

# **Hope for Mental Health**



Community

## **How to Start a Mental Health Community**



# Hope for Mental Health



## Community

We believe that every church - no matter its size or location - can do something tangible to relieve the suffering and pain that people who live with mental illness experience. We are so grateful for your courageous decision to become a church that cares for people with mental illness and their families!

The first question people usually ask is HOW? HOW can we make a concrete difference through our church? At Saddleback, we realized that a major challenge facing our world is an increased sense of isolation and loneliness - even as technology connects us digitally in unprecedented ways. We began the Hope for Mental Health Community in April, 2018 in response. The Hope for Mental Health Community is a monthly gathering that addresses the need for social connection, meaningful interactions, and accurate psychoeducation for people living with mental illness and their families. These gatherings are led by a combination of church staff, licensed mental health professionals, people with lived experience and volunteers. Together, we extend the radical friendship of Jesus by providing transforming love, support, and hope.

An effective first step for your church might be to launch a Hope for Mental Health Community - or to partner with several other churches in your city to offer this caring community event on a regular basis. We've created a Hope for Mental Health Community Kit to assist you in this process.

In this Hope for Mental Health Community Kit, you will find detailed guidelines and planning documents to communicate the heart behind the Hope for Mental Health Community to help you launch a Hope for Mental Health Community in your church. Most of these files are editable for you to add your own information and details. Included in this toolkit you will find promotional materials including printable brochures, social media images, posters, and agenda topics; logistical planning documents including checklists, programming, and volunteer tasks; document templates for binder covers, notes pages, name badges, table discussion guidelines, and a prayer request card, as well as a comprehensive list of numerous national mental health resource organizations.

We pray that God will use your church to reach hurting people in your community.

Warmly,

Kay Warren and the Saddleback Church Mental Health Ministry

# Table of Contents

## Promotional Material

- Hope for Mental Health Ministry Pamphlet
- Hope for Mental Health Community Brochure
- Social Media Graphics
- Email Blast Example
- Volunteer Email Blast Example
- A-Frame Promotional Posters
- Guest Speaker Guidelines
- Guest Speaker Release Form
- Testimony Guidelines
- Year-Long Agenda with Discussion Questions

## Logistical Planning Documents

- Supplies & Checklist
- Internal Agenda
- Volunteer Tasks

## Printing Needs

- Binder Inserts
- Blank Notes
- Agenda/Handouts
- Name Badges
- Sign In Sheet
- Table Discussion Guidelines
- Prayer Request Card

## Resources

- Comprehensive Mental Health List
- Downloads

# Promotional Materials



*May the God of hope fill you with all joy and peace as you trust in him,  
so that you may overflow with hope by the power of the Holy Spirit.*

**ROMANS 15:13 (NIV)**

# hope

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saddleback church



*Some problems aren't solvable but they are servable.*

**PASTOR RICK WARREN**  
SADDLEBACK CHURCH



*How much does it cost to have a caring and compassionate heart? How much does it cost to love someone? Nothing.*

**KAY WARREN**  
SADDLEBACK CHURCH



*Mental illness is not personal or spiritual weakness.  
People with mental illness display the highest levels  
of courage, character, and faith.*

**DR. DANIEL MOREHEAD**  
PSYCHIATRIST, SAMARITAN CENTER  
FOR PASORAL COUNSELING



*It is time for the church to shine the brightest light  
into the darkest places.*

**SHEILA WALSH**  
BEST-SELLING AUTHOR AND SPEAKER



*Mental health recovery is real. Caring and compassionate  
communities - particularly faith communities -  
are critical for people to get and stay well.*

**PAOLO DEL VECCHIO**  
DIRECTOR, CENTER FOR MENTAL HEALTH  
SERVICES, SAMHSA

# THE SCOPE OF MENTAL ILLNESS

In America, 43 million people — that's one in five adults — will experience a mental illness in the coming year.<sup>1</sup> That means everyone knows someone who is affected by mental illness. Did you know:

- **1/2 of all adults will suffer from mental illness in their lifetime.**<sup>2</sup>
- **1/2 of all chronic mental illness begins by the age of 14.**<sup>3</sup>
- **1 in 5 children will have a mental illness by age 18.**<sup>4</sup>
- **7.9 million people in the U.S. have both a mental health and substance use disorder.**<sup>5</sup>
- **26% of homeless people living in shelters have a serious mental illness.**<sup>6</sup>
- **18-22 veterans die by suicide every day.**<sup>7</sup>

No one gets better alone! No family should walk through a mental health crisis alone. We all need a support system of family, friends, mental health professionals, support groups, and a faith community in challenging times.

It's time to break the silence and stop the stigma. It's time to acknowledge the facts and embrace the millions suffering from mental illness everyday. It's time to tear down the barriers that prevent churches from discussing this relevant topic and tackle the subject head on, without shame, denial, or guilt. It's time to get educated. It's time to offer hope.

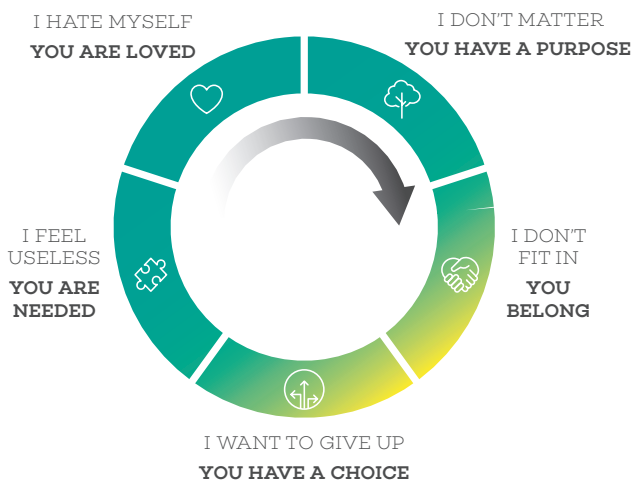


# THE HOPE CIRCLE

The commitment of Saddleback Church to people living with mental illness greatly increased on April 5, 2013 when Pastor Rick and Kay's youngest son, Matthew, took his life after a life-long struggle with mental illness. In the midst of the devastating loss of Matthew, Pastor Rick and Kay along with the Saddleback community, have united together to journey alongside people living with mental illness and their families in a holistic way.

The Hope for Mental Health Ministry extends the radical friendship of Jesus by providing transforming love, support, and hope through the local church. The heart of this ministry comes from three passages of Scripture: *"I have called you friends, for everything that I learned from my Father I have made known to you"* (John 15:15), *"Serve one another in love"* (Galatians 5:13b), and *"May the God of hope fill you with all joy and peace as you trust in Him, so that you may overflow with hope by the power of the Holy Spirit"* (Romans 15:13).

Five life-transforming scriptural truths that shape our approach to the Hope for Mental Health Ministry are illustrated in The Hope Circle. Each truth combats a negative message that holds people back from moving toward hope.



# WHAT CAN THE CHURCH DO?

Is there a role for the church in walking alongside people living with mental illness? The answer is a resounding YES! Studies show when people are struggling with mental illness the first place they call is the church. There is hope for mental illness.

Most people understand that mental illness is just that — an illness — and as such, often requires medication and treatment by mental health professionals for management and improved health. But the flip side of that realization can lead us to believe that there is nothing significant the faith community can offer to a person with an illness. This is a misperception! In reality, the church is tasked with caring for the whole person — body, mind, and soul — and that means we must recognize and care for a person with an illness. The church can speak into the soul and personhood of the individual in ways that medical professionals cannot.

Saddleback Church has created a church-initiated mental health strategy – C.H.U.R.C.H. – that can be built over time, adapted, and implemented into any size church.

Start small and expand through crawl, walk, and run steps.

**Crawl** steps do not require money, training, resources, or paid staff. They are beginner steps for easing into creating a mental health ministry. All churches can implement crawl steps.

**Walk** steps require some training and minimal financial support. There is a greater level of commitment, but most churches can take these steps.

**Run** steps require a higher level of commitment, more extensive training, financial support, and trained church staff. Some churches can take these steps.

# A CHURCH-INITIATED MENTAL HEALTH STRATEGY

## **C — Care for people living with mental illness and their families**

Every church, no matter the size or location, can make an intentional and deliberate decision to become a caring and compassionate sanctuary for people living with mental illness and their families. Often people living with mental illness feel excluded from their biological families for a variety of reasons; their suffering is compounded when they are also excluded from the warmth of the fellowship of the Body of Christ. The church must be a place that extends radical friendship and love.

## **H — Help with the basic needs of people living with mental illness and their families**

Because we have a mandate from God to care for the physical, spiritual, and emotional needs of people, every church must become intentional about ministering to people living with mental illness in tangible ways. Meeting practical needs does not need to cost money; acts of service will speak volumes to people who often feel lonely and forgotten.

## **U — Utilize volunteers**

There will never be enough mental health professionals in the world to offer care, treatment, and support to people who need it. Every church can train and mobilize members to become safe people who effectively care for and help people living with mental illness.

