denny, PhD, Senior Management Analyst
- Terri Mabrito, Executive Director of NAMI San Antonio; Mental Health Action Team (MHAT) member
- Elizabeth Lutz, Executive Director of Bexar County Community Health Collaborative; MHAT member

Website: www.sanantonio.gov/humanservices/FaithBased

Faith and Mental Health Initiative

As a result of its impressive scope and exquisite organization, San Antonio's Faith-Based Initiative (The Initiative) represents an emerging national best practice. In early 2017, San Antonio stakeholders recognized high priority mental health needs in their community, and mental health is now one of eight focus areas of The Initiative. Like the other seven focus areas, mental health is led by an action team, which consists of self-chosen (volunteer) leaders who have committed themselves to helping San Antonio congregations and faith communities become increasingly knowledgeable about mental health and equipped to support people in the recovery process. The Mental Health Action Team (MHAT) has goals to make San Antonio a compassionate and culturally sensitive city, and to be clear about the distinct yet complementary roles of the clinical and faith communities. When it comes to mental health, MHAT members believe being prescriptive is not always helpful, which is where the faith community can step in and be extremely valuable. A Working Group of about 18 people, who represent a broad array of faiths in the city, works with Rev. Ann Helmke and others at the Department of Human Services to oversee The Initiative. Each of the eight action teams is led by a Working Group member.

All eight action teams were asked to identify one action item for the first year's activities. The aim of these items was to target strategies the faith community could use to address concerns such as hunger, homelessness, and, of course, mental health. MHAT decided to introduce Bridges of Hope – a 45- to 60-minute introductory "Mental Health 101" presentation and discussion – to as many congregations as possible. At the time we interviewed Rev. Ann Helmke, 14 congregations had participated in Bridges of Hope events and, as Rev. Helmke indicated, "each congregation has its own story in terms of what 'door' has opened" with Bridges of Hope. For example, a group of 12 people from a Church of Jesus Christ of Latter-day Saints (Mormon) participated in a Bridges of Hope event, which led to them scheduling another follow-up event for which over 200 people registered. Other congregations have followed up in other ways, such as by developing collaborations with NAMI. Inspired by this early success, the MHAT has decided to develop a resource tool for congregations.

Going forward, Rev. Helmke hopes to move the locus of The Initiative's activities to the Council Districts level (there are 10 Council Districts in San Antonio). The idea is that each Council District would have its own Working Group and action teams, which may or may not represent the same eight top priority concerns that were developed city-wide in early 2017.

Collaborative Relationships

DHS does not necessarily have formal relationships with the agencies or organizations with which MHAT members are associated. However, it is worth noting that those organizations do have an informal or loose connection to DHS through these MHAT members. The organizations include the following:

- NAMI San Antonio,
- Bexar County Community Health Collaborative,
- The Pathways to Hope Conference Steering Committee,
- Wellness Center for Families of Faith, and
- South Texas Veterans Health Care System.

Clarity Child Guidance Center

Address: 8535 Tom Slick, San Antonio, TX 78229

Interviewees:

- Fred Hines, President & CEO
- Carol Carver, Vice President of Patient Services
- Chris Bryan, Vice President of Information Technology and Public Policy

Website: www.claritycgc.org

Faith and Mental Health Initiative

Clarity Child Guidance Center (CCGC), originally founded in 1886 as the Protestant Home for Destitute Children, has provided hope and guidance to thousands of children and families. In 2010, CCGC was established from the merger of Southwest Mental Health Center and Child Guidance Center of San Antonio. CCGC has always been committed to actively identifying and addressing children's mental health needs. It has steadily expanded its capacity to meet the full range of need and currently provides a full range of services for children ages three to 17 years. These services include acute/crisis care, inpatient services, intensive outpatient treatment, and outpatient treatment.

Because of the short-term nature of the acute and intensive care generally provided at CCGC, it generally does not incorporate faith and spirituality into its services. However, while CCGC is not faith-based, it partners with congregations to provide informational programs to parishioners and clergy.

CCGC leadership reports that the faith community could play a major role in mental health recovery and in destigmatizing mental illness, issues faced by the children, youth, and families who receive treatment at CCGC. Faith institutions could fulfill this role by offering a sense of community and support to children, youth, and their families who are living with mental illness. The philosophy at CCGC is that “it takes a village to raise a child” and, as a foundation of its services, it strives to incorporate the whole person into treatment; faith can be a part of that.

Collaborative Relationships

Clarity Child Guidance Center has collaborative relationships with the following entities, many of which are faith-based:

- The Ecumenical Center,
- United Way and United Way affiliated agencies,
- Community Bible Church (it has a counseling department),
- National Alliance on Mental Illness at First Presbyterian Church,
- Methodist Healthcare Ministries,
- Haven for Hope,
- Baptist Health Foundation,
- St. Luke’s Lutheran Health Ministries, and
- Referrals received from various congregations.

Corazon Ministries, Inc.

Address: 230 E. Travis St., San Antonio, TX 78205

Interviewees:

- Lori Chidgey, Executive Director, Corazon Ministries, Inc.
- Reverend Eric Vogt, Senior Pastor, Travis Park United Methodist Church

Website: www.cmi-loveandjustice.org/

Faith and Mental Health Initiative

From its modest beginnings in 1999 at a folding table in a small area in Travis Park United Methodist Church (TPUMC), Corazon Ministries, Inc. (CMI) began by simply serving breakfast as a means of outreach to homeless people living in the park across the street from the church. It was from this very basic beginning and early relationships that were formed that CMI volunteers realized the extent of need of the people they were feeding. In 2004, CMI became a 501c3. TPUMC expanded the space and CMI began providing services to address everything from basic hygiene to complex mental and physical health needs. The expanded space included a medical clinic with seven exam rooms, showers, a clothing closet, barbers, art and spirituality tables, and, just as it began, room to serve the meals that led to the creation of this program.

CMI reported that when city leaders recognized the overwhelming need for homeless services, Haven for Hope, a homelessness services campus (described later in this inventory), was developed in 2010. CMI shared that the city then shifted significant resources to Haven for Hope. In response to this change, CMI closed its day center, in spite of an observed increase in need. Executive Director Lori Chidgey reports that they continue to serve people who prefer to engage with CMI and do not find Haven for Hope a fit. Many times, people seeking refuge with CMI do not wish to participate in the requirements of Haven for Hope. CMI provides a space for those who are in the very early stages of recovery. In this way, CMI addresses a gap in the recovery spectrum, which is imperative to supporting people with mental health concerns.

Services at CMI have since been scaled back and staff now consists of a director and a chef. In addition to its small staff, CMI is run by volunteers. CMI's 80 volunteers – from diverse backgrounds – provided 15,000 volunteer hours between January 1, 2017 and December 31, 2017. One of these volunteers is a retired Veterans Administration psychologist who provides mental health assessments on Sundays. While CMI is not a formal mental health provider, the volunteers work one-on-one with program participants to connect them with needed services. Lori Chidgey reports that 80% of the people CMI served last year identify as having a mental health need, and most of them often experience co-morbid substance use disorder and serious mental illness.

Collaborative Relationships

Not only does CMI provide the services described above, it also connects people to spiritual support at TPUMC in an attempt to create a space of “unconditional love and justice,” as its mission states. One highlighted service is the Recovery Circle. It is explicitly a recovery-based group that has grown from only a few participants to an average of 80 to 120 attendees each meeting. Attendees are allowed to participate as they feel comfortable. Lori Chidgey describes it as a very moving evolution for people as they progress, by their own volition, from literally outside of the circle to *inside* the recovery circle as they move through their recovery journey.

In addition to the Recovery Circle hosted by CMI at TPUMC, TPUMC provides an additional three meals to congregants and CMI participants. These meals include a spiritual teaching element, giving guests an opportunity to discuss mental health in the context of their spiritual beliefs. This is provided to the entire congregation because, as Pastor Eric Vogt states, “Mental health is not just a poor person’s issue. We all have this in common.”

Crosspoint, Inc.

Address: 301 Yucca St., San Antonio, TX 78203

Interviewees:

- Dr. Kevin Downey, Chief Executive Officer

- Ray Rodriguez, Community Outreach Worker
- Kristine Valdez, Counselor

Website: www.cpsatx.org

Faith and Mental Health Initiative

Since 1963, Crosspoint, Inc. (Crosspoint) has served as a catalyst for rehabilitation and recovery. The organization currently offers five different programs: a community corrections program, substance use disorder treatment, a veterans' program, mental health services, and recovery support services.

The community corrections program provides a structured residential environment for people referred by the Federal Bureau of Prisons, the U.S. Probation Office, or U.S. Pretrial Services. Each participant takes part in an assessment, develops a personalized program plan, and moves through a phased-type program that progressively integrates them into the community. The program has an expectation of employment, provides financial and budget planning assistance, works with family and community supports, and provides substance abuse sobriety support. The program promotes a reduction in recidivism by integrating evidence-based practices into program services to help participants restore their place in the community.

While participating in the community corrections program, participants can also access group, individual, and family counseling for substance use issues. Additionally, the program connects participants to community-based groups to help them build a support network prior to their full re-entry into the community. In addition to providing this substance use programming, in 2012, Crosspoint converted its women's home to a Recovery Support Home for women who have completed inpatient rehabilitation but need a longer transition into the community, supported by sober living and stable housing.

In 2010, the Crosspoint veterans program, a supportive transitional housing opportunity, began providing services such as case management, life skills training, and individual and group counseling. Similar to the community corrections program, participants receive support in obtaining employment, reconnecting to medical and behavioral health benefits, planning finances and budgets, and becoming connected to stable housing in the community.

Community corrections and veterans program participants have access to outpatient mental health services. Additionally, the outpatient mental health program has included residents of the San Antonio City Council District 2. These services include assessment, individual treatment planning, and individual, group, and family counseling.

Collaborative Relationships

While Crosspoint is not a formal faith-based organization, over its years of services it has integrated faith community groups into its services. Program participants are given the opportunity to work with staff who will connect (or reconnect) them with the faith community, incorporate faith into their therapeutic participation, and even take part in non-denominational services filled with music, joy, and hope. The community group, Word of Faith Ministry, provides Sunday services, while Brazen Grace visits Crosspoint once a month to offer worship nights. Through these ministries, the residents of Crosspoint offer love and encouragement to one another, strengthening their bond to community and their commitment to recovery.

Ray Rodriguez, a community outreach worker with Crosspoint, works diligently to reconnect people to the San Antonio faith community and help connect them to anything that might support them in their recovery after they leave the program. The team reported that when residents experience difficulty during their stay, they often ask for Ray, “the guy who does the prayers,” to pray with them.

Daughters of Charity Services of San Antonio

Address: 7607 Somerset Rd., San Antonio, TX 78211

Interviewee: Sister Pat Connolly, Counselor

Website: www.dcssa.org

Faith and Mental Health Initiative

In 1958, Daughters of Charity Services, based out of St. Louis, Missouri, was developed at the request of the Vincentian priests to address the poverty of the community on the south side near the Missions in San Antonio. Just sixty years ago, there were no paved roads, running water, or sewage in this area at the edge of Bexar County. The priests asked for social workers, counselors, and religious educators. The Daughters of Charity sent Sisters to meet all of those needs. The organization has grown, but it is concentrated on the south side of San Antonio as the original needs have changed but have not diminished and, in terms of mental health, the needs are great.

The services provided by Daughters of Charity at Daughter of Charity Services of San Antonio (DCSSA) are vast, with the goal of treating not only the whole person, but the whole family and community. The Daughters of Charity believe that the family is the most important aspect in providing care. The grandmother, or *Abuela*, in this community is often the one who instills the beliefs of a family, usually spiritually based. Therefore, DCSSA counselors work to understand the origins of their clients’ beliefs. DCSSA believes being culturally sensitive is imperative to the relationship between the client and counselor.

Operating five neighborhood centers, DCSSA offers child care, primary dental and medical care, social services, wellness education, preventative services, counseling, home visitation, and other vital programs. Mental health needs in these communities vary, but the biggest mental health concerns are reported to be depression and anxiety. DCSSA reports that its programs carefully examine the social determinants of mental health, along with the accompanying issues of substance abuse and criminal justice system involvement. The programs aim to work closely with clients' families through family and individual counseling.

Daughters of Charity has been inspired by different approaches to mental health care, such as *Capacitar*, developed by Pat Kane. This practice recognizes trauma and draws on religions that incorporate mind, body, and spirit (e.g., Buddhist, Catholic, Hindu) to become more centered. The practice has a goal of treating people and then training them so that these practices can be used by individuals, families, and communities. It has been used by individual therapists and in the wellness center with a group of women.

DCSSA works from a highly person-centered framework. Specifically, DCSSA uses cognitive-behavioral therapy with children and found it to be very effective. Sister Connolly notes that the person-centered treatment is also based in narrative therapy and an approach that focuses on the language a person uses to describe their experience, the images they use, and how their words make up and reveal their self-view and their hopes for changing their lives.

Collaborative Relationships

DCSSA is a faith-based organization that engages with several different faith-based and non-faith-based groups. Specifically, it partners with Catholic Charities and Methodist Healthcare Ministries, which provide therapy throughout south San Antonio. Both of these organizations understand the culture DCSSA serves and know and work with the systems within which these people live. Sister Connolly notes that, "Both are holistic in their approach. Both share the fundamental belief that the person is incarnate, meaning that God is revealed in a person's life experiences in a variety of ways. Those ways are present in all faith traditions and are honored and respected."

Haven for Hope

Address: 1 Haven for Hope Way, San Antonio, TX 78207

Interviewees:

- Molly Biglari, Director of Strategic Relations
- Gary Chance, Vice President of Transformational Services
- Kami King, Senior Director of Transformational Services

Website: www.havenforhope.org

Faith and Mental Health Initiative

Haven for Hope (Haven) began its full operations in 2010. Civic leader Bill Greehey and other city leaders began the effort in 2006 and, after 18 months of research, the group decided on a “one-stop” design for its planned 22-acre campus for people experiencing homelessness. Their idea was to create a campus that would provide multiple services, ranging from medical care to childcare, case management, and short-term stable housing, to people as they transition from homelessness to independent and stable living. All services are recovery-oriented, trauma-informed, and based on the foundation of providing dignity and respect to the people receiving these services.

Haven for Hope serves over 1,700 people daily, 700 of whom access the safe sleeping space known as The Courtyard, which, in addition to safe shelter, provides hot meals, showers, laundry services, and outreach resources such as mental health care and housing services.

For people seeking to transform their lives and understand the root cause of their homelessness, the Transformational Campus provides comprehensive services that address and overcome the barriers preventing a person from resuming and sustaining self-sufficiency. Haven for Hope’s person-centered planning incorporates the help of approximately 70 on-campus partners, including the Center for Healthcare Services, which provides an in-house Integrated Treatment Program (ITP) for co-occurring behavioral health and substance use disorders. With part of the staff consisting of peer recovery support specialists, participants in this program are surrounded by a supportive, sober living experience that also addresses their behavioral health needs.

Haven for Hope is a spiritually-integrated campus, where spiritual care is provided based on what each member needs and desires. While Haven for Hope is not a formal faith-based organization, the Vice President of Transformational Services, Gary Chance, stated that the organization is certainly “faith-inspired.” Haven for Hope currently addresses faith and spirituality through services provided by its Spirituality Services Department. Staff in this department have clear policies against proselytizing; however, they are encouraged to have spiritual conversations with each member about their needs, ensuring that the member leads this conversation. Every staff member receives training in spiritual trauma as well as guidance to understand that each member’s lived experience will shape their views, beliefs, and path through recovery differently. Haven for Hope recognizes the value of the faith community as a natural support system for members as they transition into independent living. At discharge, members are asked if they are interested in finding a faith home and the staff works to make that connection before members leave the campus.

During the design of Haven for Hope, spiritual services were always a priority, in addition to the main components of case management and housing. A chapel, which was intentionally placed

in the center of the campus, is open to all views of a spiritual life. Faith groups are run by volunteers and are most often inspired by the members. The organization encourages congregations that are interested in participating *on* the campus to also take members *off* campus to their faith homes as a way for them to reconnect with the community and begin to build relationships beyond the campus. Haven for Hope recognizes and supports members in their holistic healing and transformation, believing that this includes mind, body, and spirit in whatever way a person may experience that.

Collaborative Relationships

Haven for Hope recognizes the First Presbyterian Church as its main faith-based collaborative relationship. The church helps in a number of ways, such as by providing consistent financial support to Haven and by providing consistent spiritual services volunteers, known as “Soul Friends.” First Presbyterian is also a partner with the National Alliance on Mental Illness (NAMI) San Antonio, so it has an understanding, passion, and structure for how to support people living with serious mental illnesses and addiction disorders. Bethany Baptist Church also serves as a strong partner by providing shelter to people (particularly single men) when there is an overflow at The Courtyard or during inclement weather.

Jewish Family Service of San Antonio

Address: 12500 NW Military Highway, Suite 250, San Antonio, TX 78231

Interviewee: Nissa Shakocius, LCSW, Clinical Director

Website: <https://jfs-sa.org>

Faith and Mental Health Initiative

Jewish Family Service of San Antonio (JFS) has been serving San Antonio and the surrounding community for 45 years. It provides counseling, social services, and case management services to approximately 2,000 clients annually. JFS provides services for a wide range of mental health conditions and its clinicians are trained in evidence-based practices, including Trauma-Focused Cognitive Behavioral Therapy. Counseling services, which are available to people of all ages, include individual, couples, family, and group therapy. The JFS Social Services Department is also very active, especially with seniors. Funding comes largely from individual donations, corporate donations, and grants from United Way, Methodist Healthcare Ministries, and the Victims of Crime Act, which allows JFS to provide free, trauma-focused and -informed counseling services to crime victims.

JFS provides services at the campus of the Barshop Jewish Community Center (JCC) and at another location in south San Antonio. The agency serves more Jewish clients than most, if not all, other agencies. Many of its Jewish clients come from the Eleanor Kolitz Hebrew Language Academy, also located in the JCC, as well as from families who utilize the JCC in some way. In

addition, close relationships with rabbis and synagogues also lead to steady streams of client referrals. However, 90% of the counseling clients JFS serves do not identify with the Jewish faith, and although they occasionally provide counseling for people converting to Judaism, JFS's clinicians do not espouse a particular faith or spiritual tradition with clients. Rather, they respond to the mix of clinical and spiritual/faith-related concerns presented by the client and support the client's identifications and preferences.

While they do not typically serve people with the most severe mental health needs who also need extensive case management and rehabilitation, JFS does attempt to serve people with mild to serious mental health conditions, whenever possible. They have a part-time psychiatrist with whom they contract, and they recently have been serving more people with mental illnesses such as bipolar disorder and schizophrenia.

Although JFS does not function as a sectarian counseling center, nor do clinicians identify themselves as "Jewish counselors" or "Christian counselors," faith and spirituality nevertheless are incorporated into the clinical process. In the assessment phase, clinicians ask clients about the role of faith/spirituality in their lives as well as their community connections related to faith. JFS also finds that many of its clients have questions about faith – for example, *Where is God in this?* or *Has my faith not been strong enough?* – and clinicians are prepared to guide clients through explorations of these types of concerns.

Collaborative Relationships

As briefly mentioned above, JFS has relationships with area rabbis and synagogues, to whom it offers education and training on a wide variety of mental health-related issues, including parenting, aging, and the like. In addition, JFS often participates in community events, including, for example, a recent street fair. In participating with the community and in reaching out to congregations, JFS makes it easier for them to refer clients in need of counseling, social services, and case management.

As mentioned above, being located at the Jewish Community Center campus makes it easier for many people to make use of services provided by JFS. For example, counselors often simply walk down the hall to the Hebrew Language Academy and escort children to JFS offices for counseling.

JFS has not participated in the Pathways to Hope conference, but its staff expressed interest in exploring relationships with conference leaders and others involved in the conference.

Methodist Healthcare Ministries of South Texas, Inc.

Address: 4507 Medical Drive, San Antonio, TX, 78229

Interviewees:

- Sandra Martinez, Community Impact and Advocacy Strategist Manager
- Edward Dick, MD, Senior Vice President of Integrated Health Services and Medical Services
- Reverend Mickey McCandless, Director of Spirituality and Church Connections

Website: www.mhm.org

Faith and Mental Health Initiative

Methodist Healthcare Ministries of South Texas, Inc. (MHM) is a private, faith-based not-for-profit organization dedicated to creating access to health care for the uninsured through direct services, community partnerships and strategic grant-making in 74 counties across South Texas. Guided by its mission of "Serving Humanity to Honor God," Methodist Healthcare Ministries' vision is to be the leader for improving wellness of the least served. The mission also includes Methodist Healthcare Ministries' one-half ownership of the Methodist Healthcare System, the largest health care system in South Texas, which provides substantial ongoing funding that enables MHM to continually and expansively offer quality care to all and charitable care when needed.

MHM follows a strategic approach to grant-making and, since 1996, has invested more than \$281 million in grants to improve community health care. In partnership with federally qualified health centers, safety-net clinics, counseling services, and regional community projects, MHM's goal is to create measurable impact at the community and regional levels.

MHM's grant-making is rooted in partnerships that support access to care, integrated delivery systems, patient-centered models, and the social determinants of health. Funding is allocated throughout Methodist Healthcare Ministries' 74-county service area to deepen collaborative efforts, provide incentives for quality health outcomes, leverage and strengthen health care delivery systems, and promote sustainable systems change. Community grants are awarded in five core areas of giving: primary and preventive care; dental services; regionalization and community engagement; social services and behavioral health; and health care professional shortage.

MHM owns and operates two primary care clinics at two locations – Wesley Health & Wellness Center and Dixon Health & Wellness Center – in San Antonio, in addition to two school-based health centers in Guadalupe County. The clinics address the medical and dental needs of people who cannot afford health insurance. Services are provided on a sliding fee scale based upon ability to pay, household income, and family size.

MHM also provides and financially supports several faith-connected health ministries, including the Wesley Nurse program, which spans more than 80 sites throughout South Texas and is

MHM's largest geographic outreach program. The professional practice of Wesley Nurses is not limited to medical needs; rather, it includes a holistic approach that embraces mind, body, and spirit. A key component of Wesley Nurses' roles in their communities is to provide health education and health promotion and facilitate access to resources. They help individuals and communities achieve improved health and wellness through self-empowerment and access to health care resource information.

While the Wesley Nurse program is a component of Methodist Healthcare Ministries' ecumenical outreach and located within churches, it does not teach a set of denominational beliefs. All Wesley Nurse programs are free and all members of the community are welcome. Programs are offered to groups or on an individual basis. MHM also is currently funding the expansion of the NAMI Austin Bridges to Hope training, a curriculum on mental health for the faith community. This curriculum has been used by the City of San Antonio's Mental Health Action Team to engage more than a dozen congregations in and around San Antonio.

MHM supports faith-based connections for its central administrative staff. Rev. Mickey McCandless, a United Methodist clergy, has spent seven years with Methodist Healthcare Ministries as Director of Spirituality and Church Connections. In this position, he serves as a liaison between MHM and United Methodist congregations throughout South Texas. Rev. McCandless's work within MHM focuses on enhancing the spirituality of MHM staff, fostering understanding of the theological implications of MHM's work, and encouraging MHM team members' connections within their own faith communities. His outward focus builds on his many years of "walking alongside people" as a pastor and includes forging collaborative relationships with congregations and maintaining connections with the Rio Texas Annual Conference. In his frequent travels, he also supports the wellbeing of conference pastors and, through his mentoring, encourages their leadership development. He also collaborates with and supports area providers, such as the West Texas Counseling and Guidance Center in San Angelo, which uses faith-based approaches.

Jennifer Knoulton, Vice President of Regional Operations; Sandra Martinez, Community Impact & Advocacy Strategist; and Rev. McCandless are partnering with NAMI Austin and Greater Corpus Christi NAMI to host the Bridges to Hope program in the Coastal Bend region this fall. However, education alone is not sufficient and Rev. McCandless sees the need for MHM and other leaders to help communities develop a strong sense of their role of including people in their communities who might otherwise be ostracized, such as people with mental illnesses. There is more work to be done in helping faith communities fully adopt this perspective, which, for Rev. McCandless, is represented in the many gospel stories in which marginalized people were elevated in importance and restored to the community.

Through the work of Dr. Edward Dick, MHM is also collaborating with health care providers to encourage holistic health care delivery. This approach includes screening for spiritual and faith-related issues that could be used to support health and wellness. Dr. Dick participates with area health care collaboratives that include faith-based components.

Collaborative Relationships

MHM is connected in myriad ways to formal treatment and community education/prevention services throughout South Texas, including those provided in congregations. Its scope of influence and concern covers all of health care, including behavioral health, and it is increasingly involved in promoting integrated health/behavioral health care and the inclusion of spirituality in a holistic model. As mentioned above, MHM has recently funded and helped pilot mental health education and outreach to congregations in South Texas, including in the Corpus Christi and San Antonio areas, among others.

National Alliance on Mental Illness San Antonio, Pathways to Hope Conference

Address: 510 Belknap Pl., Suite 242, San Antonio, TX 78212

Interviewee: Doug Beach, President of NAMI San Antonio, Co-Chair of Pathways to Hope

Websites:

- www.nami-sat.org
- www.pathwaystohope.net

Faith and Mental Health Initiative

Doug Beach is the President of the National Alliance on Mental Illness (NAMI) San Antonio and he serves on the national Board of NAMI FaithNet. He is also the co-founder and co-chair of the Pathways to Hope conference, held annually in San Antonio. Like many other communities, NAMI San Antonio offers community education and support groups for families, which participants have valued, according to Mr. Beach. He also noted that families are very resilient, but “part of what we [NAMI] do is restore families.”

