Abundant Life

A Congregational Study Guide for the mind, body, and spirit

North Carolina Council of Churches

Partners in HEALTH and WHOLENESS

For questions related to this study guide, email: phwinfo@nccouncilofchurches.org

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Congregational Study Guide

ABOUT

North Carolina Council of Churches

The North Carolina Council of Churches represents 28 distinct judicatories from 19 denominations.

MISSION

We enable denominations, congregations, and people of faith to impact our state on issues such as economic justice and development, human well-being, equality, and compassion and peace, following the example and mission of Jesus Christ.

VISION

People of faith leading the social justice movement to create equitable, compassionate, and thriving communities for all.

Partners in HEALTH and WHOLENESS

Partners in Health & Wholeness (PHW) is an established initiative of the North Carolina Council of Churches that works to bridge the issues of faith, health, and justice. The heart of our work lies in partnering with faith communities across North Carolina, equipping them to build communities of health and wholeness in mind, body and spirit.

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WHAT YOU CAN EXPECT FROM THIS STUDY GUIDE

This study guide is designed to help you explore the interconnectedness of mind, body, and spirit through a faith lens. Over the course of four sessions, you will engage with scripture, reflect on personal and communal well-being, and learn how to foster a supportive, compassionate environment that integrates mental health into the life of your congregation. Expect a combination of thoughtful discussions, activities, and practical steps to help you build a healthier, more vibrant faith community where abundant life can thrive.

Establishing Group Guidlines

it is important for groups to establish norms that help create a safe and supportive environment. Everyone shares responsibility for fostering a space where participants feel safe, heard, and respected. It is recommended that groups discuss and agree on norms together during the first meeting. Here are some suggestions to get you started:

CONFIDENTIALITY

What is shared in the group stays in the group so that everyone feels comfortable sharing personal experiences and thoughts without fear of judgment or gossip. The exception to this is if someone is a danger to themselves or others.

ACTIVE LISTENING

Listen to understand, not to respond. Avoid interrupting when someone is speaking, limit side conversations and be fully present during discussions.

EMPATHY AND COMPASSION

Approach each person with kindness and respond with compassion. Remember that health and faith journeys are personal and can be difficult to discuss. If someone shares a personal story, avoid probing for more details unless they volunteer to share further. You are invited to share, but not required.

Refrain from giving advice and saying what someone “should do”. Although it is often well-meaning every situation is different and it’s better to offer support that allows others to discover what works best for them.

NO JUDGMENT

Avoid making assumptions about others or passing judgment on their experiences. We may not always agree, and that’s okay. Be open to different viewpoints and experiences, and treat each contribution with respect, even if it differs from your own.

Introduction

Over the course of his ministry, Jesus did more healing than preaching. Everywhere he went the sick came to him for healing or people brought the sick to him if the sick could not come on their own. There are 22 explicit healing stories in the synoptic Gospels—those first 3 gospels that are somewhat similar and generally referred to as offering the narrative to Jesus' life and teaching. John, of course, has a beautifully constructed account of Jesus' life and ministry told through a different lens that offers several more healing stories. We could say, Jesus is the original universal healthcare provider.

Healing stories are also found scattered throughout the Old Testament, like Elijah raising the widow's son in I Kings 17:17-24 and the healing of Naaman's leprosy after he washed in the River Jordan, found in II Kings 5. Likewise, the disciples manage some healing exercises once they are commissioned post-resurrection. Consider Peter raising Tabitha in Acts 9:36-43.

The common thread in each healing story is restoration to community—family, social, and religious—various communities from which one is excluded based on the sickness. Besides being isolated when we are ill, many of us don't much feel like going out anyway and we certainly don't want to entertain a lot of people at home. The gift of community is tangibly missing.

The healing stories we know cover a wide range of wellness needs. There are physical needs, social needs, structural needs, mental needs, and spiritual needs, just to list the most obvious. We could say, healing and wellness are as numerous as the multitude of people in the world, or as God told Abraham: "as numerous as the stars of heaven and as the sand that is on the seashore" (Genesis 22:17 NRSV).

All of this scriptural evidence points to the truth that healing is a crucial part of God's plan for all of us to have "life and have it abundantly" (John 10:10 NRSV). Healing is a path toward restoration: between self and God, between self and others, and between self and self. Being well is about much more than physical health. It is about being wholly healthy: mind, body, and spirit. We rarely get there alone. It takes a total network inclusive of sound government policy, local wellness providers, and a "village" of people around us willing to help.

Local congregations are often the entry portal for those seeking help–members, neighbors, and sojourners. Many see our doors as an entry to healing. A willingness to be seen by those in search of healing is the first step for any congregation. The ability to access our resources and refer people to support systems soon follows. The North Carolina Council of Churches wants to invest in congregations across the state who are willing to be seen by themselves and those around them as healing portals, the beginning of a journey toward abundant life.

The work of this study guide offers congregations a portal by which we can immerse ourselves in God's intention for abundant life. Equipped with the necessary awareness of God's desire for us to be whole, we become spaces through which others can seek their own health and wellbeing. We are grateful that you are joining us on the journey.

