Executive Summary

The 21st Century Cures Act (Public Law 114-255) authorizes the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) to enhance coordination across Federal agencies to support a mental health system that successfully addresses the needs of all individuals living with serious mental illness (SMI) and severe emotional disturbance (SED), their families, and caregivers. The ISMICC seeks to support individuals in their progress to achieve healthy lives characterized by autonomy, pride, self-worth, hope, dignity, and meaning. Faith-based communities should be an essential and effective component of the continuum of care, one that can aid in community prevention, stigma reduction, treatment, and recovery promotion. The faith-based community can be an effective partner in this work as it provides comfort, strength, and a safe place for individuals with SMI, as well as their families and caregivers. Stronger linkages between the faith-based community and service providers will help individuals obtain appropriate treatment, services, and support.

The purpose of this brief is to provide a broad overview of the essential role and function the faith-based community provides in addressing the needs of individuals with SMI, SED, and their caregivers. This is not a comprehensive literature review. Instead, this document supplements the presentations and discussions to occur during the one-day expert panel meeting on September 12, 2018, entitled “The Role of the Faith-Based Community as Bridge Builders to the Treatment Community for People with SMI.” The meeting is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), in cooperation with the Center for Faith and Opportunity Initiatives within the U.S. Department of Health and Human Services (HHS). This document is not meant for distribution beyond expert panel participants.

Faith-based community: The Federal government does not have a formal definition for this term. Within the context of this brief, the term refers to those individuals, settings, organizations, and leaders affiliated with a religion or set of spiritual beliefs. The term “faith-based” is inclusive—it does not refer to a particular religion nor limit which religious or spiritual beliefs it may encompass.

Faith-based Programs and Service Providers: Within the context of this brief, this term is a “catch-all” that refers to programs and/or professional services designed, conducted, or administered by individuals or organizations affiliated with, informed by, or based in a religious or spiritual setting. These programs and providers represent a range of activity from emergency services, such as food pantries and coat closets, to various levels of professionalized and/or licensed care.

Serious Mental Illness (SMI): This includes one or more diagnoses of mental disorders combined with significant impairment in functioning. Schizophrenia, bipolar illness, and major depressive disorder are the diagnoses most commonly associated with SMI. However, people with one or more other disorders may also fit the definition of SMI if those disorders result in functional impairment.

Caregivers: Caregivers are broadly defined as a family member, friend, or neighbor who provides unpaid assistance to a person with a chronic illness or disabling condition.
The Burden on Caregivers of Individuals with Serious Mental Illness

Caregivers of individuals with SMI often take on a significant responsibility in coordinating their loved one’s treatment, ensuring that individuals can follow the treatment plans, and assisting them with Instrumental Activities of Daily Living (e.g., transportation, housework, preparing meals, managing finances, etc.). The responsibilities associated with caregiving may take an emotional, physical, and financial toll. Caregivers frequently experience stigma and social isolation. Many caregivers report feelings of loneliness and say it is difficult to discuss their loved one’s mental health issues with others because of stigma. Approximately three out of four mental health caregivers agree that providing care for their loved one has caused emotional stress. For example, one study found parents of adult children with bipolar disorder had significantly lower levels of mental health functioning and higher divorce rates than other parents.

Further, most care recipients are financially dependent on friends and family, which can cause additional financial strains for the caregivers. Caregivers of someone with a mental health condition were even more likely to experience financial stress (25 percent) in comparison to all caregivers (16 percent). These stressors may, in turn, negatively impact a caregiver’s physical health. Approximately 52 percent of mental health caregivers feel their own health has worsened as a result of caregiving (in comparison to 22 percent of caregivers across all conditions).

The following statistics are from the National Alliance For Caregiving report, “On Pins and Needles: Caregivers of Adults with Mental Illness”:

- **Number of Caregivers**: 8.4 million Americans provide care to an adult with a mental health issue.
- **Care Recipient Condition**: 58 percent of mental health caregivers care for an adult with a serious condition. The most common mental health diagnoses are bipolar disorder (25 percent), schizophrenia (25 percent), and depression (22 percent).
- **Age of Caregivers and Care Recipient**: The average age of mental health caregivers is 54-years old. The average age of the care recipient is 46-years old, although most are 18- to 39-years old (58 percent).

The Burden of Serious Mental Illness

Approximately 4.2 percent of adults, or 10.4 million people, in the United States had an SMI in 2016. However, the health system is unable to adequately support and serve all these individuals. People with SMI have lower life expectancies due to comorbid medical conditions and high suicide rates. The high prevalence of co-occurring disorders also leads to poor health outcomes and over-utilization of inpatient or emergency department services. While approximately 65 percent of adults with SMI report receiving mental health treatment, nearly a third of those receive medications only, rather than comprehensive treatment with psychosocial or psychotherapeutic components.

