

# Mental Health Ministries

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# 1 Thess 5:11 “Therefore encourage one another and build one another up.”

Support Groups

Support by  
Population

(youth, seniors, disabilities, etc.)

Context-Driven

Adopt  
Group  
Homes

Grief Support  
(e.g., widows' group)

Self-Care

(take time off from the ministry)

Preach / Teach on  
Mental Health

Support  
Human  
Service  
Agencies

Case Management  
& Referrals

Have a Community Resource Guide

Suicide Prevention

Focus on Mental  
Wellness

Train Ministry  
Leaders

Do Annual Trainings

Regular Advocacy  
(awareness observances)

Promote the Ministry

Have a Recovery  
Church

With 12 Step Groups

Share  
Updates  
with Church  
Staff/Council

# Worship Ideas

Sermons / Messages  
& Illustrations

Use Bulletin Inserts

Highlight a MH  
Support 1x a Month

Use creative litanies

Testimonies

Centering Moment  
before the Message

Scriptures

Normalize Mental  
Health in Worship



FIND MORE IDEAS at <http://www.mentalhealthministries.net/>

# MENTAL HEALTH SIGNS

1 in 5 Adults  
have Mental  
Illness



FEELING SAD OR DOWN  
(FOR MORE THAN 2 WEEKS)

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FEELING TIRED

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ADDICTION ISSUES



WITHDRAWN  
(LOSS OF INTEREST)

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EXTREME MOOD  
CHANGES

-----

OBSESSIVE



INABILITY TO  
COPE WITH  
DAILY STRESS

-----

SEX DRIVE  
CHANGES



MORE CONFUSED  
THINKING

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DIFFICULTY  
CONCENTRATING



EXCESSIVE ANGER  
OR ARGUING

-----

SUICIDAL THINKING

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SLEEP ISSUES

**PREVENTION:** Pay attention to signs, routine medical care, get help as needed, & self-care.

**RISK FACTORS:** Family hx, stressful situations, medical conditions, TBI/BI, AOD Use, traumas, Hx of abuse, grief/loss, previous mental illness, few relationships.

**COMPLICATIONS:** Family issues, isolation, legal or \$ problems, & medical.

**Symptoms** can be mild, moderate, or severe.

# COMMON MENTAL HEALTH DISORDERS

## Depression

A sense of on-going sadness, feeling blue, &/or feeling less interested in activities most of the time over a 2-week period.

<https://adaa.org>

## Anxiety

Feeling worried, anxious, or fear (a sense of threat) most of the time over a 2-week period.

<https://adaa.org>

## Traumas

A response to deeply distressing or disturbing event that overwhelms an individual's ability to cope, feeling helpless that causes a full range of emotions.

[www.aptsda.org](http://www.aptsda.org)

## Bipolar

Is often characterized by extreme mood swings where they often experience episodes of depression and episodes of mania.

[www.dbsalliance.org](http://www.dbsalliance.org)

## QUESTIONS TO ASK:

How severe/often is it?  
What's 1 thing that'll help?  
When is it less/better?

## Others:

- \* Personality Disorders
- \* Schizophrenia
- \* Eating Disorders
- \* Autism Spectrum Disorder
- \* Complex Grief
- \* ADHD
- \* OCD
- \* Dementia

**WAYS TO HELP:** Be supportive, make referrals after 2-3 sessions, name the concern, normalize MH, help identify supportive people, pray, & be caring.

HELP






# SUBSTANCE USE DISORDERS



- \* Encourage Tx
- \* Don't enable
- \* Share grace

- \* Cocaine / crack (stimulant)
- \* Marijuana / Cannabis
- \* Alcohol (depressant)
- \* Opioids / heroin (depressant)
- \* Methamphetamines (Adderall) (stimulant/focus-alert)
- \* Caffeine Drinks (stimulant)
- \* Ecstasy / Molly (stimulant / hallucinogen)

Constricted Pupils	Red Eyes	Dilated Pupils
		
Heroin Morphine Oxycodone Fentanyl Methadone Codeine Hydrocodone	Marijuana Cocaine or Crack Benzodiazepines (i.e. Xanax) Depressants (i.e. Alcohol or Sedatives)	Amphetamines Methamphetamines Cocaine or Crack Hallucinogens (i.e. LSD or mushrooms) Opiates (prescription painkillers) Heroin Marijuana Speed

**SIGNS:** (1) denial, (2) lacks self-control (unable to stop), (3) uses despite negative effects, (4) affects parts of their life (\$, family, work), (5) relationship changes/problems, (6) withdrawal, (7) tolerance, (8) activities given up, (9) negative consequences, (9) less responsible, (10) uses more than intended.



