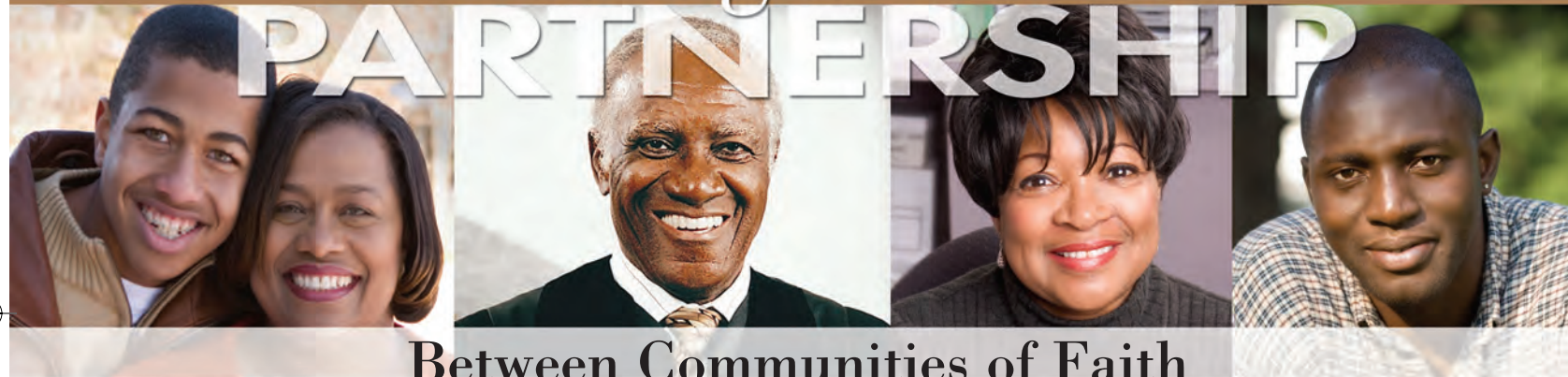


Creating a Vibrant

PARTNERSHIP



Between Communities of Faith
and Mental Health Providers



How to develop a successful
PEWS Mental Health Ministry

PEWS



A PROGRAM OF
THE MENTAL HEALTH ASSOCIATION IN NEW JERSEY, INC.

Creating a Vibrant Partnership Between Communities of Faith and Mental Health Providers

How to develop a successful PEWS Mental Health Ministry



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Some cultures and religious communities view mental illness as a matter of shame, moral weakness, or spiritual shortcoming. It is crucial for religious community leaders to be educated about the importance of mental health and the nature of mental illness as a treatable condition. They also need to be educated about the kind of spiritual support their community needs to reduce stigma, improve mental health, and promote overall wellness.

The guide, *Creating a Vibrant Partnership Between Communities of Faith and Mental Health Providers*, created by the Mental Health Association in New Jersey's PEWS (Promoting Emotional Wellness and Spirituality) Program is an important factor in the efforts to build essential partnerships between faith communities and mental health providers. The messages delivered by the PEWS Program around targeting the stigma attached to mental illness, and dispelling common misconceptions that faith communities may have about the causes, symptoms, and treatment of mental illness are vital to bridging the gap between spirituality and emotional wellness.

David Shern, Ph.D.
President and CEO
Mental Health America

Forward

Psychology is a study of the human mind and behavior. It is based in science, not religion. Therefore, for many clerics, it lacks validity to have or sustain a place in the seminary's curriculum. Many who are resistant to embracing a more clinical approach find it in direct opposition to scripture – i.e., Matthew 19:26, "...with God all things are possible." Yet interviews conducted during PEWS presentations to communities of faith indicate that clergy do benefit from this learning. Pastors are realizing more than ever the needs of having more psychological education to further help congregants who have been, or may be, at risk of developing emotional challenges. The economic downturn, loss of jobs and homes, and domestic and gang violence, are some of the reasons just to name a few, why congregants want counseling sessions with their pastors or deacons. With this in mind, clergy and lay leaders must be better equipped to instruct and counsel congregants on coping with life stressors.

The startling rise in suicides on the campuses of historically black colleges and universities (HBCUs) provides an eye-opening example of why educating clergy is key to their recognizing the signs of depression and other mental health concerns. Since religion is deeply rooted in African American history, it is no surprise that most HBCUs have a school of religion on their grounds. Implementing the PEWS model within their religion curriculum will benefit the schools two-fold: 1) it will provide training to faculty and staff on how to recognize the signs and symptoms of depression, suicide and possible mental illness in their students, and 2) it will provide the same awareness education to their students as well as enrich the learning of their religion studies.

**Terrie M. Williams, Founder and President
The Stay Strong Foundation
Author of *Black Pain, It Just Looks Like We're Not Hurting***

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Advisory Members:

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The PEWS Logo and manual design is sheer genius. Thank you so much.

Endorsements

"The PEWS program and Laverne Williams are answering a call from communities throughout the United States looking for a deeper answer to their mental difficulties. These are existential questions—questions involving hope and despair, questions of God and of salvation. These questions have been answered universally in houses of worship by the various clergy members who head these different congregations. The problem today is that the majority of clergy members are not educated enough in the modern practices of mental illness treatment and recovery, and their congregations are left without the resources they need to turn the corner into the sunlight of redemption from the dark days of their ailments.

The PEWS program and the expertise of Laverne Williams bring the highest standard of current recovery knowledge, amalgamated with the spiritual emphasis on recovery, that people are looking for in their spiritual communities and not in their therapists offices. I travel the entire country as a national mental health advocate, speaking in psychiatric hospitals and keynoting large federal conferences, and the question of faith in recovery is asked at every venue. Laverne Williams and the PEWS program have created a platform to better allow the various congregations to answer that question and not just save lives, but resurrect souls fighting their way back to a life they always desired."

Eric Arauz, MLER
2009 SAMHSA 'Voice' Award Recipient for National Mental Health Advocacy
President, Arauz Inspirational Enterprises LLC
Disabled American Veteran

"It was a privilege to bring Laverne Williams to Roanoke, Virginia, to introduce the PEWS program to leaders in our Valley's African American faith communities. An article about PEWS in our local newspaper resulted in a call from a young African American female who was contemplating suicide because she thought her depression was God's punishment for sin in her life. Reading about PEWS gave her hope—she later learned that treatment was available, that her faith community accepted and loved her, and that she could lean on her relationship with God to help her deal with her mental illness. I am so glad that PEWS is being made available to more faith communities through this manual."

