THE GATHERING ON
MENTAL HEALTH
AND THE CHURCH
MARCH 28, 2014 | SADDLEBACK CHURCH

ROMAN CATHOLIC
DIOCES OF ORANGE
SADDLEBACK CHURCH
NAMICOrange County
WELCOME TO THE GATHERING ON
MENTAL HEALTH AND THE CHURCH

For God has not given us a spirit of fear, but of power and of love and of a sound mind.

2 Timothy 1:7 (NKJV)

According to NAMI (National Alliance on Mental Illness), 60 million Americans experience a mental health condition every year—that’s one in four adults and one in ten children. People of every race, age, religion or economic status are affected. Whether we are aware of it or not, we all know someone who is living with some form of mental illness.

There are hundreds of conferences around the world by health professionals, government officials and NGO’s which address mental illness from medical, social, and policy perspectives. The Church is not usually included in those conferences. What does the Church have to offer to the mentally ill and their families in light of the multi-layered, complex set of issues that surround mental illness?

Studies have shown the first place many go for help in a mental health crisis is not to a loved one, friend, co-worker or healthcare professional, but to their priest or pastor. Why is that? The heart of God and His Church has always been with those who suffer, making the Church a natural place to seek comfort, guidance and practical help in time of need. For centuries the Church has been a refuge for the outcast, those on the margins, and anyone enduring societal stigma and shame.

From the Gospels, we know that Jesus cared for and ministered to mentally ill people during His ministry on earth. As Christ followers, we are compelled to continue His work today. In Christ’s name, the Church extends compassion, acceptance, and unconditional love to all who suffer from the pain of mental illness, and as His Body, we offer hope and the healing power of God's grace.

Thank you for joining Saddleback Church, the Roman Catholic Diocese of Orange, NAMI-OC (National Alliance on Mental Illness – Orange County) and all our distinguished speakers as we explore the Church’s role in this important issue. If you are living with a mental illness, we pray that you will experience the love of God today through the warm smiles and friendly hugs of your brothers and sisters. If you are a family member or friend of someone living with a mental illness, we pray that you will draw strength from the stories of others. If you are a part of a church or parish staff, or a volunteer in your church, we pray that you will receive practical tools that will equip you to compassionately and effectively assist the hurting individuals and families you serve.

Sincerely,
Rick and Kay Warren, Saddleback Church, Lake Forest, CA
Bishop Kevin Vann, Roman Catholic Diocese of Orange
Steve Pitman, NAMI-OC

THANKS FOR UNDERSTANDING
We do not endorse everything every speaker might say. With 25 speakers representing different backgrounds and expertise, you’ll undoubtedly hear statements you disagree with. Each speaker represents himself or herself, not the Roman Catholic Diocese of Orange, Saddleback Church, or NAMI-OC.
# TABLE OF CONTENTS

## GENERAL INFORMATION
- Schedule .......................................................... 6
- Event Sponsors ...................................................... 7
- General Information ............................................... 10
- Local Restaurant Guide ........................................... 11
- Exhibitor List and Descriptions ............................... 13

## PLENARY SESSIONS
- Plenary 1: THE ROLE OF THE CHURCH IN MENTAL HEALTH ........................................ 26
- Plenary 2: INTEGRATING PHYSICAL, SPIRITUAL AND MENTAL HEALTH ....................... 28
- Plenary 3: HELPING THE HELPERS: CRISIS MANAGEMENT FOR CHURCH STAFF .......... 30
- Plenary 4: RESOURCING THE CHURCH .......................................................... 32
- Plenary 5: STANDING TOGETHER IN SUFFERING ................................................ 34

## WORKSHOPS
- Workshop Session 1 ............................................... 38
- Workshop Session 2 ............................................... 44

## SPEAKER BIOS
- Plenary and Workshop Speaker Bios ........................ 52

## RESOURCES
- Local & National Resources .................................... 60
- Prayers in Times of Distress .................................... 81
- Christian Quotes on Mental Illness ............................ 85
- Articles .................................................................. 86
- Recommend Reading ............................................... 100
THE GATHERING ON MENTAL HEALTH AND THE CHURCH

07:30–08:30 AM  Registration

08:30–09:30 AM  Plenary 1: THE ROLE OF THE CHURCH IN MENTAL HEALTH

09:30–10:30 AM  Plenary 2: INTEGRATING PHYSICAL, SPIRITUAL, AND MENTAL HEALTH

10:30–11:00 AM  Break

11:00–12:00 PM  Plenary 3: HELPING THE HELPERS: CRISIS MANAGEMENT FOR CHURCH STAFF

12:00–01:30 PM  Lunch  (Free lunch provided)

01:30–02:30 PM  Plenary 4: RESOURCING THE CHURCH

02:30–02:45 PM  Break

02:45–03:45 PM  Workshop Session 1

03:45–04:00 PM  Break

04:00–05:00 PM  Workshop Session 2

05:00–07:00 PM  Dinner  (On your own)

07:00–09:00 PM  Plenary 5: STANDING TOGETHER IN SUFFERING
Welcome to

SADDLEBACK!

Saddleback Church was founded in the living room of Rick and Kay Warren’s small condominium in Laguna Hills, California on January 25, 1980, with a Bible study of seven people. Fresh out of seminary, the young pastor and his wife dreamed of planting a church that would be a “place where the hurting, the depressed, and the confused could find love, acceptance, help, hope, forgiveness, and encouragement.”

On Easter 1980, Saddleback Church held its very first public service and 205 people showed up—most of whom had never been to church. In more than three decades of ministry, God has continued to expand the church’s influence. One in nine people in Orange County call Saddleback their church home.

In 2003, The PEACE Plan was established, with the goal of taking the good news of God’s love and salvation to every nation through Planting churches, Equipping servant leaders, Assisting the poor, Caring for the sick, and Educating the next generation. Since then, more than 23,000 of Saddleback’s members have volunteered their time to travel to every nation on earth with the message of PEACE.

With a vision to take the Gospel to the last unreached people groups without a church in their language, Saddleback has begun to plant Saddleback campuses internationally in addition to its eight Southern California campuses. The church now meets in Hong Kong, Manila, Buenos Aires, and Berlin. Starting soon will be campuses in Moscow, Tokyo, and Mexico City.

The church also broadcasts Daily Hope on both radio and the internet with the purpose of reaching one more for Jesus.

Learn more at saddleback.com
TOGETHER WE JOURNEY
TOGETHER IN FAITH

The Roman Catholic Diocese of Orange is a growing Catholic community on a journey of faith together. We are one of the most diverse Catholic communities in history, but we are united through our salvation in Christ, serving across languages and cultures, politics and lifestyles, to live out the Gospel and share the love of our Lord.

Officially established in 1976, the Diocese of Orange's history dates back to 1776 with the founding of Mission San Juan Capistrano, our diocese's Historic Mother Church. Today, our diocese is home to more than 1.2 million faithful believers, celebrating Mass at 62 parishes and Catholic centers throughout the county. The Diocese of Orange is the 10th largest and one of the fastest growing Catholic communities in the nation.

Our community is on a journey of faith together, growing closer to God and closer to one another as we explore, experience, and share the mystery of Christ and the love our Lord.

13280 Chapman Avenue, Garden Grove, CA 92840 • Telephone 714.282.3000
www.rcbo.org

ROMAN CATHOLIC DioCESE of ORANGE
Founded in 1980, NAMI is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. The mission of NAMI Orange County is to provide emotional support, education and resources for families and those affected by mental health conditions. In collaboration with the entire community, we advocate for a life of quality and dignity, one without discrimination, for all those persons affected by mental illness.