The Pathways to Hope (P2H) conference, a recent outgrowth of NAMI and the emerging mental health ministries led by Mr. Beach and other San Antonio partners, has become a well-attended and highly regarded event not only in San Antonio but around the state and even nationally. For example, a national organization, Pathways to Promise,¹⁰ held its most recent annual in-person board meeting in San Antonio in August 2018, so that members could attend the Pathways to Hope Conference. (Doug Beach is on the Pathways to Promise board.)

¹⁰ The organization, Pathways to Promise, and the conference Pathways to Hope, are not formally associated. The organization and the event just happened to use the word, pathways, in their names.

The P2H conference, which had 1,200 and 1,500 attendees in its first two years, is a community collaborative ministry that seeks to integrate conversations about faith and mental health for the faith community and service providers. In the past, attendees have included a melting pot of psychiatrists, psychologists, clergy, counselors, consumers, family members, and congregation members. Continuing education units and attendance at the conference are free of charge. “We wanted it to look like our city,” said Mr. Beach in an interview. Speakers in past conferences have included nationally-known experts on faith and mental health, as well as an array of local mental health experts and faith community leaders. People with lived experience of mental illness and recovery also speak at the conference; Mr. Beach described that part of the conference as “an overwhelmingly emotional time” in which people more fully appreciate the devastating effects of mental illness, the joy of recovery, and the important role that faith can play in that process for many people. The August 2018 conference included plenaries and workshops that discussed a range of issues from treatment and services to community support and faith. The goal of the conference was to integrate the two worlds in an “organic” and unstilted manner.

Pathways to Hope has become a galvanizing force that has led congregations to incorporate mental health into the ongoing life of their communities. It has also prompted new relationships between providers and faith communities. Various area organizations, including mental health training programs, staff booths and display information about their programs during the conference. The county judge, Nelson Wolff, recently requested that Mr. Beach and others from P2H to meet with a lead staffer, Dwayne Robinson, and 60 African American pastors to talk about the conference and mental health.

The vision for the future of P2H is to ensure “people can be inspired and empowered to go out with ‘faith’ that people can recover, equipped with compassion knowledge and skill to support and facilitate recovery.” This can happen by listening and building relationships and trust so that others will feel empowered to tell their stories. This community-based and “organic” model seeks to avoid a technical approach and, instead, emphasizes faith and values when engaging in mental health topics.

It is important to Mr. Beach that faith-related mental health initiatives are truly a two-way street, and that they do not merely involve educating faith communities about mental health diagnoses and treatments. Faith communities have perspectives, values, and emphasis – for example on a transcendent, loving, and powerful God – that can infuse the mental health services community with greater effectiveness. “Don’t dilute the faith part of this!” he says. He does not want the faith community to become co-opted so that faith-based mental health initiatives become “just another program.”

However, Mr. Beach is not saying that mental health providers should proselytize the people they serve; rather, he believes these people can become more hopeful and have more faith in recovery from mental illness. He also believes that the people who work in mental health treatment programs can have respect for and belief in the importance of faith in the recovery process for many people.

Collaborative Relationships

The Pathways to Hope conference has many collaborative relationships – too numerous to list here. However, it is notable that the county judge has made an intentional effort to connect to the conference and, in fact, has attempted to broaden the conference’s appeal by forging relationships between P2H organizers and African American faith communities. Many local faith communities have become involved, including St. Mark’s Episcopal Church, whose Associate Rector, Rev. Carol Morehead, is the conference co-chair. Mr. Beach also is currently working on a congregation study with Gabriel Acevedo, PhD, Associate Professor of Sociology at The University of Texas at San Antonio. Bandera Road City Church and Sister Pat Connolly of the Daughters of Charity of St. Vincent de Paul are notable participants as well, along with numerous mental health provider agencies and individual mental health professionals in the community.

Mr. Beach is a member of the City of San Antonio’s Mental Health Action Team, which is working with dozens of area congregations to implement Mental Health 101 trainings, initiate conversations, and advance a broader implementation of mental health ministry in the city.

Oak Hills Church

Address: 19595 W. Interstate 10, San Antonio, TX 78257

Interviewee: Sam Warren, Minister of Care and Growth

Website: www.oakhillschurch.com/home

Faith and Mental Health Initiative

Prior to his time at Oak Hill church, Sam Warren worked as a mental health clinician in a variety of contexts, including private practice, outpatient service agencies, residential treatment, and psychiatric hospitals. His goal in his current ministry is to marry his experience and training to his current position in discipleship and care ministry. Some of his ministry work includes providing support and recovery groups for congregation and community members who are variously coping with addiction, the effects of abuse, and other mental health-related issues. He offers regular classes at Oak Hills Church on healthy relationships, personal development, boundaries (he uses the Henry Cloud and John Townsend curriculum), and self-esteem (for which he uses Robert McGee’s, *The Search for Significance: Seeing Your True Worth through God’s Eyes*). Mr. Warren has also started a counseling ministry. Through a connection with

Doug Beach, the church now hosts some NAMI groups, as well, and it has become involved in the Pathways to Hope Conference (P2H).

Mr. Warren feels that that Pathways to Hope has opened the eyes of many area pastors and hopes that future conferences will provide even more practical advice for local clergy. He also hopes the conference will establish even more ambitious goals related to integrating faith and mental health, and create more extensive collaborations that will expedite progress and change.

Pastor Warren also is looking for ways to do more preventive work with his congregation and hopes that further growth of the P2H conference will lead to a greater dissemination of resources and better equip staff and lay people to meet the mental health needs of local congregations. He has recently discovered a group called The Life Model, created by Dr. Jim Wilder. This group has a program called THRIVE that provides training and resources for faith communities on how to build community that does not designate a “recovery ghetto” or separate the “high-joy” people from the “low-joy” people. The program emphasizes developing and helping leadership mature, in part by encouraging relational skill-building. The goal is to increasingly prevent mental health-related crises before they happen by training people who can serve as life models and help members develop the skills needed to cope with life stress and difficult life transitions.

Collaborative Relationships

As mentioned above, Oak Hills Church and Sam Warren collaborates with Doug Beach of NAMI and the P2H conference.

San Antonio Clubhouse

Address: 6851 Citizens Parkway, #100, San Antonio, TX 78229

Interviewees:

- Mark Stoeltje, Executive Director
- Andrea Watson, Program Director

Website: www.saclubhouse.org

Faith and Mental Health Initiative

The San Antonio Clubhouse (the Clubhouse), which opened its doors on August 7, 2003, is not a formal faith-based organization, but it began as an outreach ministry in one room of the Travis Park United Methodist Church. The Clubhouse is a volunteer, member-run organization for people living with mental health disorders. The foundation of the Clubhouse model is the belief that people deserve to be a part of a supportive community that builds on their strengths and skills. Members are given the opportunity to use their abilities during a volunteer workday at

the Clubhouse. Additionally, membership entitles them to education and employment support and the Clubhouse connects people to local education and employment opportunities. The Clubhouse also provides members with direct support as well as assistance with technology training, community support services, securing stable housing, and budget planning. The Clubhouse offers participants access to a rich social support system through planned social events and meaningful relationships.

Mark Stoeltje, the founding and current executive director of the San Antonio Clubhouse, notes that while the Clubhouse does not formally use faith or spiritual approaches, faith informs everything he does as the organization's leader. Because the organization is member-driven, when members are interested, they are welcome to organize and incorporate faith-based elements – such as meetings, events, and support – into the member experience. Stoeltje believes that the foundation of the Clubhouse is about how people connect to each other. If the connection happens through faith, the Clubhouse will help bring that opportunity to life.

The Clubhouse also participates in faith-based events to inform the community about mental illness and the support offered by the Clubhouse. (Most recently, representatives participated in this year's Pathways to Hope Conference.) While members sometimes report that they experience stigma in congregations, the Clubhouse strives to promote its inclusive and understanding approach in its work with receptive faith community partners.

Collaborative Relationships

The Clubhouse reports that its faith-based collaborations are most often with Travis Park United Methodist Church (TPUMC) and Corazon Ministries (an outreach ministry of TPUMC). Stoeltje notes, however, that the Clubhouse does receive referrals from several other local congregations. Additionally, the Clubhouse has expanded to include a connection center that is tasked with further developing partnerships throughout the San Antonio faith community.

South Texas Veterans Health Care System

Address: 7400 Merton Minter, San Antonio, TX 78229

Interviewee: Chaplain Juliana Leshar, MDiv, PhD, BCC, Chief of Chaplain Services

Website: www.southtexas.va.gov

Faith and Mental Health Initiative

Chaplain (Ch.) Juliana Leshar has been Chief of Chaplain Services at South Texas Veterans Health Care System (STVHCS) for seven years. She has lived experience with mental health issues and believes she was called to Veteran Affairs Chaplaincy. She has a permanent staff of 13, with 24 total staff (including part-time). She and her staff are very involved in treatment for

substance abuse issues, polytrauma issues, and traumatic brain injury. They also work with burn issues and veterans who have lost limbs in combat.

Ch. Leshner is also in charge of Chaplain Services at the Department of Veterans Affairs (VA) at Kerrville, which provides long-term care for veterans. STVHCS has established nine outpatient clinics, extending as far as Victoria, Texas. Ch. Leshner oversees one chaplain who is dedicated to providing home-based services through tele-communication and -conferencing. She also oversees two chaplains who are devoted to mental health issues and one of her staff chaplains provides spiritual care programming for veterans in the Polytrauma Transitional Rehabilitation Program (PTRP).

Ch. Leshner is very focused on moral injury issues and her staff is doing groundbreaking work in this area. The South Texas VA Chaplain Service program was recognized as a best practice by the VA Professionals Association for work in recognizing and treating battle-moral injuries, which she defines as a searing wound to the conscience. Chaplains specialize in morally injurious subjects such as guilt, shame, and forgiveness. The South Texas VA Chaplain Service has formed an open posttraumatic stress disorder group and a closed moral injury group to help veterans heal. They have also developed a unique program that is styled after the Reboot Combat Recovery program, which offers a structured curriculum over a period of 12 weeks and uses an interdisciplinary team to address the spiritual injury and the moral injury related to service issues.

The South Texas VA Chaplain Service is very focused on community outreach to veterans, particularly outreach to rural areas. Ch. Leshner feels that there is a real need to connect with rural areas and smaller churches – congregations that are friendly to veterans and people who are returning from combat tours. In working with churches, the South Texas VA Chaplain Service asks them to be open to new people and those who have special needs. South Texas VA Chaplain Service seeks to develop programming for couples communication as well as spiritual support for veteran families. Unlike veterans returning from the Vietnam War, veterans today are welcomed back into their communities. However, many of the people the VA chaplains work with served during the Vietnam War – veterans who were not welcomed back to their communities and, to this day, lack community. Ch. Leshner is very appreciative that San Antonio is a pro-military, welcoming community. She and her staff provide training to clergy to help them understand ways they can address mental health issues and where their background and training are not sufficient to deal with these issues.

Collaborative Relationships

As part of the training provided for clergy through the Veteran Community Outreach Initiative (VCOI) and the Rural Clergy Training Program, Ch. Leshner and her staff recognize the need for collaboration between the medical community, the mental health community, and chaplain

services. They seek to inspire a team approach of working together to address the needs of veterans and their families in a holistic manner.

St. Mark's Episcopal Church, Pathways to Hope Conference

Address: 315 E. Pecan St., San Antonio, TX 78205

Interviewee: Reverend Carol Morehead, Associate Rector for Liturgy, Adult Formation and Pastoral Care, and Co-Chair of the Pathways to Hope Conference

Website: www.stmarks-sa.org

Faith and Mental Health Initiative

Reverend Carol Morehead, Associate Rector at St. Mark's Episcopal Church (St. Mark's), is also co-chair, along with Doug Beach, of the annual Pathways to Hope Conference in San Antonio. In her role at St. Mark's, Rev. Morehead draws on her past work in the mental health field and her training in spiritual formation to help develop a "community of wellness" in the congregation. This entails bringing together concepts and best practices from her faith tradition, mental health education, and other resources into a holistic approach that ensures that people, including those with mental health challenges, do not "fall through the cracks" but, rather, are included in the community. Rev. Morehead also works within an adult developmental framework that has led to a focus on healthy life transitions, including at the end of life. Processes of development and spiritual formation are understood to be influenced by the reciprocal relationships between experiencing God and experiencing the embodied, psychological-emotional realities of life.

Like any large congregation, St. Mark's has coped with serious mental health challenges in its midst, even suicide. There has been "a lot of silent suffering" in the congregation over the years. A key focus, then, of the work at St. Mark's has been to "name" the mental health challenges that roughly one-in-four congregation members are experiencing at any given time. Rev. Morehead has found a variety of ways to talk openly at St. Mark's about mental health, including in sermons, bible studies that include a focus on the mental health challenges of key characters, and contemporary book readings on mental health topics.

Crucially, there has also been an emphasis on sharing personal stories of the lived experience of mental illness and the process of recovery. She and her husband, a psychiatrist, have shared their family experience with mental health challenges, as have other church leaders and members. The net effect brings together biblical, theological, medical/social-scientific, and personal narratives in a way that breaks down the stigma of mental illness and promotes holistic conversations and healing.

Rev. Morehead brings a rich theological understanding to this whole enterprise. “...We are resurrection people; we are always being made new and there is hope in that,” she says. Like other faith-based leaders with whom we spoke, Rev. Morehead eschews an over-emphasis on the sinfulness of people and the ways in which that creates distance from the transcendent. For Rev. Morehead, an important theological dimension related to fostering hope is encouraging congregants to appreciate and experience the “wideness of God’s love.” “We have to constantly talk about God’s *good* creation” and explore further what it means to be created in God’s image. Another interesting perspective indicates that God maintains a generous outreach toward people, even when they falter: “When we step back from God, God still steps toward us.” To Rev. Morehead, the hope created by these theological understandings is a powerful force that can aid in the process of attaining recovery and wellbeing, and could be useful both in congregations and mental health service delivery systems.

Collaborative Relationships

Co-chairing and helping develop the Pathways to Hope conference is one practical way in which Rev. Morehead integrates her theological perspective with her concern for the community’s mental health. Others from her congregation, including her husband (a psychiatrist), have been involved in the conference, as well. Pathways to Hope has become an orienting faith-based mental health initiative in San Antonio, which increasingly draws attendees from elsewhere in Texas and other states.

St. Mary’s University – Family Life Center

Address: 251 W. Ligustrum Dr., San Antonio, TX 78228

Interviewee: Molly O’Phelan, PhD, Clinical Director

Website: www.stmarytx.edu/outreach/counseling

Faith and Mental Health Initiative

The Family Life Center (the Center) at St. Mary’s University is a training center for graduate students that provides low-cost counseling for individuals, couples, and families on a sliding fee scale. The Center’s diverse client population is primarily from low-income households. Clients receive services from graduate students who are clinicians-in-training under the supervision of licensed faculty. The graduate student body is culturally diverse and currently can provide counseling in many different languages, including Spanish, Arabic, Greek, German, and Korean.

Dr. Molly O’Phelan, the Center’s Clinical Director and internship coordinator, provides supervision and creates opportunities for masters and doctoral students. Another role Dr. O’Phelan fulfills is to provide outreach and education in the community, including to NAMI groups and faith communities. She also creates community-based externship opportunities for graduate students. Dr. O’Phelan combines her roles of internship and outreach coordination in

helping students to appreciate the roles that faith/spirituality and supportive communities can play in the lives of their clients. One particularly significant connection she has made in this regard is with the annual Pathways to Hope conference.

Collaborative Relationships

Dr. O’Phelan has attended the Pathways to Hope Conference, bringing several of her student interns with her, where they staffed a booth that informed attendees about the affordable counseling services available at the Family Life Center.

Additionally, monthly play therapy workshops are held Saturday mornings at the Family Life Center. Along with the student body, professionals in the community are invited to participate and receive continuing education credits towards earning certification as registered play therapists.

St. PJ’s Children’s Home

Address: 919 Mission Rd., San Antonio, TX 78210

Interviewee: Gladys Gonzalez, Executive Director

Website: www.stpjhome.org

Faith and Mental Health Initiative

St. Peter–St. Joseph Children’s Home (St. PJ’s) is single-mindedly driven to provide opportunities for children and youth to live healthy, happy, and fulfilled lives through a continuum of care from ages 0 to 17 years. St. PJ’s has a very active counseling and therapy program that allows residents to continue their therapy even after they leave St. PJ’s. It strives to provide the best quality programs through ongoing attentiveness to the small details that make great programs.

The long history of St. PJ’s Children’s Home centers on the faith and tenacity of its Sisters, the compassion of a benefactor, and the kindness of the community. St. PJ’s was started in 1866 by three Sisters of Charity of the Incarnate Word, who came to San Antonio to care for the sick and the homeless. They began their mission by caring for abandoned and orphaned children at the St. Joseph’s Orphanage for Girls and St. John’s Orphanage for Boys, both situated on the grounds of the Santa Rosa Infirmary.

St. PJ’s, a mission of the Archdiocese of San Antonio, is a social service agency operating under the Archdiocese as an independent 501c3 nonprofit organization. The mission of St. PJ’s is to be a safe and loving refuge for children in crisis and to accompany them on their journey to healing and wholeness, breaking the cycle of abuse and neglect, one child at a time.

Ms. Gonzalez believes that St. PJ's is a very special place. The staff work with children and youth who express an interest to know more about God. St. PJ's offers masses throughout the year and residents are always invited to attend. During the summer months, seminarians volunteer by "walking alongside" children and youth who are seeking spiritual guidance. There are no magic formulas that enable people to be open to spirituality, but the staff is always open to working with children and youth if they express an interest. All residents have access to a chapel, the grotto, and the Stations of the Cross. Ms. Gonzalez reported that staff often find rosaries that children leave as an offering at the foot of the grotto. Additionally, throughout the year, volunteers wishing to donate their time may conduct spiritual activities that are overseen by St. PJ's staff.

St. PJ's addresses the needs of children in the community through a children's emergency shelter. In addition, St. PJ's provides temporary foster care homes for international children ages 5 to 12 years old. It also offers services to help the community at large, including counseling for individuals and families as well as Project Ayuda, which provides housing support services in collaboration with Catholic Charities and the Guadalupe Community Center. In the last year, St. PJ's has provided services to 1,300 children and families.

Collaborative Relationships

In addition to collaborating with Catholic Charities and the Guadalupe Community Center as described above, St. PJ's works with the Texas Department of Family Protective Services and is a contractor with the Office of Refugee Resettlement Program. They are actively involved in reuniting families who have been separated.

Temple Beth-El

Address: 211 Belknap Pl., San Antonio, TX 78212

Interviewee: Rabbi Marina Yergin, Assistant Rabbi

Website: www.beth-elsa.org

Faith and Mental Health Initiative

Temple Beth-El, a 975-family congregation in San Antonio, is served by three clergy. Assistant Rabbi Marina Yergin has been with the congregation since 2015 and she has worked in various ways to incorporate discussions of and support for mental health into the life of the congregation.

One important role for the clergy at Temple Beth-El is to meet with congregants who are experiencing mental health needs. Clergy provide counsel and support, and they also help congregants obtain access to professional mental health care, when needed. While they refer

congregants to a variety of mental health professionals, the most common referral is to Jewish Family Services (JFS).

Clergy and lay people have led study and discussion groups within the congregation that have focused on a variety of mental health-related topics. For example, Rabbi Yergin has led groups with youth on suicide and mental health issues, at times drawing impetus from popular entertainment programs, such as the Netflix show *13 Reasons Why*. She has also led a series of discussions on the *Ethics of Social Media*, through which she has helped congregants explore bullying and other issues that can affect mental health.

Another Temple Beth-El program is *Torah on Tap*, which was originally designed for 20–30-year old congregants but has been made available to the entire congregation. An educational/discussion group within the *Torah on Tap* program is *Mental Health and Judaism*, led by a lay person who had been open with the congregation about her bipolar disorder diagnosis. Rabbi Yergin provided assistance and oversight for this program.

Another program, *Aging Wisely*, provides guidance on and opportunities for seniors to discuss developmental issues, including social-emotional needs. This group is co-led by a retired licensed social worker (who used to work at JFS) and the spouse of one of Temple Beth-El's rabbis.

In the future, Rabbi Yergin hopes to arrange Mental Health First Aid (MHFA) training for clergy and lay leaders who attend to the congregation's mental health needs. In addition to clergy, volunteers from the congregation who work in the Temple Beth-El food bank and in its home-bound services program would likely attend.

Finally, by disclosing in sermons and discussions some of her personal struggles and the fact that she sees a therapist, Rabbi Yergin has provided leadership in helping the congregation to feel more comfortable talking about mental health and related issues. She believes it is important for congregants to share their challenges with mental health, relationships, and loss so that all will appreciate the importance of being vulnerable and seeking help. She has also included mental health issues from time to time in sermons.

Collaborative Relationships

In addition to its ongoing relationship with Jewish Family Services, Temple Beth-El has established ongoing referral relationships with two programs that serve seniors: San Antonio Jewish Senior Services and Alamo Area Council of Governments.

This year's Pathways to Hope conference was scheduled on Friday and Saturday, which is Shabbat for Rabbi Yergin's congregation, which made it difficult for Rabbi Yergin and other Temple Beth-El clergy and congregants to attend.

The Ecumenical Center

Address: 8310 Ewing Halsell Dr., San Antonio, TX 78229

Interviewees:

- Mary Beth Fisk, Executive Director
- John Weber, Board Vice Chair
- Dr. Frank Emmett, Clinical Director

Website: www.echr.org

Faith and Mental Health Initiative

The Ecumenical Center (The Center) is a place of hope with headquarters at the South Texas Medical Center. The primary focus from the beginning has been the integration of spirituality into treatment. The Ecumenical Center focuses on spirit, community, health, and emotional well-being. An important part of its programming is training mental health professionals and pastors, as well as people in the religious community, to better integrate mental health and spirituality. It was chartered in 1967 by Bishop Everett H. Jones of the Episcopal Diocese of West Texas, Rabbi David Jacobson, Archbishop Robert Lucey, Catholic Archdiocese, and Methodist Bishop Eugene Salter, with the dream of providing struggling families a place of healing and support. The organization has grown from a very small beginning over 50 years ago to one that brings together the very best of resources and clinicians in the areas of psychology, medicine, and spirituality to provide education, counseling, and mental health services to the community. The Center's vision is to be the place where knowledge, faith, and healing unite.

The Ecumenical Center has an experienced staff that provide services in 21 satellite locations throughout Bexar County, Corpus Christi, Laredo, and the Rio Grande Valley. Most of these locations are within churches with which The Center has a relationship. The Center's wide range of programs and services include counseling using evidence-based techniques (counseling can also be theologically informed and spiritually sensitive when desired), psychological testing (including EMDR for trauma), neurofeedback for adolescents and adults (which they pioneered the use of in San Antonio), children's therapy (including play therapy), an expressive therapeutic arts program, educational outreach, and workshops and seminars for mental health professionals. The Center also provides supervision for licensed professional counselor (LPC) interns, licensed master of social work (LCSW) interns, and Doctor of Philosophy (Ph.D.) psychology externs. Lastly, in addition to offering pastoral education and guidance, The Center also offers a specialty in pastoral counseling. This bilingual course integrates knowledge of theology, psychology, ethics, and social sciences into pastoral practice, and is designed to equip

ministers and other religious leaders to be chaplains in hospitals, hospices, and correctional facilities. The Center offers this course in San Antonio as well as in Laredo and the Rio Grande Valley, where it was created specifically with and for Latino/a pastors.

Everyone is welcome at The Center, and no one is ever refused services. All insurances are accepted (including Medicare); however, 99% percent of those who utilize The Center's services need fee assistance. Last year, The Center provided services to 24,000 people – 12,000 of which were children.

Sutherland Springs, Texas and Other Outreach

The Ecumenical Center has been onsite in Sutherland Springs, Texas, since the day of the tragedy on November 5, 2017. It has been working closely with River Oaks Church to coordinate crisis counseling and relief team efforts; in fact, The Ecumenical Center now has two offices in Sutherland Springs and one in nearby La Vernia. At their offices, The Center's Family Resource Team offers evidence-based therapies to children, adults, and families Mondays through Saturdays, including support groups for grief and mental well-being.

Recently, The Ecumenical Center has embarked on a veterans outreach program, thanks to grants from the Texas Veterans Commission and Texas Health and Human Services. It recognized that families and children are directly affected by the departure, separation, changing environments, and reintegration of a parent who has seen combat and may be suffering from posttraumatic stress disorder, depression, and/or anxiety. Both children and adults need help to navigate these often difficult transitions, and The Center provides counseling and guidance to support individuals and families.

The Ecumenical Center is a very impressive organization that focuses on the interplay of mental health and spirituality. Since its beginning, it has worked to integrate spirituality into all of its programs and services. The Center constantly strives to expand its offerings to meet the unmet needs in Bexar County and across South Texas. This is clearly a best practice organization that could be emulated in other communities in Texas. From its beginning, The Ecumenical Center was an endeavor embraced and supported by many of the leading faith communities in the San Antonio and Bexar County area.

Collaborative Relationships

In addition to the collaborative relationships described above, The Ecumenical Center also works with many other service organizations such as Clarity Child Guidance Center in San Antonio.

Trinity Baptist Church

Address: 319 E. Mulberry Ave., San Antonio, TX 78212

Interviewee: Dr. Les Hollon, Senior Pastor

Website: www.trinitybaptist.org

Faith and Mental Health Initiative

Trinity Baptist Church has engaged in a variety of mental health-related ministry efforts, and Senior Pastor, Dr. Les Hollon, addresses mental health issues in his own role, including preaching from the pulpit.