Diane Kelly, Executive Director
Mental Health America of Roanoke Valley

"I highly recommend PEWS and commend Deacon Laverne Williams on her timely work and much needed voice. PEWS is a welcome resource. PEWS will be used in my work as a pastor, psychoanalyst and associate professor of practical theology at New Brunswick Theological Seminary.

Deacon Williams has developed a resource that is of benefit to clergy, congregational leaders, the church and especially people of the Diaspora. The scope of the PEWS program goes beyond the aforementioned categories; however, given the need for such a resource in congregations of color, it is refreshing to know that a clinician who possesses a rich church background has developed such a vital resource. PEWS is both pastoral and prophetic. It is a valuable resource that you must not ignore."

Reverend Willard W. C. Ashley, Sr., D. Min., D. H.
Director of Field Education/Associate Professor of Practical Theology,
New Brunswick Theological Seminary
Interim Pastor, Union Baptist Church
Founder and Senior Pastor, Abundant Joy Community Church
Co-Editor, *Disaster Spiritual Care: Practical Clergy Responses to Community, Regional and National Tragedy*

"Places of worship are a vital core and anchor for most communities of color. What better place to spread the word of mental health than a spiritual house. Ministries and mental health providers can be strong and powerful partners. And that is what PEWS is all about. I have watched the PEWS program grow from the beginning, and Laverne Williams deserves a great deal of credit for this significant endeavor she has created."

Bruce Nils Miller, Ph.D., CEO
Hudson Partnership Care Management Organization

Endorsements *continued*

"The PEWS initiative sponsored by the Mental Health Association in NJ has proven to be an invaluable joint ministry tool for the Vision of Hope CDC and The New Hope Baptist Church of Newark, NJ.

It has been my experience as the Director of Social Services and a leader within a very large congregation that the perception that we attribute to individuals who appear to be in distress does not always equal the reality.

Under the facilitation of Deacon Laverne Williams and a team of highly qualified professionals affiliated with PEWS, our staff and members were trained in how to identify and react to symptoms and behaviors observed in our congregation that are often misunderstood and left without any offer of meaningful assistance. Their ability to dispel age-old myths and assumptions about mental illness was shared with clarity through practical examples and illustrations.

Since our training, our level of awareness and empowerment has increased and we can now offer more compassionate and sustaining help through referrals and other social services to those whom we serve. This is enhanced through an ongoing relationship with Sister Williams and the PEWS initiative, which allows our organization to stay abreast of the importance of mental and emotional wellness, as well as up-to-date advancements in treatment and available medications and how to access them.

I could not be more pleased to recommend the PEWS training and Deacon Williams to every congregation and service provider that would like to offer the highest level of assistance to their community through a ministry that works and is guided by sensitive and spirituality gifted individuals."

**Deacon Francis J. Dixon, Executive Director
Vision of Hope Community Development Corporation**

- Prophetic, as it calls for awareness of stigma of mental illness and raises awareness of the breadth of the issue.
- Pastoral, as it directs us to provide much needed ministry.
- Practical, in providing tools and information that allow for the work of compassionate ministry.

"The PEWS program is that prophetic, pastoral, practical voice for the church today. Congratulations to Deacon Laverne Williams for not only being sensitive to issues of emotional wellness, but also for being that courageous and persistent voice that refuses to settle for the comfort of the pews. Her vision has produced this manual, which will be a tool to allow the people of God to follow the mandate of the gospel... to provide care, compassion and concern for the least of these. I pray that this will be the continuation of powerful ministry work."

**Reverend Eva C. Foster, D. Min., Minister of Bereavement Care
Union Baptist Church, Montclair, NJ**

"The Church today remains what the Church has always been—a mirror of our general society. Just as there are physically ill people in the Church, there are mentally ill people. Unfortunately, few seminaries prepare clergy for the inevitable and many a pastor is attempting to address mental health issues that he/she has little, if any, training in. As important, few congregants have any idea of what to do once they realize that they have called a mentally ill pastor. The pastoral issue is even more sensitive and avoided.

As a pastor and clinician, I am well aware of the mental health issues present in both our pews and at our pulpits. Any resource that helps us better identify unavoidable societal matters is much needed. This manual and the opportunities afforded through the PEWS program are attempting to meet the absence of resources available to us. As a deacon and a long-time professional in the mental health arena, Laverne Williams is on the pulse of matters that affect us. May we all benefit from what is available to us!"

**Reverend Dr. Gloria White, Pastor
Mt. Zion Baptist Church, Newark, NJ**

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The Mental Health Association in New Jersey, Inc. (MHANJ) is a private, not-for-profit statewide organization, and the home of PEWS – the Promoting Emotional Wellness and Spirituality Program.

The Mental Health Association in New Jersey is dedicated to promoting the importance of good mental health for all New Jerseyans, reducing the barriers that prevent people from seeking or offering help, and building a stronger base of support and a network of services for people with mental health challenges.

We provide advocacy, training, support, information and referral services to approximately 30,000 adults and children in the state of New Jersey each year.

Since 1948, the MHANJ has worked to fulfill its vision to create a statewide community in which people with mental illness can achieve their full potential, free from stigma and other barriers to care and recovery.

For more specific information about the MHANJ's mission, vision, programs and services, please visit our website at www.mhanj.org.



Promoting Emotional Wellness
and Spirituality Program



Laverne
Williams

Personal Inspiration

for the PEWS Program – Laverne Williams' Story

My name is Laverne Williams, and I have worked for the Mental Health Association in New Jersey (MHANJ) in various roles since 1985. Currently, I am the Director of the PEWS (Promoting Emotional Wellness and Spirituality) Program.

As an African American woman born in the 1950s, I do not remember a time when the issue of mental illness was ever discussed. If you were having "trouble with your mind", as it was called back then, it was seen as a weakness. If "demons were attacking your soul", it was believed that you or your parents must have committed a known or unknown sin and this was the punishment! For those of us who considered ourselves religious (spirituality was not a buzz word then), we sought health advice from our pastor or medical doctor.

