THRIVE

Body | Mind | Soul Care

An Inspirational Guide for Faith & Mental Health Communities

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This iGuide is sponsored by the American Association of Marriage & Family Therapy Minority Fellowship Program.

"It feels counterintuitive, but the more acquainted we become with our brokenness and woundedness the more we open up the possibility of wholeness and healing. None of us can ever be perfect, but we can be healthy. While we'll always have shortcomings an make mistakes we can still develop habits, mindsets, and relationships, that move us toward growth and harmony."

Jemar Tisby, PhD
Founder | The Witness, Inc.
Subscribe: jemartisby.substack.com

"Churches have such a great opportunity today to elevate the conversation about mental health with their memberships, and advocate for wellness of spirit and mind. The time is now since people are increasingly open and curious to learn the benefits of therapy, counseling, and other forms of treatment. We need to share, preach and teach an embodied gospel that doesn't shy away from our lived realities, but one that points to God's healing and freedom wherever it shows up: the therapist's couch just as easily as the altar on a Sunday morning."

Rev. Arionne Yvette Williams, Associate Chaplain, University of Indianapolis | Ordained Elder, A.M.E. Zion Church | ArionneYvette.com

"As a church, we have a unique opportunity to transform lives holistically. When God commanded us to love and care for one another, I believe it included not just the spiritual or physical needs, but also the mental and emotional well-being of others. When the church can recognize that calling and truly live it out, something beautiful and powerful takes place - healing and restoration happen."

Reaiah Rose Cubero, Founder of ReeCreation Ministries | ReeCreationMinistries.com

"Spiritual health is hard to access when we are mentally and emotionally exhausted, disconnected, unsteady, and traumatized. Churches so often expect spiritual flourishing without helping to cultivate understanding of our stories, as well as mental and emotional well-being. Our hope is that we can lead and love in a way that inspires shalom into all parts of our lives."

Sarah Claire Smith | www.providenciawpb.org

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LETTER
From The Editor In Chief

Harmony, hope, and healing is possible and it begins in community

The first purpose of this inspirational guide or iGuide is to empower communities of faith to collaborate on mental health education, stop the stigma of mental illness, and bring awareness to the devastating impact of suicide and substance abuse.

Faith communities must have transparent conversations about mental health. Loneliness, alienation, isolation, rejection, and ostracism are powerful emotional forces. Shame only continues in silence. We have to create safe spaces to talk, share, and support each other.

This iGuide will highlight steps for prevention, recovery support, resiliency, wellness, and dispel mental health myths. It also includes a new poetry art form that I created for self-care called, "Divine Completion". It is a 4-line poem structured with syllable count 9,7,9,7. The nine and seven syllable count was intentionally selected to represent a metaphoric essence of completion, creativity, purpose and release through prose.

The second purpose of this iGuide is to serve as a tool to equip therapists as they help people find peace of mind. Practitioners need to familiarize themselves with the many cultures and faiths represented in their community to strengthen clinical skills and improve therapeutic relationships. Clinicians should be compassionate of diverse cultures and understand their own biases in order to provide the best services to people in their care.

All in all, this iGuide is for clergy, layman, parishioners, and the mental health community. Together clergy and therapists can support the whole person to thrive- body, mind, and soul.

Let's get the conversation started- below are resources for therapists to build their capacity in faith collaboration and cultural attunement:

Therapy Tools: Clinical Resources to Incorporate Spirituality & Mental Health

SAMHSA Practitioner Training https://www.samhsa.gov/practitioner-training	**The Partnership Center YouTube Training Videos** https://www.youtube.com/c/HHSPartnershipCenter/featured
Trust-Based Relational Intervention https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3877861/	**US Department of Health & Human Services** https://www.hhs.gov/about/agencies/iea/partnerships/index.html
Healing Adverse Childhood Experiences http://www.cdc.gov/violenceprevention/acestudy/index.html	**Cultural Competency: Boris L. Henson Foundation** https://borislhensonfoundation.org/
Diversity Informed Tenets https://diversityinformedtenets.org/	**American Psychiatric Association Mental Health and Faith Community Partnership** http://www.psychiatry.org/psychiatrists/cultural-competency/faith-community-partnership

Together we can support communities of faith and mental health professionals to impact the healing of generations.

Shine on,

Debbie Manigat

Dr. Debbie Manigat, LMFT
Family Therapist & Mental Health Advocate
AAMFT MFP Doctoral Fellow Alumni

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"As soon as healing takes place, go out and heal somebody else."