The Rev. Dr. Jennifer Copeland,
Executive Director
North Carolina Council of Churches

ABUNDANT LIFE IN MIND, BODY & SPIRIT

Session One

KEY TERMINOLOGY

HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.[1]

OBJECTIVE

To explore a theological understanding of abundant life; learn about health and wellbeing and the interconnectedness of mind, body and spirit.

WELCOME & INITIAL INTRODUCTION

Welcome everyone to the space and to the group. Facilitate introductions.

Prayer: Leader or selected person should offer prayer for understanding, wisdom, and reception of the information shared in this session.

NOTES

KEY TERMINOLOGY

WELLNESS

Wellness (often used interchangeably with wellbeing) is a broader concept indicating health in many dimensions of our lives. These dimensions include the emotional, physical, occupational, intellectual, financial, social, environmental, and spiritual parts. These dimensions are interconnected with one dimension building on another.[2]

ACTIVITY

God's desire for humanity is not merely survival, but a flourishing abundant life. Abundant life, like the biblical concept of shalom, is a state of wholeness, completeness, and harmony in all aspects of life–spiritual, physical, emotional, and relational. It's not to say that we won't experience challenges or illness in these areas, abundant life is not about avoiding hardships, it's about the journey towards wholeness and the richness of our relationship with God, self, and others.

I came
that they may have
life
and have it
abundantly.

John 10:10

DISCUSS

When you think of the phrase "abundant life," what is the first image or thought that comes to mind?

SCRIPTURE

Luke 13:10-17 NRSVUE

Now he was teaching in one of the synagogues on the Sabbath. And just then there appeared a woman with a spirit that had crippled her for eighteen years. She was bent over and was quite unable to stand up straight. When Jesus saw her, he called her over and said, "Woman, you are set free from your ailment." When he laid his hands on her, immediately she stood up straight and began praising God. But the leader of the synagogue, indignant because Jesus had cured on the Sabbath, kept saying to the crowd, "There are six days on which work ought to be done; come on those days and be cured and not on the Sabbath day." But the Lord answered him and said, "You hypocrites! Does not each of you on the Sabbath untie his ox or his donkey from the manger and lead it to water? And ought not this woman, a daughter of Abraham whom Satan bound for eighteen long years, be set free from this bondage on the Sabbath day?" When he said this, all his opponents were put to shame, and the entire crowd was rejoicing at all the wonderful things being done by him.

DISCUSS

- Jesus said, "you are set free from your ailment." Why do you think Jesus said "set free" rather than "you are healed?"
- How is the healing Jesus performed more than physical healing alone?

SCRIPTURE REFLECTION

This scripture is one of many healing stories in the Gospels that reveal the heart of God which desires abundant life for all God's children. This encounter of Jesus healing the woman happens on the Sabbath, and thus creates controversy. Jesus responds by reminding us that Sabbath is designed to ensure abundant life for all God's children, and that is exactly what he was doing when healing this woman.

Not only was healing a central component of Jesus' ministry, health and healing have been a central component of faith communities since the early church. In fact, the origins of hospitals can be traced back to 4th-century Christianity. Throughout the 6th-10th centuries, infirmaries became established parts of all monasteries.[3] It's impossible to look at the history of healthcare without seeing the vital role of faith communities.

As followers of Jesus who healed and worked for abundant life, faith communities must also WORK to create and promote the circumstances in which health thrives.[4]

ACTIVITY

SAMHSA 8 FACTORS OF WELLNESS

After considering the healing work of Jesus and considering our perception of abundant life, let's look at the Substance Abuse and Mental Health Services Administration (SAMHSA) 8 Factors of Wellness and consider the various factors of our own wellness.[5] After reviewing the wheel, answer the following questions and share your thoughts with the group.

KEY TERMINOLOGY

ABUNDANT LIFE

The abundant life that Jesus talks about is a life that promotes wholeness and wellbeing in every dimension, aligning one's physical, mental, emotional, and spiritual health with the fullness of life that God intends.

Eight Dimensions of Wellness [6]

DISCUSS

- Are there dimensions that you think are more or less significant than others? Why?
- Which dimension of wellness do you feel most balanced in? Which dimension needs more attention in your life and within the congregation?
- How has your understanding of abundant life changed after learning about the wellness wheel?

CLOSING & BENEDICTION

MENTAL HEALTH AND WELLBEING

Session Two

KEY TERMINOLOGY

MENTAL HEALTH

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.[7]

OBJECTIVE

To introduce the basics of mental health, terminology, and the mental health continuum, helping participants understand that mental wellness is connected to overall health and wellbeing.

WELCOME & PRAYER

NOTES

ACTIVITY

Directions: Designate one wall in the room to be where participants stand if they strongly disagree with the statement read aloud and the opposing wall if they strongly agree. They can also stand anywhere in between that continuum. Then read the following statements aloud and ask participants to go to the place that indicates where they fall on the continuum of strongly agree to strongly disagree. (You can modify this activity by having people remain seated and hold up 1 finger to strongly agree and 5 fingers to strongly disagree or any number between 1 and 5). Read the statements aloud.

ACTIVITY STATEMENTS

Ask participants to respond to the following statements based on their own personal beliefs.