We would make appointments to meet with our spiritual leaders to have them pray or "lay on hands" to remove a curse that was surely upon us. This was common practice. Going to the altar at Sunday morning service or at a prayer meeting was also used as an opportunity to share your concerns and to have the whole congregation engage in corporate congregational prayer for your healing. Receiving help from a psychiatrist or psychologist was not talked about, nor was it an option. I personally did not know about mental health professionals. I only knew of school guidance counselors who were almost always white.

Fast forward 30-plus years: In 1985 I was employed by the Mental Health Association in New Jersey as the Office Manager. Water cooler talk at that time involved how to engage populations that were not using mental health services: African Americans, Asian Americans, Latinos, Native Americans and Arab Americans. Even working in this environment, I still believed that reading biblical scripture, praying and keeping routine doctor visits were all you needed to be emotionally and physically well. I believed mental illness was a "white person's disease". Most African Americans I knew could handle life; after all, we got through slavery. Why all the drama about seeking the help of a mental health professional anyway? I would find out soon enough.

**Receiving help from
a psychiatrist or
psychologist was not
talked about, nor was it
an option.**

Laverne Williams' Story *continued*

I am the youngest of eight siblings: three boys and five girls. I was practically inseparable from the two sisters with whom I was closest – having two to three lengthy conversations every day with each other was a common practice until one sister passed away from cancer in 1987. As painful as that was for our family, it made my other sister and I closer. We began to touch base with each other four to five times a day.

In 1993 cancer reared its head again in the other sister with whom I spent so much of my time. I was devastated. A once funny, happy-go-lucky sibling, she was now a very quiet, withdrawn, depressed soul. I wanted so much to ask, "How does it feel to know our time together is limited?" "Can you feel it when the radiation treatment is administered?" "Are you scared?" But never once did we have a conversation about her diagnosis. She could not bring herself to speak about it, and I kept the questions to myself to give respect for what was clearly too uncomfortable for her to voice.

During that time I began having panic attacks while driving, when in crowds, and sometimes at home. Having worked at the Mental Health Association in New Jersey for so many years, I knew I should seek help, and I did. While searching for a mental health service provider, I realized how few African Americans were in the mental health field, and that extensive psychological training was not part of the theological seminary curriculum. I also started to realize that the experience I had with overcoming my own attitudes and assumptions about mental illness could be used to help my community – a community that I knew was in desperate need of mental health education, support and resources.

Once one is educated about these facts, there is no choice but to take action and become part of the solution. Ignoring the reality and adding to the problem are no longer options. That is why programs such as PEWS are desperately needed, **NOW** more than ever.

As the author, Terrie Williams, stated in her book, *Black Pain, It Just Looks Like We're Not Hurting*,

"...emotional pain...is the root of lashing out through desperate acts of crime, violence, drug and alcohol abuse, eating disorders, workaholism, and addiction to shopping, gambling and sex. Few realize these destructive acts are symptoms of our inner sorrow. Black people are dying...we feel in our gut something is wrong, but we don't know what it is. It's time to recognize it and work through our trauma."

Alarming Statistics

The first Surgeon General Report that focused exclusively on mental health was written in 1988 by Admiral David Satcher, M.D., Ph.D. This report clearly states, "All Americans do not share equally in the hope for recovery from mental illnesses. This is especially true of members of racial and ethnic minority groups." Sadly, the statistics bear witness to these needs. According to Suicide and Mental Health Association International's website, African Americans are over-represented in high-need populations that are particularly at risk for mental illnesses:

- **People who are homeless:** While representing only 12% of the U.S. population, African Americans make up about 40% of the homeless population.
- **People who are incarcerated:** Nearly half of all prisoners in state and federal jurisdictions and almost 40% of juveniles in legal custody are African Americans.
- **Children in foster care and the child welfare system:** African American children and youth constitute about 45% of children in public foster care and more than half of all children waiting to be adopted.
- **People exposed to violence:** African Americans of all ages are more likely to be victims of serious violent crime than are non-Hispanic whites.
- **People with PTSD:** One study reported that over 25% of African American youth exposed to violence met diagnostic criteria for post-traumatic stress disorder (PTSD).
- **Vietnam War veterans:** 21% of black veterans, compared to 14% of non-Hispanic white veterans, suffer from PTSD, apparently because of the greater exposure of blacks to war-zone trauma.



African American children and youth constitute about 45% of children in public foster care.

The Beginning of the PEWS Program

Given this information, the MHANJ began to look at strategies to effectively engage the African American community. Although underserved by the mental health system, this community historically has sought out comfort and counseling from religious leaders and fellow congregants.

Underuse of Mental Health Services in the African American Community

Over time and with the encouragement of key staff members like the current PEWS Program Director, Laverne Williams, C.S.W., it became apparent that breaking down stigma by educating informal mental health providers, such as religious leaders and their lay staff, would be a novel and more effective approach to gaining access to the broader community. Since Ms. Williams was a deaconess in her church at the

The Beginning of The PEWS Program continued

time (and has since become a deacon), she was a natural to be the bridge between a mental health education and advocacy agency (MHANJ) and the faith-based community in New Jersey. Her own personal experience with mental health issues, the positive outcome she experienced by seeking help, her religious background, and the knowledge she gained about mental health while working for the organization provided the ideal mix to allow her to create a training and education program targeted at the church community.

The MHANJ investigated how to partner with faith-based institutions as an avenue to expand access to mental health services for the African American community. In meeting with members of a number of churches, it became very clear to the MHANJ that little or no mental health training existed for the ministry and lay people, although it is the lay people who provide a clear majority of outreach within the congregation.

The structure of the church usually does not provide the direction, education and support that those with mental health concerns need to effectively address their issues. Most church leaders we interviewed believed that the church needed to be more active in helping people access the mental health system and educating people about the emotional needs of the community. The PEWS Program would help churches to develop PEWS Mental Health Ministries that ultimately would meet this need.

The PEWS Program began in 2005 with the purpose of publicizing a positive message of mental health and wellness to persons of color and faith communities. Our goals included: educating clergy to effectively support congregants who have, or may be at risk of developing, a mental illness; fighting the stigma often associated with mental illness within these communities; and more aggressively accessing mental health treatment for individuals struggling with emotional challenges.