Trinity Baptist is one of the first congregations in San Antonio to have placed counselors on its church campus. The counselors are independent contractors who receive referrals from pastors and members of the congregation. Under Dr. Hollon's leadership, the church's mental health and related ministries are guided by a foundational understanding that every person is made of body, mind, and spirit, and that health in each of these dimensions affects and is affected by the person's ongoing faith narrative. The church teaches the importance of understanding and grace over judgment. One of Trinity Baptist's goals is to help its community thrive by encouraging each person to experience love and spiritual growth, contribute to the community, and to thereby live the life that God intended.

One significant mental health ministry that has come out of this community is Alpha Home, a faith-based residential addiction recovery program for women. Alpha Home has the capacity to house 35–40 women at any given time and to serve another 75 in an outpatient program. Supported by a combination of local and state funding, Alpha Home primarily serves people who do not have insurance. United Way, Trinity Baptist, and occasionally child protective services also help supplement program costs. Alpha Home receives referrals from across the community as well as from the courts.

Dr. Hollon commented that Trinity Baptist is very involved with the city's faith-based mental health initiative. He finds that faith communities have unique skills to foster trust in the wider community, and he believes that mental health is directly affected by the degree to which communities are faithful and can be trusted. In his own role as Senior Pastor, he has engaged his congregation in addressing issues related to mental health by preaching on biblical themes of restoration. He also often helps convey and interpret biblical content for his congregation through the perspective, "here is the hurt, and here is where the hope is."

Collaborative Relationships

Trinity Baptist has about 100 different ministries, many of which are implemented in partnership with such organizations as the Greater YMCA of San Antonio – there is a YMCA

location at Trinity Baptist's third campus – The Ecumenical Center in San Antonio, Christ Healing Center, and local prayer ministries. Trinity Baptist has also participated in the Pathways to Hope conference and, as noted above, it has been involved with the city's faith-based initiative.

The University of Texas at San Antonio and H.E. Butt Foundation – Congregation Health Study

Interviewees:

- Gabriel Acevedo, PhD, Principal Investigator, The University of Texas at San Antonio
- Brandon Vaidyanathan, PhD, Co-Investigator and Associate Professor of Sociology, Catholic University

Faith and Mental Health Initiative

The H.E. Butt Foundation has funded an in-depth, qualitative and quantitative study of a dozen or so area congregations that will examine the relationships between the knowledge and understanding of mental illness/mental health and the stigma of mental illness in congregation participants. Dr. Acevedo of The University of Texas at San Antonio (UTSA) and a collaborating researcher, Dr. Vaidyanathan, were interviewed for the inventory analysis. Several graduate students are helping carry out the study.

The data for this study is being gathered through a multi-method approach, which includes interviews with church leaders that are analyzed by qualitative software that summarizes common themes; an ethnographic study through participant observation of events that are health/wellbeing oriented; and a survey of congregation members, which includes mental health and religion/faith instruments, along with socio-demographic questions. The research questions of this study focus on mental health literacy among church leadership and congregants, theological perspectives on mental illness that are prevalent in the congregation, the prevalence of stigma in the church communities, how these communities are actively engaging issues of health/mental health, and the inter-relationships among those variables.

Preliminary results from this study have shown that some congregations include health/mental health as a part of their organizational objectives, but that they vary with respect to their understandings of mental health/mental illness, their capacities to discuss those topics openly, and their readiness to provide acceptance and support. The researchers hypothesize that theological perspectives and mental health literacy will predict levels and types of engagement with mental health and mental illness issues. This study will also explore these relationships in such a way as to generate new hypotheses. For example, does a biomedical model of mental illness influence the ways in which congregation leaders and members understand personal responsibility in relationship to mental illness?

Researchers presented their findings at the Pathways to Hope conference in August 2018, as a general, preliminary report to the community, stakeholders, the foundation, and local church leadership. They have current funding sufficient to include 12–15 congregations in the study, which will allow them to create an aggregate profile and provide each church with an individual, congregation-level profile. The current study focuses on local Catholic and mainline Protestant churches. Dr. Brandon Vaidyanathan, collaborating researcher, indicated that he had submitted a grant application to the Templeton Foundation to expand the research to faith communities in Washington, D.C.

The longer-term hope for the research is that it will shed light on the inter-relationships between mental health literacy, theological perspectives, and congregations' capacities for providing support and hope to individuals and families as well as demonstrate methods, tools, and processes that can support consultation for individual congregations on ways to enhance understanding and skillful support. The study may also inform efforts to help congregations obtain necessary resources to support mental health as well as promote the potential roles of mental health “champions” and support groups within the life of the congregation.

Wellness Center for Families of Faith

Address: 222 Babcock Rd., San Antonio, TX 78201

Interviewees:

- Sylvia Luna, MA, LPC-S, LCDC, Founder and Director
- Yolanda Ortega, Trainer and Co-Founder

Website: www.wcfff.net

Faith and Mental Health Initiative

The Wellness Center for Families of Faith (WCFFF) grew out of the Faithbased Mental Health Initiative (the Initiative), which was founded in 2005 by Yolanda Ortega, who has a daughter with mental illness. The Initiative developed a vision that churches would become “part of the safety net for people affected by serious mental illnesses.” The original group of participants had been involved with the National Alliance on Mental Illness (NAMI) San Antonio (and some remain involved).

The Wellness Center for Families of Faith's mission statement is the following: *Empowering individuals, families, caregivers, faith groups and organizations to create recovery solutions by providing compassionate educational and counseling programs for all affected by mental illness.*

Sylvia Luna (current director of WCFFF) joined the Initiative in 2006 and used her expertise as a behavioral health professional to help develop formal educational materials that Initiative

members could use in their work with congregations. In 2010, Ms. Luna founded WCFFF and the Initiative has now become one of WCFFF's programs.

Both Sylvia Luna and Yolanda Ortega remain active in educating and equipping congregations for mental health ministry. They provide training in understanding mental illnesses, help congregations implement support groups, and work collaboratively with other ministries in the area to reach special populations. They have organized and delivered dozens of trainings to clergy, seminarians, family members, grass-roots organizers, church groups, ministry leaders, and behavioral health professionals.

Yolanda Ortega explained that the support groups they help congregations implement typically are for family members since groups for family members are not as widely available in the community as are mutual help groups for people experiencing mental illnesses. WCFFF refers consumers/peers to the community's existing support groups and mental health programs. WCFFF often encourages faith communities to adopt the Grace Alliance support group materials. (See the Grace Alliance entry in the Texas section of this inventory.)

In helping congregations and parishes develop mental health ministries, WCFFF uses an explicit strategy that focuses on identifying, developing, and supporting local mental health ministry facilitators. Once facilitators have been identified (at workshops and other events, or through conversations in neighborhood communities), WCFFF trains them, provides them with written mental health education and ministry materials, and coaches them on establishing family support groups in the congregation setting. They also provide ongoing support and technical assistance to facilitators and congregation/parish leaders.

WCFFF has worked with both Protestant and Catholic faith communities. It also is unique in that it has focused on communities of color, particularly Latino communities, and other groups not often reached by mental health education and ministry efforts, including military veterans, older adults, and monolingual Spanish speakers (WCFFF is able to deliver educational events in English or Spanish). Because of its unique expertise, WCFFF has been asked to deliver presentations in other Texas communities and other states, including Arkansas.

A new venture for WCFFF is the development of a mental health training curriculum for mental health community workers, which will be used to train volunteers in community outreach and face-to-face mental health education and coaching activities for clients and families. WCFFF's long-range vision is for the Texas Health and Human Services Commission to use this training curriculum in certifying community mental health workers.

Collaborative Relationships

WCFFF works with a number of other area non-profit and ministry organizations, including the National Alliance on Mental Illness, the Northwest Urban Deanery (of the Catholic Archdiocese), Bexar County Reentry Program, the San Antonio Clubhouse, and Deacon Bob Leibrecht's criminal justice system ministry. It has provided training to congregations involved in those networks and has collaborated in hosting mental health education and training events. For example, in July 2018, WCFFF hosted a conference called, *Mental Illness and the Criminal Justice System: Addressing the Challenges*, in collaboration with Deacon Leibrecht. Three years ago, Yolanda Ortega assisted the Northwest Urban Deanery (NWUD) in its development of a mental health ministry program, and Sylvia Luna is an official member of the NWUD Mental Health Team. WCFFF and NWUD have co-hosted and delivered mental health seminars.

Selected Best Practices Elsewhere in Texas

Grace Alliance

Address: 601 Franklin Ave. Suite F, Waco, TX 76712

Interviewee: Joe Padilla, Co-Founder, President & CEO

Website: www.MentalHealthGraceAlliance.org

Faith and Mental Health Initiative

The Grace Alliance, founded in Waco (though this organization could just as easily be placed in the national section of this inventory), was born out of a collaborative relationship between Joe Padilla and Dr. Matt Stanford.¹¹ After Joe Padilla's wife was diagnosed with bipolar disorder, the couple experienced poor mental health care as well as a weak response from their faith community, which was ill-equipped to respond to serious mental illnesses. This shattering experience prompted Mr. Padilla to become more educated in mental health research, evidence-based practice, neuroscience, and psychology. His self-guided education led him to procure appropriate treatment for his wife and create a home environment that was conducive to recovery and wellness.

Mr. Padilla and Dr. Stanford, a fellow parishioner, began to write mental health curricula that would enable church-based, supportive groups to learn more about mental health/mental illness, where to obtain proper help, and how to cope and provide support. Their curricula for families, individuals with mental health conditions, and other congregation members translates the latest scientific and practice-based mental health information into language that lay people can understand. (The H.E. Butt Foundation has been one of Grace Alliance's funding partners.)

Grace Alliance Groups

Grace Alliance has developed curricula for several types of mental health support groups. *Living Grace*, developed for peers, combines psycho-education, Christ-centered biblical teaching, and evidence-based mental health principles in a holistic, faith-based resource for achieving self-actualization, self-determination, and wellness. Grace Alliance has also created and makes available the *Family Grace* workbook for families with loved ones who face mental health challenges. A workbook for students, *Redefine Grace*, recently has been tested in conjunction with Baylor University and is now available, as well. While groups are led by Grace Group facilitators, the strength of the group structure and detail of the curricula reduce the need to rely so much on the facilitators' expertise, as is the case with other group support approaches.

For those wanting to start a Grace Group in their community, Grace Alliance offers a free, video-based training on using the curricula. Congregation-based groups also can choose to

¹¹ There are at least 160 Grace Groups in congregations across 30 states and several countries. Several San Antonio congregations included in the faith-based mental health map use Grace Alliance resources.

purchase an in-person training from Grace Alliance directors if they want more guidance than is available from the video and curricula alone. Free monthly webinars, a private Facebook page, and ongoing support from Grace Alliance directors are available to group facilitators.

The Grace Alliance Groups explore a variety of principles, including, for example, developing resilience; stress management; overcoming negative thoughts; and creating safe, authentic relationships. The curricula touch on faith concepts such as belonging, grace, comfort, and the love of God. Mr. Padilla and Dr. Stanford chose a workbook structure because they had found unstructured groups to be unhelpful and also because they wanted to create a resource that could be used independently by congregation-based groups, without having to rely on a mental health professional.

Grace Alliance Self-Help Resources

The Grace Alliance's *Thrive Workbook* is an in-depth guide for people who are on the journey of recovery from mental illness. This evidence-based workbook – it has been researched and found to be effective – takes a holistic approach and combines matters of faith with evidence-based practices and even principles of neuroscience. *Thrive* provides a more in-depth resource than *Living Grace* or *Redefine Grace* for people who are coping with mental health challenges and who want to explore recovery and wellness individually or in combination with participating in one of the Grace Groups. Family members also have reported benefitting from their use of *Thrive*.

Training for Clergy

In addition to his work with Grace Alliance, Mr. Padilla leads a training in mental health for clergy, *Church Leaders Mental Health 101*. In this four-hour training, he teaches attendees how to identify mental health issues, how best to minister and respond to individuals and families who are coping with mental health conditions, and how to build a mental health treatment referral network. Mr. Padilla also emphasizes how clergy can partner with others so that they do not have to take on all of the burden in helping people affected by mental illnesses. This four-hour training is being researched to examine its effectiveness. Mr. Padilla feels churches could use this training as an alternative to Mental Health First Aid.

Hogg Foundation for Mental Health

Address: 3001 Lake Austin Blvd., Austin, TX 78703

Interviewee: Vicky Coffee, Program Manager

Website: <http://hogg.utexas.edu>

Faith and Mental Health Initiative

The Hogg Foundation for Mental Health (Hogg Foundation) promotes recovery-oriented systems and communities that support the mental health and wellbeing of Texans. The Hogg Foundation achieves this worthy initiative through policy engagement, collaborative research, and awarding grants for community efforts. One of Hogg Foundation's many targeted programs includes its African American Faith-Based Mental Health Education and Awareness initiative.

This initiative began six years ago after the Hogg Foundation hosted a conference in Fort Worth that opened the dialogue on how African American churches could address mental health issues. Two years later, the Hogg Foundation launched this initiative, which included grant funding for 11 faith-based organizations in Texas. The goals were to increase awareness, change perceptions, connect congregants with community-based mental health resources, and support faith leaders with their own mental health. Ten churches were awarded the funding, five from Houston, four from Dallas–Fort Worth, and one from Taylor. There were very few applicants from the Central Texas or San Antonio area. The grant was scheduled to end in the fall of 2017, but the Hogg Foundation extended it one more year to allow the churches to address trauma, particularly related to Hurricane Harvey.

Examples of Projects

- Breakfasts with clergy educating them on mental health;
- Gospel concert followed by speakers on mental health topics;
- Resource Sundays – tables are set up with mental health resources, people can stop by and talk; and
- Hosting Mental Health First Aid trainings.

Specific Examples of the Work from Grant Awardees

In the remainder of this inventory entry, we feature two grant awardees, one from an urban center (Houston) and the other from a rural city (Taylor).

T3 Mental Health and Wellness – Windsor Village Church Family, Houston

Jameisha “Meisha” Brown, Managing Leader

<http://www.kingdombuilders.com/health-social-services/>

<https://www.facebook.com/t3healthandwellnesswvumc/>

T3 Mental Health and Wellness (T3) is a ministry of Windsor Village Church Family that provides intervention services, awareness campaigns, and education to its congregation and the community. The program was motivated to apply for the grant after seeing the traumatic effects on the African American community as a result of repeated exposure to media that

depicts violence against this community. Many congregation members were suffering, from the “well-to-do” who experienced racism, to felony offenders who could not get jobs.

T3 has conducted many impressive awareness and stigma-reducing campaigns. According to Meisha, instead of naming a mental illness, the African American community would instead say I am “going through something.” To address this, T3 offered a series of trainings that renamed mental illness. These trainings included “Reading the Signs,” “Unpack your Bags,” and “In my Feelings.” To target youth, the program hosted a lock-in with a mixture of fun activities, such as paintball, movies, and basketball, as well as educational sessions on parent communication, body image, and sexual orientation.

The program also has its own in-house counseling program with certified coaches, pastors, licensed counselors, and interns. People of color are more comfortable coming to this counseling program. After implementing aggressive awareness and stigma-reducing campaigns, requests for counseling increased so much that the church could no longer handle the volume. In response, T3 created a network of providers consisting of five other African American churches across Houston that will provide counseling.

T3 also provides a variety of trainings to the community, including Mental Health First Aid, Trauma-Informed Care training, and youth substance abuse workshops. These trainings are targeted to the community and they even offer CEUs to police officers.

God’s Way Christian Baptist Church, Taylor

Sonya Hosey, Assistant Pastor

www.gwcbctw.org

God’s Way Christian Baptist Church (God’s Way) is a small, predominantly African American church located in Taylor, Texas. Taylor is a rural town outside the sprawling, affluent city of Round Rock. The economy in Taylor has experienced a significant loss of industry and the population is challenged by many social determinates of health, including poverty, historical trauma, racial tensions, transportation barriers, and limited access to health care. God’s Way witnessed the effects of these factors in the congregation and sought to find ways to address them.

God’s Way has a high prevalence of trauma in the congregation. The majority of children and youth in the congregation have been or are currently in foster care. Many of the adult congregation members were in the foster care system as youth. Congregants, leadership, and family members struggled to understand the signs and symptoms of mental illness, which, in many cases, result from exposure to trauma; church members would see a child with a symptom of a mental illness and believe the child is merely being disobedient. In 2014, God’s

Way applied for the Hogg Foundation's African American Faith-Based Education and Awareness Grant to support mental health education and awareness and to reduce stigma within the Central Texas area. Out of 11 churches awarded in Texas, God's Way was the only rural church in Central Texas that received an award.

Through this grant, God's Way has been able to provide many awareness events, trainings, and outreach opportunities. Below is a listing of these community engagement activities:

- Developed and hosted a conference for youth that featured live music and speakers who had lived experience with mental illness;
- Developed in-house trainers for Youth Mental Health First Aid and provided training free of charge to schools and churches in the Central Texas area;
- Developed wellness fairs for the community, which included mental health screenings, physical health screenings, and resources;
- For three years in a row, God's Way supported a city-wide Vacation Bible School and provided education on mental health to the pastors and leaders of the event;
- Created a "Vacation Bible School" for teens called Teen for Teens, which, among other topics, addressed suicide, offering discussion and support for teens who had family members that attempted or died by suicide;
- Provided stipends to other churches to provide mental health awareness campaigns;
- Offered training on human trafficking;
- Provided mental health outreach in African American barber shops;
- Coordinated an open dialogue at an African American barber shop between the police and African American males, which openly addressed concerns about policing for African Americans and people with mental health, and provided police officers with the opportunity to acknowledge these concerns and talk about the mental health training that they had received; and
- Conducted a women's retreat on self-care and stress reduction (most of these women were pastors' wives).

The funding from the Hogg Foundation grant will end this fall, but the church has come a long way in increasing awareness and opening up dialogue in its community. Prairie View A&M University has completed an evaluation of the project that will be released soon. God's Way has also recently joined a Central Texas Faith and Health Collaborative and it hopes to use these new relationships to advance new initiatives. One of the greatest challenges for smaller or economically disadvantaged churches or communities is a lack of fundraising or grant writing capacity. This gap often contributes to perpetuating or increasing existing power differentials and even racial tensions and divisions.

Collaborative Relationships

The Hogg Foundation for Mental Health is collaborating with a number of African American congregations to promote mental health education and increase the capacity for providing community support to people with mental health conditions and their families.

Hope and Healing Center and Institute

Address: 717 Sage Rd., Houston, TX 77056 (hosted by St. Martin's Episcopal Church)

Interviewee: Dr. Matthew Stanford, Executive Director

Website: <http://hopeandhealingcenter.org>

Faith and Mental Health Initiative

The Hope and Healing Center and Institute (HHCI) grew out of a survey of congregants at St. Martin's Episcopal Church that found the number one concern was to help people who had been "broken by life circumstances." HHCI has been hosted by St. Martin's ever since and continues to operate from a faith-based perspective. HHCI actively engages the faith community and prepares it for providing mental health services and supports; its own services are faith/spirituality-friendly. HHCI receives funding independently through its own fundraising and grant writing.

HHCI is one of the most comprehensive faith-based mental health initiatives nationally. Led by Dr. Matthew Stanford, a nationally recognized leader in faith-based mental health initiatives, HHCI aspires to increase access to mental health care in Houston, reduce unnecessary hospitalizations, and eventually take its programs to scale nationally. Currently, HHCI is implementing a number of programs that reach the entire Houston community and beyond; last year, people from over 200 different zip codes used its services.

HHCI has developed a continuum of care that enables people to receive help as soon as possible and in the most appropriate place or setting. For example, if congregations and families can learn to detect mental health issues early on, a person might only need to participate in support groups, one-to-one natural support, or other interventions in the congregation settings instead of participating in specialty mental health care. When people have more serious needs, HHCI is available to provide evidence-based treatments and a number of support opportunities to help them recover and remain optimally involved in community life. However, HHCI's main focus is to build a strong, congregation-based "lower levels of care" network so that people with mental health needs do not flounder and end up needing higher-end services, including hospitalization. Such a strong focus is placed on congregations because they often include people who genuinely want to help others and they already have buildings and space available for providing services and supports – money can be saved by not having to build new structures to house services.

Increasing Awareness and Reducing Stigma

HHCI provides dozens of education and awareness programs and events each year in its large auditorium at St. Martin's. Educational events, which reach many congregations, include continuing education units for mental health providers. By bringing discussion of mental health out into the open, HHCI is breaking down the taboos associated with talking about mental illness and mental health. Education and awareness programming also often use a diathesis-stress model to help people understand that people have different levels of vulnerability to mental illness and that having a mental health condition is common and nothing to be ashamed of.

Services and Interventions

HHCI offers about 40 different support groups each week, including self-help groups, which collectively are able to address all manner of mental health issues and various addictions. In addition, it provides clinical services for various populations, including people with serious mental illnesses (which are not typically a focus of concern for faith-based mental health initiatives). Services for people with serious mental illnesses include a cognitive-behavioral therapy (CBT) training curriculum (with work book) called *Thrive*, which was developed by Dr. Matt Stanford of Grace Alliance. This psychoeducational approach helps people learn to manage their own mental illnesses. HHCI also provides dialectical behavioral therapy (DBT), an evidence-based practice for people who have difficulty with emotional regulation, maintaining harmonious relationships, or avoiding self-harm. Case management, an important complement to CBT and DBT treatment interventions, is also made available for those in need. Soon, HHCI will also use telepsychiatry services to increase access to psychiatric consultation. "What we do not provide is counseling for the worried well," said Dr. Stanford.

Community Service and Training of Congregations

All of the services summarized above are offered free of charge to all those in need, regardless of income. This means that HHCI serves people with a wide range of incomes and is able to ensure access to services for the entire community.

HHCI provides extensive training to congregations in the provision of services and supports. So far, it has trained 30 congregations, but its goal is to train 500 congregations. HHCI trains congregants to use the "4 Rs" as a guide:

- **Recognize** mental health issues;
- **Refer** people in need to appropriate care;
- **Relate** effectively to people who are in distress – for example, they train congregations to be peer mental health coaches, and develop pastoral counseling teams that are focused less on intervention and more on "just being present"; and

- Provide **Restorative programming**, including support groups of various kinds (including trauma-informed groups), one-to-one supports, and cognitive-behavioral therapy.¹²

HHCI not only trains congregations, it also provides ongoing support and resources. For example, HHCI facilitates a monthly chat for mental health coaches through several community satellites. In addition to making itself available as a referral source for people needing more professional-level care, HHCI provides access to an extensive database of other carefully vetted providers that congregations can tap into, as needed.

Collaborative Relationships

The Hope and Healing Center currently does not have collaborative relationships in Bexar County, but it has collaborated with a number of organizations and providers in Houston, including dozens of congregations (if not more) and other mental health providers. It receives referrals from the local mental health authority and from a number of other providers.

Houston Graduate School of Theology

Address: 4300c W. Bellfort Blvd., Houston, TX 77035

Interviewee: Dr. Fred Smith, Jr., Professor of Public Theology, Director of the Doctor of Ministry Program, Director of the Center for Leadership in Public Theology

Website: <http://www.hgst.edu>

Faith and Mental Health Initiative

About Dr. Fred Smith, Jr.

Reverend Dr. Fred D. Smith, Jr. is one of the leading innovators in the field of faith and health, and a living voice for Dr. Martin Luther King, Jr.'s vision for a Beloved Community. Dr. Smith has earned multiple academic degrees and honors, including a bachelor's degree in economics from Harvard, a Master of Divinity from Perkins School of Theology at Southern Methodist University, and a Doctorate in Practical Theology from Emory University. He now serves as the Director of Institutional Advancement, Professor of Public Theology, and Director of the Center for Leadership in Public Theology at the Houston Graduate School of Theology (HGST), an independent, multid denominational seminary that educates over 200 students each year.

Faith and Health

In order to understand what faith- and health-based initiatives are, one must first define what is a faith-based organization. Dr. Smith explained that this is not simply a coalition of faith organizations or churches, but something that transcends them. It is an organization of people who have faith, live their faith, and hold themselves accountable to something greater than

¹² There is extensive research in the United States and elsewhere that supports the efficacy of training lay people in the use of very structured evidence-based practices, such as CBT.

themselves. The Spirit working through congregations that are engaged in health-based initiatives can achieve what was once thought impossible. The tangible evidence of this has been seen in faith and health projects such as the Congregational Health Network in Memphis, Tennessee, where hospital readmissions and mortality rates in the congregations have decreased after the development of faith-based initiatives.

Dr. Smith believes that inequities in health care have reached a critical point. The traditional ways of addressing illness are not healing the complex health and social issues in the community. To overcome these issues, it is imperative to develop and promote transformative partnerships with minds open towards health equity and justice. He confirms that despite today's emphasis on commodifying everything, health is a gift from God and we are to be stewards of that gift – it is a moral imperative for a faith-based organization to care for that gift.

Training Others

The Houston Graduate School of Theology, where Dr. Smith serves, trains many of the chaplains who later provide care at the Texas Medical Center and for the military. The school offers a Master of Arts in Counseling degree and provides classes in addictive behavior and treatment; prevention, intervention, and consultation; marriage and family dynamics; psychopathology, and many other behavioral health conditions. Courses on faith and health that include the role of social determinants of health, trauma, and resiliency are also provided at the school.