- Mental health issues are a sign of personal weakness or lack of faith.
- Seeking help for mental health concerns is a sign of failure or moral inadequacy. "I didn't pray hard enough."
- People with mental health challenges are crazy, dangerous, violent.

Repeat a second time and ask participants to now respond to the same statements based on what they perceive to be the dominant belief in their community (which they may or may not align with their own).

ACTIVITY WRAP UP

As we engage with and reflect upon both personal beliefs and the perceptions within communities, it is important to highlight that these kinds of myths and misunderstandings can be deeply ingrained, and it's normal to feel tension between personal views and what is observed in the surrounding community.

Our goal here is not to shame anyone for where they stand but to recognize that mental health is a complex issue that requires empathy, education, and intentional conversation. By identifying these beliefs, we can start to challenge harmful stigmas and work together to build a more supportive, compassionate, and informed community.

Let's carry this awareness with us as we continue to learn, grow, and advocate for mental health and well-being in our own lives and in our faith communities. Mental health is a vital component of overall health and wellness that affects individuals' ability to connect with others, engage in community life, and grow spiritually.

SCRIPTURE

Philippians 4:6-7 (NRSVUE)

Do not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus.

2 Timothy 1:7 (NRSVUE)

God did not give us a spirit of cowardice but rather a spirit of power and of love and of self-discipline.

James 1:2-3(NRSVUE)

My brothers and sisters, whenever you face various trials, consider it all joy, because you know that the testing of your faith produces endurance.

DISCUSS

- How do you think these scriptures have contributed to stigma and the over-spiritualization of mental health within faith communities?'
- How can we reconcile the words of these scriptures with the need for mental health care?

SCRIPTURE REFLECTION

While prayer is an important part of dealing with life's worries, mental health conditions often require holistic care, including, counseling, and other medical intervention. Scripture encourages turning to God in prayer but doesn't exclude other forms of care.

Scripture speaks to the empowerment that comes through faith, but it does not mean that people of faith won't experience fear, anxiety, or other mental health challenges. Strength, love, and self-control can be cultivated alongside professional mental health support.

As people of faith, we know that no matter where one finds themselves on the continuum of mental health and mental illness, we are held in the love and presence of God. We also know that we are to love and be present with our neighbors in ALL places along this continuum.

What often stands in the way of believing we are held in the love and presence of God is stigma and shame. At its core, the stigma and shame associated with mental health and well-being is the belief that something is inherently wrong with oneself, that one is deeply flawed and that their moral and spiritual character is being called into question.

In the past, physical illnesses were often spiritualized and attributed to moral or spiritual failings and punishments. Today, with the advancements in science and medicine, we understand that physical health is influenced by a complex web of interconnecting factors. We send people to doctors while continuing to lift them up in prayer.

The same is true for mental health, but society has been slower to understand and embrace the complexities of mental and emotional wellbeing. Simply spiritualizing away mental health contributes to the deep-seated stigma we see today, particularly in faith communities, where we communicate either implicitly or explicitly that "good Christians" do not experience mental health challenges.

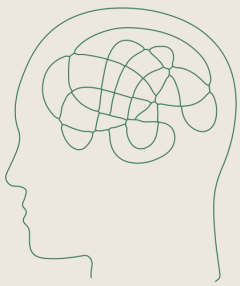
Statistics show that mental illness is widespread.

- **1 in 5** U.S. adults experience mental illness each year [8]
- **55%** of adults with mental illness receive no treatment [9]
- Suicide is the second leading cause of death for those aged 10-14 and 20-34. [10]
- **1 in 3** high school girls reported they had seriously considered attempting suicide. [11]

KEY TERMINOLOGY

MENTAL ILLNESS

A wide range of mental health conditions that affect mood, thinking, and behavior, which causes distress and impairs a person's ability to function. A diagnosis is made by a mental health professional based on the nature, degree, and longevity of impairment.[12]



CASE STUDY ACTIVITY

Read and consider Anna's story:

Anna is a 35-year-old elementary school teacher who has been working in education for over ten years. She is married with two young children and is actively involved in her local church. Anna has always been passionate about teaching and is known for her caring and supportive nature.

Over time, Anna begins to take on more responsibilities at work. She is promoted to a leadership position, which requires extra hours and added stress. At the same time, her husband is dealing with job insecurity, and her children's needs are increasing as they enter their teenage years.

CASE STUDY ACTIVITY

continued

These changes begin to take a toll on Anna. She starts to feel overwhelmed and anxious. Although she is still functioning well, she notices that she is more irritable and has less patience with her students and family. She struggles with sleep and finds it difficult to unwind after work. Her involvement in church activities decreases as she feels she has less time and energy.

A few months later, Anna's father falls ill, and she must spend significant time caring for him. The added emotional and physical burden exacerbates her stress. She starts to withdraw from her social and spiritual support systems. Her anxiety intensifies, leading to feelings of sadness and hopelessness.

Anna enters a languishing state, where she is not experiencing a mental illness but is not thriving either. She feels "stuck" and emotionally drained.

She struggles to find joy in activities that used to bring her happiness, such as teaching and spending time with her family. Her productivity at work decreases, and she begins to doubt her abilities.