# SUBSTANCE USE DISORDERS

Category	Examples	Examples of General Effects
<b>Alcohol</b>	beer, wine, spirits	impaired judgement, slowed reflexes, impaired motor function, sleepiness or drowsiness, coma, overdose may be fatal
<b>Cannabis</b>	marijuana, hashish	distorted sense of time, impaired memory, impaired coordination
<b>Depressants</b>	sleeping medicines, sedatives, some tranquilizers (Benzos)	inattention, slowed reflexes, depression, impaired balance, drowsiness, coma, overdose may be fatal
<b>Hallucinogens</b>	LSD (lysergic acid diethylamide), PCP (phencyclidine), mescaline	inattention, sensory illusions, hallucinations, disorientation, psychosis
<b>Inhalants</b>	hydrocarbons, solvents, gasoline	intoxication similar to alcohol, dizziness, headache
<b>Nicotine</b>	cigarettes, chewing tobacco, snuff	initial stimulant, later depressant effects
<b>Opiates</b>	morphine, heroin, codeine, some prescription pain medications	loss of interest, "nodding", overdose may be fatal. If used by injection, the sharing of needles may spread Hepatitis B, or C and HIV/AIDS.
<b>Stimulants</b>	cocaine, amphetamines	elevated mood, over activity, tension/anxiety, rapid heartbeat, constriction of blood vessels



# SIGNS OF A HEROIN OVERDOSE INCLUDE:



disorientation or delirium



extreme sleepiness



floppy arms and legs



bluish lips and fingernails



pinpoint pupils



shallow or slow breathing



snoring or gurgling sounds



unresponsiveness/ won't wake up



weak pulse

Call 911 if you suspect an overdose

Good Samaritan Law

Press lightly with your fingers until you feel the blood pulsing beneath your fingers. You may need to move your fingers around until you feel the pulsing. Count the beats you feel for 10 seconds. Multiply this number by six to **get** your heart rate (or **pulse**) per minute. 60-100 is considered in the normal range.



## In case of overdose:

**1** **CALL 911 - Give naloxone**  
If no reaction in 3 minutes, give second naloxone dose if available

**2** **Rescue breathing or chest compressions**  
Follow 911 dispatcher instructions

**3** **After naloxone**  
Stay with person for at least 3 hours or until help arrives

### HOW DOES IT WORK?

When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing within 2 to 8 minutes to prevent death.

**WARNING:** If the individual is a chronic opioid user, he/she/they will go into immediate withdrawal. They will not die from withdrawal but may likely be irritable or angry.

### How to administer Narcan Nasal Spray



**HOW TO OBTAIN IT:** <https://www.narcan.com/patients/how-to-get-narcan/>

**VIDEO TO ADMINISTER IT:** <https://www.youtube.com/watch?v=hGVSaO1oxpg>

**REAL LIFE EXAMPLE:** [https://www.youtube.com/watch?v=RL4-Umip\\_Cc](https://www.youtube.com/watch?v=RL4-Umip_Cc)

No plan is a plan to use

Identify Them

Avoid Them!