Collaborative Relationships

Dr. Smith served as the faith and health consultant for Methodist Le Bonheur Healthcare System, and participated in the development of the Memphis Model, the best practice for hospital and faith initiatives. He also consulted with Wake Forest Baptist Medical Center and its development of FaithHealthNC, and developed the FaithHealth Fellows program for the state of North Carolina.

Houston Methodist Hospital

Address: 6565 Fannin St., Houston, TX 77030

Interviewee: Reverend Kimberly Mabry, Project Manager, Golden Care Health Ministry

Website: <https://www.houstonmethodist.org>

Faith and Mental Health Initiative

Houston Methodist Hospital (Houston Methodist) is a leading academic and research institute located within the world's largest medical community, the Texas Medical Center. The system consists of six hospitals that are spread out across the greater Houston area, including Sugarland, Katy, Baytown, The Woodlands, Clear Lake, and Northwest Houston. In every community, Houston Methodist was witnessing that patients were often unable to recover and

stay healthy because of basic social needs such as transportation, food, and funding for medications, which are all resources that could be accessed in communities of faith.

Golden Care

Inspired by the tradition of the Methodist Golden Cross medical assistance fund, the Golden Care Ministry Program is a collaboration of the Texas Annual Conference of the United Methodist Church and Houston Methodist Hospital. The Golden Care Ministry Program has formed partnerships between congregations of all faiths to help patients in vulnerable social situations who are discharged from Houston Methodist's facilities. Houston Methodist partners with congregations to organize a health ministry program to both receive patient referrals for aftercare and to care for the health and wellness of their own congregation members.

Golden Care, which began less than two years ago, is inspired by the "Memphis Model" of providing a hospital handoff to a member of a church congregation. Golden Care services are not clinical in nature, but they do provide critical social services and supports to ensure that people can remain independent in the community. In this program, a volunteer from a congregation will follow a person for 30 days after discharge and serve as a bridge to resources until the person can obtain more permanent support and funding to take care of their needs. The volunteers help them obtain food, housing, and prescriptions, and have arrangements with clinics to "fast path" people for follow-up appointments.

Golden Care does not exclude any diagnosis and often serves people with mental health and physical health challenges. Mental illness is one of the area's greatest health care needs, yet the level stigma attached to mental illness can make it difficult for people with mental health needs to engage in the church setting. This has been especially evident in churches in the poorest part of Houston, located in the 3rd Ward, 5th Ward, South End, and Sunnyside areas. Golden Care is working to engage churches in these area by helping them organize active health and wellness ministries. The vision is to eventually use these church facilities as community safe sites for telehealth and tele-psychiatry outreach to communities that are considered "medical deserts."

Collaborative Relationships

The Houston area has faith and health initiatives throughout the city, many of which are catalogued in this inventory. Rev. Mabry has recently partnered with the Institute of Spirituality and Health at the Texas Medical Center to create a Faith and Health Network in the Houston region. This network will support collaboration between different entities that work within the city. Golden Care has received training from Methodist Le Bonheur Health System in Memphis, Tennessee, and Wake Forest University. It has also received training in the Texas Health Resource System model in the Dallas–Fort Worth area.

Magnificat Houses, Inc.

Address: 3307 Austin St., Houston, TX 77004

Interviewee: Kevin Campbell, Director, St. Joseph House

Website:

- www.mhihouston.org
- www.stjosephhouse.org

Faith and Mental Health Initiative

Magnificat Houses, Inc. (Magnificat) is a faith-based, non-profit, comprehensive social services provider located in midtown Houston, Texas. It consists of 16 residential properties, two thrift stores, a soup kitchen, and St. Joseph House, which is a mental health clubhouse with an affiliated therapeutic residential farm, Dona Marie Farm. Magnificat was created in 1968 in response to the increased number of people living on the streets of Houston following the closure of state psychiatric institutions. The founder, Rose Mary Badami, was a social worker who witnessed women being discharged to the streets with only a bus pass. She raised private funds and began purchasing houses in midtown Houston, which are still used in the ministry today.

While Magnificat's founder is Catholic, the organization is not solely funded or governed by the Catholic Church. However, it has been vetted and recognized by the Galveston Houston Archdiocese as a National Catholic Registry non-profit ministry. The organization is also tied to faith in other ways. One of the homes is dedicated to housing retired priests and another to nuns from the Sisters of the Eucharist; both of these groups volunteer within the organization. Two other orders have nuns who serve, as well: Sisters of the Incarnate Word and Missionaries of Mary Immaculate. These nuns specifically serve as the "social workers," connecting people to housing, social services, and spiritual and medical support. Other spiritual aspects in the program include opening the clubhouse each day with prayer, saying grace at every meal, conducting Mass in the community chapel every day, and providing clubhouse members and residents with funeral or marriage rites. It is a beautiful community of faith and recovery, living together in peaceful, mutually-supportive relationships.

Services

Magnificat offers the building blocks of essential needs such as food, shelter, and clothing to the most vulnerable populations in the community. Magnificat provides 200,000 meals a year to the people they serve. The sixteen residential houses provide a total of 150–170 beds and serve a variety of populations, including people with a mental health diagnosis, people who are homeless, people being diverted from jail, and people with physical disabilities. Some of the homes provide emergency housing and others are permanent supportive housing. Work is built into the program and each resident either has to have a job or is assigned to one of the

ministries, which includes working in the soup kitchen, thrift store, clubhouse, landscaping for the properties, or maintenance. The house staff or volunteers keep a list of residents' doctor appointments, help them with reminders, and coordinate transportation. The residents also have to list all of their prescriptions on a log and the nuns review the logs and the pill counts weekly to help monitor medicine intake.

Independent research by The Harris Center for Mental Health and IDD (formerly MHMRA) and the Patient Care Intervention Center (PCIC), which is affiliated with Baylor's College of Medicine, showed that people participating in Magnificat behavioral health programs had reductions in hospitalizations (down 50%), costs (down 33%), incarcerations, and other social costs. It was estimated that active participation in Magnificat's programs saved Harris County \$21,000 per participant.

As mentioned above, Magnificat has a mental health clubhouse, St. Joseph House, and a therapeutic farm, Dona Marie Farm. Mental health clubhouses play an integral role in the mental health continuum of care by offering community and employment support. The St. Joseph House opened 13 years ago and all of its members at that time came from Magnificat Houses. Today 40% of its residents come from Magnificat Houses and the remaining members come from the general community. Five years ago, Magnificat obtained federal Delivery System Reform Incentive Payment (DSRIP) funding, which supported the creation of the Dona Marie Farm, the first of its kind in the area, which includes six acres filled with goats, chickens, and gardens for members to tend. Unfortunately, with the changes in the DSRIP program at the federal level, this funding was cut, representing a loss of 40% of its budget and resulting in cutbacks and reductions in services. Still, the number of people and services St. Joseph House provides within its budget remains significant.

Collaborative Relationships

Magnificat has relationships with a large number of churches, faith-based organizations, and faith-based schools of all denominations. The overwhelming majority of these relationships involve volunteering partnerships, service projects, or internships. Magnificat believes that volunteering helps reduce a person's negative perceptions of those with mental illnesses, which in turn reduces stigma, so it sees enlisting and supporting volunteers as part of its ministry. A big challenge that Kevin Campbell identified is determining how to create more events to establish relationships or touchstones that would have an even greater impact on stigma.

National Alliance on Mental Illness (NAMI) Austin

Address: 4110 Guadalupe St., Austin, TX 78751

Interviewee: Karen Ranus, Executive Director

Website: www.namiaustin.org

Faith and Mental Health Initiative

NAMI Austin is the Central Texas affiliate of the National Alliance on Mental Illness, which offers support, education, and advocacy to people with mental illnesses and their support systems. Executive Director Karen Ranus has a daughter living with mental illness and, as a family, they know firsthand the importance of having opportunities for additional support. Karen indicated that one large source of community support and intervention for people with mental illnesses and their family members is the faith community. But faith communities have the potential to either forge relationships by offering support during critical times, or further isolate and perpetuate stigma and shame by ignoring the existence of mental illness in their communities.

To aid faith communities, NAMI Austin began to provide interfaith conferences in Austin. Although the events were generally well attended, very few faith leaders – the targeted audience – attended. When Karen researched the reasons for this, she determined that it was because the sessions were too long for faith leaders, who could not be absent from their ministries for a full day. Undeterred, Karen conducted research to try to find trainings for faith leaders that were interfaith, provided a basic introduction on mental illness, were three hours or less in length, and included a toolkit. In 2016, after not finding any resources that met her criteria, she decided to develop her own training, which eventually became the interfaith workshop, *Bridges to Hope*.

Bridges to Hope is a three-hour training that educates faith leaders about mental illness. (Find the Bridges to Hope web page at: [https://www.namiaustin.org/education/bridgestohope/.](https://www.namiaustin.org/education/bridgestohope/)) During the training, a person with lived experience of a mental illness shares his or her story, including interactions with a congregation during times of crisis. The training also shines a light on how people with mental illnesses and their families often do not receive the support they need from their faith communities (for example, people who are in a mental health crisis are often not prayed for openly in church, or family members with a loved one in a psychiatric hospital are often not sent casseroles, as family members often are when their loved ones are in general hospitals). Faith leaders are encouraged to develop plans to make their faith communities more welcoming to people who have mental illnesses, and to identify and support community members with mental illnesses when they are in crisis.

Since 2016, 222 people, 73 faith leaders, and representatives from 19 different faith traditions in the Central Texas region have participated in *Bridges to Hope* trainings. Methodist Healthcare Ministries recently funded NAMI Austin to expand the program to other NAMI affiliates in Texas. Karen also presented a workshop on the program at the National NAMI conference in 2018. The vision for *Bridges to Hope* is to begin to measure long-term outcomes of the training by following up with communities nine months after the training, and to create a more robust toolkit. Several faith communities have identified the need for support in implementing the

principles offered in the training or for interventions beyond what was offered. NAMI Austin has been providing ongoing support through listening sessions (which include the provision of guidance on how faith communities can expand their mental health outreach) and by offering additional NAMI educational programming for congregations and connecting faith leaders to additional community resources. The affiliate is small and currently has limited capacity to fulfill requests, especially as demand for the program increases.

Collaborative Relationships

NAMI Austin provides training to numerous faith communities throughout Texas.

Parkland Health & Hospital System

Address: 5200 Hairy Hines Blvd., Dallas, TX 75235

Interviewee: Reverend Freedom A. McAdoo, Faith Community Chaplain, Pastoral Care at Parkland Health & Hospital System, and DFW FaithHealth Collaborative Liaison

Website: www.parklandhospital.com/pastoral-care

Faith and Mental Health Initiative

Parkland Health & Hospital System (Parkland) is one of the largest public hospital systems in the nation. The system includes Parkland Memorial Hospital, which averages about 51,000 admissions annually, as well as 30 community-based clinics serving more than one million patients in an outpatient setting each year. As a safety net hospital, Parkland has been caring for Dallas County's most vulnerable residents since 1894. With this safety net designation and patient population come challenges associated with overutilization of emergency services, uncompensated care, and preventable hospital readmissions. These issues create pressure points that challenge the long-term financial sustainability of the health care institution, limit a population's access to timely emergency care, and decrease overall patient satisfaction.

Parkland recognized the need to rapidly address these challenges and created FaithHealth, a faith and health collaborative partnership with community congregations. Parkland began the project by identifying patients who were the highest utilizers of services and mapping them by ZIP code. They then engaged and partnered with faith communities located in these ZIP codes and asked them to become volunteer faith community caregivers to these high-need patients. These congregations would become the hands and feet of FaithHealth's aftercare services.

FaithHealth Services

Although FaithHealth was started by Parkland, the faith communities rapidly developed a sense of ownership. The services are modeled after the "Memphis Model," a faith community caregiver approach to providing support to people with health challenges. The faith communities invite congregation members to volunteer to become community caregivers who

can support their own congregants, as well as non-church members, after they are discharged from the hospital. These volunteers are trained to work in partnership with the Faith Community Chaplain to ensure that the patient understands the discharge and ongoing care instructions. The model Parkland adopted has proven to dramatically decrease hospital and emergency room readmissions. Because Parkland's program is in its infancy, quantitative data is not yet available, but Rev. McAdoo believes patients have benefited from the program and volunteers have succeeded in reaching out to and engaging one of the hospital's patient groups with the highest utilization of hospital services.

The program does not target or exclude any diagnosis; rather it serves those patients who frequent the emergency room or who are readmitted to the hospital multiple times. In some cases, people may have untreated behavioral health illnesses and end up in Parkland as a result of physical and/or psychiatric emergencies. Community pastors and volunteers may already be familiar with many of these people, but there remains a need for specialized training to enhance their ability to provide support and assistance to this patient population. The program is actively exploring the option of securing in-house trainers for Mental Health First Aid so this can be provided to the volunteers.

Collaborative Relationships

Parkland is one of four major health care systems in the Dallas region participating in what is now called the DFW FaithHealth Collaborative. Currently, the collaborative comprises Parkland, Baylor Scott and White, Children's Health, and Methodist Health System. These systems hope that, together, they can have a significant and positive impact on population health and better coordinate care for vulnerable patients through this partnership. Each system has developed its own faith and health program and no two are the same. A faith health liaison from each congregation participates in the faith and health program. The collaborative meets monthly to talk about their different models and to engage in strategic planning. Parkland has also partnered with internal and local counseling centers, including the Pastoral Counseling Center of Dallas, Harmony Community Development Corporation, and Parkland's Behavioral Health Center, to provide mental health training free of charge to the churches participating in the project, as well as counseling services based on an adjusted fee scale for people without insurance coverage.

Smith County Behavioral Health Leadership Team (Tyler, TX), Faith Subgroup and Peace of Mind Conference

Address: The Smith County Behavioral Health Leadership Team works virtually

Interviewees:

- Dawn Franks, Project Coordinator, Behavioral Health Leadership Team
- Patty Garner, Behavioral Health Leadership Team

- Doug McSwane, Founder, Peace of Mind Conference
- Chris Taylor, Executive Director, Samaritan Counseling Center of East Texas

Website: www.sccet.org¹³

Faith and Mental Health Initiative

The City of Tyler is nestled deep in the piney woods of East Texas and serves as the hub for this largely rural region of the state. In May 2018, Tyler, Texas, was featured in a Washington Post article that read “Alarming Suicide Rate Jolts Texas Community Into Action.” The article highlighted that East Texas has a 43% higher suicide rate than anywhere else in the state of Texas. While the article and recent statistics were alarming, area leaders have been actively engaged in fighting stigma, educating the community about mental illness, and working to increase access to care since 2014. As will be described in more detail below, in follow up to a behavioral health system assessment that was conducted by the Meadows Mental Health Policy Institute (MMHPI) in 2015, community leaders formed a Behavioral Health Leadership Team (BHLT) to further organize and improve the effectiveness of these efforts.

Education – Peace of Mind Conference

The suicide statistic became a stark reality to Doug McSwane, a local attorney, when his son, Patrick, died by suicide. As a family, they supported Patrick as he lived with schizophrenia and they also had firsthand experience with the realities of stigma and isolation attached to mental illness. Two years after his son died, Doug crafted a way to break down the stigma of mental illness and started the conference now known as the Peace of Mind Conference.

The focus of the conference is to educate the faith community on mental illness. Doug indicated that faith leaders are often the first responders in a family crisis and it is important for them to have knowledge about mental illness so they could help. The very first year the conference was held, over 800 people attended. Kay Warren, co-founder of Saddleback Church and a strong voice in the faith community to reduce mental health stigma, was the keynote speaker. Now in its fifth year, the conference is expected to bring in over 900 attendees and it will feature national speakers on addiction and brain neuroplasticity.

Collaborative Relationships

Behavioral Health Leadership Team (BHLT)

Working off of the momentum from the Peace of Mind Conference, a group of leaders in the community came together to form the BHLT. Formalized in 2015 and supported by MMHPI, this leadership team was formed to assess the behavioral health system of care, identify priorities, and implement change. It is currently working from a recently-conducted community study.

¹³ This is the Samaritan Counseling Center website, where people can register for the Peace of Mind Conference.

The BHLT team is 80 participants strong and comprises health care providers, nonprofit organizations, faith leaders, and businesses within the community. Recently, it formalized a faith-based sub-group that will specifically explore initiatives related to the faith communities. Currently, the team has formally engaged ten churches in its faith-based work. In addition, the BHLT recently hosted a half-day conference that educated ministers and lay leaders on resources for veterans.

Treatment – Samaritan Counseling Center of East Texas

One of the strongest partners in this community effort is the Samaritan Counseling Center of East Texas (SCCET). SCCET hosts the largest group of counselors (with diverse backgrounds) in East Texas and serve 60 cities and 20 counties. Chris Taylor, the Executive Director, states that the culture of the organization is faith-informed and focuses on three key goals: missional work, education, and counseling. Recently, SCCET hired a Director of Spiritual Integration, who will focus on engaging church leaders and help define partnerships and roles. SCCET also provides Clergy Care training.

“God is Moving in East Texas”

The depth of the faith-based component of Smith County’s movement to address mental illness is reflected in Doug McSwane’s emphasis on how much God blesses their efforts to address these issues. He sees parallels in scripture to the ways in which God has moved in their midst, including, for example, the story of God giving Joseph favor in the eyes of Pharaoh.

Chris Taylor also draws on biblical accounts to draw parallels with the community’s own experience, by noting that attempts to address suffering and break down stigma are akin to the “David and Goliath situation.” Team members that were interviewed expressed great unity in their sorrow for the suffering people have experienced, their compassion for those with mental health conditions, and their hope and joy in seeing a difference being made in their community. They are also unified in their conviction that God is at work in their midst.

Texas Muslim Women’s Foundation

Address: P.O. Box 863388, Plano, TX 75086

Interviewee: Dr. Hind Jarrah, Executive Director

Website: www.tmwf.org

Faith and Mental Health Initiative

After the September 11, 2001, terrorist attacks, Muslims across the nation and in the Dallas–Fort Worth area have faced increased discrimination and cultural isolation. Dr. Hind Jarrah observed this shift as well as increasing questions about her Muslim faith. In 2005, she formed

the Texas Muslim Women's Foundation (TMWF), which began providing educational services and interfaith outreach in the community.

As TMWF became more integrated into the community, it identified a significant need for domestic violence services, specifically for the Muslim community. In 2012, TMWF opened Peaceful Oasis, a women's shelter for victims of domestic violence and their children. It is a small facility with capacity for 11 adults and 22 children, and welcomes and accommodates all faiths and ethnicities. The domestic violence program also hosts a hotline and provides counseling services, case management, legal representation, and transitional housing.

Education

Within the Muslim community, domestic violence was an unspoken and unaddressed topic. When Dr. Jarrah would first send out staff to mosques to tell them about TMWF services, the mosques would not welcome them. Over the years, however, TMWF has built credibility and trust in the community to where it can now provide education and awareness services. It provides education to Imams and religious leaders, and it corrects misinterpretations about faith teachings in regard to the wife's role in the marriage. Training topics that TMWF provides to Imams include, for example, domestic violence, relationship dynamics, and the community resources available to them as they assist women and families. Once trained, Imams dedicate their Friday sermons to faith teachings on spousal relationships and establishing peaceful families.

TMWF has created a network of faith leaders who will make referrals to TMWF for women who are questioning their duties to tolerate domestic violence, or who need clinical counseling or other domestic violence-related support.

TMWF also has a weekly hour-long ethnic radio program that it uses to introduce different topics. Past topics include domestic violence, child advocacy, refugee services, and mental health.

Mental Health

Mental health is fully intertwined with all of the work that TMWF does, especially the trauma it encounters from domestic violence as well as historical trauma, discrimination, and stressful refugee experiences. Dr. Jarrah indicated that there is a great deal of stigma and shame associated with mental illness in the Muslim community. Mental health treatment is not acceptable nor readily accessible; there are communities that deal with mental illness primarily or even exclusively with prayers and incense burning. Faith leaders are often the first line of defense in addressing mental health issues. Organizations like TMWF, which have an intimate understanding of these communities, can play an important role in educating and supporting faith leaders. Dr. Jarrah believes that organizations that are trusted and integrated within the

faith community are key to the success of breaking down the stigma of mental illness in this community.

The Pavilion

Address: 2021 N. Mays St., Suite 500, Round Rock, TX 78664

Interviewee: Gordon Butler, Executive Director

Website: www.pavilionrr.org

Faith and Mental Health Initiative

The Pavilion is a mental health and substance abuse clubhouse located in Round Rock, Texas. It was established in the fall of 2017 with the financial support of several local churches. The core model is based on the Clubhouse International model of recovery, which provides people living with mental illnesses with a caring and safe environment that provides a community of recovery and support for securing employment. Clubhouse participation has been associated with preventing rehospitalizations and can play an important role in helping people reach for recovery as well as promoting community tenure.

The Pavilion's Executive Director, Gordon Butler, is a Presbyterian minister who also worked within publicly funded mental health programs, serving people with severe mental illnesses for several years. From the Pavilion's inception, engagement of the faith community has been vital to the organization. At its open house, the Pavilion hosted a faith and health panel that brought ministers and mental health providers together to discuss challenges and opportunities. Because this panel sparked such interest from several attendees, the Pavilion went on to host a larger Williamson County faith and mental health convening, facilitated by Dr. Fred Smith from the Houston Graduate School of Theology.

Faith leaders are often the first responders to a mental health crisis. As a minister, Gordon experienced this firsthand and understands the need to offer support to other ministers. The faith community is one of the largest referral sources of new members to the clubhouse. Gordon has formed close relationships with over 20 churches in the area. If a church has identified a member of its congregation who is experiencing mental health symptoms and needs more support than the church can offer, it will refer that person to the Pavilion. A warm hand-off can be arranged in which a peer from the Pavilion can come meet the person at the church to engage them, if needed. During the short amount of time that this program has been open, church communities and the Pavilion have all experienced benefits. For example, referrals often are made before a person has seen any other professional provider, so it shortens the time to intervention and starts the journey of recovery with empowerment and community instead of isolation and shame.

Moving forward, the Pavilion has a strategic plan to involve ministers in the clubhouse's employment component later this year. The program has also identified the need for more trainings for ministers and congregations on mental health, trauma, and substance abuse.

Collaborative Relationships

As mentioned above, the clubhouse has relationship with more than 20 area congregations.

Waco Regional Baptist Association

Address: 2911 Herring Ave., Suite 212, Waco, TX 76708

Interviewees:

- Tim Randolph, Director of Missions
- Jennifer Martinsen, Community Wellness Coordinator

Website: www.wacobaptists.org

Faith and Mental Health Initiative

The Waco Regional Baptist Association (WRBA) is a volunteer network of over 96 Baptist churches in the Central Texas area. Founded 158 years ago, WRBA has a rich history of involvement in health such as starting the local hospital, Hillcrest (now owned by Baylor Scott and White). Today, WRBA lives the mission of the Good Samaritan, with specific efforts focused on church member health and congregational health ministry.

Three years ago, WRBA started a strategic planning process that included health as one of its identified areas of focus. In the beginning, the initiative was sporadic and consisted of various uncoordinated efforts. Individual churches hosted health screenings at their facilities or trained community health workers within their congregations. Most of the work was focused on physical health and supporting members of the congregations.

In 2017, WRBA became more intentional with the initiative and began researching models that would make the best use of its enormous asset: a network of 96 congregations. It then began developing a network of congregational care teams to support people who were discharging from the local hospital system, Baylor Scott and White. The system is based on a modified version of the "Memphis Model," which identifies people admitted to the hospital who need additional supports when discharged. When a person is ready to be discharged from the hospital, the church is notified and provides that person with various supports such as access to food, medication refills, and coordination of follow-up care.

Traditionally, health care systems benefit greatly from this faith and health model because hospitals are financially penalized for readmissions. However, WRBA learned that this is not the correct message to advertise to its congregations, which want to focus on the ministry, not

saving money for health care systems. To prepare for this endeavor, clergy in WRBA-connected congregations have been delivering special sermons on health ministry and on how to carry it out faithfully.

Also, during this development period, WRBA has held several listening sessions, distributed formal surveys, and established a health advisory board in order to identify community needs and assets and craft additional projects. Overwhelmingly, the feedback that has been received has emphasized the lack of access to mental health care and the gaps between mental health needs in the community and service availability. For example, the perception of the local mental health authority (LMHA) and other existing providers was that they are unable to meet current demands for care. WRBA wants to create a network of community providers that congregations could easily refer people to for mental health services. Some initial ideas include embedding social workers within churches or posting a request for a proposal (RFP) for a mental health organization that could support the area – this is a next step for WRBA.

To date, WRBA leaders feel that there has been a great deal of “sowing of the seeds” and that the next steps will need to be intentional, inclusive, and owned by the congregations. WRBA wants to ensure the hospital program launches smoothly and grows, but it acknowledges that it will need to create additional infrastructure such as databases and communication processes. Creating access to mental health care for all will be a significant challenge and an infrastructure for meeting that challenge is needed. However, WRBA is invested in the community and feels led to serve.

Collaborative Relationships

The Waco Regional Baptist Association has reached well beyond the walls of its 96 congregations to implement its social ministries. It has a strong partnership with the local hospital systems, Baylor Scott and White/Hillcrest and Providence Healthcare Systems, which will be the source of many patient referrals. WRBA may also have an opportunity to establish fiduciary relationships with these health care entities since they could potentially avoid Medicare penalties as a result of the ministry that the churches may choose to provide. Another collaboration includes WRBA’s research and education relationship with Baylor University, in which knowledge is shared among the two entities. WRBA also engages other stakeholders as advisors to the health ministry, including the health district, other health care systems, community health workers, and the police.