What Are the Needs of Families and Individuals Who Are Struggling with Mental Illness?

When designing a program to help those who are striving to attain and *maintain* a sense of overall wellness, many areas of concern must be addressed.

In the book, *Families and Mental Illness: New Directions in Professional Practice* (Marsh, New York: Praeger, 1992), the needs of individuals and families struggling with mental illness are broken down into the following categories:

- 1) A comprehensive system of mental health care
- 2) Support
- 3) Information
- 4) Coping skills
- 5) Involvement in the treatment, rehabilitation and recovery process
- 6) Managing the process of family adaptation to illness
- 7) Contact with other families impacted by mental illness
- 8) Assistance in handling problems in society at large (e.g., ignorance, stigma, fear).

When PEWS Advisory Board Member, Judy Epps, was asked the question, “Promoting Emotional Wellness and Spirituality – Why Now?”, her response was...

“Why now? The simple answer is, Why *not* now?” She went on to say:

“A more robust answer is sure to be steeped with words like opportunity, current directions, urgency, and punctuated with *need*. But still, the question would be, ‘Why now?’

We are shrouded in this 21st century world, and there is one thing that is now - and will always be - perfectly clear, and that is simply this: ‘There is no health without mental health.’

But what is mental health? How is it achieved? How is it protected? What does it look like for me, if not you, too? We, as stewards of this world and of our faith-based communities, have accepted the responsibility to answer these questions. And that is the answer to ‘why now.’ Because we have a responsibility.

Continued on pg. 5

Components of a PEWS Mental Health Ministry

This is a partnership. We cannot do this in a vacuum. It is something that we must collectively agree to embrace and deliver to those who are waiting.

Using the premise that there is ‘no health without mental health,’ we are risking new interpretations of our reality. We have arrived at the junction of a community in need of spiritual guidance and love and respect for one another. This community is wholeheartedly, historically and irrevocably grounded in ‘the church’. As such, this truth lays open the proverbial doors of the souls of many black folks; it extends the natural invitation to come have a seat in our PEWS.

It is here with great faith, hope and trust that we gather to promote emotional wellness and spirituality.”

—Judy Epps
PEWS Advisory
Board Member

The MHANJ's program to develop a PEWS Mental Health Ministry consists of:

- **Award-winning videos**

that tell the moving stories of individuals with emotional challenges, the role spirituality plays in their lives, and their experiences with their families and their religious communities.

- **PowerPoint presentations**

and interactive discussions that focus on the relationship between spiritual wellness and emotional wellness.

- **Training and technical assistance for PEWS Mental Health Ministries**

that introduces church clergy, lay leaders, heads of ministries and congregants to ways they can help those who may be struggling with emotional wellness issues, and assists them with identifying appropriate community resources and services to which they can link people.



*Mental Health Ministry
presents ways to help
those who are struggling.*



Promoting Emotional Wellness
and Spirituality Program

Reasons to Implement



Reasons to Implement a PEWS

Mental Health Ministry

From the Church Perspective

In the teachings of Christianity, Judaism and Islam, there are many examples of individuals being "called" to care for those who are suffering. Social justice is also a common theme of the world's major religions.

The U.S. Surgeon General reported that 1 in every 5 Americans experiences a mental disorder in any given year, and half of ALL Americans have such disorders at some time in their lives. As Rev. Susan Gregg-Schroeder noted in her study guide, *Mental Illness & Families of Faith, How Congregations Can Respond*, which we will reference throughout this manual (www.MentalHealthMinistries.net), "surveys show that over forty percent of Americans seeking help with mental health issues turn first to ministers, priests and rabbis. This is twice as many as those who went first to a psychiatrist, psychologist or family physician."

Clergy Need Training about Mental Illness

Given these facts, one might assume that members of the clergy get extensive training on how to identify mental health symptoms, how to assess when a congregant's issues exceed their own pastoral expertise, and how to refer individuals to local providers if they cannot fully meet the needs at hand. This, however, is not the case. According to Rev. Gregg-Schroeder's guide, "studies have shown that clergy are least effective in providing appropriate support, care and referral information."

Given the fact that the world's major religions view helping those who are suffering as a core value of their institutions, and people who are suffering often seek out their spiritual mentors in times of crisis, bringing education and training about emotional wellness and its connection to overall wellness to faith-based communities is a much needed service.



“Being healthy enough to serve others happens as a result of having habits that promote one’s mental health. Persons who seek to serve must be aware of what they bring to the endeavor as well as resources that can be brought to bear.”

–Reverend Dr. Walter L. Parrish, III, General Secretary of the Progressive National Baptist Convention, Inc., and former member of MHANJ Board of Trustees and PEWS Advisory Committee Chairperson.

The Importance of Clergy Taking Care of Their Own Mental Health

Religious leaders and lay clergy alike need tools to effectively provide the support their communities need, as well as knowledge of the resources available to make referrals to mental health professionals when appropriate. In addition, it is crucial for these providers of support to *learn how to keep themselves healthy, both emotionally and spiritually*, in order to be as effective as possible in their work and personal lives.

From the Mental Health Provider Perspective

Definition of a "Provider"

The definition of a "mental health provider" can be very broad. Mental health providers, as defined by Frank and Kamlet (1989), can be:

- *Informal providers* (clergy, family, friends, self-help groups, etc.)
- *General providers* (primary care doctors)
- *Specialty mental health providers* (psychiatrists, psychologists, substance abuse counselors, clinical social workers and agencies that specialize in providing mental health/substance abuse services).

In the case with this manual, we separate the informal from the formal providers. When we use the term "mental health provider", we are referring specifically to all of the professionals who fall into the category of "specialty mental health providers."

“Mental health providers have long identified the underutilization of community services as a serious issue in the African American community. MHANJ began looking at this issue several years ago, and recognized that one of the key issues preventing people from seeking professional help was the stigma surrounding mental illness.”

–Patricia Wolfe, PEWS Advisory Committee Member and former member of the Bergen County Mental Health Board.