- Maya Angelou

Mental Health

Myths & Facts

As an ordained minister and therapist, I wholeheartedly believe in the benefits of seeking wise counsel. Scripture reminds us in Proverbs 4:7 that, "Wisdom is the principal thing; therefore get wisdom. And in all your getting, get understanding." One myth I frequently hear in the church when it comes to seeking professional help is that it is a sign of weakness, or a lack of faith. If an individual were diagnosed with Type 1 diabetes as a child, no one would consider that person "weak" for taking insulin to relieve the symptoms brought on by that ailment. Most people would consider that person wise for responsibly caring for their health. However, for some reason, individuals diagnosed with depression, anxiety, PTSD, and other mental health conditions are not treated with the same level of compassion or empathy. They are considered "weak" for taking medication to manage their symptoms or lacking in faith when they choose to participate in psychotherapy to get a better understanding of how their condition manifests or learning positive coping strategies. This is not only unhelpful, but also deeply harmful to the Body of Christ and further feeds into the stigma associated with seeking treatment.

Rev. Martina E. Efodzi, ATR-BC, LCPAT, LCPC I Aya Healing Arts, LLC I www.ayahealingarts.com

MYTH: MENTAL HEALTH PROBLEMS DON'T AFFECT ME.

FACT: MENTAL HEALTH PROBLEMS ARE ACTUALLY VERY COMMON. IN 2019, ABOUT:

- One in five American adults experienced a mental health issue
- One in 10 young people experienced a period of major depression
- One in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression

Suicide is the 10th leading cause of death in the United States.3 It was responsible for more than 47,500 deaths in 2019, which is about one death every 11 minutes.3 The number of people who think about or attempt suicide is even higher. In 2019, 12 million American adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.4 million attempted suicide.[4]

Source: https://www.cdc.gov/suicide/facts/index.html

MYTH: I CAN'T DO ANYTHING FOR A PERSON WITH A MENTAL HEALTH PROBLEM.

FACT: FRIENDS AND LOVED ONES CAN MAKE A BIG DIFFERENCE.

Only 44% of adults with diagnosable mental health problems and less than 20% of children and adolescents receive needed treatment. Friends and family can be important influences to help someone get the treatment and services they need by:

- Learning and sharing the facts about mental health, especially if you hear something that isn't true
- Treating them with respect, just as you would anyone else
- Refusing to define them by their diagnosis or using labels such as "crazy"

MYTH: PERSONALITY WEAKNESS OR CHARACTER FLAWS CAUSE MENTAL HEALTH PROBLEMS. PEOPLE WITH MENTAL HEALTH PROBLEMS CAN SNAP OUT OF IT IF THEY TRY HARD ENOUGH.

FACT: MENTAL HEALTH PROBLEMS HAVE NOTHING TO DO WITH BEING LAZY OR WEAK AND MANY PEOPLE NEED HELP TO GET BETTER. People with mental health problems can get better and many recover completely.

MYTH: PEOPLE WITH MENTAL HEALTH NEEDS, EVEN THOSE WHO ARE MANAGING THEIR MENTAL ILLNESS, CANNOT TOLERATE THE STRESS OF HOLDING DOWN A JOB.

FACT: PEOPLE WITH MENTAL HEALTH PROBLEMS ARE JUST AS PRODUCTIVE AS OTHER EMPLOYEES. Employers who hire people with mental health problems report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees.

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MYTH: CHILDREN DON'T EXPERIENCE MENTAL HEALTH PROBLEMS.

FACT: EVEN VERY YOUNG CHILDREN MAY SHOW EARLY WARNING SIGNS OF MENTAL HEALTH CONCERNS.

These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors. Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.

Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive the treatment they need. Early mental health support can help a child before problems interfere with other developmental needs.

MYTH: PEOPLE WITH MENTAL HEALTH PROBLEMS ARE VIOLENT AND UNPREDICTABLE.

FACT: THE VAST MAJORITY OF PEOPLE WITH MENTAL HEALTH PROBLEMS ARE NO MORE LIKELY TO BE VIOLENT THAN ANYONE ELSE.

Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.

Resources for Faith Communities to Integrate Spirituality & Mental Health

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SAMHSA Faith-based & Community Initiatives
https://www.samhsa.gov/faith-based-initiatives

The Action Alliance
https://theactionalliance.org/communities/faith-communities

White House Faith-based & Neighborhood Partnerships
https://obamawhitehouse.archives.gov/administration/eop/ofbnp

Suicide Prevention Resource Center: Faith Communities
https://theactionalliance.org/communities/faith-communities

Silence the Shame
https://silencetheshame.com/who-we-are/mission.html

PCA Mental Health Ministry
Presbyterian Mission Agency Mental Health

Mental Health First Aid Training
https://www.mentalhealthfirstaid.org/

Methodist Mental Health Ministries
http://mentalhealthministries.net/

U.S. Dept. of Health & Human Services Office of Minority Health
https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24