West Texas Counseling and Guidance

Address: 36 E. Twohig, Cactus Hotel, 6th Floor, San Angelo, TX 76903

Interviewees:

- Dusty McCoy, LPC-S, Executive Director

- Tiffany Talley, Director of Development and Community Relations, M.A.T.
- Kevin Wade, LCSW, Clinical Director & Director of Veterans' Services
- Ben Hubert, LPC, Counselor

Website: www.sanangelocounseling.org

Faith and Mental Health Initiative

West Texas Counseling & Guidance Center (WTCG) was founded in 1976 as a satellite of the Abilene Pastoral Care and Counseling Center; it was also affiliated with the national Samaritan Institute from 1986 to 2012. The current brand, West Texas Counseling & Guidance, was established to reflect a broader scope of practice. WTCG is the only non-profit outpatient mental health service provider in Concho Valley dedicated to counseling. WTCG's objective is "to help individuals learn to heal themselves in mind, body and spirit." One of its key goals is to break down the culture of silence that surrounds mental health in West Texas and connect with partners in the community to affirm the importance of having conversations about mental health and to provide resources.

WTCG has a wide variety of faith/spirituality-related programming and has also developed partnerships with local denominational groups and individual congregations. Various churches loan it space to run support groups, and formal counseling services are co-located at churches around San Angelo and in Del Rio. Church communities also loan WTCG space or otherwise collaborate with it in hosting special events, such as *The Darkest Night*, held on December 21 each year to create awareness of the mental health challenges that often emerge over the holidays and when days are shorter, as well as *Shine the Light*, a suicide prevention and awareness program.

WTCG hosts a quarterly interfaith breakfast gathering for churches in downtown San Angelo. This event began "organically" out of an initial conversation with congregations about how WTCG could be an even more helpful resource for them. The establishment of the quarterly meetings has led to more extensive partnerships that involve, for example, congregations referring their members to WTCG for counseling and other resources, and collaborating with WTCG in developing and hosting the special mental health education/awareness events, mentioned above. During these gatherings, WTCG updates clergy on trends in mental health issues the agency is seeing, which serves to inform church leaders of issues they may need to address within their communities. It also provides church leadership opportunities to inform WTCG on what they are seeing in their communities and to have probing discussions about a broad array of mental health-related issues, such as domestic violence, trauma, LGBTQ issues, and suicide. "It's been a really beautiful partnership," WTCG staff said. "They've helped us to break down stigma in our community."

WTCG is committed to implementing evidence-based practices (EBPs) that can address a broad array of mental health needs. Kevin Wade, Clinical Director, noted a number of EBPs that WTCG offers, including, for example, cognitive-behavioral therapy (including CBT for psychosis), evidence-based marital/couples interventions, and Zero Suicide/Perfect Depression Care. (Dusty McCoy, WTCG's Executive Director, noted that the region has a very high prevalence of suicide, compared to national averages.) WTCG, in fact, provides level of care 2 ("LOC2" – psychotherapy) services for the local mental health authority.

WTCG leadership also believes that spirituality is a key factor in understanding a person's source of support, wellbeing, and health. They incorporate faith/spirituality into WTCG's clinical work and also incorporate local faith communities into WTCG's community-based/preventive EBP programming, including, for example, Zero Suicide. WTCG works to maintain this understanding of the importance of faith and spirituality by ensuring that issues at the intersection of faith/spirituality and mental health are acknowledged and incorporated into assessments and program development. It encourages clients to become involved in a faith community if they are interested in such involvement or if they are isolated, depressed, or new to the area. The partnerships that it has with local congregations serve as conduits for WTCG and its clients who are seeking community connections.

WTCG also has a keen interest in serving the mental health, social, and spiritual needs of military veterans. Its veterans programming includes training for church leadership on military-informed ministry and education on mental health issues related to service and combat. On July 31, 2018, WTCG hosted a *Military Informed Ministry* training and awareness event.

While its work with specific congregations and clergy cuts across a number of denominations, WTCG also has a relationship at the conference level with the United Methodist Church and it works in partnership with Methodist Healthcare Ministries, as well. For example, for the Concho Valley United Methodist conference, WTCG conducts wellness checks and provides direct support for pastors. It has a special arrangement with the conference that allows WTCG to maintain very minimal records and documentation to assure that its care for pastors is highly confidential and, therefore, may encourage more pastors to make use of its counseling services.

Collaborative Relationships

As described above, West Texas Counseling & Guidance Center has developed extensive and sustained collaborative partnerships with both local congregations, as well as regional-level faith-based entities. Its work in this area represents a model of engaging faith/spirituality at both the individual client-level, as well as at the community level, in such a way as to address individual and population mental health needs.

Selected Best Practices Elsewhere Nationally

Alameda County Care Alliance, Alameda County and Contra Costa County, CA

Address: Alameda County, California

Interviewee: Cynthia Carter Perrilliat, Executive Director

Website: www.accarealliance.org

Faith and Mental Health Initiative

The Alameda County Care Alliance (ACCA) is a network of churches that serves their congregants with advanced illnesses and their caregivers, helping to extend the capacity for care beyond the traditional health delivery system. ACCA has become an example of integrated community support for people with significant physical health challenges, including many with co-occurring mental health conditions. The program began in 2013 with a community needs assessment that included 60 diverse faith communities in the San Francisco Bay Area. Overwhelmingly, the leaders identified needing help to support family members of people who are aging or have advanced illnesses. They saw this as a “Kairos” moment – God’s timing – when health care system needs aligned with a “called spiritual mission.” In response, they created the Alameda County Care Alliance Advanced Illness Care Program™ (ACCA-AICP), which addresses needs, provides trusted resources, and empowers people needing advanced illness care and their caregivers in “five big cornerstones”: spiritual, advanced care planning, health (physical and emotional), social, and caregiving.

Fourteen churches are currently participating in the ACCA-AICP and provide care navigation in the five big cornerstones for people with advanced illness and their caregivers. Advanced illness occurs when health worsens over time and treatment becomes less helpful. The care navigators are members of the ACCA congregations or part of the surrounding community. They do not necessarily have a health care background, but they do have experience as caregivers. Care navigators help people with advanced illnesses and their caregivers in part by linking them to needed resources (e.g., food, housing, transportation, social services, spiritual support, respite care, health care, palliative care, hospice). They also help the people they serve develop enhanced self-care skills as well as empower them to communicate with their clinicians.

The program receives referrals from various sources, including churches, local community health centers, and health systems, and provides services regardless of income or insurance coverage. Through the financial support of various funders, particularly the Public Health Institute, ACCA employs care navigators who help program participants meet their health needs and link them to local resources. Other members of the ACCA congregations volunteer to provide additional support for the navigators.

The Role of Mental Health

The ACCA recognizes that people with advanced illness and their caregivers can have significant mental health needs. Specifically, program participants often have co-occurring anxiety and depression that require additional mental health support. Dealing with grief and loss is also common among caregivers and family members. ACCA recognizes the need for mental health support and is currently developing program elements to address grief and loss, anxiety, and depression. ACCA leaders and one of the care navigators who has a counseling license will formalize mental health program activities, including support groups for people needing care, their caregivers, and family members.

New Horizons

ACCA is developing an intervention manual that can be used to train other faith-based organizations on how to implement this model. This manual will also be useful to health systems in learning how to engage communities that are diverse or may be more difficult to reach. ACCA is also seeking support for a technological solution to meet infrastructure needs. Currently, care navigators' work with participants is documented on paper. A technological solution would allow navigators to document their work and access ACCA interventions and trusted resources while they are in the field. This solution would also provide program metrics to care navigators, management, and the program's evaluation team.

American Muslim Health Professionals Mental Health Program

Address: Chicago, Illinois

Interviewee: Dr. Rukhsana Chaudhry, American Muslim Health Professionals, Mental Health Program

Website: www.amhp.us/mental-health

Faith and Mental Health Initiative

In January 2012, American Muslim Health Professionals (AMHP) identified mental health literacy as the number one area of public health concern among Muslims in the United States. Subsequently, AMHP's Director of Mental Health Programming (MHP) determined that many of the Muslim community's challenges with trauma, substance abuse, and moderate to severe mental health disorders primarily stemmed from three key factors: the stigma within the community to talk about and address mental health issues, perceived or real challenges that mental health providers will not understand Muslim American's needs in an appropriate cultural context, and an increasingly Islamophobic environment affecting youth identity development.

The vision of the American Muslim Health Professionals Mental Health Program is to:

- Understand Muslim mental health needs,

- Increase access to Muslim mental health providers and services,
- Create and standardize Islamic therapeutic approaches to mental health,
- Establish awareness campaigns, and
- Create a base infrastructure and vision for the field.

Three-Pronged Approach to Mental Health

The MHP uses a three-pronged approach to training that targets mental health issues: (1) training people directly in the community (mosques), including raising awareness, increasing mental health literacy, and reducing stigma; (2) conducting research (convening researchers and research participants biennially at the National Interfaith Anti-Bullying Summit) and publishing white papers and recommendations; and (3) providing advocacy, educating broader audiences, and promoting understanding in the Muslim community about the mental health issues it faces. In addition, the AMHP MHP utilizes its broad network of health professionals to help determine the needs of mental health professionals who work with American Muslims.

Advocacy and Awareness

Much of the Mental Health Program's work revolves around advocacy and awareness, but it also includes doing grassroots work in the community to create more awareness of mental health issues. The MHP has brought a curriculum (see below) into a large Mosque to teach about mental health and mental illnesses, including how to identify when individuals and families may need help or resources for treatment. In addition, AMHP convened the first-ever high level meetings between officials from the U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration and Muslim mental health providers.

Education and Training

The MHP also provides training to Muslim clinicians and partners with Khalil Center, a Muslim mental health clinic in the Chicago area, to provide Muslim Mental Health First Aid. Training for mental health clinicians includes how to work effectively with Muslim clients; even with clinicians who are Muslim, the training incorporates a greater understanding of Islam in its training. The following list provides examples of training initiatives the organization has undertaken:

- In the past, the MHP created a three-track curriculum for a large mosque. The tracks focus on (1) family issues, (2) women's issues, and (3) youth issues. The curriculum addressed mental health in each group.
- Using a Muslim Mental Health First Aid curriculum (which was created by the Khalil Center), the MHP arranged a training event for mental health clinicians to increase literacy on the issues the American Muslim community faces. This training, which included Muslim clinicians and others, also addressed how to incorporate Muslim spirituality and faith into mental health care.

- AMHP's MHP convened a Mental Health First Aid (MHFA) training in Washington, D.C., in conjunction with the Muslim Wellness Foundation, which trained a large group of imams and chaplains to become certified in MHFA.
- Separately, the AMHP's MHP applied for a grant to train teachers, community members, interfaith leaders, and others to become certified MHFA instructors (under the National Council of Behavioral Health's MHFA certification program in this case).
- In the past year, the MHP has focused on issues affecting youth, particularly identifying mental health issues that affect Muslim youth. It developed a program of three TED-style talks – the Muslim Youth Identity series – in three geographically diverse cities that discussed issues related to mental health stigma (e.g., combating stereotypes, experiencing discrimination) as a springboard for discussions on mental health.

The MHP convened and organized the first-ever National Interfaith Anti-Bullying Summit at the George Washington University, which identified mental health issues that young people from different faith groups experience as a result of bullying in school and other environments. In conjunction with the Institute for Policy and Understanding, the MHP is working on publishing a paper, based on a comprehensive analysis of the summit, that reviews the status of anti-bullying work being conducted throughout the country.

The MHP's next summit, which will take place in 2019, will focus more intently on the psychological experience and mental health effects of bullying.

The organization is also presenting webinars in conjunction with the Department of Health and Human Services (HHS), including topics on trauma that affect women and youth, depression, and other youth issues in Muslim-American communities. These webinars are available to clinicians and general audiences. The AMHP has had a long partnership with HHS. Past work from this partnership includes a series of webinars on mental health (the "Matters of the Mind" series; see <http://www.amhp.us/portfolio-items/matters-of-the-mind-i-islamic-perspective-on-mental-health/>). HHS and AMHP also contribute to the Substance Abuse and Mental Health Services Administration's suicide awareness toolkit.

Findings from Grassroots Work

In the Muslim Youth Identity series, all attendees and speakers spoke to mental health issues in addressing identity, stigma, and discrimination and "opened the door" for youth to begin speaking about mental health in a forum that was safe. (The forum included a culturally diverse group of participants, with varying perspectives on mental health.) This grassroots work contributed to the development of the anti-bullying summit. Another grassroots effort – surveying mental health professionals – obtained input on the prevalence of traumatizing experiences associated with discrimination and bullying. In addition, the AMHP MHP has accumulated 3,000 contacts between its regional and national listservs, so it is able to convene

large groups for various education and awareness campaign events in geographically diverse areas.

Bridges to Care and Recovery Program

Address: 2 Campbell Plaza, Plaza Entry 1B, St. Louis, MO 63139

Interviewee: Rose Jackson-Beavers, BSW, MPA, Project Manager

Website: www.bhnstl.org/bridges

Faith and Mental Health Initiative

Bridges to Care and Recovery (BCR) is one of the initiatives that the Behavioral Health Network of Greater St. Louis (BHN) has developed. BHN is a behavioral health planning and coordination organization that collaborates with stakeholders to develop accessible and coordinated behavioral health systems for uninsured and underinsured people in eastern Missouri. BCR was created by BHN in 2014 through a close collaboration with congregations in north St. Louis. While the program is not exclusively available to African American congregations, the more than 50 congregations that have participated in the program so far have been predominantly African American.

The mission of BCR is “to mobilize clusters of churches in North St. Louis City and North St. Louis County to support the behavioral health treatment and recovery of congregants and other community members with behavioral health disorders.” BHN recognized several unmet needs in these communities that had been interfering with access to necessary behavioral health care, including the stigma of mental illness, a lack of education about how to access appropriate services, an overuse of emergency room and inpatient services, and a lack of trust in traditional treatment, often due to past experiences.

BCR takes a comprehensive approach to addressing the need for greater access to appropriate care and treatment. First, participating congregations receive a thorough set of trainings that prepare volunteers to help people get the care and support they need. Trainings include: Mental Health First Aid (and Youth MHFA), companionship (one-to-one community support), building a congregation-based behavioral health team, trauma-informed congregations, and training in substance use issues. After trainings are completed, these volunteers are considered “Wellness Champions” and the church is acknowledged as a “behavioral health friendly church.” The Wellness Champions agree to serve as points of contact as well as local education and support experts for their congregations. To date, the program has trained 185 Wellness Champions in 52 churches.

The program staff also include a Community Connector, who helps the Wellness Champions find care and treatment resources for congregants and other community members with

behavioral health needs. BCR and its Community Connector have developed close working relationships with a wide variety of area providers, including Behavioral Health Response (a crisis response agency that includes mobile crisis response), various outpatient and inpatient behavioral health providers, and police officers trained in the Crisis Intervention Team (CIT) model.

In addition, BCR contracts with two agencies to deliver a maximum of 10 free counseling sessions for people with behavioral health needs who are referred from the congregations. Missouri is not a Medicaid expansion state, so financial resources to pay for care are not always available. Most people (92%) referred to counseling services had no previous mental health treatment, indicating that the program is reaching an underserved population.

BCR has included ongoing program evaluation in its model. In the first four years, congregations' self-assessments indicated increases in their engagement with mental health and substance abuse issues and in the strength of their relationships with community providers. After completing the training package, 97% of participants rated themselves as being more knowledgeable about behavioral health. Ninety-four percent of those referred to the Community Connector "fully engaged" in services. A recent qualitative study found that individual congregants greatly valued the program, particularly the bridge funding for counseling services, and the program is making progress in overcoming the stigma of behavioral health conditions. Additional research studies are currently being planned in partnership with area university researchers.

Collaborative Relationships

The BCR approach was created by a Steering Committee that consisted of leading pastors from the participating communities, BHN staff, behavioral health and social services providers, hospital leadership, and other area behavioral health leaders. The Steering Committee continues to meet bi-monthly to monitor program implementation and disseminate BCR information to their constituencies. BHN also has arranged for various non-profit, consulting, and university-based researchers to help provide trainings and ongoing project evaluation, as well as to design and complete focused research studies.

Funding for BCR is currently part of the state budget as a line item that must be approved annually. Ongoing advocacy from pastoral leadership and other Steering Committee members has been invaluable in ensuring that this funding continues.

CareNet Counseling

Address: 2000 W. First St., Suite 410, Winston-Salem, NC 27104

Interviewee: Bryan Hatcher, Acting President and COO

Website: www.carenetnc.org

Faith and Mental Health Initiative

CareNet is a statewide spiritually integrated behavioral health program in North Carolina and a major program of the second oldest clinical pastoral care ministry in the United States. It is affiliated with three different organizations, including Wake Forest Baptist Health, the Wake Forest University medical school, and the well-known FaithHealthNC model, which has its own inventory entry below.¹⁴ In 1972, CareNet was created by the Department of Pastoral Care at North Carolina Baptist Hospital in response to patients' desires to continue counseling with the chaplains after discharge from the hospital. The founders created an outpatient clinic staffed with clergy trained to provide pastoral counseling. The model evolved throughout the years in response to changes in payment systems and other health care reforms. Approximately ten years ago, after the state of North Carolina dismantled local mental health authorities and privatized mental health services, CareNet expanded its services to people with serious mental illnesses and became a major safety net provider.

Today, CareNet is in 10 regions across the state of North Carolina and consists of 35 clinical sites with 95 therapists. The clinics provide counseling services to people regardless of their ability to pay or their religious beliefs. All therapists are licensed and provide a spiritually integrated counseling practice. Acting president, Bryan Hatcher, explained that spiritual integration into counseling is not evangelism; instead, it is an invitation to help clients engage the spiritual dimensions of their struggles in whatever ways are meaningful to them and relevant to their various faith traditions. Local congregational members volunteer to provide some informal case management support, and there are plans to develop this more formally. Case management is not often available to the uninsured in North Carolina, so the proposed plan is for congregation-based volunteers to help people apply for benefits and provide case management services as a "bridge" until benefits become active.

Stigma is a significant challenge in this work and it is associated with both mental illness and religion. For example, some churches do not want counseling services provided at their places of worship because they do not want people with mental health conditions on the premises. Other examples of ways in which stigma tends to present itself include, for example, people not wanting to receive counseling at a church location because of their negative attitudes toward religion, and, as another example, ministers not wanting to seek help for theological reasons, such as a belief that faith in God, not mental health treatment, should solve their problems.

¹⁴ FaithHealthNC is a collaboration between health systems and congregations that is described in a separate inventory entry.

Collaborative Relationships

CareNet partners with local faith communities in each of the 10 regions. Each CareNet region is designated as non-profit (501c3) organization and has separate local boards of directors comprising various community members. The local community is responsible for providing facility space for counseling services, funding for the office managers, and fundraising to support services for people who are uninsured or underinsured. In turn, CareNet gives back to the faith communities by providing pastoral care for local pastors, counselors for mental health education groups, mental health screenings at health fairs, and free trainings to congregations on topics such as the opioid crisis and suicide prevention.

Chicagoland Interfaith Mental Health Coalition

Address: c/o Nancy Brown Meier Clinics Foundation, 2100 Manchester Road, Suite 1510, Wheaton, IL 60187

Interviewee: Robert Skrocki, MSW, Co-Founder and Member

Website: www.interfaithmhc.org

Faith and Mental Health Initiative

The Interfaith Mental Health Coalition (IMHC) is a mental health training, education, and community support organization that works to equip faith communities in their ongoing efforts to de-stigmatize mental illness, increase mental health literacy, and provide support to people coping with mental health conditions. Loosely modeled after the Pathways to Promise “Mental Health Training Collaboratives” model for community organizing that addresses mental health, IMHC was founded in 2009 by members of mental health and faith-based organizations in suburban Chicago after some of them had attended the Pathways to Promise National Summit on mental health (an interfaith gathering) in Belleville, Illinois.

In November 2010, IMHC held its first major event in Elgin, Illinois, which was attended by more than 100 people, representing more than 72 different local faith communities. Speakers provided an array of educational and inspirational presentations on incorporating faith and spirituality into the mental health recovery process and on developing organizational collaborations to promote greater understanding of mental illness and the expansion of community supports.

Subsequently, IMHC continued to organize conferences, workshops, trainings, and other events, while it also sought to expand its reach to new faith groups. At its second major conference, attended by nearly 150 people, at least 11 different types of faith groups attended, including Catholic and Protestant Christian groups, Jewish communities, and Unitarian communities. People from Hindu and Muslim traditions have also delivered presentations at IMHC events.

IMHC has worked to develop an ongoing set of training opportunities for congregations and community members throughout the Chicago area. In addition to Mental Health First Aid and other mainstream trainings, IMHC members and their partners have delivered faith/congregation-specific trainings on the Companionship ministry (developed by the Mental Health Chaplaincy in Seattle); trauma-Informed support in the congregation setting; mental health support groups in the congregation setting (including those developed by Grace Alliance); and faith-based drop-in support programs (in collaboration with NAMI).

Organizing to educate and engage congregations across a large geographical area has been an interesting challenge. To address this challenge, IMHC used the Mental Health Training Collaboration model's emphasis on "neighborhood clusters" as a framework for mobilizing its expert trainers and community support developers to disseminate trainings and other best practices.

Collaborative Relationships

Like other, similar organizations, IMHC has had ongoing challenges in procuring funding and "backbone organization" support. Driven both by a strong desire to collaborate with a wide variety of community partners and the need for sustainability, IMHC has worked closely with large health systems, such as Advocate Health, mental health providers, and congregations to advance its work. And, it has drawn on the backbone and fiscal agency of Meier Clinics to ensure a strong organizational infrastructure.

FaithHealthNC

Address: Wake Forest Baptist Health, Winston Salem, North Carolina

Interviewees:

- Gary Gunderson, Vice President of FaithHealth Division, Wake Forest Baptist Health
- Teresa Cutts, Research Assistant Professor, Wake Forest School of Medicine
- Jeremy Mosely, Director of Community Engagement, Wake Forest Baptist Health
- Tom Peterson, Communications, FaithHealthNC

Website: www.faithhealthnc.org

Faith and Mental Health Initiative

FaithHealthNC is the local partnership between Wake Forest Baptist Health (WFBH) system and the faith communities in the four counties where WFBH has hospital sites (Forsyth, Davidson, Davie, and Wilkes). It is a subset of the "North Carolina Way," which is a statewide network of collaborating faith communities and health providers, covering 25 North Carolina counties and one Virginia county and includes eight health systems and 430 congregations. Within this greater model, there are localized faith and health projects that are branded separately such as

Robeson County (Compassion4U) and Wilkesboro (Wilkes FaithHealth). The FaithHealthNC program is housed in the WFBH FaithHealth Division, but Wake Forest School of Medicine faculty perform embedded research and provide educational support for the project.

The model was developed in 2012 by some of the same team at Wake Forest that created the Congregational Health Network in Memphis, Tennessee. Like the Memphis Model, FaithHealthNC focuses on supporting patients during and after a hospitalization, but FaithHealthNC expands beyond this scope to offer care in a more distributed model in outlying counties. The model addresses the identified needs of each community as well as social determinants of health, which include transportation, incarceration, homelessness, legal issues, mental health entry points, access to fresh food, and others.

Community Engagement

The team uses its knowledge of the development of the Memphis Model and understanding of the diverse needs of an entire region to heavily engage with communities. For this project, the team invited congregations and other key community partners to participate in Community Health Asset Mapping Partnership–Access to Care workshops. A total of 22 workshops across the region have been used to identify resources, needs and strengths, and desired resource enhancements to help inform local implementation of the model. While the academic institutions assumed that congregations wanted education, what they found instead was that communities desired real-time access to health care appointments, help with clients' finances, and mileage reimbursement.

Special workshops, including *Behavioral Health* in 2016 and *Cycles of Incarceration* in 2017, have also been held (see full reports at <https://faithhealthnc.org/w-s/winston-salem-mapping/>). The 2017 workshop included a mapping of mental health access points for specific communities in order to identify obstacles to care in 2017, blending input from both mental health providers and people seeking care. The outcome was an 18-month process that targeted better integration of behavioral health and traditional medical care, both inside WFBH and in outside communities and congregations.

The NC Way/FaithHealthNC Model

Like the Memphis Model, FaithHealthNC enlists volunteers from network churches to connect people who are in the hospital to care in the community. These volunteers help prevent hospital readmissions by providing services such as filling prescriptions or coordinating follow-up care.

A critical difference in the North Carolina model is the use of Fellows, leaders embedded within other health systems in the region to engage the local communities. There are seven Fellows working to build capacity and identifying how to shape the program to have the greatest impact

can. Another difference is the use of 38 Connectors who are distributed across 27 counties. These Connectors train and deploy volunteers, triage client needs to other agencies, and provide hands-on caregiving themselves.¹⁵

Mental Health

FaithHealthNC also has a comprehensive mental health outpatient program called CareNet to which Liaisons and Supporters of Health can refer people in need. CareNet is located in 10 different regions across the state and has approximately 95 therapists working in 35 clinics statewide. (CareNet is described in more detail in a separate entry in this inventory.)

Collaborative Relationships

FaithHealthNC involves collaborative relationships with many health and mental health providers, as well as numerous congregations around the state, which has served to create greater access to vital health and support services and resources. In addition to collaborations between health care providers and congregations, FaithHealthNC has also created partnerships with agencies in the justice system and law enforcement as well as with social service organizations.