Eventually, she has a panic attack during a staff meeting and is unable to return to work the next day. Anna's anxiety spirals into a full-blown depressive episode where her symptoms become severe and significantly impact her daily life and functioning. She struggles to get out of bed and take care of her daily responsibilities. Her thoughts become increasingly negative, and she is plagued by feelings of hopelessness and is disconnected from her faith, questioning her purpose and value.

Not only was Anna's participation and leadership missed within the faith community, she continued to withdraw from her faith community further because she felt like her struggles were a sign of her weak faith. The shame she felt for not being able to "tough it out" kept her from attending during this difficult time.

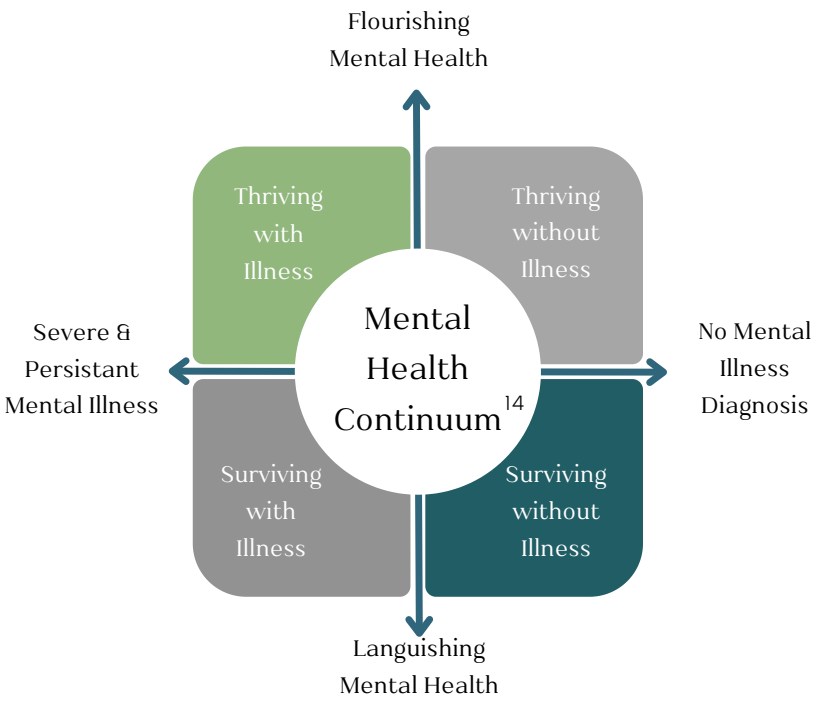
Anna's journey illustrates how mental health is not static but can fluctuate along the continuum based on various life events, stressors, and coping mechanisms. And while every person's journey is different and her path back to flourishing has many different facets, it's important for those in community with her and the faith community to be supportive. Anna's journey underscores the importance of early intervention, ongoing support, and the role of community and faith in the healing process. By understanding the mental health continuum, individuals and communities can better support those experiencing mental health challenges, helping them move towards flourishing once again. After all, flourishing people create flourishing communities!

MENTAL HEALTH CONTINUUM

Mental health and wellness are more than the absence of illness. We can experience positive mental wellbeing and we can have mental health challenges, and most likely we will fluctuate on this continuum at various times in life.

Like our physical health, our mental health fluctuates and changes over time, and it's influenced by a variety of factors, including biological factors (such as genetics or brain chemistry), life experiences (such as trauma or abuse), and family history of mental health problems. A helpful way to understand mental health and wellbeing is through the work of Dr. Corey Keyes and his concept of the Mental Health Continuum.[13]

On the continuum, there is the absence of mental illness to the presence of mental illness, from mild to severe. The other axis is a continuum of mental health and wellbeing with one end representing flourishing mental health and the other end representing languishing mental health.



DISCUSS

- Where might Anna be on this continuum?
- Where are you on this continuum now?
- Can you identify different points in your life where you've been at different places on the continuum?
- What are some ways we can support people in each of these quadrants?

CLOSING & BENEDICTION

CARING FOR MENTAL HEALTH IN COMMUNITY

Session Three

KEY TERMINOLOGY

ANXIETY

The Diagnostic and Statistical Manual (DSM-5) used by licensed medical health providers describes anxiety as excessive worry and apprehensive expectations, occurring more days than not for at least 6 months, about a number of events or activities, such as work or school performance.[15]

OBJECTIVE

A look at mental health through various lenses, to provide a broad understanding of how different factors and life phases affect mental health and wellbeing. Briefly introduce various ways faith communities can respond to and impact mental health and wellbeing.

WELCOME & PRAYER

NOTES

ACTIVITY

Using the space below, jot down responses to the following questions. Before you begin, take a deep breath and remember that these responses are for your personal reflection. You can share them later if you wish.

QUESTIONS

- What are the top three things that you are currently anxious or stressed about?
- How knowledgeable are you about the stressors people in the pews are experiencing?
- After reviewing your list of items, which of the above issues could be helped?

KEY TERMINOLOGY

Mental Health First AID

Mental Health First Aid is a course that teaches you how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

SCRIPTURE

Galatians 6:2 NRSVUE

Bear one another's burdens, and in this way you will fulfill the law of Christ.