## **R — Remove the stigma surrounding mental illness**

The stigma surrounding mental illness is profound and deeply ingrained in our culture and even the church. One of the most powerful gifts the church can give to people with mental illness is acceptance as equal members of Christ's Body, worthy of respect and honored as fully integrated contributors to the life of the church.

## **C — Collaborate with the community**

Because we are whole beings, a person living with mental illness needs therapeutic, emotional, physical, relational, and spiritual support in order to adequately manage their illness. The church is a necessary part of holistic care, but it can't do it all. Churches can build a resource list of mental health professionals, treatment programs, food banks, housing referrals, hospitals, and job training to help people in a time of crisis or a mental health emergency.

## **H — Offer hope**

It's not necessarily the responsibility of the government or even the medical community to offer hope, but it is the responsibility of the church of Jesus Christ. Through the promises of God, we know how to offer hope not only for this life, but for the life to come. We know how to share these fundamental truths that can lead hurting people toward hope: you are loved, you have a purpose, you belong, you have a choice, and you are needed.

# HOPE FOR MENTAL HEALTH MINISTRY STARTER KIT



- Hope for Mental Health Pastor's DVD
- Hope for Mental Health Sermon CD
- Anchored: Student Ministries Mental Health Weekend Services DVD
- Mental Health Resource Guide for Individuals and Families
- Stories of Hope Testimony DVD
- Journey Toward Hope: A Guided Experience
- Hope for Mental Health Resource Flash Drive



# Endnotes

- 1 [nami.org/factsheets/mentalillness\\_factsheet.pdf](http://nami.org/factsheets/mentalillness_factsheet.pdf)
- 2 [1/2 of all adults will suffer from mental illness in their lifetime.](http://nami.org/factsheets/mentalillness_factsheet.pdf) ([nami.org/factsheets/mentalillness\\_factsheet.pdf](http://nami.org/factsheets/mentalillness_factsheet.pdf))
- 3 [1/2 of all chronic mental illness begins by the age of 14.](http://nami.org/factsheets/mentalillness_factsheet.pdf) ([nami.org/factsheets/mentalillness\\_factsheet.pdf](http://nami.org/factsheets/mentalillness_factsheet.pdf))
- 4 [4 1 in 5 children will have a mental illness by age 18.](http://nami.org/Learn-More/Mental-Health-By-the-Numbers) ([nami.org/Learn-More/Mental-Health-By-the-Numbers](http://nami.org/Learn-More/Mental-Health-By-the-Numbers))
- 5 [7.9 million people in the U.S. have both a mental health and substance use disorder.](http://nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis) ([nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis](http://nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis))
- 6 [26% of homeless people living in shelters have a serious mental illness.](http://nami.org/Learn-More/Mental-Health-By-the-Numbers) ([nami.org/Learn-More/Mental-Health-By-the-Numbers](http://nami.org/Learn-More/Mental-Health-By-the-Numbers))
- 7 [18-22 veterans die by suicide every day.](http://nami.org/Learn-More/Mental-Health-By-the-Numbers) ([nami.org/Learn-More/Mental-Health-By-the-Numbers](http://nami.org/Learn-More/Mental-Health-By-the-Numbers))

### **Contact Information:**

Saddleback Church Mental Health Ministry  
[MentalHealth@Saddleback.com](mailto:MentalHealth@Saddleback.com)  
949-609-8000  
[Hope4Mentalhealth.com](http://Hope4Mentalhealth.com)  
[KayWarren.com](http://KayWarren.com)

National Suicide Prevention Lifeline:  
**1-800-273-TALK (8255)**

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# **Hope for Mental Health Community**



**SADDLEBACK CHURCH**

*The faith community is not a substitute for professional mental health care.  
We recommend seeking professional help to diagnose and manage illness.*

# Table of Contents

A New Approach to Building Community for People Living with Mental Illness and Their Family Members.....	4
Partnership in Mental Health Care.....	6
The Benefits of Family Psychoeducation and Peer Support.....	8
The Hope Circle.....	10
The Hope for Mental Health Community.....	12
Start a Hope for Mental Health Community.....	13
Endnotes.....	14

# A New Approach to Building Community for People Living with Mental Illness and Their Family Members

From its inception in 1980, Saddleback Church in Lake Forest, California, has sought to address the physical, spiritual, relational, and emotional needs of the people in the Saddleback Valley. Through the years, the church has provided practical assistance through benevolence services, crisis and emergency care, pastoral counseling, as well as a food pantry to people in need. A robust Lay Counseling Ministry using well-trained volunteers began in the 1990's to meet the emotional and spiritual needs of the burgeoning congregation, and currently provides more than 3,000 hours of non-professional counseling annually.

The commitment of Saddleback Church to people living with mental illness greatly increased after April 5, 2013 when Pastor Rick and Kay Warren's youngest son, Matthew, took his life following a life-long struggle with mental illness. His death impelled our efforts to find even more effective ways for the faith community to support people living with mental illness and to promote suicide awareness and prevention.

The Hope for Mental Health Ministry at Saddleback Church launched with a highly successful one-day conference, "The Gathering on Mental Health and the Church" in March 2014, and held a second, expanded conference in October 2015. The conference speakers included respected and diverse professionals from medicine, psychiatry, social work, law enforcement, government, advocacy groups, people with lived experience, and of course, the faith community. As effective as these conferences were in raising awareness, reducing stigma, and increasing compassion for people living with mental illness and their families, it became clear that once a year events were insufficient to actually bring hope, resilience, and social connection to the people we sought to serve.

Loneliness is on the rise around the world, even as we are more digitally connected than ever before,<sup>1</sup> leaving many living with a mental illness feeling alone and isolated. Despair and hopelessness often grow in the absence of meaningful social connections. Numerous studies show that feeling connected in the community where we live and work is a protective factor against suicide, and the more connected a person is, the less likely they will be to end their life.<sup>2</sup> Yet people living with serious mental illness lack safe, caring places to build and strengthen much needed social connections. Family members also lack safe and caring places to receive the encouragement they need to support their struggling loved ones.<sup>3</sup> Who can adequately address these unmet needs?

We believe the solution is not merely to add mental health professionals to the workforce, although there is certainly a serious need for more mental health professionals. And while almost every city would benefit from an increase in mental health services - crisis intervention, improved mental health facilities, and upstream prevention programs - a critical piece is still missing: meaningful social connections. The Hope for Mental Health Community was begun in April 2018 as a new model of building connections and a sense of belonging to a community using local churches.

The Hope for Mental Health Community is a monthly upstream effort to address the need for social connection, meaningful interactions, and accurate psychoeducation for people living with mental illness and their families. These gatherings are led by non-professionals and volunteers with lived experience who extend the radical friendship of Jesus by providing transforming love, support, and hope. The heart of this ministry comes from three passages of Scripture: “(Jesus) *I have called you friends*,” (John 15:15a), “*Serve one another in love*” (Galatians 5:13b), and “*May the God of hope fill you with all joy and peace as you trust in Him, so that you may overflow with hope by the power of the Holy Spirit.*” (Romans 15:13).



# Partnership in Mental Health Care

More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.<sup>4</sup> Many will seek help from their primary care physician or a mental health professional, but 50% of people living with a mental illness will not receive treatment.<sup>5</sup> Even those who seek help or are able to access the mental healthcare system are only seen in therapy or a program for a few hours a week. The rest of their waking hours can be lonely and isolated, with most of their social interactions being with family who form the backbone of support for millions. The faith community can step in to the gaps left between the medical community and family support; studies show that people often turn first to clergy when they experience mental health concerns.<sup>6</sup> This creates a unique partnership that yields hope, health, and healing to people living with mental illness.

The diagram on the next page illustrates this partnership as it follows an individual through the phases of managing life well, an intensifying mental health crisis, an acute mental health crisis, in treatment/recovery, and back to baseline. There is a role for both professional mental health care and the faith community at every phase.