**THE COMMUNITY’S PARTNER FOR MENTAL HEALTH SERVICES**

**FAMILY EDUCATION AND SUPPORT PROGRAMS**
- Family to Family Education Course*
- Basics Education Course
- Support Groups for Family and Friends*

**PEER EDUCATION AND SUPPORT PROGRAMS**
- Peer to Peer Education Course*
- Connections Support Group*
- Support Groups for Consumers*

**PROFESSIONAL EDUCATION PROGRAMS**
- Provider Course
- Parents & Teachers as Allies

**OUTREACH & STIGMA REDUCTION PROGRAMS**
- In Our Own Voice*
- Ending the Silence
- Community Outreach*
- NAMIWalks

*Programs available in English and Spanish. The Family-to-Family Education Course is also available in Korean and Vietnamese.

The WarmLine (714) 991-6412 is a telephone-based, non-crisis support for anyone struggling with mental health and substance abuse issues. *(Funded by the County of Orange Health Care Agency, Behavioral Health Services, Prevention and Intervention Division, Mental Health Services Act/Prop 63.)*

All NAMI-OC education, support and advocacy programs are provided free to all participants. For more information on programs please call or visit the NAMI-OC website listed below.

NAMI Orange County • 1810 East 17th Street • Santa Ana, CA 92705
Tel (714) 544-8488 • Fax (714) 544-0791
Email: info@namioc.org • Website: www.namioc.org
GENERAL INFORMATION

WORSHIP CENTER
Please keep the following guidelines in mind while in the Worship Center:

- Food and beverages (except for water) are not allowed.
- As a courtesy to speakers and other guests, please silence all cell phones and devices, prior to each session.

WELCOME CENTER
Need help? The Welcome Center is located on the patio in front of the Worship Center and is well staffed with helpful, friendly people to assist you.

NOTEBOOKS
Please write your name in the front of your notebook. All lost notebooks can be claimed at the Welcome Center. Extra Notebooks (if available) may also be purchased at the end of the day at the Welcome Center for $10.

PRAYER GARDEN
The Prayer Team would like to pray for you. Please visit our Prayer Garden on the Worship Center patio where our volunteers will be available to pray with you.

WRISTBANDS
Please wear your wristband to all sessions during the conference. Your wristband will allow you entry to seating in the Worship Center. For overflow seating participants you will not receive a wristband but you will still receive lunch and snacks.

RESOURCE & EXHIBIT CENTER
Find a broad range of mental health information and resources from exhibitors consisting of churches, non-profits, and county agencies. The Resource and Exhibit Center is located on the Worship Center patio. For a full list of exhibitors, please refer to page 13.

LOST AND FOUND
The lost and found is located at the Welcome Center.

FIRST AID CENTER
Need medical attention? Go to the Welcome Center for immediate assistance.

CARE AND PRAYER ROOM
If you need a quiet place during the event please visit the Care and Prayer Room located on the bottom floor of the Plaza Building in Room 102. Volunteers will be available to talk and pray with you.

LUNCH AND SNACKS
Lunch and snacks are included in your registration.

DINNER
Dinner is not included in your registration fee. There will be a variety of food options on campus. Also, please see the next page for a guide to off-site restaurants near the Saddleback Church campus.

MEDIA
For promotional and/or marketing purposes Saddleback Church reserves the right to use any audio, video, and/or photography of attendees or guests in Saddleback Church-facilitated conferences or events.

**For lost or misplaced wristbands a new registration fee will be required.
LOCAL RESTAURANT GUIDE

QUICK BITES

Arby’s Roast Beef
26801 Portola Pkwy
Foothill Ranch 92610
(949) 830-8862

Avo Bravo (Greek)
26696 Portola Pkwy
Foothill Ranch 92610
(949) 916-0707

Baja Fish Tacos (fresh Mex)
27755 Santa Margarita Pkwy
Mission Viejo 92691
(949) 600-5422

Chick-Fil-A
26792 Portola Pkwy
Foothill Ranch 92610
(949) 830-3881

Chipotle Mexican Grill (fresh mex)
26792 Towne Center Dr
Foothill Ranch 92610
(949) 297-3636

Cuca’s Mexican Cuisine
26676 Portola Pkwy
Foothill Ranch 92610
(949) 472-1383

In-N-Out
26482 Towne Center Dr
Foothill Ranch 92610
(800) 786-1000

Olamendi’s Express (Mexican)
27775 Santa Margarita Pkwy
Mission Viejo 92691
(949) 455-4158

Pick Up Stix (Chinese)
26696 Portola Pkwy
Foothill Ranch 92610
(949) 452-0282

Subway (sandwiches)
27855 Santa Margarita Pkwy
Mission Viejo 92691
(949) 586-1613

Togos Eatery (sandwiches)
27690 Santa Margarita Pkwy
Mission Viejo 92691
(949) 380-1120

Wahoos Fish Tacos
27412 Portola Pkwy
Lake Forest 92630
(949) 639-0344

Foothill Ranch Food Court
26781 Portola Pkwy
Foothill Ranch 92610

*Bangkok Thai
*Daphne's Greek
*Natraj of India
*Maison De Pho
*NY Upper Crust Pizza
*Ozen Sushi
*Rubio’s Baja Grill
*Togos Eatery

RESTAURANT DINING

Chili’s
26782 Portola Pkwy
Foothill Ranch 92610
(949) 830-6353

Claim Jumper
27845 Santa Margarita Pkwy
Mission Viejo 92691
(949) 461-7170

Denny’s
26712 Portola Pkwy
Foothill Ranch 92610
(949) 586-3310

Island’s
26582 Towne Center Dr
Foothill Ranch 92610
(949) 588-0086

La Perlita Mex Food
26771 Portola Pkwy
Foothill Ranch 92610
(949) 597-8355

Outback Steakhouse
26652 Portola Pkwy
Foothill Ranch 92610
(949) 455-4158
Peppino's Italian
27782 Vista Del Lago
Mission Viejo 92692
(949) 859-9556

Red Robin
26522 Towne Center Dr
Foothill Ranch 92610
(949) 297-8200

Round Table Pizza
27472 Portola Pkwy
Foothill Ranch 92610
(949) 716-4422

Rubino's Pizza
27762 Santa Margarita Pkwy
Foothill Ranch 92610
(949) 472-3663

Souplantation
26572 Towne Center Dr
Foothill Ranch 92610
(949) 472-1044

Thai Garden
27472 Portola Pkwy
Foothill Ranch 92610
(949) 716-4422

Urban Kitchen
27412 Portola Pkwy
Foothill Ranch 92610
(949) 340-2055

COFFEE
Starbucks
27698 Santa Margarita Pkwy
Mission Viejo 92691
(949) 830-8374

Starbucks
27412 Portola Pkwy
Lake Forest 92630
(949) 951-1537
Daniel G. Amen, M.D. is a physician, double board certified psychiatrist, teacher and nine time New York Times bestselling author. He is widely regarded as one of the world's foremost experts on applying brain imaging science to everyday clinical practice. The Amen Clinics have the world's largest database of functional brain scans relating to behavior, totaling over 87,000 scans on patients from 93 countries. We treat a variety of conditions including ADD, Anxiety, Depression, Brain Injuries, Addiction and Weight Management. The Amen Clinics have six locations nationwide in Costa Mesa and San Francisco CA, Bellevue WA, Atlanta GA, Reston VA and New York City.

Understanding and preventing suicide through research, education, and advocacy, the American Foundation for Suicide Prevention (AFSP) is the nation's leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes.
The California Institute for Mental Health (CiMH) was established in 1993 to promote excellence in mental health services through training, technical assistance, research and policy development.