Mental Health & the Church Inter-Faith Group
https://www.facebook.com/groups/FaithAndTherapy

NAMI Faith & Spirituality Support
https://nami.org/Your-Journey/Individuals-with-Mental-Illness/Faith-Spirituality

MHA 4Mind4Body: Spirituality & Religion Support
https://mhanational.org/4mind4body-spirituality-and-religion

Hope for Mental Health Initiative http://hope4mentalhealth.com

Pathways to Promise https://www.pathways2promise.org/intro/

Fresh Hope https://freshhope.us/

Joint Learning Initiative on Faith & Local Communities
https://jliflc.com/

National Institute of Mental Illness
https://www.nimh.nih.gov/health/statistics/mental-illness

"If a person has a broken arm- they will get months of recovery. It's no different from a broken heart or aliment in the brain."

– Dr. Debbie Manigat, LMFT I AAMFT MFP Alumni Doctoral Fellow

TRUTH: Mental Health in the Church

"God's ability to heal is not limited to the sanctuary. Healing can begin at the altar and continue in therapy."

Zenia Harris, MSW, BS, Doctorate of Behavioral Health Leadership Candidate (AZU), Mental Health Educator, Advocate and Founder of "Mental Health is Ministry." www.facebook.com/mentalhealthisministry

- **23% of pastors acknowledge they have personally struggled with a mental illness.**
- **49% of pastors say they rarely or never speak to their congregation about mental illness.**
- **65% of churchgoing family members of those with mental illness want their church to talk openly about mental illness.**
- **90.4% of African Americans reported use of religious coping in dealing with mental health issues**
- **Religion can be a protective factor for mental in Latinx and Hispanic communities (faith, prayer) but can also contribute to the stigma against mental illness and treatment (demons, lack of faith, sinful behavior), targeting religious institutions to help encourage good mental health and treatment seeking is important**
- **76% of churchgoers say suicide is a problem that needs to be addressed in their community.**
- **32% of churchgoers say a close acquaintance or family member has died by suicide.**
- **80% of pastors say their church is equipped to assist someone who is threatening to take his or her own life.**
- **92% of pastors say their church is equipped to care for the family that experiences the suicide of a loved one.**
- **4% of churchgoers who lost a loved one to suicide say church leaders were aware of their loved one's struggles.**
- **27% of churches have a plan to assist families affected by mental illness.**
- **53% of churchgoers with mental illness say the church has been supportive.**

Source: https://lifewayresearch.com/2018/05/01/13-stats-on-mental-health-and-the-church/ I www.afsp.org I www.nami.org I www.mhanational.org

AAMFT MFP ALUMNI SPOTLIGHT

CALL TO ACTION: *"Proverbs 11:14 tells us where there is no counsel, people fall, but where there is a multitude of counselors there is safety. When Pastors and other clergy partner with mental health professionals, they are partnering with purpose by growing the gospel and developing discipleship. Miracles are not limited to Sunday Morning worship, but they can happen everyday, including in a Counseling session facilitated by a therapist. Depression can be destroyed, addictions and anxiety can be annihilated when Clergy and Counselors connect to serve."*

Jacobie Robinson, PhD, LPC, Youth Pastor, New Saint Mary Community Church I AAMFT MFP Doctoral Fellow Alumni

HAZEL HERMENEITICS: *"It was in the Garden of Gethsemane where Jesus found himself praying to God in a state of agony, deep distress, grief, and deep sadness asking for God to take the cup from him. Jesus in his humanness was mentally and emotionally worn out. We too will experience moments of agony and distress. Seeking help through counseling does not mean that you have to surrender your faith. The two goes hand in hand. God's work on earth is often done through people and that includes mental health professionals. In moments of distress it's okay to cast those things on God who cares for you while allowing someone to journey with you through your personal Garden of Gethsemane."*

Hazel Owens, AAMFT MFP Master Fellow, MDiv., MAMFT Marriage & Family Therapy Resident / Associate Pastor

SCHOLAR PROFILE: Dr. Laird holds a Doctorate of Psychology with a specialization in Marriage and Family Therapy and Master's in Public Administration and Nonprofit Management. She is the President and Founder of the Center for Muslim Mental Health and Islamic Psychology (501c3) and she hosts "Muslims and Mental Health", on YouTube. She is also presently the Director for Clinical Training and Professor at California State Dominguez Hills. She was a 2015-2016 AAMFT Doctoral Fellow of the Minority Fellowship Program and a 2016-2017 Albert Schweitzer Fellow. She was also awarded the Global Psychology Award (2015 & 2016) and the Community Partnerships Award (2016). "Muslims are more likely to seek psychotherapy if it aligned with Islamic values. Islamic psychology is the treatment of the mind and soul within an Islamic context."