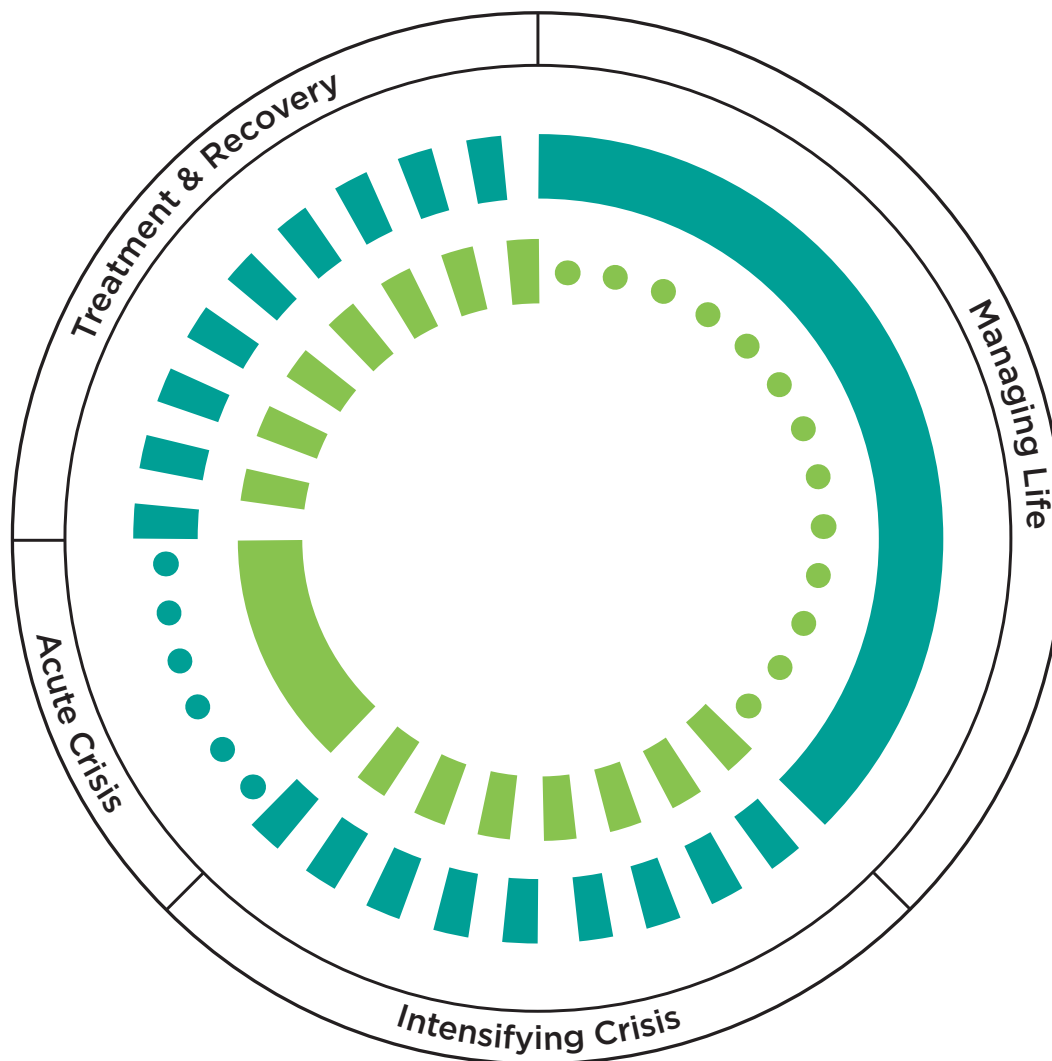
The US Preventative Services Task Force and The American Academy of Pediatrics currently recommends that all Americans 12 years and older be given a routine depression screening every year by their primary healthcare physician.<sup>7</sup> Such screenings can play an important role in determining if someone needs additional mental health support. Their faith community can play a role in their mental wellness by providing support through community involvement such as weekend services, support group participation, and can offer meaningful ways for people to give back through volunteer opportunities.

In times of an intensifying mental health crisis, an individual will need additional support from both mental health professionals and their faith community. Crisis stabilization units, partial hospitalization programs, intensive outpatient programs, as well as more frequent meetings with their therapist and psychiatrist can be helpful. Faith support through groups like Celebrate Recovery, more connection in a support group, as well as accessing a church's food pantry or benevolence support can also help someone during this time.

When a person is in an acute mental health crisis, they may need in-patient hospitalization or a residential treatment center. While their need for mental health care is at a higher level, they can also benefit from faith community support including hospital visitations, meals for families, childcare, prayer, and cards.

As a person enters a time of treatment and recovery, their need for mental health support will lessen from an acute crisis and they may step down to a partial hospitalization program or an intensive outpatient program. During this time, it is important that they also receive support from their faith community through groups like Celebrate Recovery, more connection in a support group, as well as food pantry and benevolence support.

The medical community will simply never be able to meet all the physical, emotional, and spiritual needs of people living with mental illness. But with the faith community as a partner, individuals can be given **whole person support**, increasing the likelihood of recovery and wellness.



### Faith Mental Health Support

- Volunteering, Small Group, Weekend Services, Celebrate Recovery®, Hope for Mental Health Community
- ■ Celebrate Recovery®, Small Group, PEACE Center Resources, Food Pantry, Benevolence Fund
- ● Hospital Visitation, Meals for Family, Childcare, Prayer, Cards

### Professional Mental Health Care

- Inpatient Hospital, Residential Treatment Center
- ■ Crisis Stabilization Unit, Intensive Outpatient Program, Partial Hospitalization Programs, Therapist, Psychiatrist
- ● Primary Care Physician, General Practitioner, Therapy as Needed

# Benefits of Family Psychoeducation and Peer Support

**Studies have shown peer support in faith communities can help individuals living with mental illness increase connection, expand knowledge about mental illness, and improve coping skills.**

MENTAL HEALTH, RELIGION & CULTURE JOURNAL<sup>8</sup>

In America, 44 million people - that's one in five adults - will experience a mental illness in the coming year.<sup>9</sup> That means everyone knows someone who is affected by mental illness. No one should go through a mental health crisis alone. We all need a support system of family, friends, mental health professionals, support groups, and a faith community in challenging times.

**Families who participate in psychoeducation see greater reduction in hospitalization and relapse for their loved ones living with mental illness as well as an increase in wellness.**

SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION<sup>10</sup>

When faith communities open their hearts and their doors to people with mental illness and commit to walk with them on their path toward wellness, suffering is reduced and connections grow. People may see for the first time that they matter and there is a purpose for their life.

**Community programs are important for suicide prevention and can reduce rates of suicide in numerous ways by: expanding social connection and improving life skills, identifying people at risk for suicide and connecting them with needed support, connecting people with appropriate mental health providers and treatments, as well as providing support for people who have lost loved ones to suicide.**

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION<sup>11</sup>



*It is such a relief to be able to share and pray with others  
who understand what I am going through.*

RICARDO, Hope for Mental Health Community attendee  
whose wife lives with Bipolar Disorder

*Through the support of the community, I have been  
able to stay on my medication and I have not had  
suicidal thoughts for months.*

MARK, Hope for Mental Health Community attendee  
living with Borderline Personality Disorder

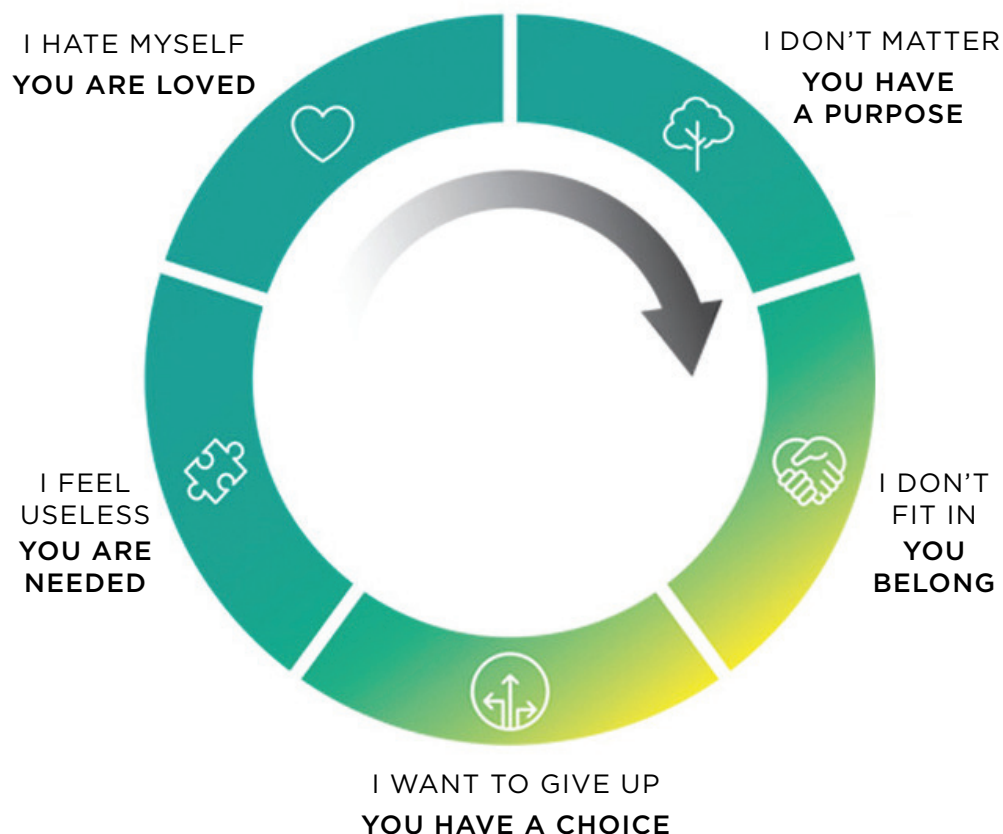


# The Hope Circle

Hope is often hard to define or pin down; it can seem mysterious and illusive. When individuals living with mental illness repeatedly have the painful experience of dashed expectations for wellness, recovery, and emotional stability or continue to be plagued with suicidal thoughts, hope can disappear. A positive, optimistic outlook for the future can be replaced with a flood of negative thoughts, cognitive misperceptions, and even dangerous self-loathing. And yet we cannot live without hope! The Hope for Mental Health Community is founded on five simple spiritual truths that speak to the deepest longings of the human soul: to be loved, to believe you have a purpose, to belong, to have autonomy, and to know you have a contribution to make. These five truths also combat the damaging messages that can keep people from moving toward hope.