Our Purpose
To promote wellness and positive mental health and substance use treatment outcomes through improvements in California’s health systems.

Our Vision
That California is the national leader in the provision of mental health services and support systems that successfully advance hope, wellness, resiliency, recovery and full community integration for all adults, children and families across their life spans.

Peer Support in Congregations
Is a statewide CIMH project designed to increase the capacity of faith-based organizations to provide peer counseling support and referral services. It expands the number of trained individuals available in congregations to support the pastoral efforts to serve individuals in crisis and needing support around mental health and substance use challenges.

The mission of California Mental Health Services Authority (CalMHS) is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in development and implementation of common strategies and programs, accountability at state, regional, and local levels, and fiscal integrity, protections, and management of collective risk.
Catholic Charities of Orange County (CCOC) will be a center of excellence in providing quality services to those in need, increasing the dignity of those served. The Mission of Catholic Charities of Orange County is to serve people in need, strengthen family and community, support parish ministries, and to extend God's love to all.

Celebrate Recovery

The purpose of Saddleback Church's Celebrate Recovery ministry is to celebrate God's healing power in our lives through the “8 Recovery Principles.” This experience allows us to “be changed.” We open the door by sharing our experiences, strengths and hopes with one another. In addition, we become willing to accept God's grace in solving our problems. By working and applying these Biblical principles, we begin to grow spiritually. We become free from our addictive, compulsive and dysfunctional behaviors. This freedom creates peace, serenity, joy and most importantly, a stronger personal relationship with God and others. As we progress through the program we discover our personal, loving and forgiving Higher Power—Jesus Christ, the one and only true Higher Power.
Clearview Treatment Programs, started in 2000, operates multiple treatment centers in the Los Angeles area. Clearview offers a full continuum of care, including residential, day, outpatient, and transitional living treatment centers. Our specialized evidence-based Center for Psychiatric Disorders and Addictions treats people who have struggled to achieve recovery from their psychiatric disorder or addiction, with a focus on the underlying causes, not just the symptoms. Clearview Women’s Center for Borderline Personality and Emotional Disorders is a comprehensive Dialectical Behavior Therapy (DBT) program that was created specifically to treat women struggling with symptoms of BPD and emotion dysregulation. Our staff has been extensively trained in DBT, Cognitive Behavioral Therapy, and other evidence-based therapies to be able to provide the most comprehensive treatment possible. Clearview is committed to the long-term success of our clients. To learn more about Clearview, visit www.clearviewtreatment.com or contact Kim Cartwright at (310) 422-6847 or kim@clearviewtreatment.com.

The mission of Cloud-Townsend Resources is to help people grow and reach their goals personally, professionally, spiritually and relationally.

Dr. Henry Cloud and Dr. John Townsend have been bringing hope and healing to millions for well over two decades, helping people discover solutions to life’s most difficult personal and relational challenges. Their material provides solid, practical answers and offers guidance in the areas of parenting, marriage, dating, emotional struggles, leadership, and personal and spiritual growth. Drs. Cloud & Townsend offer a wide variety of local growth opportunities and online training courses. They also have over one thousand recordings available in their extensive audio and video library. Visit cloudtownsend.com or call (800) 676-HOPE (4673).
FIESTA EDUCATIVA

Dedicated to empowering families of persons with disabilities, **Fiesta Educativa**, a partnership of families, professionals, consumers, friends, and agencies, embraces as its mission the goal of universal support towards the enhancement of the lives of persons with disabilities. For more information, please contact us at (714) 533-2533 or cmercado@fiestaeducativa.org.

FINDINGBALANCE

**FINDINGbalance** is the leading Christian resource for DAILY help with eating and body image issues. A 501(c)(3) non-profit, we serve people all over the world with small group tools, online videos, our annual Hungry for Hope eating disorders conference and our new Lasting Freedom online eating issues support program. www.findingbalance.org.

FRESH HOPE

**Fresh Hope** is a network of Christian support groups for those who suffer from mental health challenges and for those who love them. The purpose of Fresh Hope is to provide a safe, non-threatening setting for people who have mental health challenges, their family and friends. It is a place where they can share insights, progress and setbacks in an effort to exchange information and encouragement within a Christian context so that they might come to a point where they are not only surviving, but enjoying and finding joy and purpose in their lives. For more information, please visit www.freshhope.us or contact us at info@freshhope.us or 402-932-3089.
HOPE & HEALING AFTER ABORTION

Hope & Healing After Abortion (aka Project Rachel) assists all who have been hurt by the act of abortion. Specially trained companion ministers meet one to one with women who have had the experience of abortion, significant others who were part of the decision to abort, as well as those who may have assisted in this procedure. All conversations are held in the strictest confidence. Emotional, spiritual, and sacramental support is available for all who are seeking reconciliation, healing and recovery from this event. Our 24/7 hotline number is (800) 722-4356. For more information please contact Becky Davis / Pastoral Care Ministry Office at (714) 639-2900 ext. 210.

INTERNATIONAL BIPOLAR FOUNDATION

The vision of International Bipolar Foundation (IBPF) is to be the world's most valued authority on Bipolar Disorder and to envision a world in which Bipolar Disorder is prevented and cured. The mission of IBPF is to improve understanding and treatment of bipolar disorder through research; to promote care and support resources for individuals and caregivers; and to erase stigma through education. For more information, please visit ibpf.org or contact us at (858) 764-2496.

MENTAL HEALTH ASSOCIATION OF ORANGE COUNTY

Special People Serving Special People to Achieve Special Results. Mental Health Association of Orange County (MHA) is dedicated to improving the quality of life of Orange County residents impacted by mental illness through direct service, education, advocacy, and information dissemination. For more information, please visit www.mhaoc.org or contact us at (714) 547-7559 or mhainfo@mhaoc.org.
Thrive. Support. Training: We use a holistic process towards mental health recovery. We provide personal assistance to navigate professional care and improve personal life management. Our Mental Illness Recovery Program and support groups reinforce professional care. Lastly, we uniquely help the church understand the biblical and clinical perspective of mental health difficulties and disorders. For more information, about Mental Health Grace Alliance please visit mentalhealthgracealliance.org or contact us at (254) 235-0616 or info@mhgracealliance.org.

The mission of National Alliance on Mental Illness—Orange County (NAMI-OC) is to provide emotional support, education and resources for families, and those affected by mental illness. It is a volunteer-based non-profit organization and is the leading self-help organization in the County for families and friends of those suffering from serious mental disorders. For more information, please visit namioc.org or contact us at (714) 544-8488 or info@namioc.org.
National Catholic Partnership on Disability (NCPD) was founded in 1982 to implement in dioceses and parishes throughout the US the Pastoral Statement of US Catholic Bishops on People with Disabilities. NCPD provides resources and training so that Catholics with disabilities can be nourished in their faith, and actively contribute to their parish communities. NCPD’s resources include two monthly e-newsletters, thirteen webinars, and offerings from the following sub-groups. The NCPD Council on Mental Illness produces resources on mental illness, such as the Welcomed and Valued DVD and Manual. The Ethics and Public Policy Committee provides input to governmental agencies on issues such as euthanasia, organ donation, and prenatal diagnosis. The Autism Task Force is producing an App for helping children with intellectual and developmental disabilities to be able to attend Sunday services, and is also reviewing curriculum materials for sacramental preparation in order to advise educators on best practices and resources. For more information visit the NCPD website at www.ncpd.org.