**TRIGGERS:**  
People  
Places  
Things

- \* How can you avoid using?
- \* When are you the most vulnerable to use? When do you use the least?
- \* What can you do in place of it?
- \* Who can you reach out to?
- \* What are your reasons for using? (problem solving)




Ask

Many turn to addiction to cope (they likely don't realize it)

- COMMON TRIGGERS:**
- \* Pay day / \$
  - \* Stress
  - \* Boredom (time on their hands)
  - \* Associating with users
  - \* Inner wounds

Create new rituals (break the ones that lead to using)

# RELAPSE PREVENTION PLANNING & RECOVERY PLANNING

RELAPSE PREVENTION PLANNING	
Recognize the Steps of a Relapse	
	<p><b>Step 1</b></p> <p>The first step is emotional</p> <p>Your subconscious mind is working, but you are not fully aware of it happening. It can still influence your actions and the decisions you make.</p>
<p><b>Step 2</b></p> <p>The second step is mental</p> <p>Mental relapse is the moment you begin to think about going back to that old life. You also start to remember all the good times you had during your addiction. You choose to forget the bad times that came with it.</p>	
	<p><b>Step 3</b></p> <p>The third step is physical</p> <p>Physical relapse is the part that no recovering addict wants to do. You have listened to that little voice in your head that tells you just one more time will be ok.</p> <p>Don't listen to that voice that tells you one more is gonna be okay!</p>