Dr. Heather Laird, AAMFT MFP Doctoral Fellow Alumni I Presider and Founder, Center for Muslim Mental Health and Islamic Psychology, https://www.cmmhip.com/

WHAT IS MENTAL HEALTH?

Mental + Physical + Spiritual Health = Total Health

Mental health includes our emotional, psychological, spiritual and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from prenatal to early childhood and adolescence through adulthood.

Many factors contribute to mental health problems, including biological factors (such as genes or brain chemistry), life experiences (such as trauma or abuse), and/or family history of mental health concerns.

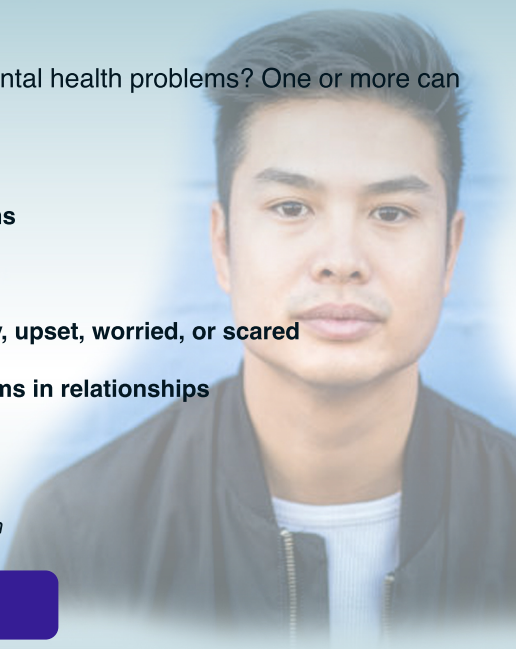
Mental health problems are common but help is available. People with mental health problems can get better and many recover completely.

EARLY WARNING SIGNS

Not sure if you or someone you know is living with mental health problems? One or more can be an early warning sign to seek care:

- **Eating or sleeping too much or too little**
- **Pulling away from people and usual activities**
- **Having low or no energy, unexplained aches and pains**
- **Feeling numb or like nothing matters**
- **Feeling helpless or hopeless**
- **Smoking, drinking, or using drugs more than usual**
- **Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared**
- **Yelling or fighting with family and friends**
- **Experiencing severe mood swings that cause problems in relationships**
- **Hearing voices or believing things that are not true**
- **Thinking of harming yourself or others**
- **Inability to perform daily tasks or function**

Source: https://www.mentalhealth.gov/basics/what-is-mental-health



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WHO TO REFER TO FOR CARE?

Family Therapist: Licensed therapist with a master's or doctoral degree in family therapy or a counseling-related field; evaluates family system, diagnose mental health concerns, and treats generational trauma with therapy. Provides parenting skills support as well as premarital, marriage, couples counseling, and collaborative divorce care.

Psychologist: Doctoral degree in psychology; evaluates and treat emotional and mental illnesses. Licensed psychologists are qualified to do counseling and psychotherapy, perform psychological testing, and provide treatment for mental disorders.

Mental Health Counselor: Master's degree in psychology or a counseling-related field; evaluates and treats mental illnesses with therapy.

Substance Abuse Counselor: Master's degree in psychology or a counseling-related field; certified addictions professional, evaluates and treats substance abuse with therapy.

Licensed Clinical Social Worker: Master's degree in social work; receives extra training to evaluate and treat mental disorders and provide case management services. Also works as advocates for people and their family members.

Pastoral Counselor: Master's degree in ministry and a counseling-related field; trained mental health professionals that provides both psychological therapy and spiritual guidance in various settings.

Psychiatrist: Medical doctor who specializes in preventing, diagnosing and treating mental disorders; licensed to prescribe medicine.

The terror-laden, trauma-producing multidimensional assaults against Black life in America weigh on the minds, bodies, and Spirit of Black women. While some Black women experience the Black Church as a spiritual home and place of solace, damaging theologies of contempt and tactics of surveillance perpetrated against Black women in faith communities stifles our flourishing. Attention to mental health and wellness is an act of redemptive self-love for Black women who know Lorde's lament all too well that "we were never meant to survive."

The Reverend Melanie C. Jones, Inaugural Director of The Katie Geneva Cannon Center for Womanist Leadership I Instructor of Ethics, Theology, and Culture I Union Presbyterian Seminary I revmelanie.com I @revmelaniej

Suicide Prevention: Personal Testimony

"Just pray", they said. I responded, "You cannot pray the depression away, but you can pray through the process of healing and wholeness!" My depression is genetic, not situational. Although (at times) activated by stress, it's controlled by medication and my relationship with God.