Breaking Down the Stigma of Mental Illness in Communities of Faith

Mental health providers can access underserved populations in their service areas by engaging local church leaders in forums to discuss the mental health needs of their congregations. In some cases, it's more effective to reach out to deacon/deaconess boards, administrative staff of the church, etc. (more about that in our next chapter). By opening the door to this discussion, a mental health provider can begin the process of identifying what types of services and support mechanisms are already in place in the church, and discover what struggles the church faces in trying to meet the ever-diverse needs of its flock. From these focus group type conversations, the provider can help the church to develop a training and education curriculum that can break down the barriers of stigma, provide education and the basic skills needed to identify mental health issues, and offer the church the tools needed to effectively intervene and support, give information to, and refer those in need to local professional resources.

Mental Health Ministry opens the door to discussion about the mental health needs of a congregation.





Promoting Emotional Wellness
and Spirituality Program

Strategies for Outreach



Outreach to Church Communities

Strategies Before You Begin

Laverne Williams, the MHANJ's PEWS Director and Deacon at Union Baptist Church in Montclair, NJ, stated:

"In the African American community, people are willing to be labeled 'anything but crazy,' because the stigma associated with mental illness is so strong. That is why we chose that title for our first video: *Anything but Crazy: African American Spirituality and Emotional Wellness*.

The second video focuses on personal stories of African Americans who struggled with substance abuse, how they viewed addiction as a disease that destroyed their spiritual self, and how they climbed up the rough side of the mountain to the other side. Hence the title, *Getting to the Other Side – The African American Community Deals with Mental Illness and Substance Abuse*."

You want to lay the proper foundation for your efforts. To do so, there are several things you will need to consider. The MHANJ's PEWS Program found it extremely beneficial to bring together an Advisory Committee in order to help keep the mission and vision of the program clear, and to offer diverse perspectives on how to establish goals and ensure that they were met.

Who Should Be on an Advisory Committee?

Our Advisory Committee was comprised of pastors, mental health professionals, business people, people with mental illness, and individuals who worked within local government. Each brought their own unique perspective regarding the needs of the community and how to proceed with the project, and assisted the MHANJ in developing a more well-rounded, thought out "product". Advisory Committee members also took part in developing our training materials (which you'll read about in the next chapter) as well as this manual.

Who Is the Best Person to Lead the Charge?

You need to decide who will take the lead in developing and presenting awareness raising materials. Before you can train individuals in the skills to work with people experiencing mental health issues, you have to first raise awareness that the issue is truly a problem that needs to be addressed.

Identifying someone within your organization who also has a background in a faith-based community (if this is an option) may be preferable. In our experience, churches understandably respond more favorably to someone who understands church culture and has experience within a church system. This is not necessary, but it sure does help!

Also, you will need to develop materials to "take on the road" with you to the communities you hope to reach. The MHANJ, with funding from the NJ Division of Mental Health Services, produced two videos entitled, *Anything but Crazy: African American Spirituality and Emotional Wellness* and *Getting to the Other Side – The African American Community Deals with Mental Illness and Substance Abuse*. The PEWS Director, Laverne Williams, C.S.W., then created PowerPoint presentations to accompany the videos.

"All churches operate in some sense of hierarchy. Therefore, it is essential to obtain total buy-in from the top down. Responsibility for implementation needs to involve, but not be limited to, everyone from the pastor, deacons/deaconesses and church auxiliary leaders to the ushers, nurses, armor bearers and security."

—Reverend Johnathan Whitfield, Pastor of Trinity Baptist Church of Hackensack, and co-author of *Celebrating Our Scars*.

These videos were designed to kick off discussions within churches and mental health provider agencies about the role of spirituality in overall wellness, and the importance of providers and faith-based organizations working together to foster good mental health in the community.

If you are interested in learning more about these award-winning videos or purchasing them for your organization, please visit the MHANJ's website at www.mhanj.org.

Looking for Opportunities to Spread the Word

The PEWS Program did not limit itself to doing presentations for churches and mental health providers. Over time, our focus grew to include any venue where the folks we wanted to target could be reached. This included senior centers, health fairs, speaking engagements at conferences, etc. Eventually, the program was able to host two very successful PEWS Wellness and Spirituality conferences, which were ideal forums for members from both the faith community and provider community to network and learn from each other. Several of the speakers who presented at these conferences also contributed to this manual.

Forming Partnerships with Other Providers

Reaching out to local NAMI (National Alliance for the Mentally Ill) groups, family support groups, hospital chaplains, consumer-run self-help centers, private practitioners and 12-step meetings will also help you get the word out about the need for PEWS mental health ministries. For information on NJ-based services, you can contact www.njmentalhealthcares.org.

Identifying Who Is the Best Person to Contact within the Church

In our experience, pastors are often very busy and difficult to connect with. Your organization may also need to come up with a strategy for gaining access to local churches. Finding out if the church already has an active health ministry can be a good place to start. Approaching a deacon or deaconess board, nurses within the congregation or the pastor's administrative assistant, etc., may be a more effective way of getting your foot in the door than trying to reach out directly to the pastor. If your contact shows an interest in bringing an introductory PEWS presentation to his/her church, ensure that the pastor is aware of it and supports this type of training.

Once you get to know your community and the structure of the churches you hope to engage, you also need to be prepared for some rejection. Not all churches are ready to hear this message. But when word gets out about the benefits, don't be surprised when you start getting phone calls!



PEWS Ministry



Promoting Emotional Wellness
and Spirituality Program

Creating a PEWS Mental Health

Ministry in Your Church

Where Does a Mental Health Ministry “Fit”?

Many churches have ministries that are designed to fulfill particular functions within the church, and they are comprised of church members who have a specific interest in those areas. Common examples are the Health Ministry, which provides outreach and support to church members who are facing physical challenges, and the Christian Education Ministry, which oversees Sunday school. The number of ministries and how active they are varies from church to church.

Stand Alone Ministry or Incorporate into the Health Ministry?

A PEWS Mental Health Ministry can be a "stand alone" ministry that is focused specifically on congregants with mental health issues, or it can be incorporated into an already existing Health Ministry. This decision rests solely on the leadership of the church. As we've stated before, there is no health without good mental health. Once the partnership between a mental health provider and a church ministry is established, ongoing training for the ministry and technical assistance to keep it vital are encouraged.

