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Leveraging Peers and Community Supports

#MHWorkforce #KPIHP
The Role of Faith Communities in Mental Health

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Why include faith communities in mental health care?

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

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

- Mental illness seen as a sin, moral failing, God’s judgment, or “test of faith.”
- Silence and secrecy around mental illness and suicide.
The good news is. . .

Many faith traditions have changed their understanding of mental illness.

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

1. Connection and Community

2. Educational Opportunities
3. “Narratives of Hope”

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

Stories from History

Stories from the Community
Faith communities’ “protective factors” (cont.)

4. Worship as pastoral care

- **Sermons and services** as “teaching moments.”
- **Prayers** – for persons with mental illness, loved ones, and mental health professionals.
- **Music** – research shows positive impact on mental health (plus lots of oxygen).
- **Rituals** – provide structure for life transitions (infant blessing or baptism, funerals).
- **Leadership roles** – a person is more than their illness.
5. Advocacy
Helps change policy. Helps change the person.
What do faith leaders and faith communities need to be effective agents for mental health?

1. Ways to **identify and strengthen** what they are already doing to foster good mental health.

2. **Training for leaders** (clergy, staff, lay leaders) in basic mental health issues and suicide prevention.
What do faith leaders & communities need? (cont.)

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

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

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

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

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