The OC Links Information and Referral Line provides telephone and online support for anyone seeking information or linkage to any of the Health Care Agency's Orange County Behavioral Health Services. These services include children and adult mental health, alcohol and drug inpatient and outpatient, crisis programs, and prevention and early intervention services. Callers can be potential participants, family members, friends or anyone seeking out resources, or providers seeking information about Behavioral Health programs and services. Trained Navigators provide information, referral, and linkage directly to programs that meet the needs of callers. If you would like to learn more about services available through Behavioral Health Services, please call (855) OC-LINKS between the hours of 8 a.m. to 6 p.m. to be connected to a Behavioral Health Navigator. TDD Number: 714-834-2332. You may also LiveChat with a Navigator at ochealthinfo.com/bhs/about/pi/oclinks
Physicians Preventing Mental Illness & Restoring Mental Health. Welcome to Orange County Psychiatric Society (OCPS), which represents over 220 area psychiatrists devoted to quality patient care. The organization works to improve public awareness of mental illness and increase financial support of psychiatric care. For more information, please visit ocps.org or contact us at (949) 250-3157 or ocps@ocps.org.

The Hurtt Family Health Clinic offers mental health and counseling services to all residents residing in Orange County. It’s comprised of a multi-disciplinary team that includes Licensed Clinical Social Workers, Licensed Marriage and Family Therapists and interns. The Clinic accepts Medi-Cal and is able to provide free counseling services to both children and adults who have Medi-Cal and meet medical necessity requirements. Moreover, the clinic also provides a sliding scale to those who are uninsured or desire self-pay. For more information, please visit www.hurttclinic.org or contact us at (714) 247-0300 or info@hurttclinic.org.
THE PEACE CENTER – SADDLEBACK CHURCH

The PEACE Center was birthed out of a vision to have a destination for people in need of basic resources and assistance. We provide various programs, educational workshops, and services available to everyone in the community. Services include Insurance Application Assistance, Case Management (PEACE Guides), Food Pantry, Legal Aid, English as a Second Language Classes, Homework Club, and Tutoring. Additionally, we offer primary medical care for adults whether they are insured, under-insured or without resources through the SOS and PEACE Center Health Clinic. For more information about the PEACE Center please call (949) 609-8111.

SADDLEBACK CHURCH COUNSELING MINISTRY

The Saddleback Church Counseling Ministry is designed to assist individuals by using the Church Counseling Model. The purpose of the ministry is based on Pastor Rick’s vision for Saddleback Church to be a place where the hurting, the depressed, the frustrated, and the confused can find love, acceptance, help, hope, forgiveness, guidance, and encouragement. For more information, please contact us at (949) 609-8387.

SADDLEBACK CHURCH LOCAL HIV&AIDS INITIATIVE

The HIV&AIDS Initiative is a signature ministry of Saddleback Church that serves the many needs of people living with HIV&AIDS and their families and friends. God loves the sick, including those who are HIV+. The Local HIV&AIDS Initiative puts this love into action through building a compassionate community which offers real solutions by raising awareness, speaking and acting in advocacy, promoting education and prevention and eliminating stigma, simply loving on those who face the everyday and extraordinary challenges of HIV&AIDS. Website: hivaidssinitiative.com; Twitter: @HIVInitiative; Facebook: Saddleback Church HIV/AIDS Initiative.
SADDLEBACK CHURCH SUPPORT GROUPS

To provide Christ-centered Saddleback Church Support Groups for life's trials, traumas and tragedies. We want to provide a place of comfort, strength, and hope; with God in control and through His power a person will find healing during their time of personal struggle. For more information, please visit saddleback.com/care/supportgroups or contact us at (949) 609-8392.

TO WRITE LOVE ON HER ARMS

To Write Love On Her Arms (TWLOHA) is a non-profit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery. For more information, please visit http://twloha.com/ or contact us at info@twloha.com.
**The Wellness Center** is an agency that serves a specific population of the mental health community. It is an Upper Recovery Social Rehabilitation Model, which means our members are advanced in their recovery from their mental disorder. The requirements to be a member are three fold: 1. Must be 18 or older. 2. Be an Orange County resident and 3. Currently receiving Mental Health services or in the past. We have no doctors or therapists; we are peer-run. Members who meet the three requirements can join the Center. We have 115 classes per week. We have outings in the Community as well. For more information, please contact us at (714) 361-4860.

**Veterans Service Office — Orange County** will actively pursue the rights of veterans and dependents of the United States Armed Forces to receive Department of Veterans Affairs benefits. We will work collaboratively with nationally chartered veteran's organizations, the Department of Veterans Affairs and others to assure that veterans and their dependents receive the entitlements they have earned for their military service. For more information, please visit veterans.ocgov.com or contact us at (714) 480-6555.
2

PLENARY SESSIONS
PLENARY 1 | THE ROLE of the CHURCH in MENTAL HEALTH

MOST REVEREND KEVIN W. VANN, J.C.D., D.D.
Bishop of the Roman Catholic Diocese of Orange
Garden Grove, CA

PASTOR RICK WARREN, D.Min.
Senior Pastor of Saddleback Church, Lake Forest, CA
PLENARY 2 | INTEGRATING PHYSICAL, SPIRITUAL, and MENTAL HEALTH

AARON KHERIATY, M.D.
Associate Professor of Psychiatry, UC Irvine, Orange, CA

FATHER LUKE DYSINGER, M.D., D.Phil.
Benedictine Monk; Professor, St. John’s Seminary, Camarillo, CA

ERIC L. JOHNSON, Ph.D.
Professor of Pastoral Care, Southern Baptist Theological Seminary, Louisville, KY
PLENARY 3 | HELPING the HELPERS: CRISIS MANAGEMENT for CHURCH STAFF

TOM OKAMOTO, M.D.
Psychiatrist, Santa Ana, CA

LOUISE DUNN, D.Min.
Director of New Hope Crisis Center, Garden Grove, CA
CHUCK HANNAFORD, Ph.D.
Clinical Psychologist; President, Health Life, Germantown, TN

TERESA “TITA” SMITH, MSW, LCSW
Executive Director of Catholic Charities of Orange County
Santa Ana, CA
PLENARY 4  |  RESOURCING the CHURCH

MATTHEW S. STANFORD, Ph.D.
Professor, Baylor University; Executive Director
Mental Health Grace Alliance, Waco, TX

PASTOR BRAD HOEFS, M.Div.
Founder and Executive Director of Fresh Hope, Elkhorn, NE
STEVE PITMAN
President, Board of Directors NAMI-Orange County
Santa Ana, CA

TOM LAMBERT
Deacon, Archdiocese of Chicago, Chicago, IL

PASTOR TOMMY HILLIKER, M.Div.
Pastor of Membership, Saddleback Church, Lake Forest, CA
PLENARY 5 | STANDING TOGETHER in SUFFERING

KAY WARREN
Co-founder of Saddleback Church, Lake Forest, CA

AMY SIMPSON, MBA
Author, Troubled Minds: Mental Illness and the Church's Mission
Chicago, IL
MOST REVEREND KEVIN W. VANN, J.C.D., D.D.
Bishop of the Roman Catholic Diocese of Orange
Garden Grove, CA

PASTOR RICK WARREN, D.Min.
Senior Pastor of Saddleback Church
Lake Forest, CA
SESSION 1

WORKSHOPS
2:45–3:45 PM

LOUISE DUNN, D.Min.
Director of New Hope Crisis Center

PASTOR TOMMY HILLIKER, M.Div.
Pastor of Membership, Saddleback Church

THE LAY-PERSON’S FAITH-BASED RESPONSE TO PEOPLE IN CRISIS

How to use active listening skills to assist people in crisis, who call or walk-in wanting help from untrained lay persons. A written resource will be provided.