These truths form The Hope Circle:

- You are loved
- You have a purpose
- You belong
- You have a choice
- You are needed





**Hope is essential to life; for people dealing with bleak circumstances, the power of hope cannot be underestimated.**

PSYCHIATRIC NEWS<sup>12</sup>

**People living with mental illness can benefit greatly from religious and spiritual support.**

MENTAL HEALTH, RELIGION & CULTURE JOURNAL<sup>13</sup>



# The Hope for Mental Health Community

When the faith community views people living with mental illness through the lens of “persons with an *illness*,” it’s easy to conclude there is little we can do to help, as medical illnesses are typically outside the purview of the church. But when we shift the perspective to “*persons* with an illness,” then it becomes crystal clear that the faith community is poised to offer a level of care that no one else can. The faith community is intrinsically involved with the care and nurture of persons.

“Friendship is a deeply intimate and committed relationship that encompasses people in all their fullness. It is not bounded or dictated by stereotypical presumptions of biological malfunctioning. The priority of friends is the personhood of the other and not the illness.... It allows us to move beyond pathology, and begin to explore those aspects of people with mental health problems that fall outside the boundaries of the medical model.”<sup>14</sup>

The primary mode of conveying care in the Hope for Mental Health Community is through building relationships and forming intentional friendships.

Helping people feel wanted and welcomed is always our goal, and our volunteers invite attendees to get refreshments and help them find seating. A genuine smile, hug, or a handshake lets people know this is a place of belonging. Sharing an occasional meal together at a summer picnic or holiday party, or something as simple as providing a warm greeting are all part of the effort to create a family atmosphere where connections can begin and friendships can grow.

As a result, shame has no place in our conversations about mental illness; in this safe environment, each attendee is encouraged to share openly from their lived experiences. We value the stories of men and women living with mental illness and seek to provide opportunities for them to tell those stories as they are comfortable.

We invite local mental health professionals from major universities, hospitals, and treatment centers, as well as suicide prevention trainers and relational experts to provide education for both individuals and families across the life cycle. Topics have included: the basics of mental illness (definitions of mental health and mental illness), how to help a loved one who lacks insight accept treatment, dual diagnosis, illness-specific education (such as depression, anxiety, bipolar disorder, BPD), pediatric mental health, how to work through relational conflict, how to navigate a mental health crisis, suicide awareness and prevention, how to increase a sense of hope, and how to create a holiday survival plan.

Each monthly Hope for Mental Health Community includes lived experience stories, a practical wellness tool, connection around table discussion, psychoeducation from mental health professionals, question and answer time with speakers and hosts, as well as personal prayer with a caring volunteer for those who desire it.

# Start a Hope for Mental Health Community

How to start a Hope for Mental Health Community in your area:

1. Find a local church willing to host the Community
2. Decide regular time of meeting (keep it the same time every month)
3. Recruit volunteers
4. Choose a topic for the gathering
5. Invite a mental health professional from the community to provide psychoeducation
6. Ask a person living with mental illness or a family member to write out and share their story surrounding mental illness
7. Prepare a devotional moment
8. Ask a mental health professional to share a practical wellness tool
9. Create questions for the table discussion time
10. Provide a resource table with free handouts, relevant books, and local/regional services
11. Provide refreshments

Visit [KayWarren.com/Community](http://KayWarren.com/Community) for Hope for Mental Health Community videos and downloadable handouts and resources to help you host a live-streamed or pre-recorded Hope for Mental Health Community.

***For the first time I am learning to trust my mental health providers and am starting to understand that they really want to help me.***

LISA, Hope for Mental Health Community attendee  
living with OCD

***As a caregiver, I love this program and really need the training and support it provides.***

SUSAN, Hope for Mental Health Community attendee  
whose daughter lives with Schizophrenia

## Endnotes


- 1 Chatterjee, Rhitu. "Americans Are A Lonely Lot, And Young People Bear The Heaviest Burden." *NPR*, NPR: National Public Radio, 1 May 2018, <https://www.npr.org/sections/health-shots/2018/05/01/606588504/americans-are-a-lonely-lot-and-young-people-bear-the-heaviest-burden>.
- 2 Harris, Rebecca. "Are We Lonelier than Ever?" *The Independent*, Independent Digital News and Media, 30 March 2015, [www.independent.co.uk/life-style/health-and-families/features/the-loneliness-epidemic-more-connected-than-ever-but-feeling-more-alone-10143206.html](http://www.independent.co.uk/life-style/health-and-families/features/the-loneliness-epidemic-more-connected-than-ever-but-feeling-more-alone-10143206.html).
- 3 "Suicide Risk and Protective Factors | Suicide | Violence Prevention | Injury Center." CDC: Centers for Disease Control and Prevention, 6 September 2018, [www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html](http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html).
- 4 Kessler RC, Angermeyer M, Anthony JC, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*. 2007;6(3):168-176.
- 5 "Statistics." National Institute of Mental Health, U.S. Department of Health and Human Services, [www.nimh.nih.gov/health/statistics/index.shtml](http://www.nimh.nih.gov/health/statistics/index.shtml).
- 6 American Psychiatric Association Foundation: Mental Health: A Guide for Faith Leaders. Arlington, VA, American Psychiatric Association Foundation, 2016.
- 7 Zuckerbrot RA, Cheung A, Jensen PS, et al. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management. *Pediatrics*. 2018;141(3):e20174081.
- 8 Edward B. Rogers & Matthew S. Stanford (2015) A church-based peer-led group intervention for mental illness, *Mental Health, Religion & Culture*, 18:6, 470-481, DOI: 10.1080/13674676.2015.1077560.
- 9 "Mental Illness." National Institute of Mental Health, U.S. Department of Health and Human Services, [www.nimh.nih.gov/health/statistics/mental-illness.shtml](http://www.nimh.nih.gov/health/statistics/mental-illness.shtml). Last updated February 2019.
- 10 Substance Abuse and Mental Health Services Administration. Family Psychoeducation: The Evidence. HHS Pub. No. SMA-09-4422, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.
- 11 National Action Alliance for Suicide Prevention: Transforming Communities-Community-Based Suicide Prevention Priority Group. (2017). *Transforming communities: Key elements for the implementation of comprehensive community-based suicide prevention*. Washington, DC: Education Development Center, Inc.
- 12 Matthew Goldenberg, D.O, "The Importance of Hope: How Cultivating Hope Can Enhance Psychiatry," *Psychiatric News* 50, no. 7 (April 2015).
- 13 Edward B. Rogers & Matthew S. Stanford (2015) A church-based peer-led group intervention for mental illness, *Mental Health, Religion & Culture*, 18:6, 470-481, DOI: 10.1080/13674676.2015.1077560.
- 14 *Resurrecting the Person: Friendship and the Care of People with Mental Health Problems*, by John Swinton, Abingdon, 2000, pp. 37.





**For more information contact:  
[mentalhealth@saddleback.com](mailto:mentalhealth@saddleback.com)**

Livestream  
[Facebook.com/KayWarrensPage](https://www.facebook.com/KayWarrensPage)



Please visit [KayWarren.com/Community](https://KayWarren.com/Community) to find previous Hope for Mental Health  
Community videos and downloads to help you host your own gathering.



# Hope for Mental Health



Community

# Hope for Mental Health



Community

# Hope for Mental Health



Community



# Title



# Title

WEEKDAY, MONTH DAY | TIME  
LOCATION



# Hope for Mental Health



## Community

WEEKDAY, MONTH DAY  
TIME

LOCATION  
LOCATION ADDRESS



# Title



# Title

WEEKDAY, MONTH DAY  
TIME

LOCATION  
LOCATION ADDRESS



# Hope for Mental Health



Community

# Hope for Mental Health



## Community

### Email Blast Example

Dear Friend,

Please join us at our monthly Hope for Mental Health Community on February 24th from 1:00-3:00pm at our Lake Forest Campus in Tent 3! This is a safe place for anyone living with mental illness, family members, friends, volunteers, and anyone who has a passion to journey with others toward hope. We invite you to this warm and welcoming place where you can connect, learn about mental health and wellness, and provide support to one another. For more information and to register, please click here: [insert registration link].

This month, we will be hosting Dr. Jim Fix, a Clinical Psychologist. He will teach us how to help a loved one who is in need of medical treatment but does not recognize or believe that to be true. Dr. Fix is an expert in helping families assist their loved one in getting the care and treatment they need while continuing to build strong, compassionate relationships.

If you're interested in volunteering for the Hope for Mental Health Community, please contact \_\_\_\_\_ at \_\_\_\_\_ to inquire about next steps. For general questions, please contact our Mental Health Team at \_\_\_\_\_.

Remember: You are loved, you have a purpose, you belong, you have a choice, and you are desperately needed in this world.

Sincerely,  
The Saddleback Church Mental Health Team



# Hope for Mental Health Community

## Volunteer Email Example

### Volunteer Opportunity | Hope for Mental Health Community on May 27th

Hi Everyone!