What Steps Need to Take Place to Get the Ministry Started?

Once there is a commitment from the top down to start a PEWS Mental Health Ministry, identifying those individuals who are ready, willing and able to serve is essential.

Identification of Individuals Who are Ready, Willing and Able

There is always a diverse population of congregants in any church body. Individuals with backgrounds in health professions or social services can be encouraged to be a part of training to build a PEWS Ministry. They already will be familiar with some essential issues (listening skills, the importance of confidentiality, etc.).



"The good news about the church community is that individuals, who have embraced the church experience as something that will enrich their lives, come with a spirit of service to their brothers and sisters in the community. They are open to the possibilities of how God can and will use them to help others. In that, it becomes essential to assist these willing workers to have the information and training necessary to begin to effectively participate in a ministry that will service individuals with the sensitive issues around emotional wellness."

**—Rev. Rose Hardy, M.A., C.S.W.,
of Liberation in Truth Unity
Fellowship Church, Newark, NJ;
Intake Coordinator, St. Joseph's
Harbor House Partial Care
Program; PEWS Advisory
Committee Member; and PEWS
Conference Presenter.**

The Benefits of Including Individuals Who Have Experienced Mental Health Challenges in Your Ministry

Individuals who have been open about their mental illness with either the pastor or church body may also express an interest in participating in the training, and this should be encouraged. Their perspective can be especially valuable, as they have lived the experience with all of its challenges and associated stigma. They can provide other congregants with support to seek help when it is needed the most.

Once the pastor has identified that there are people who are committed to the vision of fostering an environment of mental health and wellness, he/she can move forward with ensuring that members of the PEWS Ministry get the training they need.



*Value the perspective
of those who have
experienced a
mental illness.*

What Training is Needed?

Once the MHANJ was successful in raising awareness, we were told by members of the church that more was needed. They wanted to know what skills they required to assist the members of their church family with the emotional challenges they faced. These requests brought PEWS into Phase II – developing a 10-hour training curriculum for pastors, ministers and health ministries.

Basic Skills for Ministry Members

The MHANJ developed a basic 10-hour training curriculum that included:

- A pre-test to assess the congregation's baseline knowledge
- An overview of prevalent mental health disorders that included a review of signs and symptoms, treatment options and the medications that are often prescribed
- An introduction to effective communication techniques
- Basic crisis intervention skills
- How to refer and link individuals to community resources
- A question and answer period
- A post-test to assess the effectiveness of the training.

Cautionary Warning

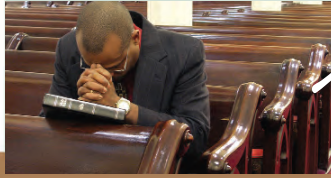
It was made clear to those who participated in the training that this 10-hour educational experience was not intended to prepare people to become clinicians, but was designed to raise their awareness and educate them about the basic concepts of helping.

For PEWS, one initially unforeseen benefit of this training was that, in some cases, it opened the door for the trainees to see how these issues may have been personally affecting them or their loved ones. Through exposure to these topics, church members were able see that this subject is not just for "those people" – *it affects all of us.*



Promoting Emotional Wellness
and Spirituality Program

Identifying Needs



Using Your PEWS Ministry

to Identify Emotional Needs

What Are Your Church's Specific Needs?

We all know that no two churches are completely alike. Each congregation is made up of individuals who have their own unique histories, current realities and dreams for the future. Meeting the ever-changing emotional and spiritual needs of a diverse community is an ongoing challenge. It requires a PEWS Ministry to have a well-thought-out process to:

- Assess spiritual and emotional needs on a frequent basis
- Assist community members with accessing all of the services and support they need
- Follow up with individuals to ensure they have linked to services appropriately and are moving toward wellness.

Beyond the Basics - Specialized Training

Members of our community are often trying to cope with one or more life altering challenges at a time – from issues such as addiction, depression, domestic violence, trauma and involvement with the criminal justice system to providing dignified care to elders and consistent supervision of at-risk youth, and dealing with issues of grief and loss. Sadly, many of these struggles that our communities face are pervasive, and affect almost all churches on some level.

The MHANJ's PEWS program can provide specialized training in the following areas:

Substance Abuse

Alarming statistics about substance abuse are not difficult to find, and everyone can agree that addictions of all types are threatening the health and wellness of our communities. What can a PEWS Mental Health Ministry do to help combat this issue?

“I am a consumer of mental health services and I am also a recovering addict. I truly believe that having a spiritual component is essential to wellness and recovery, and many of us wouldn't have survived our addictions and mental illness without it. The PEWS Ministry gave me a forum to speak about the things that I struggled with in the secular world as well as in the spiritual realm. Some of us have been on the streets, homeless, lost and just gave up on spiritual concepts. The PEWS Ministry gave me a chance to reconnect and get redirected.”

*A quote from Clarence Miller, who appeared in the PEWS videos **Anything but Crazy: African American Spirituality and Emotional Wellness** and **Getting to the Other Side – The African American Community Deals with Mental Illness and Substance Abuse.***

Using Your PEWS Ministry to Identify Needs *Continued*

Dale L. Ofei-Ayisi, M.A., L.C.S.W., a PEWS Advisory Committee Member, and a presenter at the first PEWS Promoting Emotional Wellness and Spirituality Conference, is the Director of COPSA Geriatric Services at University Behavioral Health Care/ University of Medicine and Dentistry of New Jersey.

“Older adults deserve our special attention. Many helped secure our freedom during World War II, were civil rights ‘warriors’, and have played pivotal roles in preserving family units despite multiple environmental stressors, including raising a nation of grandchildren because of parental absences.”

The Role of the Family in Supporting Treatment

While addressing family members who are trying to help an addicted loved one, Rev. Susan Gregg-Schroeder said, "The most productive way families can help their sick loved one is to try to obtain the best available treatment for him/her. It is vital that family members be part of a supportive team with doctors, therapists, teachers, co-workers and others who may be involved with their mentally ill loved one. They can give voice to symptoms and concerns that the relative may have difficulty communicating to professionals. Very often they need to advocate, and be proactive in assuring that their loved one receives appropriate care. As part of a support network, there are ways families can encourage their loved one to follow the treatment plan that is developed." This advice works well for the "church family", too. Members of the PEWS Ministry can assist individuals and families with accessing treatment and advocating for good care. They can enhance the person's natural support system, as well as provide much needed support to the family members. Ministry members can get training in these skills from PEWS staff.