Caregivers of individuals with SMI often take on a significant responsibility in coordinating their loved one’s treatment, ensuring that individuals can follow the treatment plans, and assisting them with Instrumental Activities of Daily Living (e.g., transportation, housework, preparing meals, managing finances, etc.). The responsibilities associated with caregiving may take an emotional, physical, and financial toll. Caregivers frequently experience stigma and social isolation. Many caregivers report feelings of loneliness and say it is difficult to discuss their loved one’s mental health issues with others because of stigma. Approximately three out of four mental health caregivers agree that providing care for their loved one has caused emotional stress. For example, one study found parents of adult children with bipolar disorder had significantly lower levels of mental health functioning and higher divorce rates than other parents.

Further, most care recipients are financially dependent on friends and family, which can cause additional financial strains for the caregivers. Caregivers of someone with a mental health condition were even more likely to experience financial stress (25 percent) in comparison to all caregivers (16 percent). These stressors may, in turn, negatively impact a caregiver’s physical health. Approximately 52 percent of mental health caregivers feel their own health has worsened as a result of caregiving (in comparison to 22 percent of caregivers across all conditions).

The following statistics are from the National Alliance For Caregiving report, “On Pins and Needles: Caregivers of Adults with Mental Illness”:

- **Number of Caregivers**: 8.4 million Americans provide care to an adult with a mental health issue.
- **Care Recipient Condition**: 58 percent of mental health caregivers care for an adult with a serious condition. The most common mental health diagnoses are bipolar disorder (25 percent), schizophrenia (25 percent), and depression (22 percent).
- **Age of Caregivers and Care Recipient**: The average age of mental health caregivers is 54-years old. The average age of the care recipient is 46-years old, although most are 18- to 39-years old (58 percent).

The Health Care System Has Failed to Address the Needs of Persons With Serious Mental Illnesses (SMI) and Serious Emotional Disturbances (SED)

![Health Care System Has Failed to Address the Needs of Persons With Serious Mental Illnesses (SMI) and Serious Emotional Disturbances (SED)](https://example.com/health-care-system-failed-address-needs-smi-sed)
Value of Faith-Based Services

There is a growing recognition that building partnerships between faith-based organizations and the behavioral health system can benefit those with mental health conditions.

Faith-based organizations have a long-standing history of supporting those in need in the community. When an individual or a family member is experiencing challenges in life, many people often turn first to the faith community. According to the National Comorbidity Survey (NCS), nearly one-quarter of individuals, who are looking for help with their mental health condition, will go to their clergy member first. Clergy have been contacted about mental health concerns more often than psychiatrists (16.7 percent) or general medical doctors (16.7 percent).

A holistic approach to recovery also incorporates faith-based recovery supports and case management. These support services can help individuals build a life that enhances and enables them to achieve meaningful and individualized recovery. These organizations already serve as a social and spiritual hub within many communities. Their presence also allows them to support community integration and social inclusion for people with SMI, their families, and their caregivers.

The American Psychiatric Association and American Psychological Association recognize the value of faith-based communities, and how they can fit within the behavioral health continuum of care. Faith-based organizations play important roles in promoting wellness, improving quality of life, and preventing relapse. The mental health services offered by these organizations can include counseling, referrals to mental health programs, peer support, respite care, and more. Faith-based leaders are seen as trusted and credible sources of information and guidance, and can leverage their pre-existing, personal relationships within the communities they serve.

CONGREGATIONS PROVIDING MENTAL HEALTH PROGRAMMING

It is estimated that between 11 to 23 percent of Christian-based congregations in the U.S. provide some type of programming to support people with mental illness. Characteristics associated with congregations that provide mental health programming and supports may include those that:

- have a larger congregational membership
- have members with higher incomes
- employ staff to run their social service programs
- provide health-focused programs in addition to mental health services
- emphasize engagement with the community
- are located in a predominantly African-American community
- have a senior pastor with a graduate degree

“Twenty-five percent of people who find themselves in a mental health crisis call the church before they seek out a mental health professional or their primary care physician. They go to the church first because it is a trusted source of help in a community. That said, 71 percent of the clergy surveyed feel inadequately trained to recognize mental illness.”

- Kay Warren, Expert Panelist
The relationship between religion and suicide is often complex and can vary widely among different populations. On the one hand, faith-based communities provide strength and social support. Yet, on the other, they can reinforce stigma and feelings of failure (e.g., failing to lead a good life). It is estimated that one-fourth of individuals who are considering suicide will seek out clergy or faith-based leadership. Thus, participation in religious activities, such as attending religious services, may be a protective factor for suicide.

FAITH-BASED INTERVENTIONS FOR SUICIDE PREVENTION

The role of religion and spirituality in recovery

Religion and spirituality may play an important role in an individual’s treatment and wellness. Incorporating religion and spirituality into treatment and supports may help individuals with SMI find strength and comfort. Spiritual and religious beliefs can bring hope to individuals experiencing mental health conditions and increase resilience.