You are receiving this email because you have indicated that you are interested in serving with Saddleback Church's Mental Health Ministry. We are so glad you have a heart to serve people living with mental illness or impacted by it!

We are going to be hosting our **Hope for Mental Health Community gathering on Sunday, May 27th from 1:00 - 3:00 p.m. at the Lake Forest Campus**. This is a place for anyone living with mental illness, family members, friends, volunteers, and anyone who has a passion to journey with others toward hope. Our monthly connection time is designed as a place for people to meet, learn about ways to serve, and connect with others while learning about mental health and wellness, and how we can walk together.

We are recruiting for a number of volunteers to serve in various supportive roles, such as registration, hospitality, table hosts, etc. The **time commitment will be from 12 noon - 3:30 p.m.**, with an orientation meeting at 12 noon. If you are able to arrive at 11 a.m. to help set up, your assistance would be greatly appreciated!

If you are interested in serving, please let us know! We also ask that you register for the event here:

[include registration link]

Please contact \_\_\_\_\_ for any questions at \_\_\_\_\_.

**We hope to see you there!**

Sincerely,  
The Saddleback Church Mental Health Team

# Hope for Mental Health



Community

# Hope for Mental Health



Community





# Hope for Mental Health



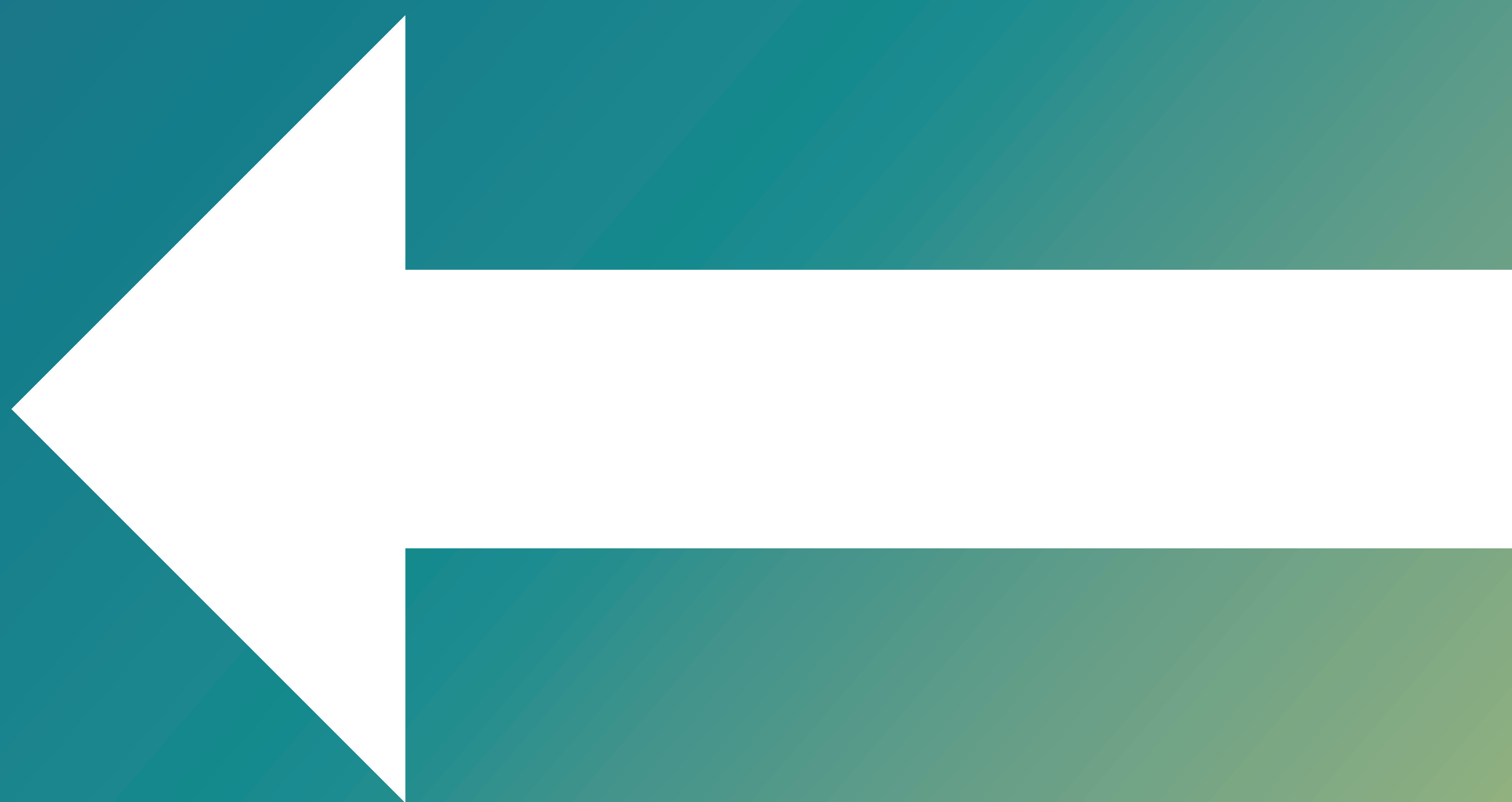
Community



# Hope for Mental Health



Community



# Title



## Title



# Title



## Title



# Title



## Title

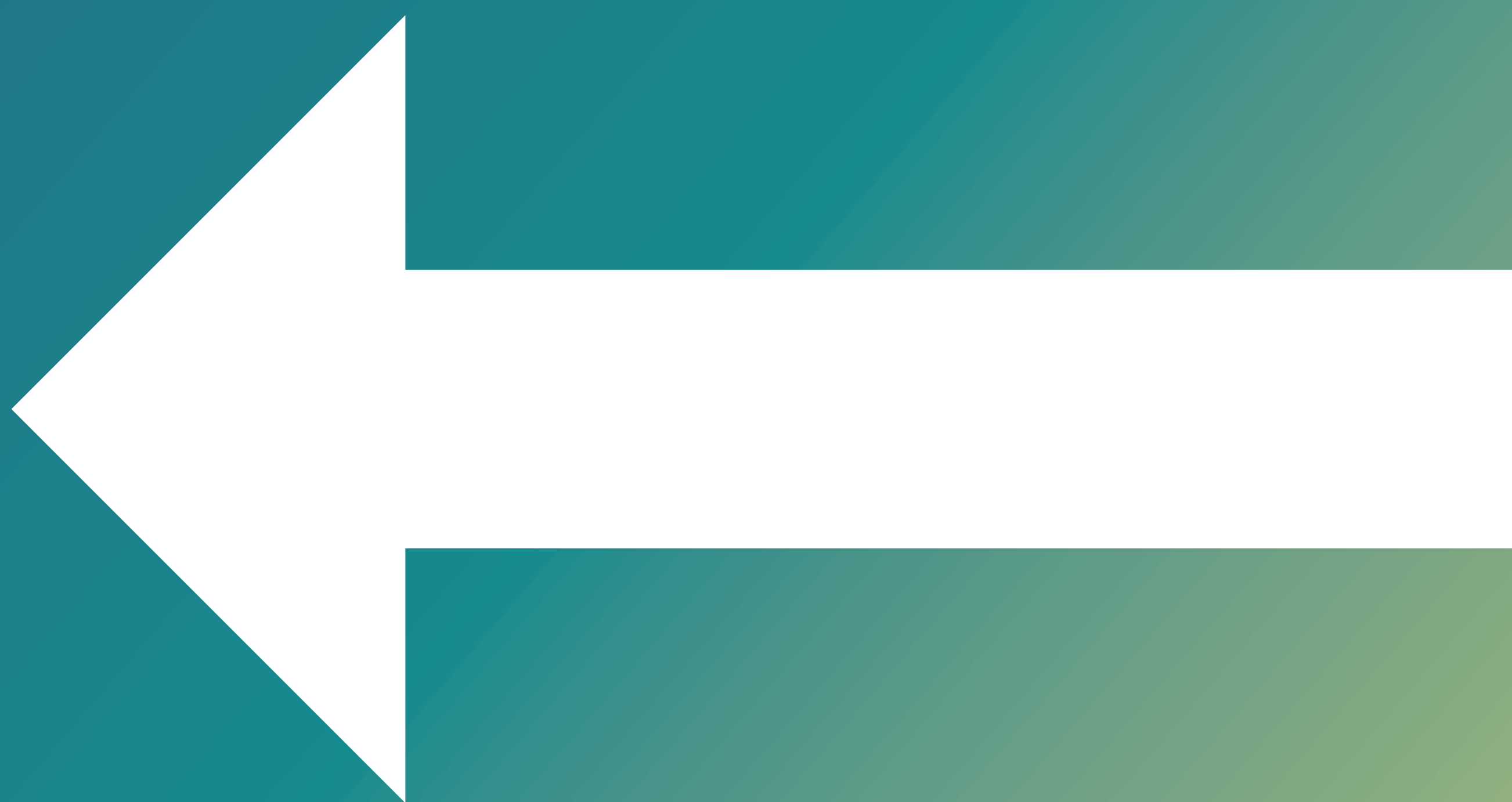




# Title



## Title



# Hope for Mental Health Community

## Guidelines for Guest Speakers

The Hope for Mental Health Community at Saddleback Church is an upstream effort to address the need for psychoeducation, social connection, and faith support to people with mental illness and their families. This monthly gathering is a warm, safe place to share lived experiences, learn, and build relationships in a faith setting.