# Types of Behavior Addictions



# Recovery Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.

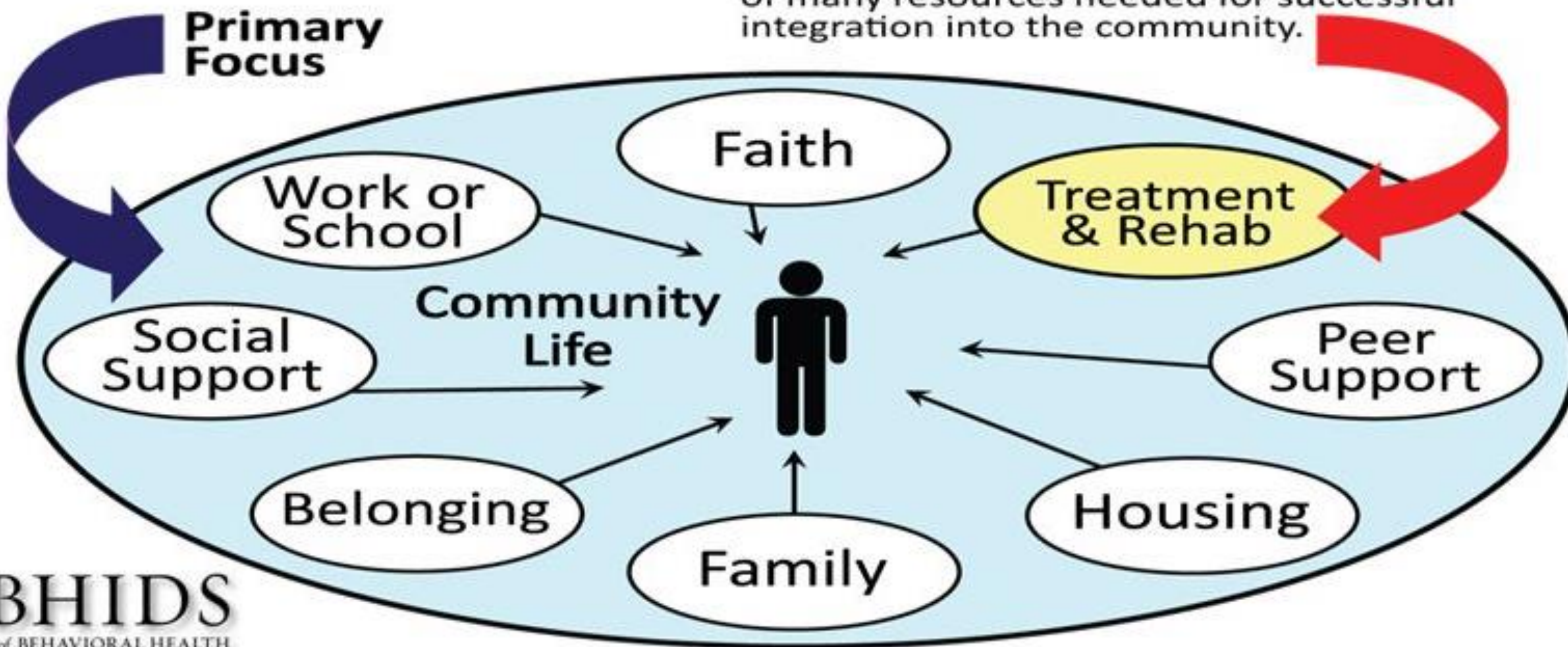
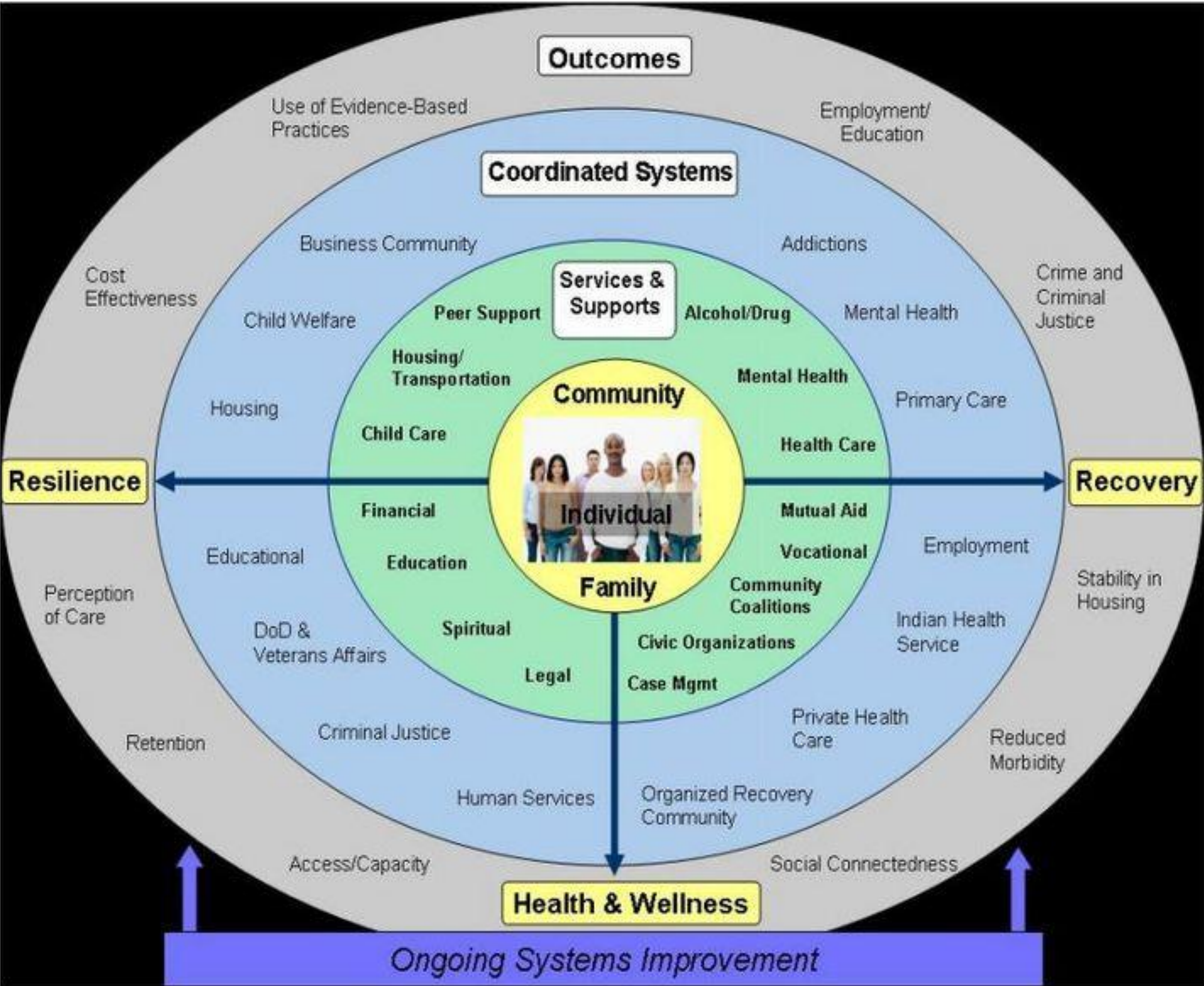


Figure 1: Conceptual Framework of a Recovery-Oriented System of Care



Who's in their recovery support system?