Self-Help Resources

Self-Help Groups (AA/NA, Al-Anon, etc.) are also excellent resources. The NJ Self Help Clearinghouse, 1-800-367-6274 or www.njgroups.com, can provide you with a listing of local groups in New Jersey.

Seniors' Needs

Startling Statistics about Suicide and Seniors

Some churches have a large older adult population that may have a much different perspective on mental health than some of the younger congregants. Denial of mental health issues is not uncommon among seniors, but the statistics are dramatic. According to a June 14, 2004 article in the *Archives of Internal Medicine*, one quarter of all suicides are committed by the elderly. In the United States, approximately every 83 minutes, one senior adult, 65 years of age or older, commits suicide. Moreover, suicides among seniors are very violent deaths, with 8 out of 10 men who are 65 years of age or older using firearms to kill themselves.

This article goes on to say that depression occurs in about 15 percent of those 65 years of age or older, affecting about 6 million senior adults. Since depression in nursing home residents can reach as high as 25 percent, it's not uncommon to see

Using Your PEWS Ministry to Identify Needs Continued

senior and elderly suicides occur in nursing homes. Sadly, only about 10 percent of the elderly population experiencing depression seeks professional help. This is often due to ignorance and fear caused by the myths and stigma surrounding mental illness.

Given these statistics, a church that has a PEWS Ministry may want to arrange for specialized training by the MHANJ's PEWS staff to properly identify the needs of seniors within the congregation and to hone the skills that are necessary for the members of the ministry to best meet their needs.

Resources for Caregivers

Chances are you also have individuals in your congregation who are caring for seniors. Caregivers of New Jersey, at www.njcaregivers.org, can be a helpful resource for them. This organization facilitates support groups and provides information and referral services.

At-Risk Youth

Working with at-risk youth gives us an opportunity to identify young people who may have been exposed to difficult living situations, and as a result have developed poor coping strategies and are now in need of assistance to "unlearn" dysfunctional behavior. This is done by teaching new, healthy ways to think and act.

Many of us can look around at young people in the church (and those hanging around outside) and make predictions about who might be successful one day and who might wind up in jail, on the streets, or worse. How many of us have the skills needed to intervene in a proactive way to help set a young person on the right path?

How a Wellness and Recovery Action Plan® (WRAP) Can Help

Members of a PEWS Ministry who choose to work with at-risk youth can receive specialized training in programs such as WRAP® (Wellness and Recovery Action Plan), which enables them to help kids identify healthy ways to cope with stressors and create natural support systems that will allow them to thrive in every facet of their lives – physically, emotionally, spiritually, intellectually, socially and vocationally.

“The idea of being ‘at-risk’ proposes that certain negative situations are likely to give rise to the development of maladaptive thinking and behavior. Researchers have consistently found that if a child’s formative years include high levels of stress and trauma, there is a greater probability that the child will be unprepared for facing life’s challenges, and will develop unhealthy coping behavior.” She goes on to state, “It is however, important to note that while scientific research may give us useful and legitimate information, it cannot predict the future with 100% accuracy... some of our greatest humanitarians and role models of success are persons who came from highly ‘at-risk’ backgrounds.”

–Melinda Contreras-Byrd, M.Div., Psy.D., and presenter at both the first and second annual PEWS Promoting Emotional Wellness and Spirituality Conferences.

Grief and Depression

Unfortunately, grief, mourning and bereavement are a part of life. We often use these words interchangeably, but there are specific definitions of each that can help a person understand the process better.

- Grief is an internal response to loss that unfolds over an unspecified period of time. It is what we feel and think on the inside about the loss or death.
- Mourning is the external and public expression of loss. Expressions of mourning are done publicly through funerals, homegoing and memorial services, graveside visits, etc.
- Bereavement is the period of time that one experiences the grief and mourning process. There is no prescribed period of time, as each person's experience is different, no matter how similar the loss.

People often think of the death of a loved one when the terms "grief" and "loss" are used, but individuals may experience grief, mourning and a sense of loss in a variety of circumstances. People often grieve the loss of a dream or an expectation they had. This can happen when a loved one goes to prison, a child is diagnosed with a severe disability, etc. People also often experience significant grief over the loss of a pet or the loss of a job.

Signs of "Normal" Grief

In the book, *Death and Grief: A Guide for Clergy* (1988), a clear distinction is made between Depressive "normal" Grief and Clinical Depression.

The person experiencing "normal" grief:

- responds to support and comfort
- relates his/her depressed feelings to the loss he/she has experienced
- can still experience moments of enjoyment in life
- can exhibit feelings of sadness and emptiness
- may have passing physical complaints
- is able to express some feelings of guilt over specific aspects of the loss
- may have a temporary drop in their self-esteem.



“Grief, mourning and bereavement have no ‘expiration date’. For some, the process is a quick one, while others linger in their grief and mourning for a longer period of time. Well meaning and well intentioned individuals often try to offer words of solace like, ‘She’s in a better place’ or ‘Now you can go on with your life’ without thinking. They may be assuming they know how the other person feels, when in reality, we all respond uniquely. Sometimes, saying nothing is best. Silence can be an acceptable response.”

–Eva C. Foster, M.Div.,
S.T.M., D.Min and PEWS
Advisory Committee Member.



“Every place of worship includes mentally ill persons. Wherever black men congregate, for faith purposes or other reasons, there are some who gather who have mental health challenges. Every church, every temple, every synagogue then, it would seem, has a responsibility for identifying and alleviating the suffering of its parishioners. That may include counseling and prayer – and as a member of the clergy I’m in no way discounting those efforts – but our faith institutions have failed to go beyond these traditional methods and direct those who need it to mental health professionals who could diagnose and treat the more serious ailments.”

Excerpt taken from the essay *Heaven help Us – Black Men and Depression*.