FaithHealthNC has created several trainings and an immersion Learning Forum (held twice a year) to help others adapt the model to other systems across the nation. Providers in Texas, including the Waco Regional Baptist Association, have attended the training, for example. Gary Gunderson and Teresa Cutts have provided guidance and support to several leaders in Texas who were interested in starting faith and health initiatives.

Fresh Hope for Mental Health

Address: 3434 N. 204th St., Elkhorn, NE 68022

Interviewee: Rev. Brad Hoefs, Fresh Hope for Mental Health Founder and Pastor of Community of Grace Lutheran Church

Website: www.freshhope.us

Faith and Mental Health Initiative

Rev. Brad Hoefs, Pastor of Community of Grace Luther Church in Elkhorn, Nebraska, founded Fresh Hope for Mental Health (Fresh Hope) as a response to his own experience with a severe episode of bipolar disorder nearly 25 years ago and a subsequent recurrence nearly seven years later. On the one hand, he experienced an outpouring of love and support from a large subgroup of the congregation where he was then serving – they even helped start a new church

¹⁵ More information can be found at: Cutts, T. F., & Gunderson, G. (2017, July). The North Carolina Way: Emerging healthcare system and faith community partnerships. *Development in Practice*, 27(5), 719–732. doi:10.1080/09614524.2017.1328043

and carried his salary for nearly two years while he was in recovery and unable to fully serve as pastor – which demonstrated the power of community support to bring about healing. On the other hand, he was struck by the paucity of educational resources or support group curricula for people with bipolar disorder and other mental health conditions. There was a great need for structured, edifying resources to help people, families, and supportive friends during the recovery process.

Fresh Hope resources, including structured groups that meet at congregations and other community locations (not unlike the availability of 12-step groups) are now being used throughout the United States and other countries. The Fresh Hope for Mental Health weekly podcast and blog, hosted by Pastor Hoefs, are accessed by people all over the world.

The goals of Fresh Hope are to support and empower people with mental health conditions and their loved ones. Its mission is to “empower individuals to live well in spite of a mental health diagnosis along with their loved ones through peer-to-peer Christian mental health support groups that are recovery principle driven.” Fresh Hope both challenges and equips the Christian church to address mental health issues by fostering greater understanding of mental health challenges (e.g., that mental illness is not caused by moral or spiritual failures) and by encouraging the formation of safe, compassionate group discussion and supportive environments. As mentioned above, a weekly podcast is available on iTunes and Fresh Hope includes a blog and occasional webinars on such topics as *Mental Illness and the Bible* and *Preaching about Mental Illness*. A *Fresh Hope Wellness Workbook* also is available.

Fresh Hope groups are rooted in six principles, or tenets, related to mental health recovery. Collectively, they emphasize the importance of choosing hope during recovery and “borrowing” hope during times of hopelessness. The tenets also point to the importance of peer and family member roles in the recovery process. Each tenet has a statement embraced by a person in recovery (peer), as well as a parallel statement embraced by loved ones and a statement for both peers and loved ones together. Finally, each tenet is underscored by a verse from the Bible. Tenet 1 provides an illustrative example:

TENET 1

My life is affected by a mental health issue and can become unmanageable and hopeless, especially if ignored or untreated. Therefore, I choose the help and support of others to overcome the struggles and find more joy in life. (Peer)

My loved one’s mental health challenge has also left me feeling helpless and hopeless. Therefore, I choose the help of others in learning about the disorder and choosing healthy boundaries for myself. (Family Member/Loved One)

Together, we have understanding. We remind each other of the Lord's love, and that He alone can do all things. He is the source of our hope, and in Him we can overcome all things. (Both)

"I can do everything through Him who gives me strength." Philippians 4:13 (NIV)

The structure of Fresh Hope groups, which are run by trained peer facilitators, includes an educational presentation to a large group followed by sharing in the context of small groups. In contrast to many other mental health support groups, Fresh Hope brings family members, friends, and those with diagnoses into the *same* groups in order to share and further develop "collective wisdom" as well as to dispel stigma. While education is a component, the primary purpose of Fresh Hope groups is to help people develop long-term relationships and learn from each other by engaging the six tenets together.¹⁶

There are at least 60 Fresh Hope groups worldwide, including at least two in Texas (Oak Hills Church–Westside in San Antonio and The Woodlands First Baptist Church in The Woodlands). Online support groups are also available, in addition to an online training group for clergy. Pastor Hoefs indicated that preliminary research on Fresh Hope has shown that 80% of people who were hospitalized before attending Fresh Hope support groups were not re-hospitalized after participating in Fresh Hope, and more than 90% of those who were suicidal before Fresh Hope peer groups reported they had not been suicidal after participation.

Fresh Hope also offers specialty groups beyond the original model, including a group that meets in the Douglas County Jail (in Omaha), a group for people who are homeless, peer support for those transitioning out of homelessness or jail, and a support group for youth. Its prison ministry group, *Fresh Hope Living Free*, explores emotional issues associated with incarceration, faith-based trauma-informed recovery, and community transitions. (Pastor Hoefs is trained in the American Bible Society-based trauma-informed approach).

Collaborative Relationships

Fresh Hope primarily assist churches and ministries to start and sponsor Fresh Hope groups and educates and equips people in congregations. However, many of its resources are available to people using social media, podcasts, and webinars. Brad Hoefs and Fresh Hope are included in the Dark Horse Project out of Harvard University that is researching "how women and men attain success even though their journey to achievement might not fit conventional notions of learning, training, and professional development."

¹⁶ A seventh tenet, "Giving Back," is in development.

Interfaith Coalition for Mental Health – Center for Interfaith Cooperation

Address: 1100 W. 42nd St., Suite 125, Indianapolis, IN 46208

Interviewees:

- Ben Leslie, Program Director, Center for Interfaith Cooperation
- Niloofar Asgari, Communications Coordinator, AmeriCorps, Center for Interfaith Cooperation
- Rev. Alan Thames, Steering Committee; Executive Presbyter, Whitewater Valley Presbytery
- Charlie Wiles, Executive Director, Center for Interfaith Cooperation

Website: www.centerforinterfaithcooperation.org/icmh

Faith and Mental Health Initiative

Through AmeriCorps funding, the Center for Interfaith Cooperation (CIC) has assisted local immigrants and refugees for several years by formally connecting them to education and health care resources. CIC also works to enhance the capabilities of organizations that assist refugees with resettlement and it helps to fill gaps in services to immigrants and refugees. CIC takes a strengths-based approach and works to amplify the voices of refugees and immigrants in its work by creating opportunities for them to share their life stories through formal events such as “walk a mile” simulations (of refugee camp experiences) and educational events. Over time, CIC became aware of the significant needs for emotional and mental health support in this population of people, who often had experienced trauma or significant stress. Out of this awareness, the Interfaith Coalition for Mental Health (ICMH) was created.

Central to the mission of ICMH is its facilitation of collaboration between religious leaders, mental health care providers, community service organizations, and government agencies. Not long after its formation a couple of years ago, ICMH developed relationships with the local National Alliance on Mental Health (NAMI); the NAMI FaithNet leader, Carole Wills; and a local seminary and staff at its family counseling center. These relationships allowed it to make great leaps forward in understanding the mental health issues among immigrants and refugees as well as the roles it could play in galvanizing the community to address mental health needs. Connecting with these partners has helped ICMH provide leadership and carry out its mission with more intentionality.

With the creation of ICMH, an advisory board was formed and it subsequently established three primary goals for future work: (1) resource and information sharing, (2) advocacy, and (3) stigma reduction. ICMH began to host monthly educational and discussion-oriented workshops on mental health topics for both clergy and mental health professionals. In order to encourage these very busy people to attend these workshops, ICMH staff emphasized hospitality by offering these events – and lunches – for free, de-emphasizing lecture formats, and including

opportunities for discussion and networking. Through these efforts, ICMH has created an environment conducive to relationship building. ICMH hopes these events will serve as an “incubator” for community collaborations, which the coalition is in fact starting to see happen among participants. ICMH’s approach is consistent with CIC’s assets-based model.

Although ICMH is interested in developing more formal approaches to measuring change, there is a strong perception that the workshops and luncheons have been successful, and clear evidence that the number of attendees has steadily increased over time. ICMH has recently taken a more thematic approach. For example, *Let’s Talk About It* is a formal luncheon topic focused on stigma reduction and the development of a vocabulary for talking about mental illness and mental health. A related topic – *Can people of faith have a mental illness?* – similarly has served to equip clergy and other participants to challenge the stigma of mental illness in their communities. Over the latter half of 2018, the luncheons will focus on trauma-informed care and how it can be applied to the needs of immigrants, refugees, and other populations that have experienced trauma and stress.

ICMH leaders indicated that they are in the process of expanding their focus by beginning to implement the neighborhood cluster model from the Interfaith Mental Health Coalition in Chicago. They hope to develop a new model that will be more supportive of religious leaders working on the ground. The development of neighborhood clusters, which would include common resources for training in mental health and implementing mental health ministries, could enable more clergy and their congregations to address the “real-time needs” in their communities. In planning to facilitate these types of collaborative structures, ICMH is looking to support collaborative community resource building, rather than to prescribe “fixes” for the communities.

Collaborative Relationships

The Interfaith Coalition of Mental Health has working partnerships with AmeriCorps, NAMI/NAMI FaithNet, and dozens of clergy and congregations in the greater Indianapolis area. It is in the process of connecting with other interfaith organizations in Chicago and elsewhere in order to learn from their approaches to “walking alongside” their communities.

Memphis Healing Center

Address: 3885 Tchulahoma Rd., Memphis, TN 38118

Interviewee: Bishop William Young, Senior Pastor, The Healing Center

Website: www.memphishealingcenter.com

Faith and Mental Health Initiative

The Memphis Healing Center (The Healing Center) is a ministry founded in 1986 to destigmatize mental illness and provide access to care for the African American community in Memphis, Tennessee. Bishop Young indicated that, over the past 10 years, The Healing Center has been shaped by the Spirit to meet the needs of the community. This ministry provides the entire spectrum of mental health interventions, from awareness and prevention to treatment. In addition to mental health services, The Healing Center addresses the full array of needs that affect a person's emotional health, including physical, spiritual, legal, food security, employment, and housing needs.

Suicide in the Black Church Conference

In 2003, the Memphis Healing Center created the National Suicide in the Black Church Conference. This biennial conference brings in over 500 participants and keynote speakers such as Chamique Holdsclaw, an Olympic gold medal basketball player who survived suicide. This powerful conference is targeted at leaders within African American churches to educate them on how to identify when someone is struggling with a mental illness. The Healing Center provides ongoing advocacy, education, and support that address suicide in the community. It also provides "postvention" services after a suicide to support the community and family and to prevent more suicides from occurring.

Emotional Fitness Centers of Tennessee

The Emotional Fitness Centers of Tennessee are ministries of the Memphis Healing Center. The project uses the term "emotional fitness" in order to liken mental health to physical wellness and normalize mental health conditions and challenges. These Fitness Centers are located in 12 different churches throughout the Memphis area. At each location, Peer Advocate Liaisons (PALs) conduct Emotional Fitness Screenings, internally developed screening tools that assess for depression, addiction, and other stressors that affect emotional health. Counselors review the screening results and then determine which resources or referrals would be most helpful to the person. Besides Emotional Fitness Screenings, the centers also offer physical health screenings, counseling, and support groups.

Collaborative Relationships

In the Spring of 2018, the Memphis Healing Center opened the Wellness and Stress Clinic on the same campus. By partnering with various higher education institutions, health care providers, and social service agencies, the clinic has been able to serve as a locus for comprehensive, holistic healing, including healing of mind and body and enhancing health and social wellness, by providing nutrition, housing, and legal services. The following partnerships were formed to offer services at the Wellness and Stress clinic:

- University of Tennessee – physicians,

- University of Memphis – social workers,
- Rhodes College – nutrition and fitness support,
- West Cancer Center – cancer screenings, and
- Memphis Area Legal Services – expungement clinic.

The Healing Center has cultivated deep trust within the community. By bringing the above-mentioned services to a central location, which has already engendered trust, it has enabled more people to feel safe in accessing the full array of services they might need. A robust mix of funding received from the state of Tennessee and from private donations enable The Healing Center to offer all services free of charge.

Mental Health Center of Denver

Address: 4141 E. Dickenson Pl., Denver, CO 80222

Interviewee: Jamie Adasi, Director of Faith and Spirituality Inclusiveness

Website: www.mhcd.org/faith-spirituality

Faith and Mental Health Initiative

Over the past ten years, the Mental Health Center of Denver (MHCD) has been developing a comprehensive approach to spirituality and faith that enables staff and the people they serve to benefit from the resources that spirituality and faith can offer in the process of attaining wellness. The approach includes both “inreach” to staff and the people served by MHCD, as well as outreach to the wider community. MHCD’s Director of Faith and Spirituality Inclusiveness, Jamie Adasi, works within the Diversity and Inclusiveness team at MHCD, which is led by Dr. Leslye Steptoe. A key to the success of MHCD’s approach has been that it helps staff and the people they serve to see that faith and spirituality often are vital to fully appreciating culture and identity and, therefore, are important parts of the larger enterprise of “cultivating compassion and understanding.”

Inreach

MHCD offers a variety of services to help both staff and clients incorporate faith and spirituality into service delivery processes. Trainings for staff include the mandatory *Diversity 101*, which also includes an overview of faith/spirituality as part of diversity. *Spirituality 101* is an optional training that is available to all staff, as is *Water, Water Everywhere*, a cultural self-assessment training for staff that also touches upon faith, spirituality, and religion. In addition, a third optional training, *Enhancing Confidence in Cultural Conversations*, guides staff in a further exploration of their capacities to engage the people they serve in achieving greater self-awareness and understanding. Finally, MHCD offers monthly roundtables on diversity that often include discussions of spirituality.

Additional resources for staff include the Faith and Spirituality Employee Resource Group, which is one of several employee-led interest groups that offer discussions, special events, social hours, and the like. Recently, this group held a “Compassion in the Workplace” roundtable discussion with leaders from several faith groups, including Muslim, Jewish, and Christian.

Another internal resource is the use of the 10-week *Muse Meditation Courses*, which represents a collaboration between the medical staff, quality improvement and assurance, and diversity and inclusiveness teams. The course is currently offered to staff and is being expanded to the people MHCD serves. The Muse (a brand) headbands, which reveal brain wave changes as stress increases or recedes, are used to help staff more fully appreciate the effects of work pressures as well as the benefits of meditation in alleviating them. These courses, with their guided experiences, are helping reduce “compassion fatigue” in staff and are encouraging staff to appreciate the potential role of spirituality in helping the people they serve to attain wellness. Other, non-Muse meditation courses are also offered, including one that is currently being offered to peer specialists.

Finally, Ms. Adasi noted that she provides consultation to both teams and individual staff members on matters related to spirituality and faith. She often coaches them on helping the people they serve to pursue their goals related to spirituality and faith, as well.

Outreach

MHCD also has placed great emphasis on collaborative relationships with faith groups in the community. Over the years, MHCD has developed a list of 500 different faith-related groups in the community to reach out to on behalf of the people it serves. MHCD has provided Mental Health First Aid training to these groups and it also has responded to numerous requests for information on mental health issues. Ms. Adasi also meets with faith/spirituality-related groups that may be of benefit to the people served at MHCD, sometimes even based on a specific request or need from a particular person or their MHCD clinician. She often does this background work in order to discern whether or not the faith/spirituality group is receptive to people with mental health issues and would be a supportive community for a given person.

A new grant, funded by the Rose Community Foundation, is enabling MHCD to help immigrants and refugees navigate community living. This funding also allows MHCD to work with faith communities by providing formal trainings and consultation to provide mental health-informed and trauma-informed support to this population. Many of the congregations with which MHCD is collaborating in this endeavor have expressed a desire to provide shelter and protection to immigrants and refugees.

Collaborative Relationships

MHCD has developed a vibrant approach to faith and spirituality that simultaneously cultivates internal and external capacities of staff and community. It has involved partnering with many faith groups in the community as well as the use of attractive trainings, discussions, and experiential learning to help people fully appreciate the role that spirituality and faith can play in the process of attaining wellness.

Methodist Le Bonheur Healthcare’s Congregational Health Network or the “Memphis Model”

Address: 1265 Union Ave., Memphis, TN 38104

Interviewees:

- Gary Gunderson, Vice President of FaithHealth, Wake Forest Baptist Health
- Teresa Cutts, Research Assistant Professor, Wake Forest School of Medicine
- Jeremy Mosely, Director of Community Engagement, Wake Forest Baptist Health
- Tom Peterson, Communications

Website: www.methodisthealth.org/about-us/faith-and-health

Faith and Mental Health Initiative

The Methodist Le Bonheur Healthcare (MLBH) System’s Congregational Health Network, often referred to as the “Memphis Model,” may be the first hospital and congregational partnership in the country to demonstrate an impact on health care utilization. It began in 2004 when Methodist South Hospital (part of MLBH) CEO Joe Webb recognized the impact of poverty and continued racism on the health of African Americans in the community. To address these problems, Methodist South Hospital recognized the need to engage the local community and take advantage of the fact that Memphis had the most churches per capita of any city in the nation. Its subsequent outreach to the community resulted in partnerships with over 600 congregations, most of which were predominantly African American. In collaboration with the congregations, Methodist South Hospital conducted extensive adult education training sessions designed to build trust in providers and capacity in congregational and community members.

In 2010, hospital staff then conducted “hot spotting,” which is a method that identifies the location(s) in a city or other geographic areas where negative health indicators are most prevalent. The team went a step further to conduct “participatory hot spotting,”¹⁷ which involved working with its partner churches in these areas to find solutions to the identified problems. The congregations then worked with MLBH’s Congregational Health Network to advance health and wellness in their members.

¹⁷ Cutts, T., Rafalski, E., Grant, C., & Marinescu, R. (2014). Utilization of hot spotting to identify community needs and coordinate care for high-cost patients in Memphis, TN. *Journal of Geographic Information Systems*, 6, 23–29.

Congregational Health Network

The Congregational Health Network (CHN) is now a partnership, formalized by a signed covenant, between Methodist Le Bonheur Healthcare and over 600 congregations in the Tennessee, Arkansas, and Mississippi Delta region. CHN addresses all stages of health, from prevention to treatment and aftercare. For prevention, the churches receive training from the health care system on preventing chronic health conditions. Church members who receive the training then share this information with their congregations and provide health and spiritual assessments. Health and spiritual assessments range from simple to complex. For example, these church liaisons can complete one-page surveys that assess on-site programmatic (e.g., elder exercise classes) and other resources (e.g., generator on site for disaster response), to more detailed surveys of health ministries (e.g., Stephens Ministry, a lay counseling program). Additionally, a three-step assessment and discernment process, called a “Prescription for Health for Congregations,” which can be implemented by church liaisons and leadership, includes aggregate and anonymous bio-psycho-social-spiritual health risk appraisals conducted in congregations on an ordinary Sabbath, a process created by Rev. Dr. Cozette Garrett. Intervention services are offered by the health care system where outpatient services are made readily accessible and congregation liaisons can get rapid access to appointments for patients when needed.

This network also serves as a bridge between inpatient hospital care to self-care in the person’s home. Congregation Liaisons, who are not necessarily medical staff but are simply lay people who feel called to serve their congregations in this program, constitute a major bridging resource. In addition, embedded in each hospital are CHN Navigators who are employed by Methodist Le Bonheur Healthcare. They do not function as nurses or social workers but instead serve as connectors to community care for patients. The Navigator and Liaison work together to identify patients that are members of a covenant church and would benefit from additional services upon discharge. They then work together with the patient while he or she is admitted to create a treatment and support aftercare plan. Once the patient is discharged, the Liaison provides care, including creating a caregiver support plan, providing needed transportation, and coordinating follow-up doctor’s visits.¹⁸

Impact on Health Outcomes

This model is considered one of the “gold standard” practices in population health management for collaborative partnerships between urban health care systems and

¹⁸ Cutts, T., & Baker, B. (2012, March 14). *Church–health system partnership facilitates transitions from hospital to home for urban, low-income African Americans, reducing mortality, utilization, and costs*. Agency for Healthcare Research and Quality, Service Delivery Innovation Profile. Retrieved from <https://innovations.ahrq.gov/profiles/church-health-system-partnership-facilitates-transitions-hospital-home-urban-low-income>

congregations by providing care for the underserved¹⁹ and showing a positive impact on health outcomes. One study found a decrease in health care expenditures, 50% reduction in mortality, and a 20% reduction in hospital readmissions in CHN patients, compared to non-CHN patients.²⁰ Since the implementation of this program, the hospital system has seen a consistent decrease in the gross mortality rate and a longer time to readmission for CHN versus non-CHN matched controls.

Mental Health

CHN provides both mental health education and interventions to member congregations. The CHN Academy provides behavioral health-specific community trainings, including Mental Health First Aid (with an added module on the impact of poverty on mental health), Community Pastoral Education, Combatting Domestic Violence, Suicide Prevention, and Better Brains Across a Lifetime (including early childhood brain development and prevention of dementia). In addition, there is a Clergy Coaching program to promote self-care; counseling services are often provided free of charge to ministers.

The Dennis H. Jones Living Well Network is a project of CHN that comprises a well-resourced website and network of counselors to support people with depression, anxiety, and high-risk drinking. The website, www.livingwellfrontporch.org, has a vast collection of resources, tools, and assessments, with many of them rooted in faith such as sermons and how to use spiritual practices to reduce symptoms. The program was launched in 2011 after a donation in memory of Dennis Jones, who after years of silently battling depression, died by suicide.

Collaborative Relationships

As described above, this best practice model includes collaborative relationships with hundreds of congregations over a wide geographic region.

Pathways to Promise

Address: P.O. Box 63273, St. Louis, MO 63163

Interviewees:

- Rev. Jermaine Alberty, Executive Director
- Robert Skrocki, MSW, Board Chair

Website: www.pathways2promise.org

¹⁹ Stine, N. W., Chokshi, D. A., Gourevitch, M.N. (2013, February 6). Improving population health in US cities. *Journal of the American Medical Association*, 309(5), 449–450.

²⁰ Cutts T. (2011). The Memphis Congregational Health Network Model: Grounding ARHAP theory. In: J. Cochrane, B. Schmid, & T. Cutts (Ed), *When religion and health align* (pp. 193–209). Pietermaritzburg, KwaZulu-Natal, South Africa: Cluster Publications.

Faith and Mental Health Initiative

Pathways to Promise (Pathways) was created 30 years ago by people from faith communities who had coped with mental illnesses in their families or in their congregations, but had found little understanding and support from their communities. At the time, the faith groups, including United Methodists, Presbyterian USA, Episcopal Church USA, and others, found that their receding memberships rendered them unable to develop mental health expertise and resources in their central offices. The founding idea behind Pathways to Promise was to create a non-profit inter-faith entity that could develop mental health education and ministry resources for all participating faith group members, each of which would contribute annual dues to support a national office staff at Pathways.

Over the past three decades, Pathways to Promise has enjoyed the participatory membership of national Protestant, Roman Catholic, Unitarian, and Jewish faith groups. It has provided an array of information resources to national denominations and their faith communities, including bulletin inserts for Sabbath or Sunday morning worship and manuals on the implementation of local mental health ministry. It has maintained a website for many years, which often serves as a central hub for obtaining resources, reading blog entries, and learning about conferences.

A major goal of Pathways over the years has been to break down the stigma of mental illness. For example, in the 2000s, under the leadership of Rev. Robert Dell, Pathways obtained a grant from the American Psychiatric Foundation to distribute anti-stigma posters and educational materials to nearly 30,000 congregations nationwide. They also distributed more than 500 mental health ministry manuals to congregations who requested them.

Pathways has periodically been a convener of meetings and conferences that focus on the integration of faith/spirituality and mental health. In 2009, it held a “national summit” on the topic in Belleville, Illinois, near St. Louis, and more than 150 participants from a variety of faith groups attended. Out of this conference, some participants worked collaboratively to create mental health training collaboratives in their communities. (One such example is the Interfaith Mental Health Coalition in Chicagoland, which is included elsewhere in this faith-related mental health inventory.)

In 2010, Rev. Craig Rennebohm, who founded The Mental Health Chaplaincy in Seattle (another entry in this inventory), helped create a new focus within Pathways on the development of mental health training collaboratives (MHTCs; like the one mentioned above in the Chicago area). With funding from the Missouri Department of Mental Health, Pathways led a “pilot test” of the MHTC model in St. Louis, Missouri, which included the development of a set of core and advanced trainings, a training calendar, and a “neighborhood clusters facilitator” approach to engaging congregations throughout the metropolitan area. Core trainings included Mental

Health 101, the Companionship model of one-to-one mental health ministry, and the development of a congregation-based mental health team. Later, this approach developed into a “two-way” model in which mental health providers and congregations would work together to educate communities about mental health and to increase referrals to appropriate care and treatment.

Pathways has since helped many communities, including, for example, Los Angeles, Denver, and, most recently, Kansas City, to develop various versions of the mental health collaborative approach. Under the leadership of Executive Director, Rev. Jermaine Alberty, Pathways has begun the process of developing a train-the-trainer model for Companionship ministry, along with a manual, and it has created a website specifically for the Companionship model (<https://www.thecompanionshipmovement.org>).

Collaborative Relationships

Pathways has historically been constituted by member faith communities. However, its board has diversified in recent years to include members of individual congregations, leaders in mental health ministry, and others. It has worked with various types of funding partners, particularly family foundations, but also mental health authorities and providers, to develop consultative services and informational resources. It also has recently forged a collaborative partnership with the Mental Health Chaplaincy in Seattle, Washington.