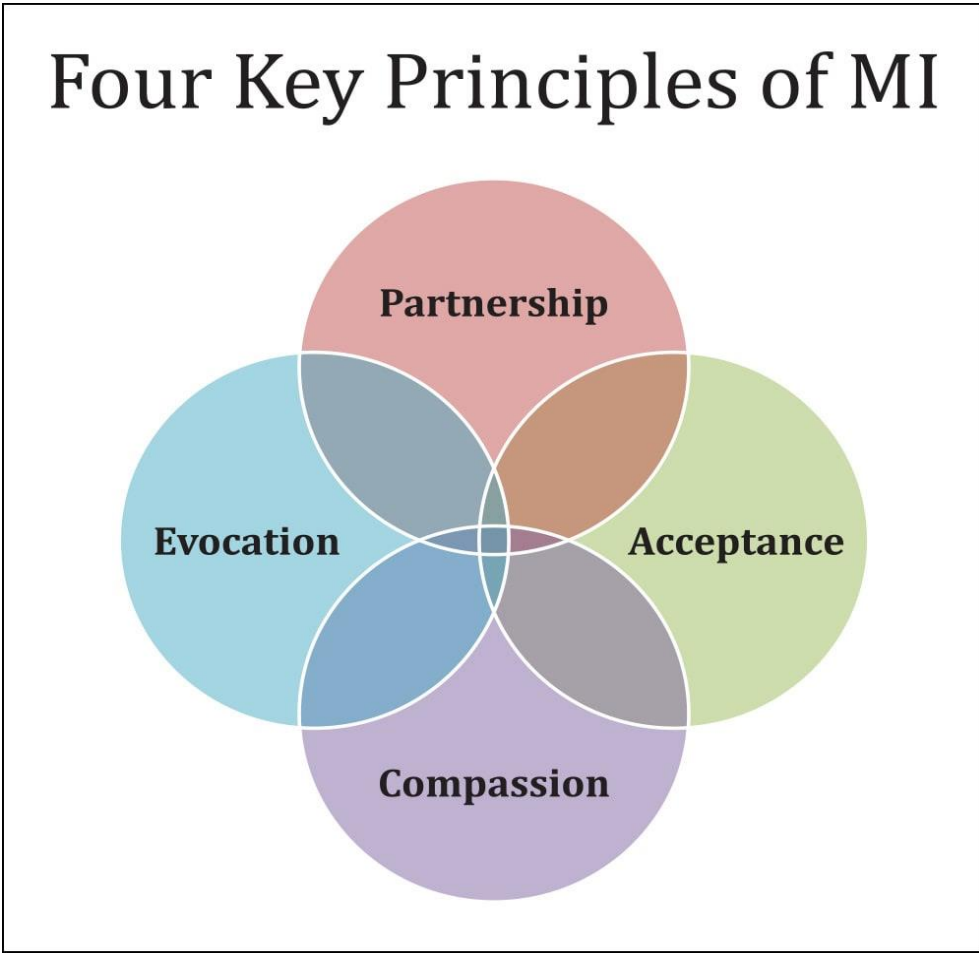
The practical application of MI occurs in two phases: building motivation to change and strengthening commitment to change.

# Motivational Interviewing

A Counseling Method

Motivational interviewing is a counseling method that involves enhancing a patient's motivation to change by means of four guiding principles, represented by the acronym

Stages of Change



**OARS**  
OPEN-ENDED QUESTIONS | AFFIRMING | REFLECTIVE LISTENING | SUMMARIZING

			
<b>OPEN-ENDED QUESTIONS</b>	<b>AFFIRMING</b>	<b>REFLECTIVE LISTENING</b>	<b>SUMMARIZING</b>
Asking open-ended questions allows for exploration, which strengthens the client-pastor relationship and sets the foundation to evoke motivation to change.	Affirming statements that highlight the person's strengths, abilities, and positive efforts allow the minister to help the person gain self-efficacy & confidence.	Reflective listening describes a process of the ministering making an informed guess about the meaning of what was shared. It helps the person to think more deeply about what was said.	This is the process of recapping what the minister has heard. Reflective listening occurs in smaller bits and summarizing tends to come at the end of the conversation.