We want you to know the following about our community:

- We believe it is not a sin to be sick.
- Our community includes people with mental illness, as well as their family and friends. Please be sensitive to the language you use as you are speaking to a broad and diverse audience including people with lived experience, volunteers, mental health professionals, etc.
- This community teaches a comprehensive approach to wellness that acknowledges people are whole beings – body, mind, and soul. Each part of the person requires nurture, care and support.
- We want this to be a stigma-free environment where individuals feel free and safe to share about their illness.
- We provide 10-15 minutes of table discussion time at two different points during each gathering. Our hope is that this helps our community process what they have heard and also provides opportunity for relationships to develop. One of the most meaningful and hopeful parts of this community is attendees getting to share encouragement, their experience, and resources with each other. We support and believe in providing a space for people to give back and serve.

In light of the above, we ask you to agree to the following guidelines:

- Please refrain from sharing any specific examples and/or details of how someone has taken their life.
- Please do not use terms such as “they, them, those” in reference to people living with mental illness. We want to provide a safe, stigma-free environment.
- When referring to suicide, please use the preferred terminology:

Communication Issues	Problematic Terminology	Preferred Terminology
Language that represents suicide as a desirable outcome	“Successful suicide”	“Took their own life,” “Ended their own life,” “Died by suicide”
Phrases that associate suicide with crime or sin	“Commit suicide,” “Committed suicide”	“Died by suicide,” “Took their own life”
Language that glamorizes a suicide attempt	“Failed suicide,” “Suicide bid,” “Unsuccessful suicide”	“Made an attempt on his life,” “Suicide attempt,” “Non-fatal attempt”
Phrases that sensationalize suicide	“Suicide epidemic”	“Higher rates,” “Increasing rates,” “Concerning rates”
Gratuitous use of the word “suicide” out of context	“Suicide mission,” “Political suicide,” “Suicide pass”	Refrain from using the word “suicide” out of context

*American Association of Suicidology*

Thank you for your care for our community.

# Hope for Mental Health Community

## Speaker Release and Authorization

I hereby agree and consent as follows with respect to my presentation at Saddleback Church for the Hope for Mental Health Community event on \_\_\_\_\_ (the "Event").

1. I understand and agree that my presentation or portions thereof (my "Presentation") may be used by each of Saddleback Church and Purpose Driven Communications or its designees for any purpose whatsoever, including without limitation, in marketing, advertising, promoting and publicizing events, campaigns, programs, products, and services of Saddleback Church or Purpose Driven Communications or its designees.
2. I hereby represent and warrant that I have full ownership rights to all material that I present (the "Speaker Material") at the Event and that my Presentation does not infringe on any third-party's intellectual property rights.
3. I hereby irrevocably authorize each of Saddleback Church and Purpose Driven Communications or its designees to record, reproduce, exhibit, edit, publish, transmit and distribute my Presentation in any print, video, electronic and/or media formats now in existence or hereafter created. I hereby irrevocably authorize each of Saddleback Church and Purpose Driven Communications or its designees to use my name, in whole or in part, image, likeness, voice, brief biographical information and/or fictional name in connection with my Presentation. I hereby knowingly waive any right to inspect or approve the way in which my Presentation is used by Saddleback Church and/or Purpose Driven Communications or its designees, and knowingly release any claim to royalties or residuals from Saddleback Church's or Purpose Driven Communication's use, reproduction or distribution of my Presentation. I will not make any monetary or other claim against Saddleback Church or Purpose Driven Communications or its designees for the use of my Presentation or my name, image, likeness, voice or other information or data used with my Presentation.
4. I understand that I retain all other ownership rights to the Speaker Material and may use, reproduce and distribute the Speaker Material in any form aside from images, audio recordings, and video recordings of my Presentation.
5. I hereby release, hold harmless and forever discharge Saddleback Church and Purpose Driven Communications or its designees, their employees, officers, directors, agents, licensees, successors and assigns from all liability, claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate may now or hereafter have arising out of or relating to my Presentation or any use or failure or omission to use my name, image, likeness, voice or other information or data.

I have read and understand this document, and freely give my consent. I represent and warrant that I am at least 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please sign, date, and email this form to  
\_\_\_\_\_ at \_\_\_\_\_

# Hope for Mental Health Community

## How to Write My Mental Health Testimony

The Saddleback Church Hope for Mental Health Community is a monthly gathering that addresses the need for psychoeducation, social connection, and faith support to people with mental illness and their families. This monthly gathering is a warm, safe place to share lived experiences, learn, and build relationships in a faith setting.

We want you to know the following about our Hope for Mental Health Community:

- We believe it is not a sin to be sick.
- We want this to be a stigma-free environment where individuals feel free and safe to share about their illness.
- This community teaches a comprehensive approach to wellness that acknowledges people are whole beings – body, mind, and soul. Each part of the person requires nurture, care and support.

### Testimony Guidelines

1. Before you start writing, pray. Ask God for help and the words He wants to give you to share your story.
2. Your testimony can be no longer than 4-5 minutes. (Written out that's about 1 1/2 pages, 12 font size, single spaced). Be sure to read it aloud several times and time yourself so that you don't go past the time limit.
3. Include one or two of your favorite scriptures as appropriate.
4. Be honest, but not graphic. If there was a suicide attempt, refrain from giving specific details or sharing methods. Please do not use the phrase, "Tried to commit suicide" but rather, "I tried to kill myself" or "I tried to take my life."
5. Recall and remember God's part in your journey toward wellness.
6. Stay away from using religious clichés. (ex. "God won't give you more than you can handle," "God needed another angel in Heaven")
7. Keep it short and to the point.
8. There is no need for a chronology of circumstances or details that don't move the story along.
9. Share what steps you took to move toward wellness.
10. Please refrain from naming medications, specific treatment centers/hospitals, names of medical professionals, etc.

There are four major parts to your story. Take some deep breaths, relax, and get started!

### PART ONE: My Struggles

- What was the pain, hurt, mental illness, substance misuse, or struggle in my life?
- What are some of my circumstances that others might relate to?
- What was my relationship with God and/or others like?
- What caused me to seek out help? Who did I reach out to? (my church, my family, my friends, my doctor)

## **PART TWO: My Experiences**

- How has my growing relationship with Jesus Christ influenced my pain or struggles? How has God helped me in my struggles? (be specific)
- In what ways have you seen others (family, friends, the church, doctors, therapists, others in your support network) come alongside of you on your journey toward wellness?

## **PART THREE: Living in Hope**

*\*While our hope and prayer is that God would heal us from our discomfort, we know that we do not always experience full healing this side of Heaven. Please reflect on this section knowing that while some of us are healed, others are not, and it is in no way a reflection of our spiritual life.*

- What areas of my life are now filled with hope?
- How have I learned to live well in my relationships in the midst of my mental illness? (ex. my relationship with God, myself, and others)
- What are the practical ways you are living in wellness (ex. regular doctor's visits, therapy, taking medication, healthy lifestyle, support group, church, relationships with others)
- What areas of your life are still hard or cause you to struggle? What questions do you not have answers for yet?

## **PART FOUR: Reaching Out**

- What encouragement can I give someone who might be struggling as an individual, or a family member or friend?

# Hope for Mental Health Community

## Year Agenda Topics & Discussion Questions

At the Hope for Mental Health Community, we draw local mental health professionals from major universities, hospitals and treatment centers, as well as suicide prevention trainers, and relational experts to provide education for both individuals and families across the life cycle. Topics have included: the basics of mental illness (definitions of mental health and mental illness), how to help a loved one who lacks self-awareness, dual diagnosis, illness – specific education (such as depression, anxiety, bipolar disorder, and borderline personality disorder), pediatric mental health, how to work through relational conflict, how to navigate a mental health crisis, suicide awareness and prevention, how to increase a sense of hope, and how to create a holiday survival plan.

Each monthly Hope for Mental Health Community includes:

- Lived experience stories
- Practical wellness tool
- Connection around table discussion
- Psychoeducation from mental health professionals
- Question and answer time with speakers and hosts
- Personal prayer with a caring volunteer for those who desire it

### Topic: Introducing the Hope for Mental Health Ministry

Table Discussion Time:

1. What is a place of pain you would like to ask God for comfort today?
2. Have you been comforted by God before? If so, please share your reflections with your table.

### Topic: Common Barriers to Care

Table Discussion Time #1 (ice breakers):

1. If you could meet any historical figure, who would you meet and why?
2. What animal would you be and why?
3. If you could choose only one place to go on vacation for the rest of your life, where would it be and why?

Table Discussion Time #2:

1. What are some things that distract/prevent you from viewing from an eternal perspective?
2. Pinpoint a time that God graciously moved you from panic to prosperity.
3. What does God think of you?