I can remember as a little girl watching my mom- believing she just didn't care about anything. Now, I know she was chronically depressed and did not have the proper medication. Often, we mistake depression for laziness or thoughtlessness, but it presents in a variety of ways. I consider myself to be functioning (sometimes manic depressed). In my darkest times of depression, I was suicidal. After two failed suicide attempts, I figured God really wanted me to continue to live!

It was then that God began exposing His marvelous light in the midst of my darkness. And as the darkness lifted, I began to see several of my colleagues in ministry also walking around in the dark. God's light pierced my darkness and left me with an additional mission in ministry. To counsel and support other clergy because the enemy is bent on convincing us that we are in this thing alone. But, I learned through my experience that we all only win- when we all pitch in. Together we all win and rise!

Rev. Lee M. Harvin-Sapp, Pastor of the Shepherd's Heart AME Church I www.TSHChurch.com

If you believe someone may be in danger of suicide:

- Call 911, if danger for self-harm seems imminent.
- Ask them if they are thinking about killing themselves. This will not put the idea into their head or make it more likely that they will attempt suicide.
- Listen without judging and show you care.
- Stay with the person or make sure the person is in a private, secure place with another caring person until you can get further help.
- Remove any objects that could be used in a suicide attempt.

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SUICIDE: Myths & Facts

MYTHS

- "Most people who die by suicide don't make future plans"
- "You can tell who will die by suicide from their appearance"
- "If a person is suicidal you can't stop them, they are going to do it anyway"
- "People often die by suicide on a 'whim'…"-
- "Suicide is an act of anger"
- "Suicide means the person was weak"
- "They faking!" or "They just trying to get attention!"
- "Most People Who Die by Suicide Leave a Note"
- "If you talk about suicide it will cause people to commit suicide"

FACTS

- Death by suicide varies by person, but overall it can include a sense of perceived burdensomeness as well as a sense of low or no belongingness.
- 80% of youth suicide attributed to adverse childhood experiences (ACEs).
- 2/3 of adult suicide attributed to adverse childhood experiences (ACEs).
- We each can make a difference, one conversation at a time.

Source: Joiner, T. (2010). Myths about suicide. Boston: Harvard University Press.; White House "Making Healthcare Better Series: Suicide Prevention"(2016)

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REALITIES OF SUICIDE IN DIVERSE COMMUNITIES

- In 2019, suicide was the second leading cause of death for blacks or African Americans, ages 15 to 24.[1]
- The death rate from suicide for black or African American men was four times greater than for African American women, in 2018.
- The overall suicide rate for black or African Americans was 60 percent lower than that of the non-Hispanic white population, in 2018.

- The death rate from suicide for Hispanic men was four times the rate for Hispanic women, in 2018.
- However, the suicide rate for Hispanics is less than half that of the non-Hispanic white population.
- In 2019, suicide was the second leading cause of death for Hispanics, ages 15 to 34.[1]

- Suicide was the leading cause of death for Asian/Pacific Islanders, ages 15 to 24, in 2019.[1]
- In 2018, Asians were 60 percent less likely to have received mental health treatment as compared to non-Hispanic whites.
- Southeast Asian refugees are at risk for post-traumatic stress disorder (PTSD) associated with trauma experienced before and after immigration to the U.S. One study found that 70 percent of Southeast Asian refugees receiving mental health care were diagnosed with PTSD.[2]

- American Indian/Alaska Natives are 60 percent more likely to experience the feeling that everything is an effort, all or most of the time, as compared to non-Hispanic whites.
- The overall death rate from suicide for American Indian/Alaska Native adults is about 20 percent higher as compared to the non-Hispanic white population.
- Violent deaths, unintentional injuries, homicide, and suicide, account for 75 percent of all mortality in the second decade of life for American Indian/Alaska Natives.[2]

Source: https://www.minorityhealth.hhs.gov/

"Don't be afraid to ask if someone is going to commit suicide. If you ask- you will not plant the idea in their head. You may save their life."

Dr. Debbie Manigat, LMFT I AAMFT MFP Doctoral Fellow I www.dmempowers.com

WHAT CAN YOU DO ? Use The Do's And Don'ts

Talking with and finding help for someone that may be suicidal can be difficult. Here are some tips that may help.

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, like weapons or pills.
- Get help from people or agencies specializing in crisis intervention and suicide prevention.