1 Peter 1:22 NRSVUE

Now that you have purified your souls by your obedience to the truth so that you have genuine mutual affection, love one another deeply from the heart.

1 Corinthians 12:12-27

For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ. For in the one Spirit we were all baptized into one body—Jews or Greeks, slaves or free—and we were all made to drink of one Spirit.

Indeed, the body does not consist of one member but of many. If the foot would say, "Because I am not a hand, I do not belong to the body," that would not make it any less a part of the body. And if the ear would say, "Because I am not an eye, I do not belong to the body," that would not make it any less a part of the body. If the whole body were an eye, where would the hearing be? If the whole body were hearing, where would the sense of smell be? But as it is, God arranged the members in the body, each one of them, as he chose. If all were a single member, where would the body be? As it is, there are many members yet one body. The eye cannot say to the hand, "I have no need of you," nor again the head to the feet, "I have no need of you." On the contrary, the members of the body that seem to be weaker are indispensable, and those members of the body that we think less honorable we clothe with greater honor, and our less respectable members are treated with greater respect, whereas our more respectable members do not need this. But God has so arranged the body, giving the greater honor to the inferior member, that there may be no dissension within the body, but the members may have the same care for one another. If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it.

Now you are the body of Christ and individually members of it.

SCRIPTURE REFLECTION

"I don't look like what I've been through" is a common statement of testimony in African American congregations. While the congregant may be experiencing personal or professional trials, they are giving witness that their outward appearance is no indication of the unseen challenges that may be happening in their body, minds, spirits, or even workplaces.

What would life look like on Sundays and Wednesdays if we all gathered as people with the best emotional and physical health, driving cars that still had their new car factory smell after we left homes that looked like pages out of a home design magazine?

KEY TERMINOLOGY

Trauma

The experience of a stressful event that overwhelms a person's ability to cope and has lasting effects on a person's mental, physical, social, or spiritual wellbeing. A trauma-informed ministry recognizes the prevalence of trauma, its impact on individuals, and seeks to integrate that into its practices to promote healing and avoid re-traumatizing.

Often, we come into our congregational settings with our perfectly curated lives. In many cases, we've put on our Sunday best and attempt to leave the troubles from the week behind us at the front door. We enter in worship and fellowship and appear as if all is well in our worlds. But so often, things are not all well. There is illness in our bodies or our families, financial stressors abound, and we're concerned about the various struggles within our world. We can often go on for weeks, years, and months without others knowing we need additional support because we wear a mask and put our best foot forward in appearance and behavior. When social networks are strong, the people around us can often detect when we are not physically or emotionally well. They are familiar with our smile, movement, and demeanor. The relationships are strong enough that someone discerns when we may not be as well as we proclaim.
But what happens when we enter new spaces and haven't developed the relationships that can support our well-being?

Caring for one another and "bearing one another's burdens" calls us to be mindful of those in the community, even when it is uncomfortable or inconvenient. Being the community God calls us to be, means moving beyond simply "Sunday Nice" and becoming people who offer their presence when needed, walking alongside others even when the road appears rocky and windy. Even when we don't have the right words or solutions, an empathetic presence will often make a difference and provide the support necessary for someone to get the proper care.

CASE STUDY ACTIVITY

Read and consider Tina's story:

Tina is a divorced mother of two who just moved down the street from Mountain UMC. After noticing the summer camp sign, she contacted the church and learned two spots were still available for her children.

While initially interested in the program, Tina became very anxious on the day she came to sign the children up. She had many questions about the camp staff and asked if background checks were conducted. The office staff assured her that background checks for youth and adult staffers had been done and explained that the church had a safe sanctuary policy that had just been updated. Additionally, they informed her that because of their proximity to the local police department, officers regularly patrolled the area. After learning the information, Tina's body relaxed as she whispered to the secretary that she only asked because she was inappropriately touched as a child while visiting church with a classmate.

The secretary rubbed her hand, thanked her for sharing the information, and expressed that the church would do everything possible to keep them safe while they learned about Jesus and the environment. Tina sighed with relief.

The children enjoyed summer camp so much that they asked if they could start visiting the church once camp ended. The older congregation was excited about having two more children in the congregation. While Tina kept her distance from the adults, she did offer to assist with designing flyers for an upcoming community gardening project. Additionally, she shared it would be helpful for families like hers if they posted more information on social media. After mentioning this to a deacon, Tina was asked to assist the office staff with creating content for social media. Based on feedback the church received after the 4-week project, newcomers to the community had learned of the program through the social media graphics Tina created.

Things were going well until the children attended church without their mother. The children didn't appear as neat as usual, and they mentioned they were hungry. Like other children, they enjoyed the cakes and cookies of fellowship hour but had never expressed hunger. While one member invited the children into the kitchen and prepared them sandwiches, a few women gathered and asked one of the deacons if someone should go and check in on Tina. It was too soon to consider calling the authorities before determining what was happening. Two of the women who had befriended Tina offered to walk over to the house, and a member who was a retired police officer agreed to escort them.

