

Comments from the Small Groups
HOPE Conference, Tuesday, May 20, 2008

Sponsors: Hope Coalition, The Mental Health Center Serving Boulder and Broomfield Counties, NAMI Boulder County, Boulder County Aging Services, and The Mental Health Task Force of The First Congregational Church, United Church of Christ, Boulder

1. What brought you here today?
 - a. To support individuals in our lives and in our congregations.
 - b. To learn more about the intersection of faith and mental illness.
 - c. To develop networking of churches to form a coalition.
 - d. A question: “Why so many suicides here in the Rocky Mountain area?”
 - a. Family counseling with the Denver Indian Resource Center.
 - b. Churches need to address domestic violence and sexual abuse.
 - c. Interested in the question about interfaith connection, inner faith connection, and outer faith connection. Diversity.
 - d. How do others reach to children and teach faith?
 - e. What are the issues that directly affect the elderly populations?
 - f. Education
 - g. Wanted to learn more; education; understanding
 - h. Currently working with individuals experiencing Bipolar disorder and other mental health conditions
 - i. We have a high percentage of elderly population and are trying to determine how to provide better support/care
 - j. We just had a suicide in our congregation last week
 - k. Access/Resources
- Large and *immediate need* for:
 - Professionals/Referrals
 - Knowing who to call, when, and how to access services
 - Community Resources/Programs
 - Crisis Networks
 - Support for internal trainings
 - Senior Reach knowledge/resources
2. What has touched you so far? Or what has surprised you?
 - a. Statistics and not doing anything about them.
 - b. Invisibility and masking vs. authentic self.
 - c. Would have liked to have a panel member with mental illness.

- d. Faith communities can be ignorant about mental illness. Society is afraid of it. Surprised that 1 out of 5 people are affected by mental illness.
 - e. Affluent people may have less community—may be depressed more than poorer communities who bond together.
 - f. We don't believe mental illness is organic.
 - g. Come right out and ask. It is ok directly to confront a person about suicide. Engage in meaningful communication.
 - h. Talk about sleep was interesting.
 - i. Surprised that it is still a stigma.
 - j. African-American women study.
 - k. College students showed a high incidence of depression/suicide.
 - l. Post Columbine findings—two-way active listening encouraged by our government.
 - m. The depression in the elderly.
 - n. Holistic approach—body and mind.
 - There is life with depression—keep going---need to ask for help you need.
 - o. Someday we will discover mental illness is biologically based through new research.
 - p. Most people don't care to learn about mental illness.
 - q. Stigma still destroys mentally ill people.
 - r. In our small group, we had aging services, Jewish, Islamic, Christian, EAP—UA, NAMI...a microcosm of what is here.
 - s. Shocked that CO leads the nation in teen suicides !!!!
 (especially given our sun and weather)
 - t. Diverse range of panel and quality of the speakers!
 - u. Perceived 'invisibility' of Seniors (over 50)*** - lots of group discussion
 - v. That CU has a suicide counselor and response team; that they're 2x national average in campus suicides
3. What is your faith community doing in regards to depression/mental illness? And what might you like it to be doing?
- a. Talking about it and volunteer work is helpful for a person to get out of depression.
 - b. Taking steps to offer help: support groups for people who have mental illness and their family members; Life issues class including family awareness about mental illness, etc.
 - c. Individual education.

- d. Making printed materials available (Resource Center).
- e. Clarification of availability of a suicide hot line.
- f. Networking among attendees—resource database.
- g. First Congregational (Boulder): has Adult Ed. series on mental illness (1 hour on Sunday morning); held a Service of Remembrance for those who have been touched by suicide; and has a Notebook on Mental Illness in the church library that is open to anyone,
- h. First Congregational (Longmont): is open and affirming to GLBTQ and others with differences; has “Soft Voices,” a drop in center for people with mental illness—support groups.
- i. Mennonite—Boulder: uses the words “depression,” and “bipolar” in prayers; pay for counseling from the congregation; pair with each other.
- j. Flatirons Community (Lafayette): SHIFT, Friday Evenings—for recovery from many issues—referrals.
- k. Speaking. Create awareness. Overcome stigma. Provide safe place for people to talk. Provide housing and jobs. Come out about having mental illness—have courage.
- l. Churches tend to shun people who are living with mental illness. Don’t feel safe around them. Are afraid the worship services will be disrupted. Churches push away people who have a mental illness until they are better.
- m. 1/3 of inmates in jails are mentally ill. We have criminalized mental illness. They are safer in jail because they get meds and counseling (and food, clothes, shelter.)
- n. Churches can get training to learn how to lead support groups and can look at people with a mental illness as a mission. Funds can go to this.
- o. Columbine Unity is starting a Task Force and is offering support group with mental health concerns and brain disorders. It is offered after service. Also starting to do an educational piece after service.
- p. St. Aiden’s: different speakers coming in to speak.
- q. Church of the Nativity: Counseling services.
- r. Mental Health Ministry.
- s. Stephen’s Ministry (One on One, distinctly Christian, 1975) training with St. Francis of Assisi, St. John’s (Longmont), Nativity of the Lord, Faith Community Lutheran of Longmont.
- t. Training a lot people in crises by listening, non-judgmental.
- u. Opened up “Recovery Program” to mental health—hope.
- v. “Open and Affirming,” aimed at everyone.