**RULE:** Roll with resistance; Understand the person's own motivations; Listen with empathy; and Empower the person.

# Crisis Counseling

**A CRISIS -  
“Any situation in  
which a person’s  
ability to cope is  
exceeded”**

(Hoff 1968)



## REMEMBER TO:

- Be patient
- Have a calm demeanor
- Be empathetic
- Be honest
- Have a calm tone of voice
- Be respectful of space
- Ensure dignity & respect
- Train ministry leaders
- Offer the [Warm Line](#) for post-crisis

**Signs:** anger, crying,  
pacing, yelling,  
belligerent, psychosis

Call 988  
to speak  
to a crisis  
counselor

Call 911  
for  
emergencies

Text  
HOME  
to 741741

# CASE MANAGEMENT & REFERRALS

a specific approach for the coordination of community services

SNAP  
(Food Stamps)  
&  
Food Pantries

Domestic  
Violence Support

Employment

Mental Health /  
Substance Use  
Treatment  
Services **AA &  
NA**

Healthcare /  
Healthcare  
Insurance

Homeless  
Services /  
Housing

Case  
Management

Transportation

Legal

Medications

Rent  
Assistance

Social Groups  
/ Programs /  
Volunteer

**REFERRAL FORM**

To: \_\_\_\_\_

Benefits: Abuse Tx Legal Transportation Housing Employment Healthcare Food Services  
(circle one)

Other: \_\_\_\_\_

Client Information:

Name: \_\_\_\_\_ Title: Mr. Mrs. Ms. \_\_\_\_\_ (other)

Contact Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

LOCATION OF THE REFERRAL:

Business or Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Referral: \_\_\_\_\_

Problems/History: \_\_\_\_\_

**Assessment Form**

[Download Form Here](#)



# Trainings



[Johns Hopkins Online Training](https://www.slideserve.com/jacob/psychological-first-aid)

<https://www.slideserve.com/jacob/psychological-first-aid>



[Free Online Training](#)

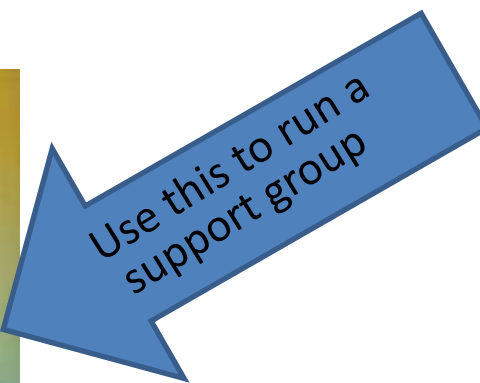
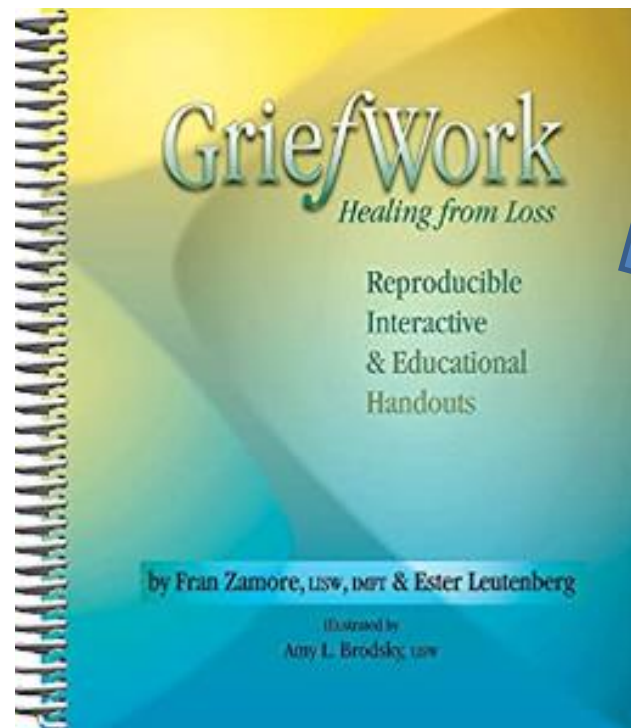