LOCATION: Children’s Ministry Center
First Floor — “Reef” Room

HOW TO LAUNCH A SUPPORT GROUP AND COUNSELING MINISTRY IN YOUR CHURCH

Over 2,000 people a month come to one of the 120 different support groups Saddleback Church offers and over 5,000 counseling hours are provided every month by trained volunteer counselors. This workshop will provide you with the basic foundational tools to develop a volunteer-run counseling and support group ministry.

LOCATION: The Refinery
First Floor — Gym

PASTOR BRAD HOEFS, M.Div.
Founder and Executive Director of Fresh Hope

LIVING WELL IN SPITE OF A MENTAL HEALTH DIAGNOSIS

This will be a time of encouragement, building up hope and exploring mental health recovery from a wellness perspective. This will be peer-focused (for those who have a mental health challenge). However, all are welcome to join us. Come and fill up your hope tank with fresh hope!

LOCATION: Tent 3
There are many reasons why mental illness is commonly viewed negatively. However, a number of teachings in the Bible present a very different way to view mental illness in churches that can help build a spirit of openness, community, and trust.

This workshop will look at depression from medical/psychiatric and spiritual perspectives. We will examine the effect of depression on one’s spiritual life, how Christian spiritual practices can be a part of the recovery process, and how to distinguish depression from related moral or spiritual states.

This workshop is an interactive overview of some of the most common gender differences in mental health. The first 30 minutes will include a discussion of the following: postpartum depression, breastfeeding and psychiatric medications, perimenopausal depression, premenstrual dysphoric disorder, PTSD, suicide rates, substance abuse and treatment regimens. The last 30 minutes will be dedicated to a question and answer session. Overall, we hope that you gain a greater understanding of mental health as it uniquely pertains to the anatomy of a woman.
SESSION 1, CONTINUED

WORKSHOPS
2:45–3:45 PM

TOM OKAMOTO, M.D.
Psychiatrist

LIVING WITH BIPOLAR ILLNESS

This workshop will cover current medical information and descriptions of Bipolar Affective Disorders including various types and symptoms in all ages, from childhood to adulthood. We will touch on the history of the diagnosis and its impact on society, families, the church and the course of life, including its spiritual impact. Available treatments and resources will be discussed, as well as approaches to living with the illness. The different approaches of seeing symptoms as a treatable medical illness vs. seeing them as irresponsible behavior will be contrasted. The benefits of a multidisciplinary medical approach will be explored, allowing for a grace model of care and relationship beyond illness and treatment. There will be time for questions and answers.

LOCATION: Tent 2

HERMINIA SHEA-MARTINEZ, Ph.D.
Catholic Licensed Psychologist, Board Certified Expert in Traumatic Stress

EL PAPEL DE LA IGLESIA SOBRE LA SALUD

La historia acerca del sufrimiento de las personas con enfermedades mentales será discutida. Hoy, esto nos ayuda a crecer con sabiduría y compasión en como extender nuestras manos a aquellos que sufren. También, el papel fundamental de la iglesia será analizado con intervenciones practicas para aquellos que sufren con la enfermedad mental y sus familias, al mismo tiempo reduciendo el estigma y manteniendo la dignidad de ellos.

LOCATION: Portables — Room 312
This workshop will provide an overview of the prevalence and risk factors for depression and suicide, dispel popular myths, and highlight vital suicide prevention research and education programs. This workshop will include practical advice for those who know someone who may be contemplating suicide.

LOCATION: Children’s Ministry Center
Third Floor — “Edge” Room

*Recordings of all workshops will be available for free on www.mentalhealthandthechurch.com in the weeks following The Gathering on Mental Health and the Church.
SESSION 2

WORKSHOPS
4:00–5:00 PM

DANIEL G. AMEN, M.D.
Founder, Amen Clinics

PASTOR JOHN BAKER
Founder and Pastor of Celebrate Recovery, Saddleback Church

CHUCK HANNAFORD, Ph.D.
Clinical Psychologist; President, Health Life

THE MOST IMPORTANT LESSON LEARNED FROM 87,000 BRAIN SCANS

This workshop will explore the biological nature of mental health issues and the complexity learned through obtaining the world’s largest database of functional brain imaging studies on psychiatric patients.

LOCATION: Refinery
First Floor — Auditorium
(This workshop will be available by webcast)

CELEBRATE RECOVERY AND DUAL DIAGNOSIS

Hear from Celebrate Recovery® founder, Pastor John Baker, on how Celebrate Recovery can help those with dual diagnosis. During this workshop you will hear two testimonies of those who have found victory through Celebrate Recovery. Information will also be provided on how to start a Celebrate Recovery ministry at a local church.

LOCATION: Tent 3

HELPING HELPERS MANAGE CRISIS IN THE CHURCH:
BUILDING A BRIDGE WITH PROFESSIONALS

This workshop will provide information that will assist “helpers” in the Church manage crisis situations more effectively. Participants will have the opportunity to become familiar with working as a team member. This workshop will be interactive and discussion and questions are encouraged.

LOCATION: Tent 2
Borderline Personality Disorder effects upwards of 6% of the population and those suffering with it are routinely misunderstood, misdiagnosed and terribly underserved. People with BPD suffer intense, overwhelming emotions, often deep self-hatred with self-harming behaviors and great difficulty with relationships and work. Those living with them, and loving them, suffer tremendously too, enduring helplessness, frustration, hurt and hopelessness. Understanding and education are the first steps to being better able to help effected loved ones. This workshop will provide an introduction to BPD; it will aim to explain the confounding and frightening behaviors of the illness, to provide a window on the internal experience of those afflicted with it and to offer tools for more effective communication. Finally, treatment options and educational resources will be discussed.

LOCATION: Children's Ministry Center
First Floor — “Reef” Room

Discussion of resources and programs for a pastoral response to people with mental illness and their families.

LOCATION: Children's Ministry Center
Third Floor — “Edge” Room
SESSION 2, CONTINUED

WORKSHOPS
4:00-5:00 PM

CEPTILIA MERCADO
Family Empowerment Center Leader

ABOGANDO POR PERSONAS QUE TIENEN UN DIAGNOSTICO DE SALUD MENTAL Y EQUIPANDO LA IGLESIA, LAS FAMILIAS, LA COMUNIDAD Y A LOS PROFESIONALES QUE TRABAJAN CON ELLOS

Aprenderan el concepto de salud mental, la importancia de la abogacia para ayudar a accesar a todos los servicios, beneficios y terapias disponibles, bajo el estado, ley de educacion especial y programas en la comunidad. Importancia de que la Iglesia, las familias y los profesionales tengan las herramientas para ayudar a personas con un diagnostico de salud mental, para salir adelante con el reto de efrentarse ante cualquier adversidad.

LOCATION: Portables — Room 312

STEVE PITMAN
President, Board of Directors NAMI—Orange County

THERAPEUTIC PARTNERSHIPS FOR RECOVERY

Understanding the lived experience of mental health, especially those experiences that are shared, the differing understandings of these experiences by consumers, family members and providers, and how to build partnerships that support recovery.

LOCATION: Children’s Ministry Center
Second Floor — “Extreme” Room
Behind every person with mental illness is a family changed—perhaps even devastated—by that illness. The effects of mental illness go way beyond the individual. Amy Simpson, author of Troubled Minds: Mental Illness and the Church’s Mission, knows firsthand what it’s like to love someone with serious mental illness. She shares her own story, discusses how mental illness affects families, gives practical ideas for how churches can help, and offers tips for how families can advocate for the help they need.