–The Rev. Dr. Greg B. Jones is a Campus Chaplain for the prestigious Lawrenceville School in Lawrenceville, NJ, and a corporate Vice President, Technology Training Officer

Symptoms of Clinical Depression

The person who is experiencing clinical depression:

- often does not accept support
- can be irritable and may complain, but does not directly express anger
- does not relate experiences to a particular event
- exhibits an all-pervasive sense of doom
- projects a sense of hopelessness and chronic emptiness
- has chronic physical complaints
- has generalized feelings of guilt
- experiences a longer duration of low self-esteem.

Someone who is suffering from the symptoms of clinical depression should be encouraged to seek professional help. Depression is one of the most easily treated mental health conditions, and people need not suffer.

The Importance of Keeping Life in Balance

We've discussed several types of special challenges that people in the congregation may face, but what about those of us who are the "walking wounded"? Those of us who are working and functioning and looking like we're "keeping it all together", but may be feeling a bit overwhelmed, worn out, stressed and out of balance?

A Wellness and Recovery Action Plan[®] for Anyone

Mental health isn't just about avoiding illness, it's about living life to its fullest potential. To do that, we need to have a sense of balance in every dimension of our lives – from the physical, emotional and spiritual to the social, intellectual and vocational. Again, developing a WRAP[®] (Wellness and Recovery Action Plan) can be helpful to any adolescent or adult, not just those who are suffering with more severe symptoms. WRAP[®] also can be effective for those who feel like their life occasionally gets out of balance and they could use some assistance with getting back on track and staying well. One does not have to be suffering with severe mental health issues to look for relief from everyday stressors. For more information about WRAP[®], visit www.copelandcenter.org.

Counseling and Therapy When Needed

That being said, a WRAP® alone may not be enough. When this is the case, referral to a mental health professional may be appropriate. WRAP can be used in conjunction with counseling and clinical treatment.

For more information and training on addiction, grief, loss, clinical depression, WRAP® and other mental health topics, please contact the Mental Health Association in New Jersey at www.mhanj.org. For more information about your local New Jersey community mental health providers, please contact www.njmentalhealthcares.org.

Helping Others Helps Me

As we stated earlier, churches naturally attract people who want to be of service. The good that comes from this desire to serve often extends beyond the bricks and mortar of the church. Helping our own get well and stay well strengthens the bonds that keep our communities together. Our sense of purpose and our personal definition of spirituality can become even clearer when we give a hand to someone in need.

When a person joins a PEWS Mental Health Ministry and we provide them with the knowledge and tools they need to provide effective support, we are working together to create stronger, healthier communities.



*Helping
our own
get well and stay well
strengthens the bonds that
keep communities together.*



Promoting Emotional Wellness
and Spirituality Program



Next Steps

What Do We Do Now? – Next Steps

Suggestions for How to Get Involved

Raising awareness, creating PEWS Mental Health Ministries, presenting at and hosting conferences on the connection between emotional wellness and spirituality, and training pastors and lay leaders about mental health issues was a good start....but our work is far from over!

If we truly want to have an effect on the tragic circumstances that threaten the strength of our communities (see Chapter I, *Alarming Statistics*, for some sobering facts), we have to look at the system as a whole and see where we need to intervene. Many of us are taught, either intentionally or not, to deny mental health and emotional wellness issues. This begins when we are children, at home and in school, and it is often reinforced as we go through life, by our friends, our co-workers and supervisors in the workplace, and by our church family. What do we need to do to improve the everyday perceptions of how important it is to get emotionally well and STAY emotionally well?



*We have to look at
the system
as a whole and
see where we need
to intervene.*

Suggestions for Advocacy Efforts – Changes We'd Like to See

- Sunday school teachers trained in how to identify at-risk youth and how to provide families with resources
 - Theological seminaries including psychological first-aid as part of training
 - Peer-run support groups developed in schools where kids can speak openly about stressors in their lives
 - Police trained in how to identify someone who is experiencing a mental health crisis, and the creation of policies that encourage police to transport individuals in crisis to a screening center instead of to jail
 - Spiritual leaders joining in the development and implementation of community mental health initiatives
 - Churches hosting health fairs that include information about local mental health services
 - Universities with social work and counseling departments actively recruiting students of color, as they are under-represented in the mental health field
 - Churches partnering with community mental health agencies to provide speakers on specialty topics such as domestic violence, substance abuse, how to link to community resources, etc.
 - Pastors incorporating scriptures on healing and applying them to emotional wellness.
- And the list goes on...

The Importance of Being a Role Model for Our Community

No one person or program can address all of the things we need to do to properly educate our community on how to get well and stay well. But by working together and encouraging others to get involved, advocating loudly for change, role modeling for others, and sharing our own experiences, we can create a community that no longer stigmatizes those who seek help for mental illness or assistance with life's stressors. We must view striving for emotional wellness as the community-saving strategy that it truly is! Let us not forget, "There is no health without mental health."

There is no health without *good mental health.*

Admiral David Satcher, M.D., Ph.D.
16th Surgeon General of the United States

RESOURCES

New Jersey MentalHealthCares – www.njmentalhealthcares.org
Mental Health America – www.mentalhealthamerica.net
National Alliance for The Mentally Ill – www.NAMI.org
National Institute of Mental Health – www.NIMH.gov
National Association of Black Social Workers – www.nabsw.org
New Jersey Association of Mental Health Agencies –
www.njamha.org
Substance Abuse and Mental Health Services Administration –
www.samhsa.gov
American Association of Pastoral Counselors – www.aapc.org
Faithnet – www.faithnet.org
Family Service Bureau of Newark, Shelter in the Storm –
www.newcommunity.org
American Psychiatric Association – www.psych.org
Pathways2Promises – www.pathways2promises.org
National Association for the Advancement of Colored People –
www.NAACP.org

RECOMMENDED READING

Harold G. Koenig, M.D.
Faith & Mental Health – Religious Resources For Healing

Dr. Alvin F. Poussaint & Amy Alexander
*Lay My Burden Down: Unraveling Suicide
& the Mental Health Crisis Among African Americans*

Nancy Boyd Franklin
Black Families in Therapy

Terrie Williams
Black Pain, It Just Looks Like We're Not Hurting

First Lady Theresa Whitfield
Embracing Our Scars

William Grier and Price Cobbs
Black Rage

ReT.D. Jakes
He-Motions: Even Strong Men Struggle

M. Scott Peck
The Road Less Traveled