### Topic: How to Manage Mental Illness

Table Discussion Time #1:

1. What is weighing on your heart today?
2. Where do you need support right now?
3. How have you managed stress or challenges in your life?

Table Discussion Time #2:

1. What information stood out to you as new or helpful?
2. What strategies mentioned from the panel discussion help you manage and cope with mental illness?
3. Where do you see challenges in trying to implement these strategies?

## **Year Agenda Topics & Discussion Questions**

### **Topic: Suicide Prevention**

Table Discussion Time #1 (ice breakers):

1. What was a high and a low of your past week or month?
2. Was there a particular trust or verse in Psalm 23 that resonated with you?

Table Discussion Time #2:

1. What stood out most to you in this training today?
2. What are the benefits of this type of training?
3. What practical steps can you take to promote safety for your loved one/friend?

### **Topic: Bipolar Disorder & Mental Illness in Children**

Table Discussion Time #1 (ice breakers):

1. If you could have an endless supply of any food, what would you choose?
2. Who is your favorite cartoon character and why?
3. If you had to describe yourself using three words, what would they be?

Table Discussion Time #2:

1. Are there any new concepts or options that have emerged from today's panel discussion?
2. How might this information help you care for yourself or someone you know?
3. Are there any changes you would like to make based on what you learned today?

### **Topic: How to Get Through the Holidays**

Table Discussion Time #1:

1. God promises to never leave you or abandon you. How does this change the way you view getting through the holidays?
2. Understanding that the holidays bring with them many challenges and/or painful feelings or memories, what might be different if you could give yourself grace to feel what you feel, and take care of yourself this holiday season?
3. What unrealistic expectations might you have of yourself or from others during the holidays?

Table Discussion Time #2:

1. Take a few minutes to fill out your Holiday Plan then please share with your table.

### **Topic: Conflict & Relationships**

Table Discussion Time #1 (Wellness Tool):

1. What percentage do you think your "gas tank" is at today?
2. What keeps you from filling up your "gas tank" regularly?
3. What activities lead to filling your "gas tank" so you can keep going?
4. What role does your faith play in filling you up?

Table Discussion Time #2:

1. What attachment style do you relate to?
2. Pick three feelings from the list of soul words to describe your reaction to this process.
3. Are you willing to try this exercise when conflict arises?



## Year Agenda Topics & Discussion Questions

### Topic: How to Help a Loved One

#### Table Discussion Time #1 (Wellness Tool):

1. What do you need most from a team?
2. What does it look like to create a team as it relates to you and/or your family?
3. What might be some challenges you will face in building a team? (doctor/ psychiatrist, therapist/psychologist, specialist(s), support group, family/friends, someone who loves Jesus, the Church)

#### Table Discussion Time #2:

1. Do you have a friend, family member or loved one that has a serious mental illness and is unaware of the illness? If so, how has this impacted their acceptance of help or services?
2. As a result of this presentation, what new ideas do you have or might you try to help someone with anosognosia accept services and treatment?
3. What was the most surprising, useful or impactful message you are taking away from this presentation?

### Topic: Mental Illness & Substance Use Disorder

#### Table Discussion Time #1 (Wellness Tool):

1. What strategies can help you prevent a relapse?
2. What are helpful ways your loved one can support you?
3. What are some ways you can support your loved one?

#### Table Discussion Time #2:

1. How did today's presentation impact your understanding of substance use disorders and mental illness? Was there anything that surprised you?
2. How can you use this information to help you or a loved one?
3. What did you resonate with from today's presentation?

### Topic: Managing Depression & Anxiety

#### Table Discussion Time #1 (Wellness Tool):

1. Take time at your tables to go over this worksheet individually then share with the group if you would like.

#### Table Discussion Time #2:

1. Using your power of thought, take one of your challenges in life and discuss how you are more than a conqueror.
2. Identify and discuss what active step you are willing to take now to enhance your personal state of well-being.
3. Identify one of the four core emotions (hurt, fear, guilt, shame) that anger has covered up in your life/situation. Take that raw emotion and "reframe" one of your thoughts that comes from it so that you are making a positive change in your life.
4. After looking at the beautiful "Heart of Eternity" diamond and learning of its value, share with others your personal value and how you plan to care for yourself.



## Year Agenda Topics & Discussion Questions

### Topic: Living with Mental Illness

#### Table Discussion Time #1 (Wellness Tool):

1. How might lament offer you the following: A sense of relief? A sense of being heard? A sense of giving you a voice? A sense of validation?
2. What is the difference between being “negative” or “complaining” vs. being fully expressive, honest, known, and loved?
3. What struggles might you have when sharing your grief, asking for help, or declaring your praise in this practice of lament?

#### Table Discussion Time #2:

1. What lies are you tempted to believe about God when you’re struggling with mental illness in your life or the life of a loved one?
2. What lies are you tempted to believe about yourself when you’re struggling with mental illness in your life or the life of a loved one?
3. What might it mean to you to become fluent in your native tongue – the language of hope? What are some ways you remain hopeful when you’re struggling? What are your loves of your tethering nouns?
4. What are some practices of “writing down reminders” that are helpful to you to remember God’s faithfulness in times of trouble?

# **Logistical Planning Documents**



# Hope for Mental Health



## Community

### Day-Of Event Supplies

#### Outside

- ☐ Direction signage

#### Sound/Tech

- ☐ Play worship music for walk-in, Table Discussion Time, walk out
- ☐ Presentation materials (Powerpoint)
- ☐ Method for recording event (audio or video)

#### Registration Table

- ☐ Table cloths
- ☐ Sign in sheets
- ☐ Nametags (for attendees, volunteers, Prayer Team)
- ☐ Pens
- ☐ Binders
- ☐ Past meeting handouts for people who missed

#### Refreshments Tables

- ☐ Table cloths
- ☐ Plates
- ☐ Plastic forks and knives
- ☐ Napkins
- ☐ Water bottles
- ☐ Coffee (stir sticks, creamer, sugar)
- ☐ Hot water and tea (tea bags, creamer, sugar)
- ☐ Trash cans available

#### Round Tables for Attendees

- ☐ Table cloths
- ☐ Pens
- ☐ Small candies/mints for table
- ☐ Blank 3x5 cards for Q&A
- ☐ Prayer Request cards
- ☐ Printed handouts for binders

## **Resource Table**

- ☐ Table cloth
- ☐ Books to sell
- ☐ System for accepting payment
- ☐ Suicide Hotline info cards
- ☐ Pamphlets specific to diagnoses
- ☐ Mental Health Provider Referral List
- ☐ Sign-up sheet for follow-up contact

## **To Do List (Leading up to event)**

- ☐ Job descriptions for volunteers
- ☐ Check in with volunteers
- ☐ Coordinate binders being put together
- ☐ Finalize refreshment details
- ☐ Coordinate signage
- ☐ Coordinate printed needs/handouts
- ☐ Confirm guest speaker details
- ☐ Respond to all email inquiries and correspondence for event
- ☐ Payment system for “For Sale” items - train volunteers, pick up money
- ☐ Collect resource table items
- ☐ Collect hospitality items
- ☐ Schedule final email reminder to participants and volunteers
- ☐ Schedule final social media reminder
- ☐ Coordinate all supplies needing to be transported to event space

## **To Do List (Day of event)**

- ☐ Unpack supplies
- ☐ Volunteer round up - assign jobs
- ☐ Put out directional signage
- ☐ Set up: stage, participant tables, resource table, refreshments table
- ☐ Set up tech, sound, audio, presentation needs
- ☐ Play overhead music as people begin to arrive
- ☐ Greet people arriving, answer questions
- ☐ Keep event running on time
- ☐ Pack up

# Hope for Mental Health



## Community

### Staff & Volunteer Agenda Example

Date

#### Staff & Volunteer Event Schedule

pre 1:00pm	Music in background Scripture slides and countdown timer on screen
1:00 - 1:10	Welcome & Prayer <b>(Mental Health Ministry Leader)</b>
1:10 - 1:15	Wellness Tool <b>(Mental Health Ministry Leader or Mental Health Professional)</b>
1:15 - 1:30	Table Discussion Time #1
1:30 - 1:35	Personal Story <b>(Person with Lived Experience or Family Member)</b>
1:35 - 2:15	Psychoeducation <b>(Mental Health Professional - Psychiatrist, Psychologist, Mental Health Treatment Provider)</b>
2:15 - 2:30	Table Discussion Time #2
2:30 - 2:55	Question & Answer Time <b>(Mental Health Professional, Mental Health Ministry Leader)</b>
2:55 - 3:00	Closing Remarks, Upcoming Announcements, Prayer <b>(Mental Health Ministry Leader)</b>

\*Prayer Team Available

# Hope for Mental Health



## Community

### Volunteer Schedule Example

#### 11:00am-12:00pm – Set Up

- Set up tables: table cloths, pens, handouts, blank nametags, candies, blank 3x5 cards, Prayer Request Card, etc.
- Set up hospitality area: coffee, hot water, tea, creamer, sugar, stir sticks, snacks, napkins, plates, cutlery, trash cans
- Set up registration table: Sign In Sheet, binders, past handouts
- Place promotional and directional signs

#### 12:00pm-12:30pm – Lunch & Volunteer Orientation

- **Greeter/Usher** – greet guests at the door, show them to a table
- **Table Hosting** – help facilitate conversation at tables
- **Prayer Ministry** – if interested/feel comfortable, pray with guests at the end of event
- **Resource Table** – how to accept payment, knowledge of resources available

#### 12:30pm-1:00pm – Hospitality

- Identify people who are unengaged
- Engage people and offer your company (walk with, sit with, eat with, etc.), and be a kind, welcoming presence for that individual to assist with whatever is needed
- Welcome guests and answer any questions as needed
- Be available for Volunteer Leader for any additional assistance

#### 1:00pm-3:00pm – Table Hosts

- Facilitate discussion at tables
- Encourage guests to fill out 3x5 cards for Q&A at end of event, Prayer Request Cards available

#### 3:00pm-3:30pm – Prayer Time & Tear Down

- Offer prayer for guests who have come forward at the end of event
- Help with tear down/putting away pens, remaining binders, etc.