**LOCATION:** Worship Center

(This workshop will be available by webcast)
This workshop will present a balanced clinical and Biblical perspective on mental illness. The foundational role of the church in the recovery process will be discussed along with practical steps for churches to effectively minister to those living with mental illness and their families.

LOCATION: Refinery, First Floor — Gym
4
SPEAKER BIOS
RICK WARREN, D.Min. is the founding pastor of Saddleback Church in Lake Forest, CA. He is the author of 8 books, including the bestselling *Purpose Driven Life*, which has sold more than 30 million copies in English. He is also the creator of The PEACE Plan, which seeks to Plant churches/promote reconciliation, Equip servant leaders, Assist the poor, Care for the sick, and Educate the next generation in the United States and around the world.

KAY WARREN is the co-founder of Saddleback Church in Lake Forest, CA, with her husband, Rick, and the founder of the HIV/AIDS Initiative at Saddleback. She is an international speaker, best-selling author and Bible teacher. Her latest book, *Choose Joy, Because Happiness Isn’t Enough* was published in 2012. After their son, Matthew, took his life in 2013, the Warrens revealed that he had a lifelong struggle with mental illness. Rick and Kay are committed to raising awareness about mental illness, reducing the stigma many experience and equipping local churches and families to effectively minister to those living with mental illness.

BISHOP KEVIN VAN, J.C.D., D.D. was ordained as a Roman Catholic priest in 1981 for his home Diocese of Springfield, IL and continued his graduate studies in Canon Law at the Angelicum in Rome. He served as a pastor for 16 years. Those years informed and guided his ministry in a profound way. He was installed as the third Bishop of Fort Worth Texas in 2005 and appointed as the fourth Bishop of Orange in 2012. He holds a number of positions at the national level which compliments his background and interests in health care and education.
**DANIEL AMEN, M.D.** is a physician, double board certified psychiatrist, teacher and nine time New York Times bestselling author. He is the Founder and Medical Director of Amen Clinics and has the world’s largest database of functional brain scans relating to behavior, totaling 87,000 patient scans from 93 countries.

**JOHN BAKER** is the pastor and founder of Celebrate Recovery, a ministry born out of the heart of Saddleback Church. Over the last twenty-three years, nearly 20,000 individuals have gone through this Christ-centered recovery program at Saddleback Church. The Celebrate Recovery program is now being used in thousands of churches nationwide. Over one million individuals have completed the program.

**LOUISE S. DUNN, D.Min.** is the Director of the New Hope Crisis Counseling Center in Garden Grove, CA. Dr. Dunn has been teaching the crisis counseling training for New Hope counselors since 2003. Classes include active listening, grief counseling, suicide prevention and intervention, setting boundaries, and how to pray with people in crisis.

**FATHER LUKE DYSINGER, M.D., D.Phil.** is a Benedictine monk of Saint Andrew’s Abbey, Valyermo, California. He teaches marriage and human sexuality, bioethics, patristics, and the history of Christian spirituality at Saint John’s Seminary in Camarillo, CA. Prior to joining the monastery he trained as a physician and was board-certified in family practice.

**CHUCK HANNAFORD, Ph.D.** is a licensed clinical psychologist and has been in private practice and consultation with churches for over 30 years. He has served as the clinical director of inpatient, intensive outpatient, and outpatient programs for adults and adolescents. He is an adjunct professor at Southeastern Baptist Theological Seminary.
TOMMY HILLIKER, M.Div. is the membership pastor of Saddleback Church in Lake Forest, CA. He leads and serves with his wonderful team to care for, connect and support the members of Saddleback and the local community. He is the author of the training program Leading and Launching Life-Changing Support Groups, a curriculum designed to help churches start a support group ministry and to train their leaders. Tommy’s life has been deeply affected by mental illness; he lost his brother-in-law to suicide in 2013 after a life long struggle with mental illness. Tommy’s desire is to help equip and strengthen compassionate church leaders around the world to reach out to people who are suffering.

BRAD HOEFS, M.Div. is the founder of Fresh Hope, a national network of Christian peer support groups for those who have mental health challenges and their loved ones. He was diagnosed with Bipolar Disorder I in 1995 and one of his passions is to empower peers to live a full and rich life in spite of a mental health challenge. He is also the pastor of Community of Grace Lutheran Church in Omaha, NE.

ERIC JOHNSON, Ph.D. is the Lawrence and Charlotte Hoover Professor of Pastoral Care at The Southern Baptist Theological Seminary in Louisville, KY. He edited Psychology and Christianity: Five Views and wrote Foundations for Soul Care: A Christian Psychology Proposal, and he is the director of the Society for Christian Psychology.

AARON KHERIATY, M.D. is an associate Professor of Psychiatry and Director of the Program in Medical Ethics at the University of California Irvine School of Medicine. He serves as chairman of the clinical ethics committee at UCI Medical Center. Dr. Kheriaty is the author of The Catholic Guide to Depression.
ROBIN L. KISSELL, M.D. is the Director of the Borderline Personality Disorder Initiative of the Semel Institute, UCLA. She is also in private practice and is committed to expanding the delivery of services to those afflicted with personality disorders and providing education and information for families, teachers, and professionals affected by mental illness.

TOM LAMBERT, Deacon, is the Co-Chair of the Chicago Archdiocesan Commission on Mental Illness, Co-Chair of the National Catholic Partnership on Disability Mental Illness Council, and former state president of NAMI in Illinois. He has been involved in outreach and advocacy for people with mental illness and their families for over 25 years.

CECILIA MERCADO is the Regional Coordinator for Fiesta Educativa and Family Empowerment Center Leader, Orange County. She runs presentations, conferences, and workshops and coordinates educational workshops and other annual events for Latino Families with special needs.

SHARI MUIR, M.D. is a psychiatrist whose therapy model balances the art of psychiatry with Christian principles. Through telemedicine services, she uses videoconferencing to treat impoverished patients with severe mental illness living in rural areas. She also serves as a volunteer for the Boys Town group home and has received an award for her work in Rwanda.

TOM OKAMOTO, M.D. is a psychiatrist in active practice with over 25 years of experience in multiple settings, including psychiatric adult and adolescent inpatient and outpatient care, addiction recovery units, and research and academic roles. He serves as a treatment and consulting resource to counselors, pastors, and missionaries.
STEVE PITMAN, President of the Board of Directors of NAMI-OC, grew up in a family in which many members struggled with mental illness. Steve’s commitment and passion to help people has led him to become active in NAMI-OC.

CONSTANCE RHODES is the founder and CEO of FINDINGbalance, the leading Christian resource for DAILY help with eating and body image issues. Based in Tennessee, her non-profit serves people around the globe with quality, biblically-sound resources, small group tools and community support programs instantly accessible through technology and the web.

HERMINA SHEA MARTINEZ, Ph.D. is a Catholic licensed psychologist and a Board Certified Expert in Traumatic Stress. La Dra. Herminia Shea-Martínez es católica licenciada en Psicología, y diplomática (Board Certified) Experta en Estrés Postraumático.

AMY SIMPSON, MBA is the award-winning author of Troubled Minds: Mental Illness and the Church’s Mission. She also serves as editor of Christianity Today’s Gifted for Leadership and Senior Editor of Leadership Journal.