Source: https://suicidepreventionlifeline.org/help-someone-else/

Suicide is not inevitable for anyone. By starting the conversation, providing support, and directing help to those who need it, we can prevent suicides and save lives. Anyone who is suicidal retains at least a bit of ambivalence about death and this ambivalence can lead to a change of heart among suicidal people, as well as provide a window of opportunity for others to intervene before people end their lives (joiner, 2010).

"CONCEPTS TO EXPLORE IN YOUR COMMUNITY"

Spiritual beliefs and practices tend to help people experience greater hope and meaning in their lives. Faith communities can also provide opportunities for developing positive relationships with others and can be an important source of support during difficult times.

Mental Health Partnerships: "As a Pastor I have many responsibilities and the needs around mental health are so great in our community. Often when people have major issues they go to their pastor. One great desire is the use this trust to help refer members to Christian counselors and if necessary help with financial costs. A healthy mind and body also is connected to healthy spirituality."

Pastor Ronnie Perry, Jr. I New Song Church I www.newsongwpb.com

Victory & Vision: "It is safe to say that because man is a tri-part being comprised of body, soul and spirit, there has to be a more comprehensive approach to bringing healing to His people. Mental illness is a real phenomenon. In my book, God + Therapy equates to victory and I work diligently to facilitate victory in my therapy room."

Georgia A. Bryce-Hutchinson, LMFT, M.S, CPLC, MSEE

Journaling Saves Lives: "Journaling happens to be one of the most recommended mental health tools which allow you to track symptoms, understand triggers and see patterns. But to thoroughly benefit from journaling, it is necessary to be completely honest, transparent, consistent and detailed in your entries. Journaling Saves Lives!"-

Pastor Matt Johnson, Author of Journaling as a Coping Tool www.houseofloveministriesfl.com/mental-health-resource-center

The Cost to Care: " Whenever the weight of seeing mental healing in the church becomes too much, remember that living a life consecrated to God was always meant to be expensive."

Amanda Flowers Peterson I Programs & Diversity Director I Launch Ministry I Zioncci.com

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SUBSTANCE ABUSE PREVENTION

Every family is unique, and most families share a bond that can be used to support one another during trying times.

While there is no one-size-fits-all solution for helping a family member who is drinking too much, using drugs, or dealing with a mental illness, research shows that family support can play a major role in helping a loved one with mental and substance use disorders.

When a family member is experiencing a mental or substance use disorder, it can affect more than just the person in need of recovery. Evidence has shown that some people have a genetic predisposition for developing mental and substance use disorders, and may be at greater risk based on environmental factors such as having grown up in a home affected by a family member's mental health or history of substance use. Families should be open to the options of support groups or family therapy and counseling, which can improve treatment effectiveness by supporting the whole family.

Being able to offer support, family members can connect those in need with treatment, resources, and services to begin and stay on their recovery journey.

Source: https://www.samhsa.gov/families

STARTING THE CONVERSATION IS THE FIRST STEP TO GETTING HELP

HOW YOU CAN HELP?

1. IDENTIFY AN APPROPRIATE TIME AND PLACE.
Consider a private setting with limited distractions, such as at home or on a walk.