Soul Shop

Address: 3524 Washington Pike, Bridgeville, PA 15017

Interviewee: Michelle Snyder, Soul Shop Director

Website: www.soulshopmovement.org

Faith and Mental Health Initiative

Soul Shop was founded in 1999 by a Presbyterian pastor, Fe Anam Avis, after three high school students in his small-town community died by suicide in the same academic year. After receiving training in suicide prevention, Mr. Avis began to develop suicide prevention trainings and various related presentations and classes for the community. However, he found that, out of the 100 or so people who attended his trainings, only a handful were clergy or congregation leaders. The use of mainstream curricula did not seem to resonate well with the faith community, and it was out of that awareness that Soul Shop, which engages people of faith using its own stories from scripture and its theological language, was born.

Michelle Snyder, Director of Soul Shop, believes that part of the disconnect between the faith community and mainstream suicide prevention approaches and trainings was because suicide experts often were not rooted in or familiar with the faith community. A foundational principle

of Soul Shop is that, “You can only change culture from within.” Soul Shop trainers have training and expertise in contemporary, scientific understandings of suicide and suicide prevention, but they are all rooted in a faith community and are able to use scriptural and theological concepts and language to connect with their congregational audiences.

Soul Shop’s faith-based way of talking about suicide begins with a discussion of “the faces of desperation,” which draws on both contemporary statistical realities as well as biblical characters. For example, it uses the story in the book of Acts in which the Apostle Paul effectively responds to a suicidal prison guard. The story serves to illustrate an effective encounter between a desperate, suicidal person and a person of faith who responds with support and hope. On the contemporary side, Soul Shop trainings use statistics to show that while we often think of suicide as a rare event, it actually affects many people each year, especially when we consider the prevalence of suicidal ideation (which indicate feelings of desperation) and the many family members and friends who are affected by suicide deaths, suicide attempts, and the desperation of loved ones who are feeling suicidal. All told, Soul Shop estimates that about half of the participants in an average congregation are affected by suicide in one way or another.

In creating its approach to suicide prevention training, CALL (Commit to tell, Ask, Listen, and Lead to Safety), Soul Shop has worked directly with Living Works Education, which created ASIST (Applied Suicide Intervention Skills Training), a workshop on “suicide first aid,” as well as safeTALK, a suicide alertness training, and suicideTALK, a suicide awareness workshop. In particular, Soul Shop has adapted Living Works’ TALK acronym and content (Tell, Ask, Listen, Keep safe) in its CALL curriculum, which is similar enough to safeTALK that it is recognized in the field as an evidence-based model.

The overall orientation of Soul Shop draws on a public health model because, as veteran suicide prevention trainer David Litz has noted, “People die by suicide for all kinds of reasons but it comes down to two – a loss of hope and a loss of social connection. And, if the church of Jesus Christ can’t do something about that, it might as well close its doors.” This perspective animates Soul Shop’s emphasis on suicide as a prevalent epidemiological problem and its approach to preventing suicide. In its training and consultation with congregations, Soul Shop teaches knowledge and skills, but it also emphasizes “creating a soul safe community” – a congregation where people can share their stories of desperation, learn from one another, and foster an environment conducive to maintaining vital social-emotional connections. (Michelle Snyder notes that the demographic group with the lowest suicide rate is African American women, suggesting that their tendency to be socially connected, including in faith communities, may partly explain that statistic, although more study is warranted on the strengths of this demographic group.)

A goal of Soul Shop is to convince congregations that the responsibility for preventing suicide and ameliorating desperations is not just the responsibility of mental health agencies. Rather, the faith community is uniquely positioned to reduce suicide by educating itself about suicide, reducing isolation, and increasing social connectedness in the community. The biblical story of Paul in jail, briefly mentioned above, quotes Paul as responding to the jailer with that statement, “Do not harm yourself, for we are all here.” Soul Shop helps congregations develop the capacity to openly talk about desperation and suicide and respond with love and care in such a way that people no longer feel alone or isolated in their desperation.

In addition to delivering CALL trainings, Soul Shop also provides Community Awareness Suicide Trainings (CAST) for the wider community. It also encourages and consults with congregations on incorporating suicide prevention into ongoing workshops and the life of the community. For example, congregations could write and read prayers (to reduce stigma), discuss opportunities to reach out to local at-risk groups (e.g., LGBTQ communities, middle-age white males), and even examine the possibility of revising congregational vision statements in ways that expresses their desire to foster hope and social connection.

Soul Shop has conducted research on its trainings and consultation with congregations. In a six-month follow up study, it found that congregations had continued to use information from the workshops; participants reported that their communities were able to respond more effectively to people experiencing desperation; and congregational leaders reported becoming more comfortable talking about suicide and related issues from the pulpit, which then allowed people to come forward to receive help and referrals to treatment. Soul Shop has also created curriculum for youth workers that engages topics like cyber-bullying and abusive parenting. It has also created a condensed curriculum that church leadership can use with their own congregations. In addition, one of the Soul Shop expert trainers who lives in St. Louis is currently creating a curriculum for collegiate ministries.

Collaborative Relationships

The Soul Shop team extends from Pittsburgh, Pennsylvania, where Michelle Snyder resides, to St. Louis, Missouri, and North Carolina, where there are Soul Shop trainers, as well. However, trainings are offered nationwide. Of course, Soul Shop has developed collaborative relationships with dozens of Christian congregations and it has also served several Buddhist and Jewish communities.

The Mental Health Chaplaincy

Address: P.O. Box 19504, 15 Roy St., Seattle, WA 98109

Interviewee: Kae Eaton, Executive Director and Chaplain

Website: www.mentalhealthchaplaincy.org

Faith and Mental Health Initiative

The Mental Health Chaplaincy (the Chaplaincy) was founded in 1987 by Rev. Craig Rennebohm, a mental health chaplain with a doctor of ministry (DMin) training, who developed the Companionship model of ministry while he was working on the streets of Seattle with people experiencing homelessness and behavioral health challenges. Five years ago, Rev. Rennebohm retired and Kae Eaton, also a mental health chaplain, assumed the position of executive director with the Chaplaincy.

The Companionship model of ministry emphasizes core principles and practices for working with people who are experiencing social isolation or marginalization. It is a “public ministry” that is provided in public spaces, not in private spaces or rooms. Companionship seeks to create a relationship characterized by trust and mutuality, which can lead to the person attaining or rebuilding a social support network or “circle of care.”

The five core practices of Companionship include hospitality, neighboring, sharing the journey “side-by-side,” listening, and accompaniment. Neighboring and sharing the journey side-by-side emphasize the importance of connecting with people by identifying ways in which the companions share in the human condition and can “look out at the world together.” This practice is executed in a way that the “one-up, one-down” nature of helping relationships is greatly diminished, increasing the likelihood that the person will feel valuable, regain hope, and feel empowered to pursue his or her most important goals. Listening is the “heart” of Companionship and involves attending to people’s “soul story,” looking for signs of hope and strengths they can draw upon in their recovery journey, and exploring ways in which people may need to experience empathy and understanding regarding the emotional pain they have endured. Companions also accompany people in their efforts to regain housing, access treatment, and pursue other life goals, as articulated by the person as high priorities.

Over the years, Rev. Rennebohm frequently found it difficult to help people obtain housing. The Chaplaincy responded to this challenge by developing its own “Houses of Healing” programs (now collectively under the name, Plymouth Healing Communities) and it now has trained companions living side-by-side with people in recovery at seven residential programs in Seattle. In addition to being trained in the Companionship model, companions in the Plymouth Healing Communities learn how to help people with mental health challenges cope with and reverse housing difficulties, economic disparities, substance abuse, and other challenges. Community Companionship continues after residents leave the Houses of Healing.

From 2000 to the summer of 2018, over 270 adults had been served through Plymouth Healing Communities, 95% of those served had remained in stable housing for more than three years after their tenure in the Houses of Healing program, and hospitalization rates had been reduced

by 82% in that same group of adults. Qualitative research conducted by a team from Baylor University also found that the Chaplaincy delivers a more advanced version of mental health ministry than what they had previously seen, nationally.

Like Rev. Rennebohm before her, Chaplain Kae Eaton provides Companionship services for people living with homelessness, mental illness, addictions, and trauma. Under her leadership, the model continues to be disseminated widely through the provision of training for congregations and other volunteers in the community. Companionship services are provided through street outreach as well as spiritual care within hospitals and outpatient programs. The Chaplaincy also provides training and consultation to providers, including Assertive Community Treatment teams, for example. Chaplain Eaton noted that, over time, the expansion of Companionship skills has helped “change the culture” of Seattle and led to a more compassionate approach to helping people who are experiencing social isolation.

Collaborative Relationships

The Mental Health Chaplaincy was primarily funded by Seattle congregations that were concerned about people who were experiencing homelessness and mental illness. Over the years, many congregations have been offered opportunities, including training and clergy consultations, to develop Companionship ministries. Many congregations developed “Sabbath Companions” and “Congregation Companions,” programs in which companionship is offered within the congregation to both members and people who might visit the congregation “right off the street.” Other trainees have learned to apply companionship skills on the street, at soup kitchens, or during meals or shelters that congregations provide to people experiencing homelessness and poverty.

Rev. Rennebohm and Chaplain Eaton also have collaborated with community coalitions to advocate for increases in the availability of affordable housing and, along with other advocates, have secured the availability of hundreds of affordable housing units in the city.

Appendix A: Interview Protocols

Faith-Based Organizations Version

April 2017

Introduction

“Thank you for taking the time to talk with me today. The H.E. Butt Foundation has asked us – the Meadows Mental Health Policy Institute – to gather an inventory of faith-based mental health initiatives in San Antonio, as well as of best practices in faith-based mental health in Texas and nationally. You were identified as someone engaged in faith-based mental health collaborations or ministries.

We would like to learn about:

- a. How you got involved in mental health-related issues;
- b. The nature of your current ministries or endeavors;
- c. What types of faith-based mental health approaches or writings have inspired you or your organization;
- d. Whether you are currently collaborating or planning to collaborate with mental health organization or other faith groups; and
- e. Your vision for faith-based mental health initiatives in San Antonio.

But we do not have an extremely long list of questions. We will give you some prompting questions, but then we mainly want to hear you talk about what is important to you. Please feel free to direct the conversation in such a way that we will walk away with a good understanding of your and your organization’s concerns about mental health, what you are doing to address those concerns, and what your hopes for the future are.”

Interview Questions

Historical Perspective

- 1. I’d like to start by asking how you and/or your organization got involved in mental health related activities.**

(Follow up with any questions needed to clarify or to help the interviewee embellish on the response.)

*Current Mental Health-Related Activity or Ministry***2. What are you or your organization currently doing to engage with or address mental health issues?**

If it seems appropriate, follow up with these prompts:

2a. What do you feel are the needs for people in your organization or in the community around you for understanding mental health better, if any? ... And, if it seems timely, ask: “Are you educating the community about mental health?”

2b. Do you find that stigma of mental illness is a problem in your organization or in the community, or is that not an issue that arises very often? ... And, if it seems timely, ask: “Is your organization currently addressing the issue of stigma?”

2c. Is your organization currently engaging in ministry or is it providing services to people with mental health conditions? (whether formally or informally) How so?

*Sources of Inspiration***3. Are there certain faith-based approaches to mental health, or various writings or perspectives on faith and/or mental health, that have inspired you or your organization?***Current or Planned Collaborations***4. Does your organization collaborate with any mental health programs or with other faith groups in addressing mental health issues? Who are your strongest partners?****5. Describe, if any, the barriers that exist to connecting with the mental health community?***Vision for San Antonio***6. What is your vision for faith-related mental health work or collaboration in San Antonio?***Recommendations Concerning Other Potential Interviewees***7. Finally, is there anyone else who is interested in faith and mental health in the area who you would recommend we interview?**

Mental Health and Other Health and Human Services Organizations Version

April 2017

Introduction

“Thank you for taking the time to talk with me today. The H.E. Butt Foundation has asked us – the Meadows Mental Health Policy Institute – to gather an inventory of faith-based mental health initiatives in San Antonio, as well as of best practices in faith/spirituality-informed mental health in Texas and nationally. You were identified as a mental health or other health and human services organization that has some engagement with faith communities or with faith/spirituality issues that are relevant to the people you serve.

We would like to learn about:

- a. How you got involved in working with faith organizations or in addressing faith/spirituality in the lives of the people you serve;
- b. The nature of your current engagement with faith and spirituality;
- c. What types of approaches to working with faith/spirituality, or which writings on the subject, have inspired you or your organization;
- d. Whether you are currently collaborating or planning to collaborate with faith organizations or other similar groups; and
- e. Your vision for faith/spirituality-informed mental health initiatives in San Antonio.

We do not have an extremely long list of questions. We will give you some prompting questions, but then we mainly want to hear you talk about what is important to you. Please feel free to direct the conversation in such a way that we will walk away with a good understanding of your and your organization’s concerns about faith and spirituality, what you are doing to address those concerns, and what your hopes for the future are.”

Interview Questions

Historical Perspective

- 1. I’d like to start by asking how you and your organization got involved in working with matters of faith and spirituality.**

(Follow up with any questions needed to clarify or to help the interviewee embellish on the response.)

Current Engagement with Faith/Spirituality

- 2. What are you or your organization currently doing to engage with or address matters of faith and spirituality?**

If it seems appropriate, follow up with these prompts:

2a. What do you feel are the needs of people in your organization for understanding faith and spirituality and the role they play in recovery from mental illness, if any? ... And, if it seems timely, ask: "Is your organization educating itself about faith/spirituality issues?"

2b. Do you find that faith and spirituality issues play a role in either accentuating or reducing stigma of mental illness, or has that not been a big issue? ... And, if it seems timely, ask: "Is your organization currently addressing the issue of stigma?"

2c. Is your organization currently addressing faith and spirituality in its provision of services to people with mental health conditions? (whether formally or informally) How so?

Sources of Inspiration

- 3. Are there certain faith/spirituality-based approaches to mental health, or various writings or perspectives on faith and mental health, that have inspired you or your organization?**

Current or Planned Collaborations

- 4. Does your organization collaborate with any faith groups in addressing issues of faith and mental health? Who are your strongest partners?**
- 5. Describe, if any, the barriers that exist to connecting with faith communities or to helping your clients connect to them (when those clients wish to connect with faith communities)?**

Vision for San Antonio

- 6. What is your vision for mental health and faith/spirituality work or collaboration in San Antonio?**

Recommendations Concerning Other Potential Interviewees

- 7. Finally, is there anyone else who is interested in faith and mental health in the area who you would recommend we interview?**

Mental Health or Religious/Spiritual Training Programs Version

April 2017

Introduction

“Thank you for taking the time to talk with me today. The H.E. Butt Foundation has asked us – the Meadows Mental Health Policy Institute – to gather an inventory of faith-based mental health initiatives in San Antonio, as well as of best practices in faith/spirituality-informed mental health in Texas and nationally. You were identified as a mental health or religious university/training program that has some engagement with mental health and faith issues.

We would like to learn about:

- a. How you or your institution got involved in working with faith and mental health issues;
- b. The nature of your current engagement with faith/spirituality and mental health;
- c. What types of approaches to working with faith/spirituality and mental health, or which writings on the subject, have inspired you or your organization;
- d. Whether you are currently collaborating or planning to collaborate with faith organizations or mental health agencies in creating training opportunities; and
- e. Your vision for faith/spirituality-informed mental health initiatives in San Antonio.

We do not have an extremely long list of questions. We will give you some prompting questions, but then we mainly want to hear you talk about what is important to you. Please feel free to direct the conversation in such a way that we will walk away with a good understanding of your and your institution’s concerns about faith/spirituality and mental health, what you are doing to address those concerns, and what your hopes for the future are.”

Interview Questions

Historical Perspective

- 1. I’d like to start by asking how you and your training program/institution got involved in working with matters of faith/spirituality and mental health.**

(Follow up with any questions needed to clarify or to help the interviewee embellish on the response.)

Current Engagement with Faith/Spirituality and Mental Health

- 2. What are you or your program/institution currently doing to engage with or address matters of faith/spirituality and mental health?**

If it seems appropriate, follow up with these prompts:

2a. What do you feel are the needs, if any, of the people you train for understanding faith and spirituality and the role they play in recovery from mental illness and other mental health conditions?

2b. Do you find that faith and spirituality issues play a role in either accentuating or reducing stigma of mental illness, or has that not been a big issue in your institution or in the community? ... And, if it seems timely, ask: “Is your institution or program currently addressing the issue of stigma in your education of trainees?”

2c. Is your program/institution currently addressing faith and spirituality in its provision of services to people with mental health conditions? (or vice versa, depending on the training program) How so?

Sources of Inspiration

3. Are there certain faith/spirituality-based approaches to mental health, or various writings or perspectives on faith and mental health, that have inspired you or your organization?

Current or Planned Collaborations

4. Does your organization collaborate with any faith groups or mental health agencies in the community to address issues of faith and mental health? Who are your strongest partners?

5. Describe, if any, the barriers that exist to connecting with faith communities and mental health agencies or to helping your students/trainees connect to them?

Vision for San Antonio

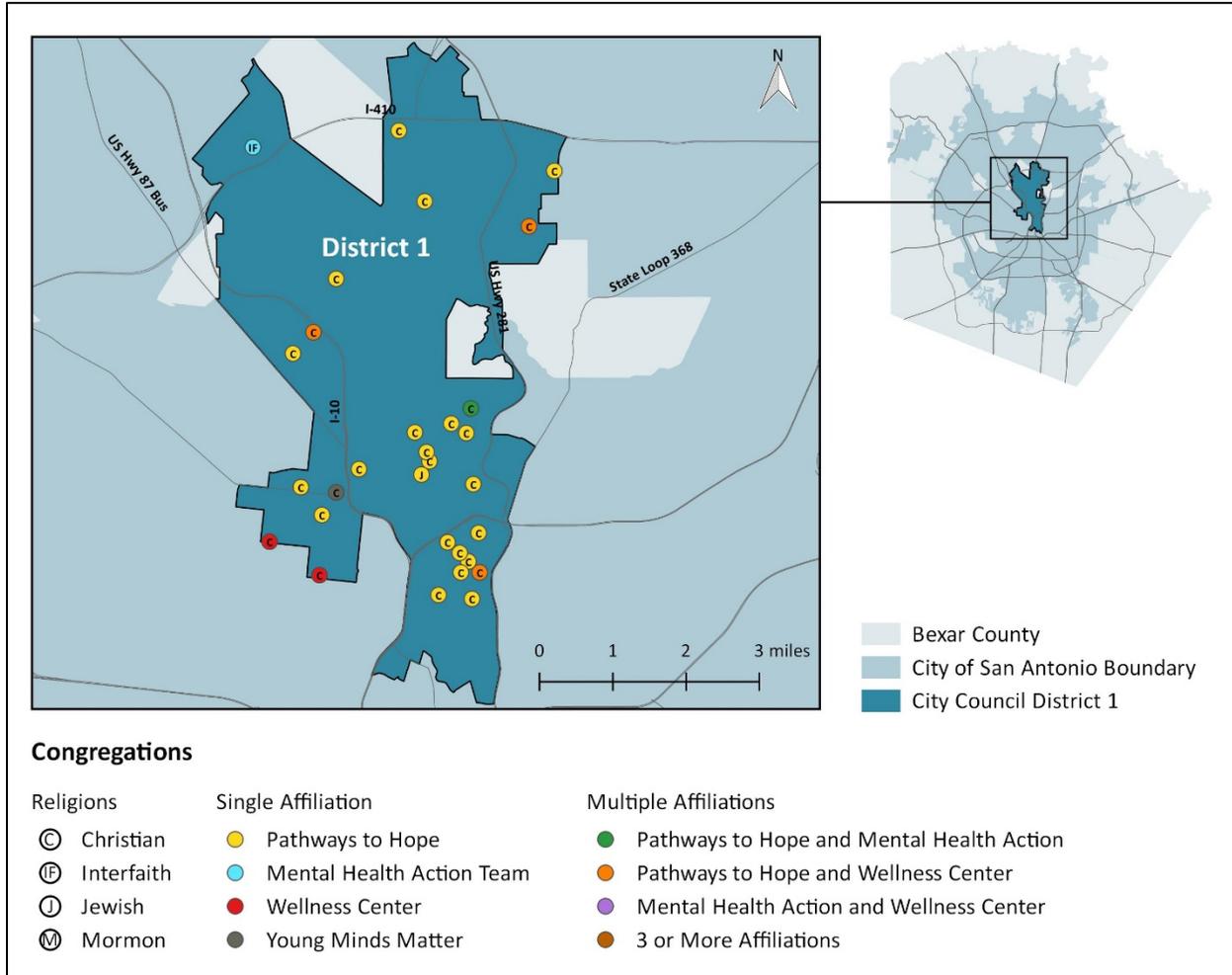
6. What is your vision for mental health and faith/spirituality work or collaboration in San Antonio?

Recommendations Concerning Other Potential Interviewees

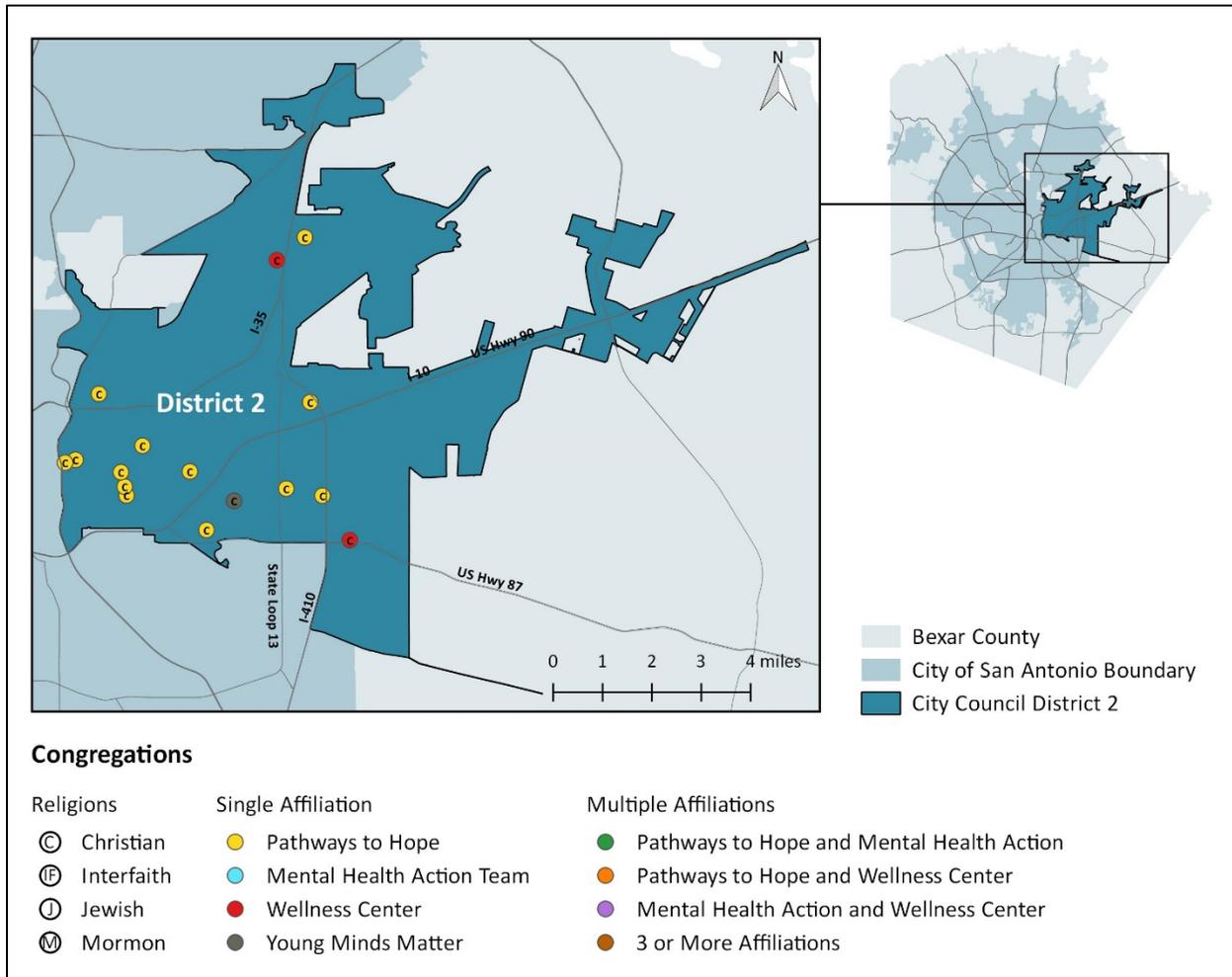
7. Finally, is there anyone else who is interested in faith and mental health in the area who you would recommend we interview?