TERESA “TITA” SMITH, LCSW, MSW, is a Licensed Clinical Social Worker with more than 30 years experience in counseling, education, health care and church ministry. She is the Executive Director of Catholic Charities of Orange County and the Mayor of the City of Orange. Tita has an extensive background in the administration and implementation of social services.
MATTHEW STANFORD, Ph.D. is a professor of psychology, neuroscience and biomedical studies at Baylor University. His research on mental health and faith has been featured by Fox, the New York Times, USA Today, MSNBC, Yahoo, and U.S. News & World Report. He is the co-founder and executive director of the Mental Health Grace Alliance. He is the author of *Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness.*

JOHN TOWNSEND, Ph.D. is a business consultant, leadership coach and psychologist. He has written or co-written 27 books, selling 6 million copies, including the 2 million copy best-seller *Boundaries.* He has also written *Leadership Beyond Reason* and *Handling Difficult People.*

JESSICA VAN DER STAD is an Area Director for the American Foundation for Suicide Prevention. AFSP is the nation’s largest not-for-profit exclusively dedicated to understanding and preventing suicide through research, education, advocacy and outreach initiatives. As a survivor of suicide loss, Jessica’s work focuses on bringing people together from different communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes.
Every hour of every day, hundreds of people need essential human services - they are looking for training, employment, food pantries, help for an aging parent, addiction prevention programs for their teenage children, affordable housing options, support groups and ways of becoming part of their community. 2-1-1 allows people to give help and to get help.

2-1-1 is an easy to remember telephone number that, where available, connects people with important community services and volunteer opportunities. In 2012, 2-1-1 services in the United States answered more than 15.8 million calls. The implementation of 2-1-1 is spearheaded by United Ways and information and referral agencies in states and local communities. United Way Worldwide (UWW) and the Alliance for Information and Referral Systems (AIRS) are committed to providing national leadership so that every American has access to this essential service.

www.211us.org
ORANGE COUNTY 211 INCLUDES A SEARCHABLE DATABASE OF MENTAL HEALTH RESOURCES. FOR MORE INFORMATION, PLEASE VISIT:

www.211oc.org/mental-health.html

GET HELP NOW! – CALL 2-1-1 ORANGE COUNTY

2-1-1 Orange County is the comprehensive information and referral system for Orange County, CA. 2-1-1 OC provides a resource database of health and human services and support, accessible 24 hours a day, 7 days a week online and through our multi-lingual hotline, connecting people quickly and effectively to existing programs and disaster response information.

We connect people of all income levels and language and cultural backgrounds to resources tailored to their needs and circumstances, taking into account accessibility, eligibility requirements and other factors through live assistance from highly-trained and certified Information & Referral Specialists or through our searchable online resource database.

The Mission of 2-1-1 Orange County is to help people find the help they need by eliminating the barriers to finding and accessing social services in Orange County. For over 28 years, we have connected residents in need to critical social services in Orange County such as housing, job placement, food, and health insurance. With the inception of 2-1-1 in Orange County in 2005, a simple toll free, three digit phone number that is easy to remember, we now connect thousands of individuals and families to needed community based programs, including where to find a community clinic, dental care, immunizations, and prescription assistance, food, homeless shelters, elder and child care, legal services and other resources offered by local nonprofits and government agencies.

Through our Information and Referral (I&R) services, Orange County residents can dial 2-1-1 or 888-600-4357 (toll-free) to receive referrals from trained multilingual I&R Specialists 24 hours a day, 7 days a week. Callers outside of Orange County dial 888-600-4357. I&R Specialists are able to search through listings of over 2,000 local agencies providing thousands of programs in order to find those that best match the individual's needs, screen for eligibility, and provide them with the most useful information.

To assure that the information in our database is accurate and up-to-date our Resource Specialists build relationships with local service providers.

2-1-1 Orange County serves as a crucial public information system during local emergencies such as earthquake, fire or other disaster.

2-1-1 Orange County is available to every resident and visitor in Orange County, CA.
SADDLEBACK CHURCH RESOURCES

SUPPORT GROUPS

Providing Christ-centered support groups for life's trials, traumas and tragedies, we provide a place of comfort, strength, and hope. We offer mental health support groups for: Bipolar, ADHD, Depression, Severe Mental Illness, Eating Disorders, Grief, and the NAMI Family Group. With God in control and through His power, a person can find healing during their time of personal struggle.

- 949-609-8392
- saddleback.com/care/supportgroups
- Family and Friends of those with Mental Illness – a support group for parents, siblings and significant others who have family or friends suffering with severe and chronic mental illness.
- Bipolar Support Group – a 24 week Christ-centered workshop which will include education through teaching, group and individual exercises, discussion, and films.
- NAMI's Family to Family – education for families and others who are affected by serious mental illness: schizophrenia, schizoaffective disorder, recurrent major depression, bipolar disorder (manic-depression), panic disorder, obsessive compulsive disorder, and co-occurring brain disorders and addictive disorders.
- ADD Support Group – Saddleback Church has two support groups for those affected by ADD and ADHD. The adult support group is designed to assist, inform and encourage adults who have been diagnosed with ADD/ADHD and their family members. Our parent's support group assists those who have children that have been diagnosed with ADD/ADHD.
- Depression Support Group – a source of information, support and encouragement to individuals living with depression, and their family members. *Not a therapy group, nor is the group designed to replace therapy or interfere with any medical treatment being received by participants.
- Eating Disorder Support Group – offers encouragement and hope for women struggling with eating and body image issues. Explore the misconceptions and remove the stigma surrounding our attitudes and behaviors with food.
CELEBRATE RECOVERY

The purpose of Saddleback's “Celebrate Recovery” is to fellowship and celebrate God's healing power in our lives through the 12 Steps and 8 Recovery Principles. This experience allows us to “be changed.” We open the door by sharing our experiences, strengths and hopes with one another. In addition, we become willing to accept God's grace in solving our problems. By working and applying these Biblical principles, we begin to grow spiritually. We become free from our addictive, compulsive, and dysfunctional behaviors. This freedom creates peace, serenity, joy, and most importantly, a stronger personal relationship with God and others.

www.celebraterecovery.com

CELEBRATE RECOVERY’S OPEN SHARE GROUPS
Fridays, 8:00 – 9:00pm at Saddleback Church

<table>
<thead>
<tr>
<th>Adult Children of Family Dysfunction</th>
<th>Food Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Men's Group &amp; Women's Group</em></td>
<td><em>Women</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Freedom from Anger</th>
<th>Love &amp; Relationship Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Men's Group &amp; Women's Group</em></td>
<td><em>Women</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chemical Addiction</th>
<th>Sexual Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Men's Group &amp; Women's Group</em></td>
<td><em>Men</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-Dependency</th>
<th>Sexual/Physical/Emotional Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Men's Group &amp; Women's Group</em></td>
<td><em>Women</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-Dep. In a Relationship w/ a Sexual Addict</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Women</em></td>
<td></td>
</tr>
</tbody>
</table>
COUNSELING MINISTRY

Based on Pastor Rick's vision of Saddleback Church as a place where the hurting, the depressed, the frustrated, and the confused can find love, acceptance, help, hope, forgiveness, guidance, and encouragement, we assist individuals using the Church Counseling Model. The Counseling Ministry is open to the community.

- 949-609-8387
- http://saddleback.com/connect/ministry/church-counselors

THE PEACE CENTER

Birthed out of a vision to have a destination for people in need of basic resources and assistance, we provide various programs, educational workshops, and services to everyone in the community. Additionally, we offer primary medical care for adults whether they are insured, underinsured or without resources, through the SOS & PEACE Center Health Clinic.