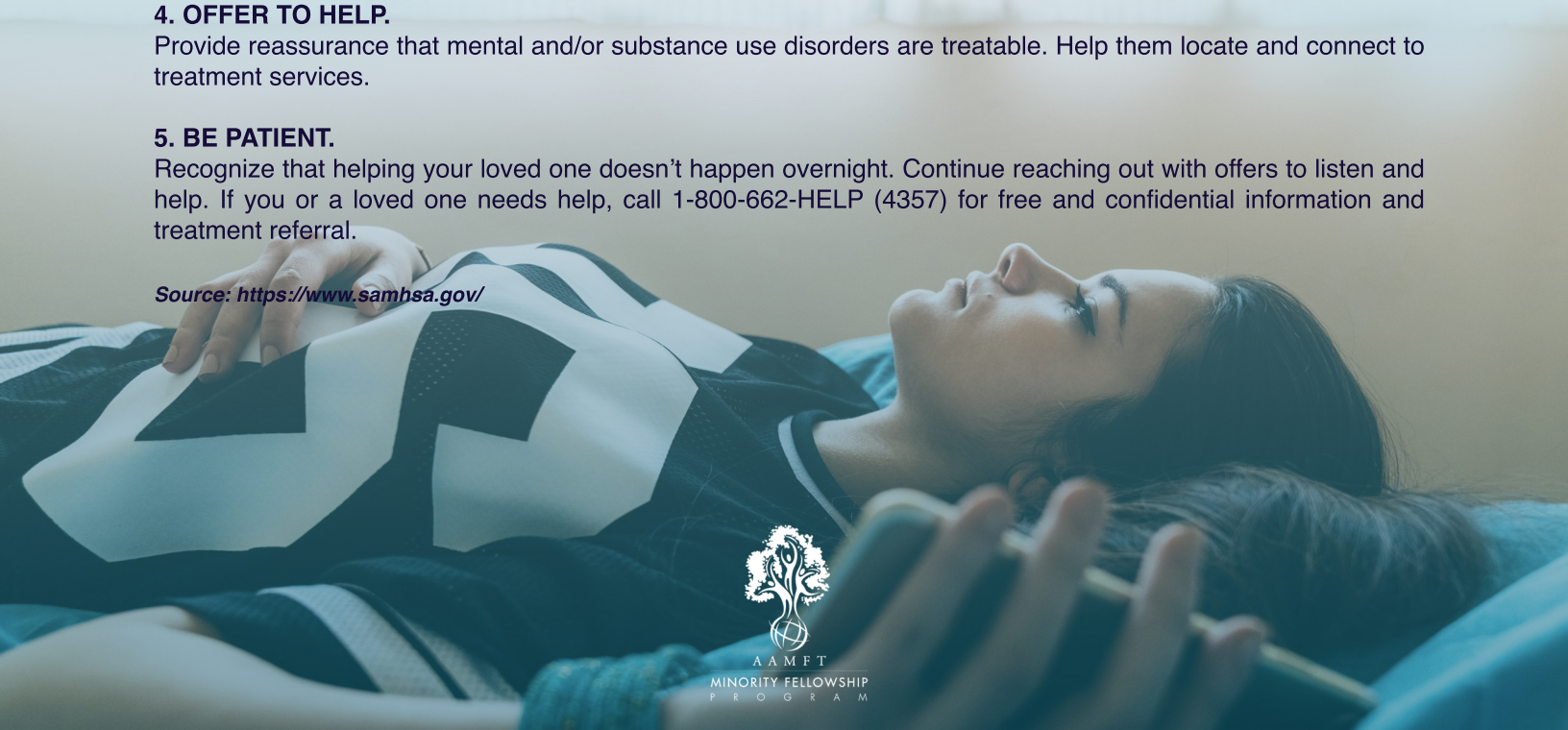
2. EXPRESS CONCERNS AND BE DIRECT.
Ask how they are feeling and describe the reasons for your concern.

3. ACKNOWLEDGE THEIR FEELINGS AND LISTEN.
Listen openly, actively, and without judgment.

4. OFFER TO HELP.
Provide reassurance that mental and/or substance use disorders are treatable. Help them locate and connect to treatment services.

5. BE PATIENT.
Recognize that helping your loved one doesn't happen overnight. Continue reaching out with offers to listen and help. If you or a loved one needs help, call 1-800-662-HELP (4357) for free and confidential information and treatment referral.

Source: https://www.samhsa.gov/



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ONE ON ONE with Angela Hood, Ph.D.

MFT, S.A.P., CTTP, CGCS, TTP |
Thrive Therapy Institute | Thrivetherapyinstitute.com

Q: What do faith leaders need to know about mental illness?

A: "As faith leaders we need to mold our mindset to understand mental health because as Christian we are the body of Christ and which means going into darkest places to bring light and walking with those who are suffering no matter what suffering looks like."

Q: What action can the church take to support those healing from substance use?

A: "…a misguided mindset and wrong thinking has blinded us from understanding addiction. We can no longer be ensnared by deception. It is time as faith leaders that we become knowledgeable about addiction. We can't walk in front of the people we must walk along side of them"

Q: How can the church create awareness about suicide and stop the stigma?

A: "When we change the way we look at things…the things we look at changes. As faith leaders it is time to change the way we see at suicide. We cannot call every thing a "spirit" when a person is living with mental health. It's time to Look up and be SEE the difference."

"Post-traumatic growth is using what has happened in your life to move forward. There is always hope."

Dr. Debbie Manigat, LMFT I AAMFT MFP Alumni Doctoral Fellow I

www.dmempowers.com

Positive mental health allows people to:

- Realize their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Ways to maintain positive mental health include:

- Getting professional help if you need it
- Connecting with others
- Staying positive
- Getting physically active
- Helping others
- Getting enough sleep
- Developing coping skills

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Source: https://www.mentalhealth.gov/basics/what-is-mental-health

POSTVENTION: The Other Survivors of Suicide

The survivors of suicide are unique to each death narrative, but they can include parents, siblings, extended family, friends, Pastors, teachers, and clinicians who have worked with the deceased. All of these people may be affected by the person who died by suicide. Additionally, while their level of closeness may not be a factor, survivors experience a great deal of pain in the recovery process from anger to disbelief (Jobes, D. A., Luoma, J. B., Hustead, L. A., & Mann, R. E., 2000). It is very personal, those who consider themselves survivors of the deceased are dealing with great wounds and bereavement almost simultaneously due to the stigma of a person who dies by suicide.