Appendix B: Congregations in the San Antonio Area Affiliated with Mental Health Initiatives: City District-Specific Maps

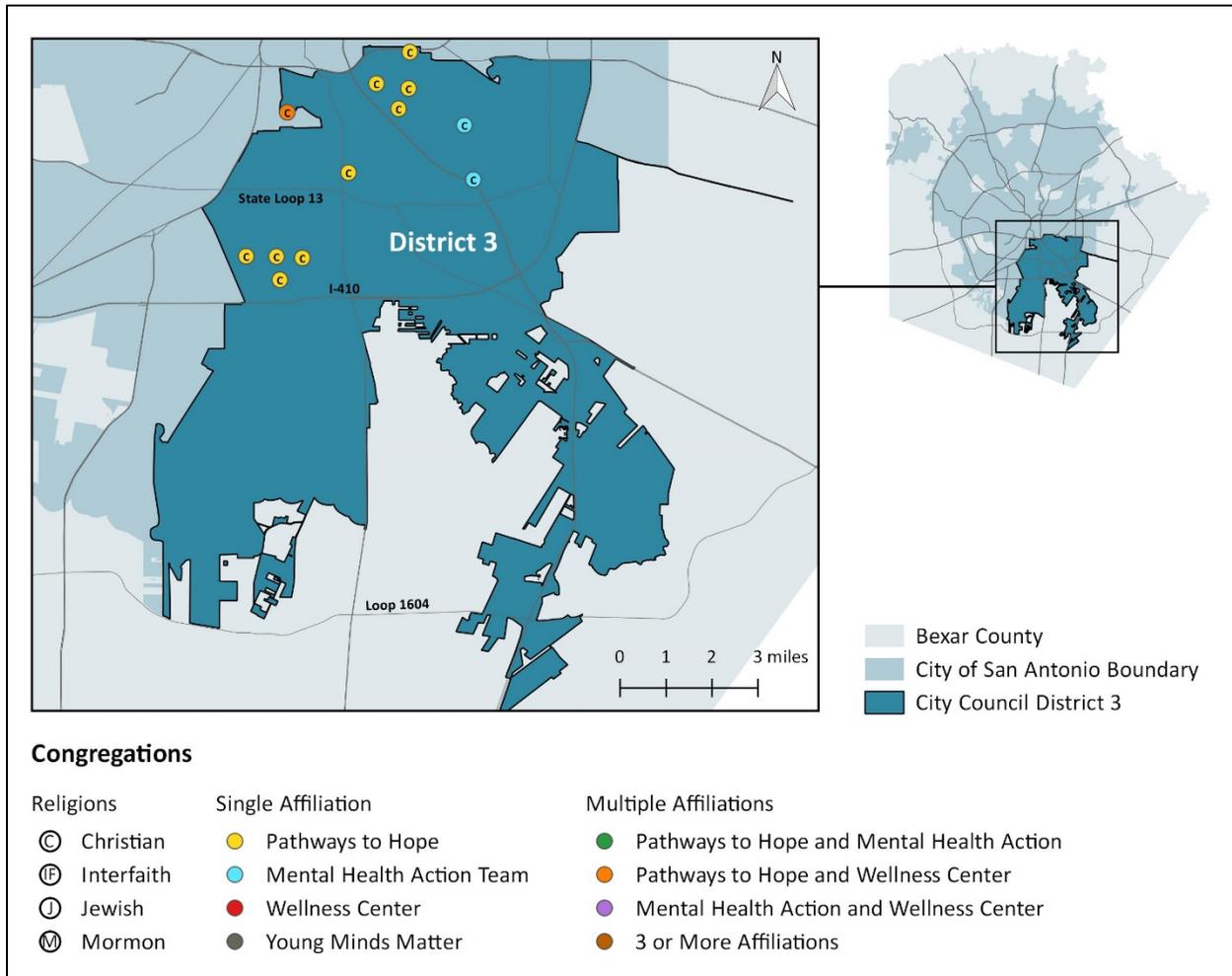
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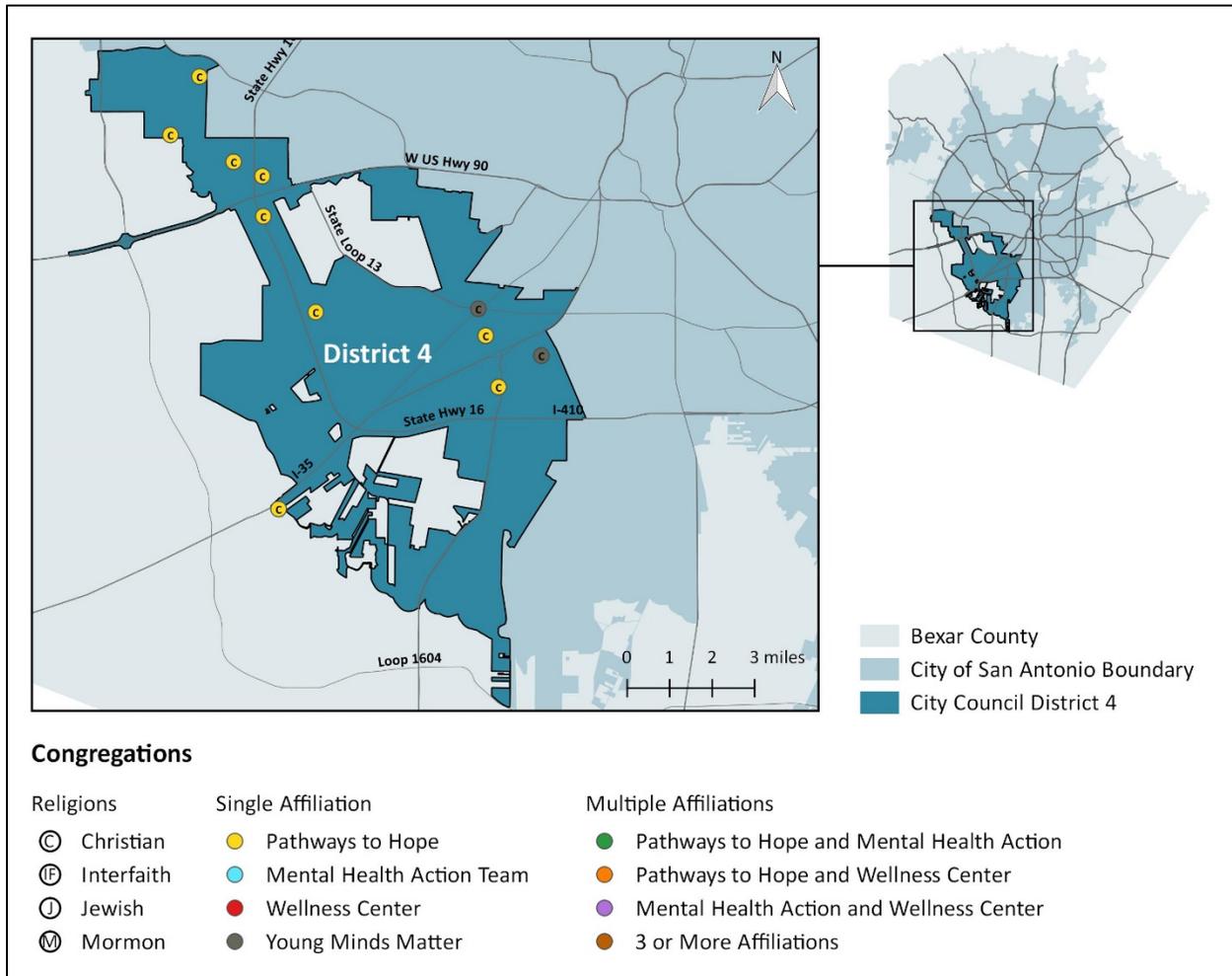
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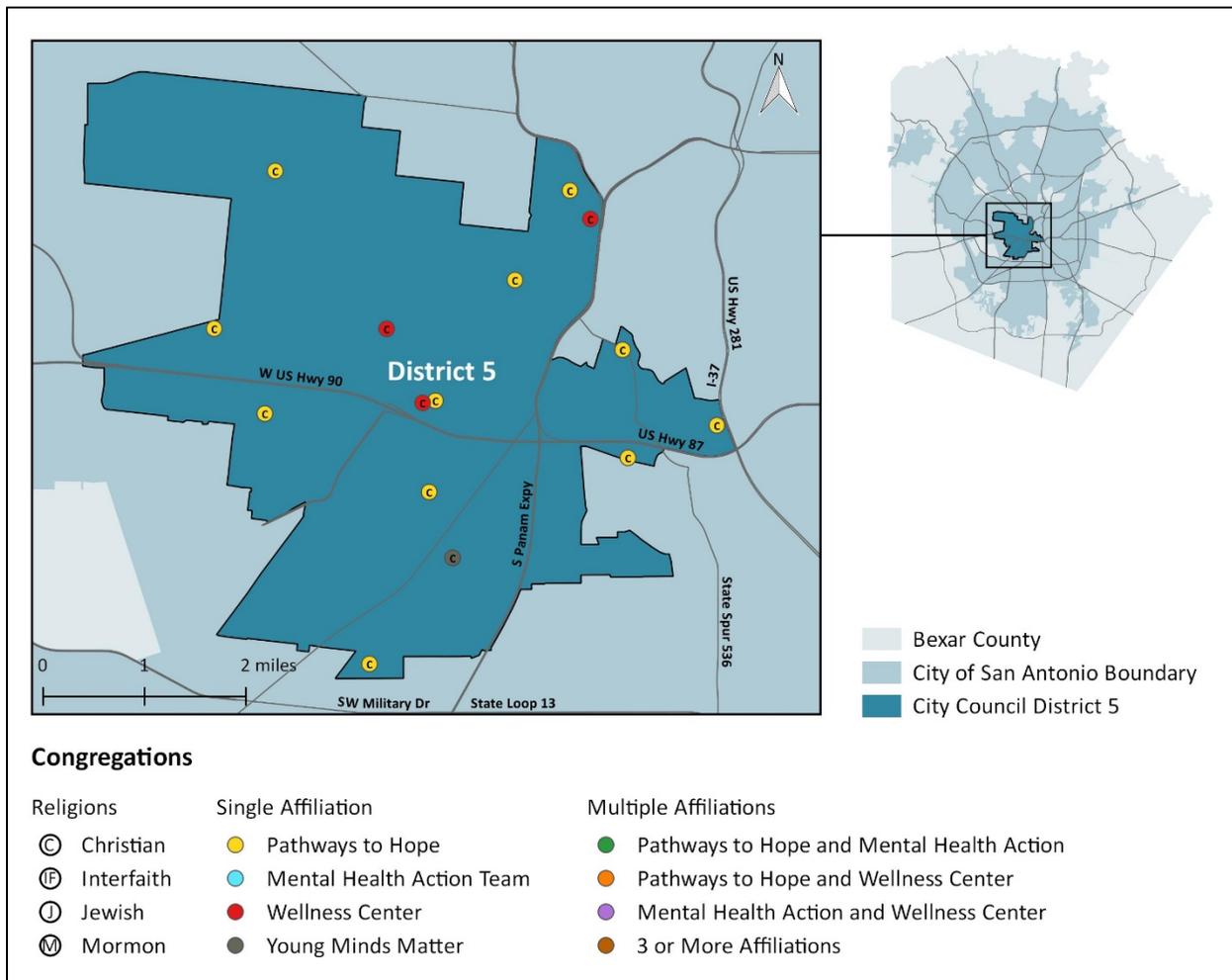
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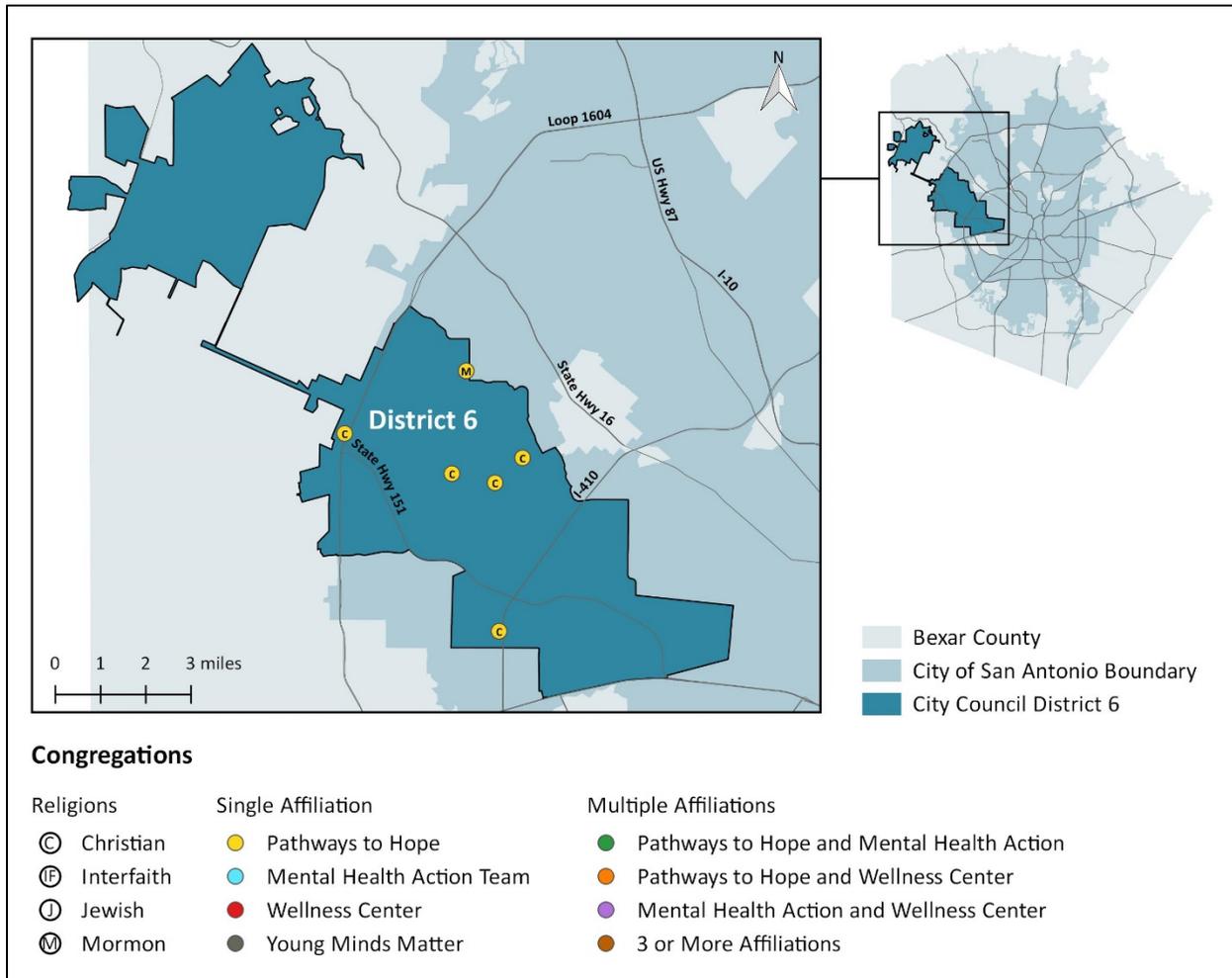
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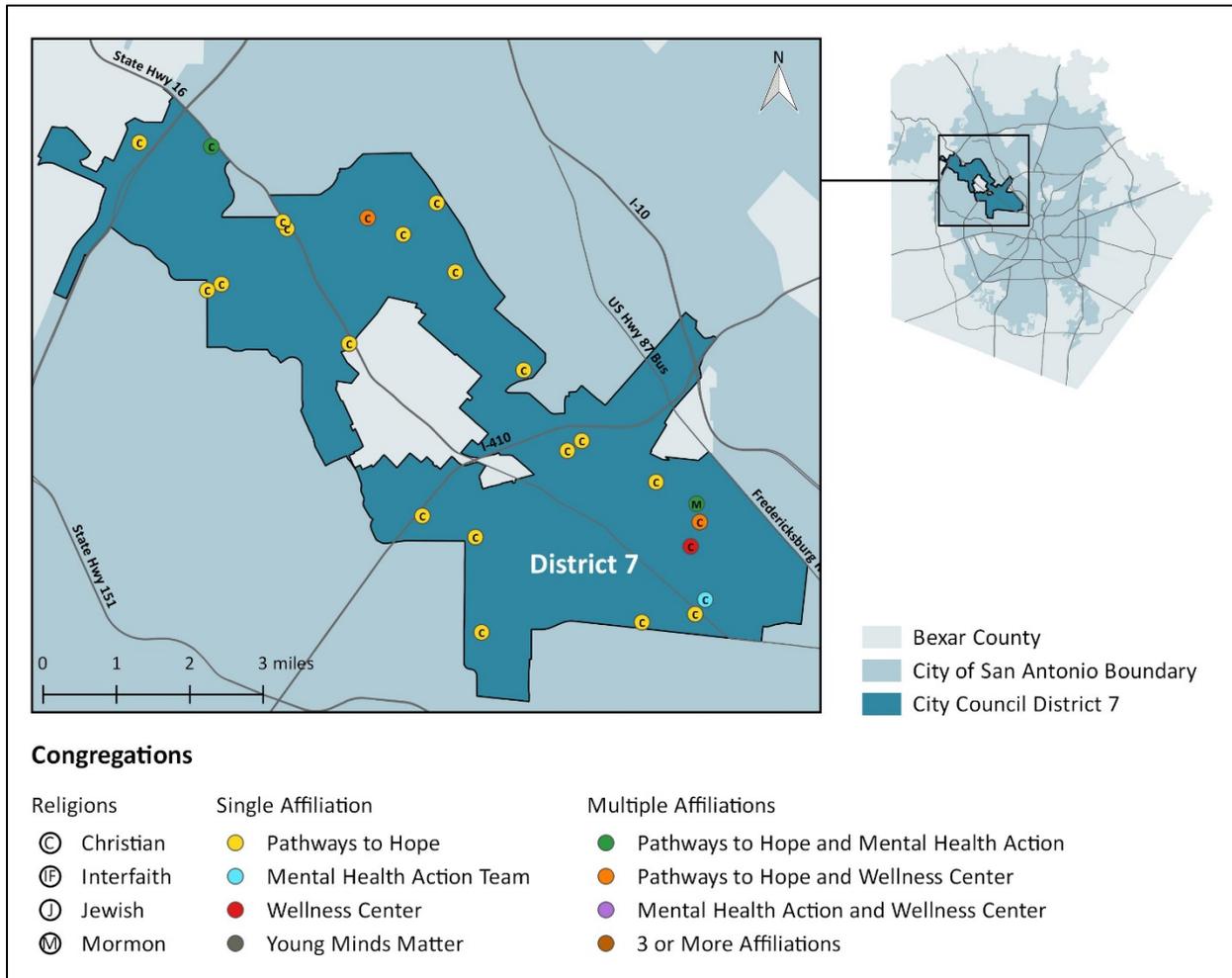
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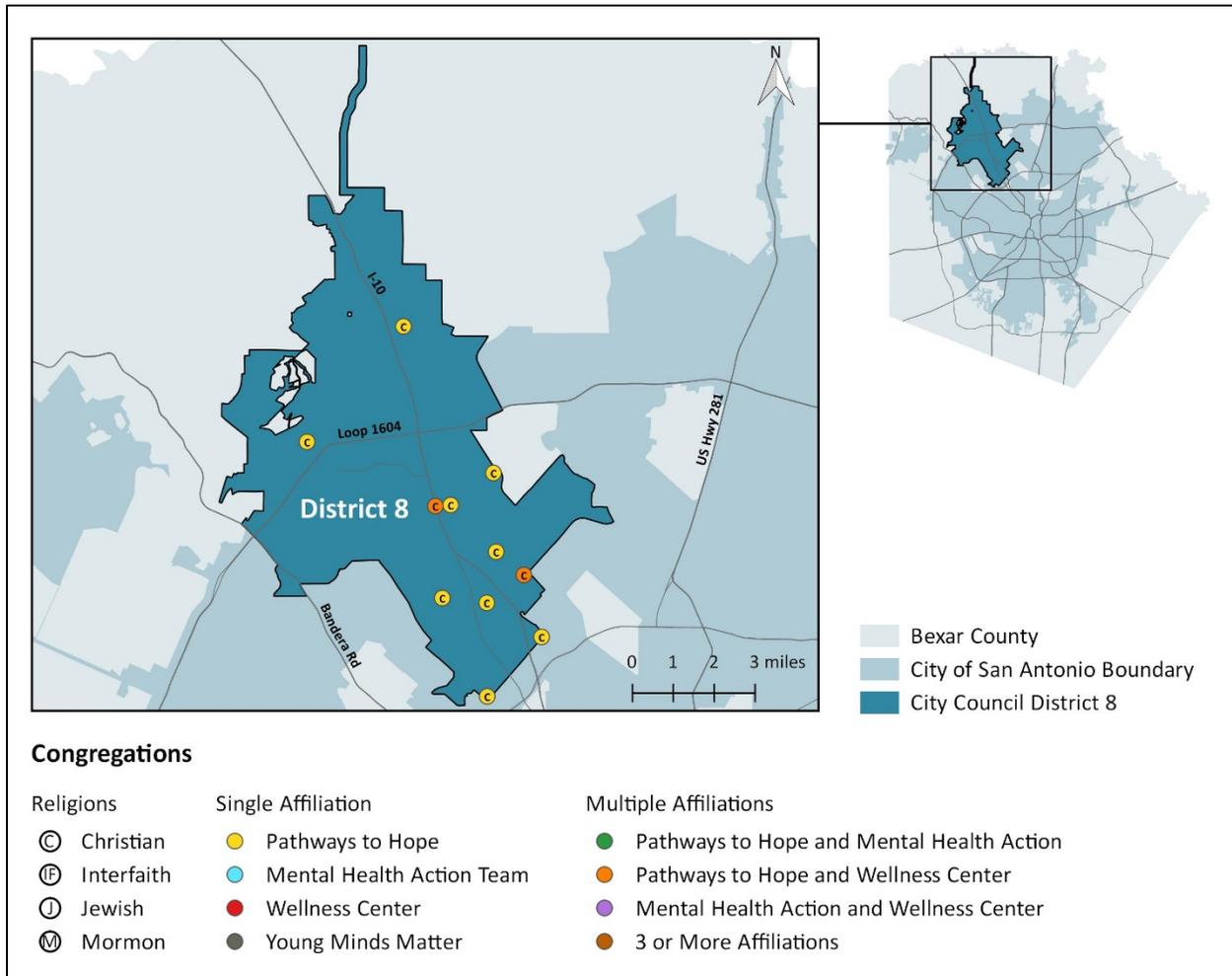
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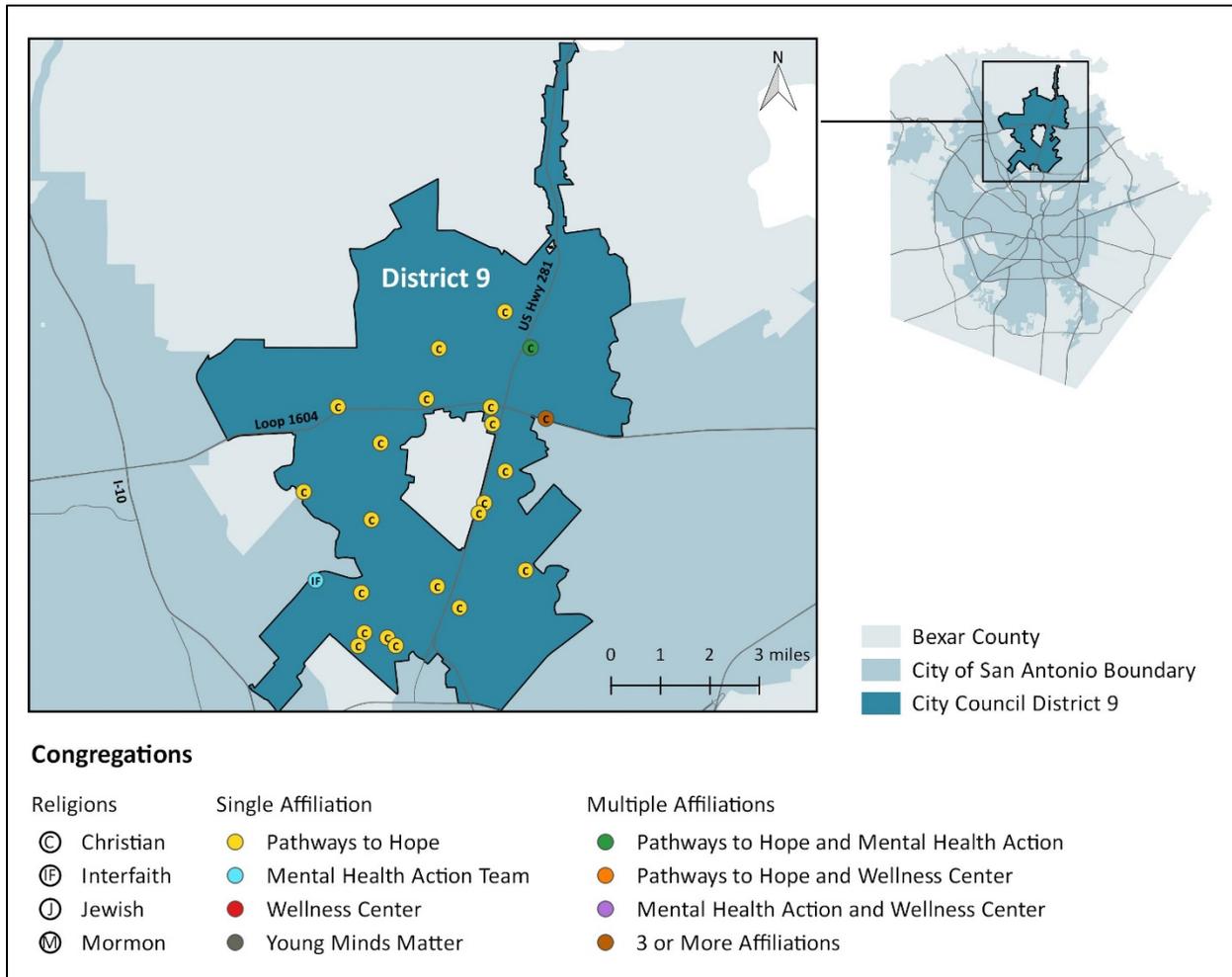
City Council District 7



City Council District 8



City Council District 9



City Council District 10