*Thank you for your service! We are thankful for you!*

# Printing Needs



# Hope for Mental Health



Community

CHURCH NAME

WEBSITE





# Title



## Title

CHURCH NAME

WEBSITE





**Church Name**  
Church Address

Website

## Hope for Mental Health

## Community

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# Title



# Title

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# **Hope for Mental Health** Community

**Title**

Date

Agenda and/or handout notes here

**WEBSITE**

**Title**

**Title**

Date

Agenda and/or handout notes here

# Hope for Mental Health



Community

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# Hope for Mental Health



Community

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# Hope for Mental Health



Community

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# Hope for Mental Health



Community

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# Title



Title





## Community

DATE: \_\_\_\_\_

[illegible]

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[illegible]

# **Hope for Mental Health** Community

## **Table Discussion Guidelines**

Please have someone read the following aloud to your table:

- Allow everyone the chance to speak.
- Listen respectfully, without interrupting.
- Seek to understand the person speaking.
- Your focus is on learning and supporting.
- Rather than giving advice, share what has helped or encouraged you.
- Avoid assumptions about anyone sharing.
- If someone doesn't want to share, that's OK, but show you're willing to listen.
- To help everyone to feel safe, accepted, and comfortable sharing, please keep what is shared with the group confidential.
- Please know that if you feel overwhelmed/stuck, you can always reach out to a staff member present or ask someone to join you at the table to assist.

# **Hope for Mental Health** Community

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## Community

Name (optional): \_\_\_\_\_

### Prayer Request:

[illegible]

## Community

Name (optional): \_\_\_\_\_

### Prayer Request:

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## Community

Name (optional): \_\_\_\_\_

### Prayer Request:

[illegible]

## Community

Name (optional): \_\_\_\_\_

### Prayer Request:

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

[illegible][illegible]

# Resources



# Hope for Mental Health



## Community

### Comprehensive Mental Health Resource List

#### National Mental Health Resources | Find Help

##### 2-1-1

[www.211.org](http://www.211.org)

Provides free and confidential information and referral for mental health services, help with food, housing, employment, counseling, and more.

##### Child-Help USA

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

Crisis line assists both child and adult survivors of abuse, including sexual abuse; also provides treatment referrals.

1-800-4ACHILD; 1-800-422-4453

##### National Alliance on Mental Illness Help Line (NAMI)

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

1-800-950-NAMI (6264)

##### Substance Abuse and Mental Health Services Administration (SAMHSA)

[www.samhsa.gov](http://www.samhsa.gov)

SAMHSA Phone 1-877-SAMHSA-7 (1-877-726-4727)

##### SAMHSA Treatment Locator

[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

National Helpline 1-800-662-HELP (1-800-662-4357)

##### Lighthouse Network – Treatment Locator

Helping anyone in need understand and find immediate treatment options.

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

Phone 1-844-543-3242

##### National Eating Disorders Association (NEDA)

<https://www.nationaleatingdisorders.org>

Helpline 1-800-931-2237

## National Mental Health Organizations | Learn More

### **MentalHealth.gov**

[www.mentalhealth.gov](http://www.mentalhealth.gov)

### **National Institution of Mental Health (NIMH)**

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### **Mental Health America (MHA)**

<http://www.mentalhealthamerica.net>

### **Mayo Clinic**

Search for information on specific diagnoses.

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

### **American Addiction Centers**

<https://americanaddictioncenters.org/>

### **National Institute on Drug Abuse**

<https://www.drugabuse.gov>

## Suicide Prevention & Recovery Resources

### **National Suicide Prevention Lifeline**

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

Call || 1-800-273-8255 (1-800-273-TALK)

Text || "TALK" to 741741

### **Veterans Crisis Line**

<https://www.veteranscrisisline.net>

Call || 1-800-273-8255

Text || 838255

### **American Foundation for Suicide Prevention**

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

[A Journey Toward Health & Hope Booklet](#) (SAMHSA)

[After an Attempt: A Guide for Taking Care of Yourself](#) (SAMHSA)

[After an Attempt: A Guide for Taking Care of Your Family Member](#) (SAMHSA)

[A Handbook for Survivors of Suicide](#) (American Association of Suicidology)

[After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances](#) (Suicide Prevention Resource Center)



## **Specific Diagnoses Information**

### **Related to Mood Disorders**

[Bipolar Disorder](#)

[Depressive Disorders](#)

### **Related to Psychotic Disorders**

[Schizophrenia](#)

[Early Warning Signs of Psychosis](#)

[First Psychotic Episode](#)

### **Related to Eating Disorders**

[General Eating Disorders](#)

[Eating Disorders Overview](#)

### **Related to Anxiety Disorders**

[General Anxiety Disorder](#)

[Panic Disorder](#)

### **Related to Personality Disorders**

[General Personality Disorders](#)

[Borderline Personality Disorder](#)

[Narcissistic Personality Disorder](#)

### **Related to Addictive Disorders**

[Alcohol & Your Health](#)

[Alcohol & Treatment](#)

[Substance Abuse Disorder](#)

[Co-Occurring Disorders](#)

[Substance Abuse Prevention for Children](#)

### **Related to Other Disorders**

[Post-Traumatic Stress Disorder](#)

[Q&A About Suicide](#)

[Helping Children Deal With Trauma](#)

[Anosognosia](#)

## **Saddleback Church Resources**

[PEACE Center](#)

[New Hope Support Groups](#)

[Celebrate Recovery \(local chapter\)](#)

[Hope for Mental Health](#)

[Kay Warren Recommended Resources](#)

## **Recommended Reading**

[I'm Not Sick, I Don't Need Help: How to Help Someone with Mental Illness Accept Treatment](#)

By Xavier Amador

[Grieving a Suicide: A Loved One's Search for Comfort, Answers, and Hope](#)

By Albert Hsu

[The Family Guide to Mental Health Care](#)

By Lloyd I. Sederer, MD

[Journey Toward Hope: A Guided Experience](#) and [Leader Guide](#)

By Saddleback Church Resources

## **Faith-Based Recovery and Treatment Resources**

### **Celebrate Recovery**

<https://www.celebraterecovery.com>

### **Christian Counselors Network**

<https://ccn.thedirectorywidget.com>

### **Christian Care Connect**

<https://connect.aacc.net>

### **National Christian Counselors Association**

<https://www.ncca.org/Directory/Terms.aspx>

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## Comprehensive Mental Health Resource List

### National Mental Health Resources | Find Help

#### 2-1-1

[www.211.org](http://www.211.org)

Provides free and confidential information and referral for mental health services, help with food, housing, employment, counseling, and more.

#### Child-Help USA

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

Crisis line assists both child and adult survivors of abuse, including sexual abuse; also provides treatment referrals.

1-800-4ACHILD; 1-800-422-4453

#### National Alliance on Mental Illness Help Line (NAMI)

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

1-800-950-NAMI (6264)

#### Substance Abuse and Mental Health Services Administration (SAMHSA)

[www.samhsa.gov](http://www.samhsa.gov)

SAMHSA Phone 1-877-SAMHSA-7 (1-877-726-4727)

#### SAMHSA Treatment Locator

[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

National Helpline 1-800-662-HELP (1-800-662-4357)

#### Lighthouse Network - Treatment Locator

Helping anyone in need understand and find immediate treatment options.

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

Phone 1-844-543-3242

#### National Eating Disorders Association (NEDA)

<https://www.nationaleatingdisorders.org>

Helpline 1-800-931-2237

## **National Mental Health Organizations | Learn More**

### **MentalHealth.gov**

[www.mentalhealth.gov](http://www.mentalhealth.gov)

### **National Institution of Mental Health (NIMH)**

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### **Mental Health America (MHA)**

<http://www.mentalhealthamerica.net>

### **Mayo Clinic**

Search for information on specific diagnoses.

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

### **American Addiction Centers**

<https://americanaddictioncenters.org/>

### **National Institute on Drug Abuse**

<https://www.drugabuse.gov>

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