[www.mentalhealthfirstaid.org/](http://www.mentalhealthfirstaid.org/)

[Free Online Training](#)



[Starting a Support Group](#)



[Grief Support Group](#)



[How to Begin a Stephen Ministries](#)



[National Alliance on Mental Illness  
NAMI Support Groups](#)

# Crises & Emergencies

Call 911 & explain specifically what's going on

Sometimes, we just sit with them in silence

Call CPS  
(child Protective Service)  
or APS  
(Adult Protective Service)

Your local health dept can give you the #s.

Encourage them to go to the Emergency Room

Check in on them the following day

What's changed?

Did they stop medications?

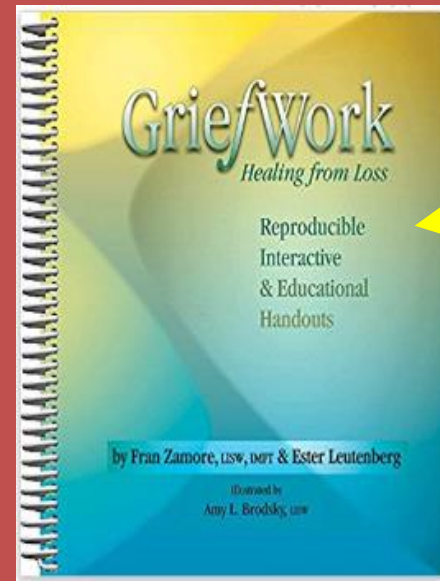
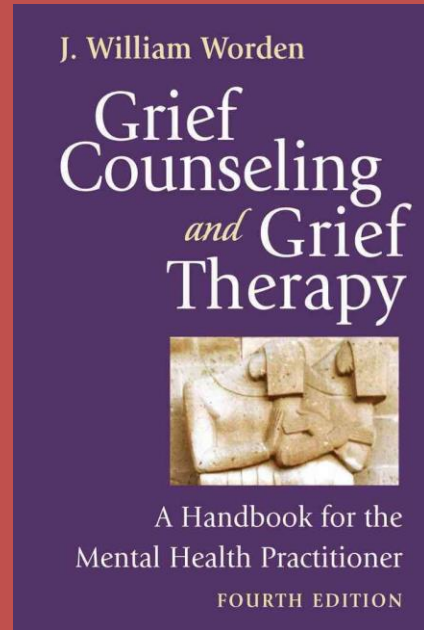
Do a wellness check



Don't forget to pray!



# Principles of Grief Counseling



## 4 Tasks of Mourning

1. To accept the reality of the loss
2. To work through the pain of grief
3. To adjust to life without the deceased
4. To maintain a connection to the deceased while moving on with life

Great resources  
For individual or group work

## Styles of Grieving (most do both)

**Instrumental grieving** has a focus primarily on problem-solving tasks. This style involves controlling or minimizing emotional expression.

**Intuitive grieving** is based on a heightened emotional experience. This style involves sharing feelings, exploring the lost relationship, and considering mortality.

[Grief Share is a GREAT Resource](#)

## 5 Stages of Grief & Loss

1. Denial and isolation
2. Anger
3. Bargaining
4. Depression
5. Acceptance

People who are grieving do not necessarily go through the stages in the same order or experience all of them.

Kubler-Ross Model

## Activities that Process Grief

**Loss-oriented activities** and stressors are those directly related to the death.

**Restoration-oriented activities** and stressors are associated with secondary losses. They may involve lifestyle, routine, and relationships.  
(see handout)

## Profound Loss (more difficult)

- \* Loss of a child
- \* Sudden
- \* Disenfranchised loss (stigmatized)
- \* Caregiving after an illness
- \* Traumatic
- \* Suicide
- \* Compounded