Spiritual coping is associated with positive mental health outcomes for people with SMI. Spirituality among those with SMI is associated with better social functioning, higher self-esteem, improved quality of life, and fewer negative psychological symptoms. One study showed that one in four patients with schizophrenia, borderline personality disorder, bipolar disorder, and anorexia nervosa found spirituality to be essential in providing meaning in life.

Addressing the needs of underserved populations

Stigma can be a barrier to seeking and engaging in behavioral health services. The effects of stigma on receiving treatment are more profound in some ethnic and cultural groups. Further, underserved individuals often lack access to, or are mistrustful of, traditional mental health service providers. For these individuals, support and guidance from the faith-community is critical.

Often, rural communities are examples of underserved communities where mental health systems are under-funded and over-extended. Rural communities that lack these services often report that religious clergy are a resource for addressing mental health needs.

African Americans are less likely than other Americans to seek and utilize mental health services for diagnosable mental health conditions. African Americans are also more likely to consult with clergy about mental health concerns than professional providers. As a social pillar and trusted institution within the African-American community, churches present a resource for those needing behavioral health care, and may provide a bridge to effective treatment.

Asian communities, particularly those that are immigrant communities, also may often turn to religious leaders for support and guidance. Thirty-five percent of Asian Americans with a mental health condition seeking treatment see a religious or spiritual advisor.

Similarly, Latino communities often value religion and spirituality as an integral part of their culture. While there has been an increase in bilingual mental health services, socioeconomic and legal status can be barriers to service utilization.

Faith partners play an important role in these underserved areas and communities by providing alternative sources of support.
Ways Faith-Based Communities Can Help

1. **Become Educated.** Leadership within the organization should learn the basic signs of mental illnesses.

2. **Convey Hope.** Communicate that people can live full lives with mental health as a chronic health condition. Treatment options are available and effective.

3. **Make Referrals.** Know the range of resources available in your community and connect individuals and families to mental health treatment and support that fits their needs.

4. **Create a Safe Environment.** Foster a supportive environment in your organization where people can talk openly and learn more about mental health issues.

5. **Raise Awareness.** Educate your organizational members about mental health prevention and treatment resources. Invite local mental health experts, those who have experienced mental illnesses, or educated members to present information about mental illnesses. Reduce stigma of mental illnesses among members.

6. **Facilitate Peer-to-Peer Support.** Host support groups or provide information about groups that convene in the community.

7. **Provide Faith-based, Informed Professional Behavioral Healthcare Services.** Often individuals are more willing to seek help if they are in a familiar setting.

---

**SELECT EXAMPLES OF HOW THE FAITH-BASED COMMUNITY IS WORKING TO ADDRESS MENTAL HEALTH**

<table>
<thead>
<tr>
<th></th>
<th>Educate Leadership</th>
<th>Convey Hope</th>
<th>Make Connections</th>
<th>Safe Environment</th>
<th>Awareness</th>
<th>Peer Support</th>
<th>Provide Direct Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hope for Mental Health</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hope4MentalHealth.com</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Hope and Healing Center</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>HopeAndHealingCenter.org</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>The Mental Health Gateway</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MentalHealthGateway.org</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Key Ministry</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>KeyMinistry.org</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Mental Health Ministries</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MentalHealthMinistries.net</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Fresh Hope</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>FreshHope.us</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Muslim Mental Health Consortium</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MuslimMentalHealth.com</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
MentalHealth.gov for Faith and Community Leaders:
This website translates and connects faith and community leaders to resources from SAMHSA. Provides conversation starters to begin a dialogue about mental health conditions.  
Learn More: MentalHealth.gov/Talk/Faith-Community-Leaders

The Center for Faith and Opportunity Initiatives:
The Partnership Center leads the U.S. Department of Health and Human Services’ (HHS) efforts to build and support partnerships with faith-based and community organizations, in order to better serve individuals, families and communities in need.  
Visit: HHS.gov/About/Agencies/IEA/Partnerships

Faith.Hope.Life. Celebrating Reasons to Live:
This initiative presents an opportunity for every faith community in the U.S. — regardless of creed — to focus one weekend each year on the characteristics common to most faiths in helping to prevent suicides. This initiative is supported by the Faith Communities Task Force of the National Action Alliance for Suicide Prevention and SAMHSA.  
Visit: ActionAllianceForSuicidePrevention.org/FaithHopeLife

Behavioral Health Treatment Services Locator:
This online resource provides information about substance abuse and/or U.S. mental health treatment facilities.  
Find Help: FindTreatment.SAMHSA.gov

Health Insurance Portability and Accountability Act (HIPAA):
It is important for healthcare providers to share a patient’s mental and behavioral health information with caregivers to enhance treatment and to ensure the health and safety of others. HHS’ Office of Civil Rights provides specific guidance and resources to help caregivers determine whether treatment information can be shared with them.  
Learn More: HHS.gov/HIPAA/For-Individuals/Mental-Health

Endnotes


2. Interdepartmental Serious Mental Illness Coordinating Committee. (2017). The way forward: federal action for a system that works for all people living with SMI and SED and their families and caregivers. Report to Congress.