CASE STUDY ACTIVITY CONTINUED

When they arrived at the home, they saw Tina sitting on the stoop, looking disheveled, and drinking tea. "Did the kids make it to church?" she asked through tears. The members confirmed the children were safe and that they had come to check on her. She began to cry and expressed embarrassment at her appearance. Judith, one of the members who had established a relationship with Tina, asked the other two who walked down to the house with her to step back briefly while she and Tina talked. At that moment, Tina shared that she had been in bed for the past four days because her ex-husband had called and threatened to gain custody of the children. This all took place while Tina was out of her anxiety medication and was waiting for her insurance to get updated so she could go and see a psychiatrist her psychologist had referred her to. Tina had started a new job after a few months of unemployment, which resulted in a slight delay during the transition of her benefits.

Through tears, she expressed that she had considered taking her and the children's lives that week, but her children kept walking around the house singing songs they had learned during the church's summer camp. Although she couldn't get the medication needed and her anxiety was high, she said the repetition of hearing "Yes, Jesus loves me" reminded her that she had something to live for. So, instead of inflicting harm on herself or the children, she withdrew and went to bed while the children fended for themselves.

They continued to sing as they watched TV, made PB&J sandwiches, and whispered, "Mommy, we love you," through the crack of the bedroom door.

Judith, who had taken Mental Health First Aid as a volunteer with another organization, asked Tina if she needed help getting dressed so they could seek medical care. Although concerned about what might happen to her children, Tina agreed to bathe and seek help if Judith was willing to accompany her.

While Tina's challenges did not end on this Sunday morning, the members of Mountain UMC were able to help her access medical attention and call her sister, who lived an hour away, to come and support the children. In the days that followed, the small congregation began to pray for direction on how the church could help this new family in their community.

After being away for three weeks, Tina and the children finally returned to the congregation. After worship, a church member whispered to the pastor, “I am glad they have embraced us as a new worship community, but I'm not sure we have what it takes to help them. That family comes with a lot of baggage.”

KEY TERMINOLOGY

ACEs

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years) such as experiencing violence, abuse, or neglect, witnessing violence, experiencing a natural disaster, and also aspects of a child's environment that undermines their sense of safety, stability, and bonding.[16]

Statistics show that the mental wellness of adults impacts children through adulthood.[17]

- **1 in 14** children have a caregiver with poor mental health.
- Nationally, **7.2%** of children had at least one caregiver with poor mental health; **2.8%** had a male caregiver; and **5.1%** had a female caregiver with poor mental health.
- More severe and longer exposures to parental mental health problems correspond to even greater distress in adulthood.
- According to the CDC about **64%** of adults in the United States reported they had experienced at least one type of ACE before age 18. Examples can include growing up in a household with mental health problems, instability due to parental separation, and many other traumatic experiences could impact health and well-being. Someone with **4** or more ACEs is **4.5x** more likely to develop depression, as well as have an increased risk of suicide and risk of substance use disorder.

DISCUSSION

From the cradle to the grave is often the time period clergy and congregations view themselves as caring for church members within a faith community. While churches are not where medical diagnoses are made, they are crucial in providing care during situational crises or as individuals navigate a diagnosis from a licensed medical professional. Although most people do not visibly show what they are going through, the impact of life's changes and medical diagnoses may manifest in physical appearance and behavior that we may be called to address or respond to within our faith communities. Even without a medical diagnosis, mental wellness can be compromised by insurance or financial challenges, limited familial or caregiving support, employment issues, or other circumstances that may uncalibrate a family's well-being.

Although interacting and responding to the needs of children can be complicated and must be facilitated within the confines of Safe Sanctuary policies, supporting children in crises also requires supporting their caregivers who also are in crisis.

How we respond may impact not only the future growth of our communities but also whether members view our churches as the compassionate spaces and people scripture calls us to create and become. Diagnosed mental illness is not a diagnosis that individuals can often treat in isolation, as medical intervention is often fortified by family and community support.

DISCUSS

- As a congregation, are we equipped to "love people to life" and bear one another's burdens as they navigate difficult times?
- In what ways can we equip ourselves so we won't see others having too many issues to respond to?
- What are the available community resources that could have helped Tina and her family?
- What resources does the church possess that could further support Tina and her family?
- Does our current children's programming support children in ways that they would see the church as a place of both spiritual and emotional refuge?

CLOSING & BENEDICTION

RESPONDING AND MOVING TOWARDS ACTION

Session Four

KEY TERMINOLOGY

ASSET-BASED MINISTRY

Focuses on recognizing and leveraging the strengths, resources, and gifts present within a congregation or community. This approach encourages faith communities to identify and build on existing assets, such as people's talents, physical spaces, relationships, and spiritual strengths, to address challenges and create positive change.

OBJECTIVE

Assess faith communities' awareness of mental health and wellbeing, determine assets and needs, and plan actionable steps forward.

WELCOME & PRAYER

ACTIVITY

Read through the chart on the following page. Identify and discuss where you think the majority of your faith community lands? It is highly likely that a faith community will have people in a variety of places on this continuum. It's important to identify where the bulk of the community is, as well as where others may be located. As you begin to respond, your plan of action will likely need to include ways to engage people at varying places.

Where is Your Congregation?