- w. Candles of Community in church service—members share a concern or joy.
- x. Caring Committee of a church so churches can be a family, a support community.
- y. Learn from other ethnic groups, other races. In what does the historical trauma done to races contribute to mental illness? The cause of immigration has been caused by us.
- z. Economics—ties to pastoral care.
- aa. One on One Christian friends.
- bb. Exercise helps to release endorphins. Be aware of caffeine, coffee, and sunshine. Breathing exercises.
- cc. ADD—Michael Sandler.
- dd. Therapist Specialist: Boulder Psychotherapy Guild. Listing of insurances, complimentary. BP services will compile list of sliding scale by fall.
- ee. Strategic—scripture... Stephen Minister Book.
- ff. How awesome would it be to have a panel of seven people who have experienced various kinds of loss to come to speak at a church? This might be a suggestion for the Hope Coalition to organize it.
- gg. Is there shame in the Muslim community about mental illness? Must keep body healthy. First, reach out to parent. Second, reach out to God. Third, reach out to church. Fourth, reach out to doctor.
- hh. Stephen Ministers - very active and aware of individuals with needs, but have only minimal knowledge of what's out there and how to access help.
- ii. "Save Our Youth" Program – just hanging out with the kids and listening (white and Hispanic children/teens)
- jj. Need to know how to help and how to find resources. Where to go? Who to call?
- kk. CU Methodist made the decision last week to become a 'reconcile organization' – LGBTQ open/friendly.
- ll. We volunteer with the organization "Hope" in Longmont, which drives a van around helping people from the jail, or homeless shelters know where to go for food, etc.
- mm. Longmont has an 'All Ministries' leadership potluck & strategic planning session to coordinate the work & resources of each organization....
- nn. Our church (Longmont ?) has an Outreach Office Manager who keeps in touch with other congregations; connects with police and outside resources

oo. Non-denominational Pastor meetings (Longmont) and Youth Pastors (Boulder)

4. What one action step will you take for yourself and/or your faith community after this conference?

a. Poster—Are you Aware: stats, symptoms, resources, d.v. to use in classrooms/halls/restrooms of faith places.

b. Sermons—mental health is not a faith failure.

c. Pastor Prayer for mental illness.

d. Yellow ribbon campaign—warning signs/symptoms for specific groups with faith places.

e. Hope Coalition website—faith component—connect to website.

f. “Life is not fair.” Class/group—spring board.

g. It is important to keep the discussion going.

h. PUSH THE FRONTIERS.

i. Willing to have a real conversation with people.

j. Use resources and use tips in private practice.

k. Keep educating and heighten people’s awareness.

l. Being able to let people talk.

m. Being available to other people.

n. To talk about mental illness will reduce shame and see mental illness as normal, not hiding.

o. Find parity between physical doctor visits and mental health visits—affordability.

p. Join NAMI.

q. Encourage minister to speak about mental illness and suicide from the pulpit, in prayers, in bulletins and in newsletters.

r. Put information about mental health issues in regional and national conventions and publications.

s. Create small groups.

t. It is our mission to cause these conversations to occur.

u. Need the courage of the first step. After that, it get easier. Need awareness of the first step.

v. Socialization is very important for depression.

w. Do something fun every day!

x. Journal at night—let go of thoughts at night.

y. Share the information and your reflections from this Conference with your church.

z. Talk with someone who seems sad.

aa. Decided to go back and become volunteer at Life Bridge.

- bb. Create a plan for when this crisis presents its self.
- cc. Reach out to parents to bring more people back to the faith community.
- dd. Discuss with parishioners in the synagogue about depression and suicide.
- ee. Taking action within own family to get help for her son.
- ff. NETWORK, NETWORK, NETWORK !!!!!!!!!!!!!