"… a common assumption about survivors of suicide is that they are somehow explicitly or implicitly to blame for the death. The survivor is often perceived to have either directly caused the person to kill him- or herself or alternatively as having done nothing to prevent the death (Jobes, D. A., Luoma, J. B., Hustead, L. A., & Mann, R. E., 2000)." **The family continues to grieve while being shamed or seen as guilty.**

Socially, suicide is viewed as a choice that one made instead of an uncontrollable factor in their death. As a result, traditional support groups for parents who have lost a child are not as empathetic to a family who has lost a child to suicide in comparison to a child who has died from cancer or another terminally ill disease. This is quite a social burden to bare especially if the family of the deceased remains in the same church, community, or has other children within similar schools.

How should a church respond?

1. Listen to families of the deceased
2. Involve parents, community leaders, mental health professionals, medical professionals, clergy, and police officials in the journey of support
3. Have a referral list of local clinical or faith-based counselors
4. Identify a list of who was close to the deceased so that they can meet with a mental health professional at a selected time
5. Offer and meet with the church body in small groups, not an assembly to talk about it
6. Use an intentional and authentic balance, doing nothing can be just as dangerous as doing too much, Suicide should not be dramatized
7. Consider a living memorial- give credit and space for survivors to cope.
8. Families cannot be helped until staff are helped, all staff must be trained in suicide prevention and postvention

How should family respond?

1. Listen to the children and friends of the deceased
2. Inform nuclear and extended family members of facts
3. Seek spiritual support or guidance
4. See a mental health professional as needed; Take time to grieve
5. Start or join a suicide survivors group
6. Monitor what's going on in social media and outside of school
7. Reflect on being prepared to answer the why (even if there is a suicide note), say "We're never truly going to know why, but we want to support each other"
8. When ready, try an online course on suicide prevention for survivors
9. Participate in a "Out of the Darkness" Walk for Suicide Prevention & Survivors

**** Article & Recommendations by Debbie Manigat***

VOICES OF INSPIRATION: Prayer & Poetry

Meditate with our poetic vibes and embrace a life free from fear! Join us- lift your voice by Tweeting a prayer or posting your Divine Completion poem on Facebook/ Instagram using the Hashtag #FaithAndTherapy

"The Day We Shine"
by Dr. Debbie Manigat, LMFT
www.dmempowers.com

Our lives begin the day we release
The day we speak out, believe
Free, the moment we take time to heal
Trust our hearts, minds, and love

"Unfailing Grace"
by Rev. Martina E. Efodzi, ATR-BC, LCPAT, LCPC I Aya Healing Arts, LLC I www.ayahealingarts.com

For the God who catches our tears with outstretched hands, and welcomes us back with unfailing grace, there is no need to fear or feel ashamed.

Prayer
by Sarah Claire Smith
https://www.providenciawpb.org

May we be increasingly willing to name what hurts.
May we have courage to face the things that hurt.
May we be brave and allow others to know us in the hurt.
May this allow our pain to transform into presence, healing, and redemption.

God, Give us eyes to see the ways avoidance has hurt us…in our own lives, by our own doing, generationally in our families, and systemically in our cultures.

Let us choose each day to walk the path of vulnerability and courage towards wholeness.

Amen

"May God"
By Coach Delsue Frankson, M.Ed.; BCMHC I www.delsuefrankson.com I www.perseveranceuniversity.com

In the morning when you rise, May God's presence surround you.
In everything that you do, May God lead and guide you.
Whenever you feel alone, May God's Word comfort you.
In the quiet of the night, May God's Angels Protect you.

by Pastor Wynsome S. McLean, LMFT
www.soulcareinstitutellc.com

Your heart and soul may be shattered.
But to your heavenly father, your mental health matters
Your connection to God is not in question
So submit to His direction, a counselor is waiting

Prayer
by Dr. Ciara I www.godsgiftinc.org

"We must be reminded that our minds are the epicenter of our actions. Changing our perspective, reminding ourselves of who and what God called us to be, and allowing the scriptures to take root within us, gives us moments of reflection, healing, and divine serenity that can only be found through a deeper relationship with Christ" says Dr. Ciara, 'It's my prayer that you open your heart to allow the breath of God to blow healing and peace in your direction; releasing all burdens, fears, worries, and doubts, and allowing God to strengthen you and revitalize you again. In Jesus Name. Amen"

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