You have to know where you are starting from before you can start moving towards where you want to go. During this session, we will assess how we move forward as a congregation to respond to the mental wellness needs of our congregation and community.

1

Pre-Awareness Phase

Description: The faith community has no or minimal awareness of mental health and wellbeing. Mental health is rarely discussed. Often there is misunderstanding, silence and/or stigma around the topic.

Indicators:

- Mental health is rarely mentioned in sermons, prayers, or church communications.
- Congregational leaders and members may not recognize mental health as a significant issue.
- Limited or no resources available for mental health support.

2

Awareness (or Crisis Event)

Description: The faith community has an awareness of the importance of mental health and wellbeing. Sometimes this happens when a mental health crisis occurs such as a suicide within the community.

Indicators:

- Increased conversations about mental health.
- Mental health is mentioned in conversations and other church communications.
- Leaders start recognizing mental health as a significant and urgent issue that needs to be addressed.

3

Initial Engagement

Description: The congregation begins to recognize the importance of mental health and takes initial steps to address it. This phase is characterized by efforts to reduce stigma and increase awareness.

Indicators:

- Mental health is occasionally discussed in sermons or small groups.
- Efforts are made to educate the congregation about mental health, such as hosting awareness events or sharing resources.
- Some members may start seeking or providing support, but it's not yet systematic.

4

Education and Skill-Building

Description: The congregation actively engages in educating and equipping members to understand and address mental health issues. This phase includes formalized efforts to integrate mental health into the church's mission.

Indicators:

- Regular programs, workshops, or sermons focused on mental health.
- Leaders are trained in basic mental health awareness and support strategies.
- The church provides or connects members with mental health resources, such as counseling services or support groups.

5

Commitment and Support

Description: The congregation has developed a supportive environment where mental health is prioritized. Members feel cared for, and there are established systems for providing mental health support.

Indicators:

- Mental health support is woven into the fabric of church life, including worship, pastoral care, and small groups.
- The church offers ongoing support through trained lay counselors, support groups, or partnerships with mental health professionals.
- Members feel safe discussing mental health issues and know where to seek help within the church.

6

Community Engagement / Advocacy

Description: The congregation not only supports its members but also actively advocates for mental health in the wider community. The church becomes a leader in mental health advocacy, both within and outside its walls.

Indicators:

- The church partners with local organizations, schools, and government entities to promote mental health initiatives.
- Members are empowered to advocate for mental health resources and policies in their communities.
- The church hosts community-wide events, campaigns, or services focused on mental health awareness and support.

7

Shalom/Flourishing Community

Description: Abundant life, which is the health of mind, body and spirit is fully integrated into the life and mission of the church, contributing to a flourishing community. Flourishing people make up flourishing communities and the church can serve as a model for others.

SCRIPTURE

Matthew 7:24-27

Everyone, then, who hears these words of mine and acts on them will be like a wise man who built his house on rock. The rain fell, the floods came, and the winds blew and beat on that house, but it did not fall because it had been founded on rock. And everyone who hears these words of mine and does not act on them will be like a foolish man who built his house on sand. The rain fell, and the floods came, and the winds blew and beat against that house, and it fell—and great was its fall!"

SCRIPTURE REFLECTION

Spend a few minutes in silent reflection and jot down one thing you've heard over the past few weeks that you want to act on. Reflect on what typically prevents you from acting. Discuss with the group.

KEY TERMINOLOGY

COMMUNITY HEALTH ASSESSMENT (CHA)

In North Carolina, each county health department is required to do a CHA every four years. It is a systematic process used to identify the health needs, resources, and challenges of a specific community. The assessment gathers data on various factors that impact health, such as physical, mental, and social well-being, and helps organizations like churches or health providers understand how to improve overall community health. You can find your county's CHA at your county health department website.[18]

ACTIVITY

Read, discuss, and complete the worksheet on the next page. You can choose whether participants fill it out independently and then share their thoughts, or complete it together as a group.

CLOSING & BENEDICTION

Needs

Reflect on the needs you see within your faith community, the needs you see in your neighbors and in surrounding the community. Where do you see pain and suffering? Where do you see people in need of healing? Ideas for determining needs: review the Community Health Assessment for your county, survey the congregation, do an active listening walk around the neighborhood. There are likely many needs, name the top 3.

1.

2.

3.

Assets

Reflect on the current people, resources, and intangible assets your faith community possesses. Identifying the areas below will help you begin to explore the ways your assets can meet the needs you listed above.

Physical Space
ie. meeting rooms, welllness factilities, green spaces, open office space, meet rooms

People
ie. Clergy, staff, mental health professionals, peer support volunteers, advocates.

Social
ie. small groups, support groups, community partnerships, events

Financial
ie. financial support for wellness iniatives, budget, fundraising capacity.

Power & Influence
ie. reputation and influence within the broader community, participation in community coalitions etc

Spiritual
Ie. worship practices, liturgies, bible studies that support and teach wellbeing of mind, body and spirit. Artistic and creative expression.

Next Steps

Reflecting on all the content from todays session, discuss as a group the next steps.