# SIGNS of SUICIDE

In Crisis?  
Text HELLO to 741741

CRISIS TEXT LINE |

Free, 24/7, Confidential

**988** SUICIDE & CRISIS  
**LIFELINE**

Offer Annual Trainings

Put these in  
your phone

## W A R N I N G S I G N S

### Change in Mood

- Anxious or agitated
- Uncontrollable rage or anger - perhaps seeks revenge on others
- Depressed or sad
- Fearful responses such as not wanting to be alone
- Cry Often
- Sudden mood swings (i.e., highs and/or lows)

### Change in Behavior

- Reckless or high-risk activities
- Insomnia or sleep all the time
- Increase in substance or alcohol use

### Change in Appearance

- Unkempt
- Poor hygiene
- Sudden weight loss or gain
- More tired than usual

### Change in Performance

- Distracted or preoccupied thought processes
- Skip more classes
- Drop in GPA

### Change in Social Interactions

- Withdraw from peers, family, and significant others
- Stays in their room or apartment all the time

### Change in Focus

- Preoccupied with death or violence
- For example, obsession with violent movies, music, art, or video games

### Change in Outlook

- Hopeless
- May say things like "there is no use trying," or "what's the point?"
- Helpless or feel trapped
- Lack of purpose

# Risk factors of SUICIDE

Risk factors are characteristics of a person or his/her/their environment that increase the likelihood that he/she/they will die by suicide (i.e., suicide risk).

Precipitating Factors

Protective Factors

Personal or environmental characteristics can protect people from suicide.

## Major risk factors for suicide include:

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders (e.g. depression or bipolar disorder)
- Access to lethal means
- Knowing someone who died by suicide
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care

More factors means higher the risk

**Precipitating factors** are stressful events that can trigger a suicidal crisis in a vulnerable person. Ex.

- \* End of a relationship
- \* A death
- \* Serious financial problems
- \* An arrest

## Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community
- Life skills (including problem solving skills and coping)
- Self-esteem and a sense of purpose or meaning in life
- Cultural or religious, or beliefs discouraging suicide

# Social Support



# Mini-Ministries

Seniors Calling to Offer Support to Persons

Offer Quarterly or Bi-Annual Events

Have a Resource Table

Send Card of Encouragement

Mental Health Observances

Connect With or Support Another Church's Ministry

Host Special Worship Services

Prayer Ministry Specific for a MH Ministry



# Admin Stuff

- a brief introduction (e.g., 1-3 sentences)
- a theological or Biblical rationale (e.g., Wesley's 3 Simple Rules – Do Good, Book of Resolution, or John 13:35 “By this everyone will know you are my disciples, if you love one another”)
- a possible curriculum and/or resource(s)
- motivation for the program (why it was chosen like continual requests, a brief community study, a grant opportunity, etc.)
- how it will be promoted
- who will facilitate or lead it (e.g., a deacon, the pastor, recruit an outside person, a committee/team, or lay member)
- a possible organizational chart (e.g., a deacon will lead it, three lay persons will assist and be assigned duties like registration, hospitality, volunteer recruitment, and set-up/clean-up)
- accountability structure (e.g., provide weekly sign-in sheets, draft a monthly report for the pastor or church council, ensure annual audits, etc.)
- costs involved like grant based or self-funded (e.g., no cost, a budget line item, or love offerings at each meeting)
- any hospitality needs (e.g., the United Women of Faith might offer monthly coffee and cookies)
- evaluations (if needed)
- possible legal or insurance concerns to be noted: any community partnerships (e.g., another reconciling congregation or healthcare clinic)
- if it is a onetime occurrence, is short-term or is on-going
- what specific population will you gear it towards (e.g., seniors, families, or youth) and other details you think will be helpful.

Create a 1–2-page proposal

## PROMOTIONAL IDEAS

- Bulletin inserts
- Website
- Other church ministries (e.g., ushers, hospitality, church ministry leaders)
- With human service agencies
- Advocacy / share expertise with other groups/churches

## OTHER IDEAS

- Get an intern from a community college (AA degree in Human Services)
- Partner with human service agencies
- Ensure people don't burnout
- Focus on what's do-able at your church
- This will overlap with other ministries
- Create a community resource guide
- Focus on stress mgmt. (stress worsens our mental health)

# Helpful Books