Ideas:

- Sign up for Mental Health First Aid Training
- Apply to join our Abundant Life program
- Form a Health and Wellness Committee
- Consult with Partners in Health and Wholeness staff about next steps.
- Further study recommendations

1.

2.

3.

Additional Notes:

APPENDIX

MORE INFORMATION AND OTHER RESOURCES:

Did you know that the United Methodist Church has published a statement on Health and Wholeness? As you consider where God is calling your congregation to participate in this work, please read the Book of Resolutions: Health and Wholeness statement.

Creating Caring Congregations/Creating a Mental Health Ministry

The Sanctuary Course

Quick Reference on Mental Health for Faith Leaders

APPENDIX

FOR MENTAL HEALTH EMERGENCIES, CALL 988

Call: When you call 988, you will first hear a greeting message with the option to press 1 for the Veterans Crisis Line, 2 for Spanish, or stay on the line while your call is routed to your local Lifeline network crisis center. Then a trained crisis counselor will answer the phone, provide support, and share resources if needed.
Text: When you text 988, you will complete a short survey letting the crisis counselor know a little about your situation. You will be connected with a trained crisis counselor in a crisis center, who will answer the text, provide support, and share resources if needed.
Chat: Visit 988lifeline.org and find the chat button in the top right-hand corner of the screen. You will complete a short survey letting the crisis counselor know a little bit about your current situation. Then you'll see a wait-time message while you are connected with a trained crisis counselor who will answer the chat, provide support, and share resources if needed.

OTHER MEDICAL ASSISTANCE:

Carolinas Poison Center: 1-800-848-6946
Atrium Behavioral Health (Psychiatric Emergency 24-Hour Help Line): 704-444-2400
Novant Health Access: 704-384-9414
To talk to someone now

SUICIDE:
National Hopeline: 1-800-SUICIDE (784-2433)
National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
Veterans Crisis Line: 1-800-273-8255 press 1
Trevor Project (LGBTQ+ Young Adults): 1-866-488-7386
Crisis Text Line: (text CONNECT to 741741)

TEENS:
Teen Talk line: 1-800-650-8336
4-digit topic numbers:
- Suicide – 6773
- Disappointment/Depression – 6718
- Grief and loss – 6725
- Counseling Can Help – 6715

National Runaway Safeline: 1-800-RUNAWAY (1-800-786-2929)
Safe Place: 1-888-290-7233
National Teen Dating Abuse Helpline: 1-866-331-9474 TTY: 1-866-331-8453

SEXUAL VIOLENCE:
National Sexual Assault Hotline: 1-800-656-HOPE (4673)
DoD Safe Helpline App (for the military community): 877-995-5247

SOURCES

1 World Health Organization. (2024). Constitution of the World Health Organization. Retrieved from https://www.who.int/about/governance/constitution

2,5,6, Substance Abuse and Mental Health Services Administration (SAMHSA). (2016, April). Creating a Healthier Life: A Step-By-Step Guide to Wellness. https://store.samhsa.gov/sites/default/files/sma16-4958.pdf

3 Cilliers, L., & Retief, F. P. (2002). The evolution of the hospital from antiquity to the end of the middle ages. Curationis, 25(4), 60–66. https://doi.org/10.4102/curationis.v25i4.806

4 World Health Organization. (1986). The Ottawa Charter for Health Promotion. Retrieved from https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference

7. World Health Organization. "Mental Health." World Health Organization, 17 June 2022, www.who.int/newsroom/fact-sheets/detail/mental-health.

8,9. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001,

10, 11 Gaylor EM, Krause KH, Welder LE, et al. Suicidal Thoughts and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2021. MMWR Suppl 2023;72(Suppl-1):45–54. DOI: http://dx.doi.org/10.15585/mmwr.su7201a6

12 National Alliance on Mental Illness (NAMI). (n.d.). Mental Health Conditions. Retrieved from https://www.nami.org/about-mental-illness/mental-health-conditions/

13 Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. Journal of Health and Social Behavior, 43(3), 207-222

14 Figure adapted from: Sanctuary Mental Health Ministries. (2022). The Sanctuary Course. https://sanctuarymentalhealth.org/sanctuary-course/?gad_source=1&gclid=CjwKCAjwr7ayBhAPEiwA6EIGxNVgKcO0E2eJ_gNvelkkat9kJA5rTSQNldpU26qenujWrppv7XoTXxoCEAcQAvD_BwE

15 American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5). American Psychiatric Association.

16,17 Centers for Disease Control and Prevention (CDC). National Center for Health Statistics. https://www.cdc.gov/aces/about/index.html

18 North Carolina Department of Health and Human Services. SCHD:LDAS: Community Health Assessment, CHIP, and SCOTCH. https://schs.dph.ncdhhs.gov/units/ldas/cha.htm

Begin a journey
with us toward

Abundant Life

A Brand New PHW Initiative for
Rural United Methodist Churches

Partners in Health and Wholeness is excited to announce its new Abundant Life initiative, a partnership with Duke Endowment-eligible rural congregations to discern where God is calling them to impact mental health and emotional well-being in their communities.

Abundant Life is a journey of communal study, reflection, and training to help churches explore the connection of mind, body, and spirit through a biblical and theological lens.

STAY ENGAGED!

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This work made possible by

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