- 949-609-8111
- 1 Purpose Dr, Lake Forest, CA 92630
- Services/Programs
  - Insurance Application Assistance
  - Case Management (PEACE Guides)
  - Food Pantry
  - Legal Aid
  - ESL Classes (English as a Second Language)
  - Homework Club and Tutoring
NEW HOPE CRISIS COUNSELING HOTLINE

This 24/7 hotline provides suicide intervention and peer counseling for anyone who is struggling.

- (714) NEW-HOPE or (714) 639-4673
- www.newhopenow.org
- Contact: Dr. Louise Dunn (dunnlouise@rocketmail.com)

COUNSELING CENTER (CATHOLIC CHARITIES OF ORANGE COUNTY SERVICE)

Provides professional individual, family and group counseling services, parent education services, and family enrichment programs.

- Services provided by licensed therapists and supervised pre-licensed therapists.
- Programs
  - Family counseling
  - Conflict resolution
  - Marriage enrichment
  - Parenting skills
  - Relationship enhancement
  - Marriage preparation counseling
- Contact: Deana Gullo, LCSW, dgullo@ccoc.org
- 714-347-9625
- 1800 East 17th St, Santa Ana, CA 92705

BEGINNING EXPERIENCE

A weekend designed for those who have experienced the loss of a loved one through separation, divorce or death; designed to be a time of closure on the past and renewed hope for the future.

- Contact: Larry Barone – 714-227-9550
- (Spanish) Melissa Orosco – 714-336-3221
CASA TERESA
Provides a temporary home and ongoing support for pregnant women. Life skills and educational programs prepare these women to make loving and informed decisions for themselves and their babies.

- www.casateresa.com
- 714-538-4860
- info@caseteresa.com

MARY’S SHELTER
Residential care facility in central Orange County for pregnant girls under 18 and their babies. Provides individual, group and family counseling, job training, child care, parenting education, continuing education, spiritual formation and access to medical care.

- 714-730-0930
- www.teenshelter.org

JOSEPH HOUSE
Transitional shelter for homeless single men. This program includes men 21 years and over as well as veterans.

- 714-788-7671

REGINA HOUSE
Transitional shelter for homeless mothers and their children.

- 714-836-7188 ext. 129

EMMANUEL HOUSE
Transitional shelter for homeless single adults living with HIV.

- 714-836-7188 ext. 116

MERCY HOUSE - PREVENTION PROGRAM
Homeless prevention program provides financial assistance and support to prevent households from becoming homeless.

- PO Box 1905, Santa Ana, CA 92702
- 714-836-7188
- www.mercyhouse.net
HOPE & HEALING AFTER ABORTION  
(PROJECT RACHEL)

For hope and healing after an abortion our ministry can provide you with a person who has been trained in this very 
sensitive area to help you with the sacramental support you may be seeking. All calls are strictly confidential. Please don't 
feel you need to make this journey alone.

• 800-722-4356

Naim MINISTRY

A diocesan-wide peer ministry specifically for widows and widowers.

• Eileen Shannon – 714-871-0456
• Anne Kowalski – 714-871-3962
NAMI-ORANGE COUNTY

Providing emotional support, education, and resources for families and those affected by mental health conditions. In collaboration with the entire community, we advocate for a life of quality and dignity, one without discrimination, for all persons affected by mental illness.

- 714-544-8488
- www.namioc.org
- 1810 E 17th St, Santa Ana, CA 92705

Programs/Services

- **Family-to-Family Education Program**
  Taught by trained volunteers, this class provides an intensive 12-week program for families providing them with knowledge and teaching them the required skills to cope with loved ones who have been diagnosed with a mental illness, facilitate the treatment process, and contribute to their return to health. *Available in Spanish, Korean, Farsi, Arabic and Vietnamese.*

- **Basics Education Program**
  Taught by trained volunteers, NAMI-Orange County provides a six-week program designed to foster learning, healing, and empowerment among families of children and adolescents with emotional/mental/neurobiological disorders.

- **Mano a Mano (Hand to Hand)**
  Similar to the Basics Education Program, but is a 9-week program and is offered in Spanish.

- **Peer-to-Peer Education**
  A 10-week course on recovery for any person with mental illness who is interested in establishing and maintaining wellness. The course is taught by trained “mentors,” who are themselves experienced at living well with mental illness.

- **In Our Own Voice**
  Interactive presentations by individuals in recovery that are designed to raise awareness and reduce stigma by providing an honest dialogue on issues related to recovery from a severe mental health diagnosis.

- **NAMI Connection**
  A weekly recovery support group for people living with mental illness in which people learn from each other's experiences, share coping strategies, and offer each other encouragement and understanding.

- **Support Groups**
  Support groups meet weekly throughout Orange County and are attended by over 400 family members each month. Current support group list: www.namioc.org
• **School Outreach Programs**
  Trained volunteers provide lessons in schools to help students, parents, and teachers identify the symptoms and treatments of mental illness and their impact on society.
  
  • **Parents and Teachers as Allies**
    Provides the basis for an in-service for educators.
  
  • **Ending the Silence**
    A transformational program presented to high school audiences.

• **Provider Education Course**
  A 5-week course that presents a penetrating, subjective view of family and consumer experiences with serious mental conditions to line staff and supervisors who work with mental health consumers.

• **FaithNet**
  Faith and spirituality can be essential elements of healing and recovery from any serious medical illness, including mental illness. FaithNet works to educate clergy and congregations about mental health issues.

• **Speakers Bureau**
  Offers presentations of various programs throughout the community in various settings, working to increase awareness and reduce stigma.

• **Education Meetings**
  Speakers who are knowledgeable on specific mental health issues speak at these monthly presentations.

• **NAMI-OC WarmLine**
  The WarmLine is a confidential 7-day a week telephone support service which has reached over 31,000 people thus far. This service is for anyone who has concerns about mental health, substance abuse, is lonely or confused, or who needs information about available mental health services.
  
  • **NAMI-OC WarmLine:** 714-991-6412

**NAMI CALIFORNIA**

• 916-567-0163

• www.namicalifornia.org

**NAMI NATIONAL**

• 800-950-6264

• www.nami.org
*** This is by no means a comprehensive resource list. It is intended to make you aware of a few resources beyond what is available through our event sponsors (Saddleback Church, Diocese of Orange, and NAMI-OC) and event exhibitors. We encourage you to utilize your local 211 service or to explore the resources in your local area.

## CRISIS AND HELP LINES:

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Behavioral Health Information and Referral (855-OCLINKS)</td>
<td>(855) 625-4657 TDD (714) 834-2332</td>
</tr>
<tr>
<td>24-hour Crisis Prevention Hotline (877-7CRISIS)</td>
<td>(877) 727-4747</td>
</tr>
<tr>
<td>Warm Line (877-910-WARM)</td>
<td>(877) 910-9276 or (714) 991-6412</td>
</tr>
<tr>
<td>OC Centralized Assessment Team (CAT)</td>
<td>(866) 830-6011</td>
</tr>
<tr>
<td>Suicide Prevention Center Hotline: Southern California</td>
<td>(877) 727-4747</td>
</tr>
<tr>
<td>Veterans’ Crisis Line</td>
<td>(800) 273-8255</td>
</tr>
</tbody>
</table>

From OC Behavioral Health website

## MENTAL HEALTH SERVICES:

### CENTRALIZED ASSESSMENT TEAM

The Centralized Assessment Team (CAT) is a program of Orange County Health Care Agency – Behavioral Health Services and is funded through the Mental Health Services Act (MHSA).

- The Centralized Assessment Team (CAT) program mission is:
  - To provide emergency psychiatric evaluation services to the community
  - To ensure timely follow-up and referral services on all evaluations
  - To improve access to services through linkage and/or referral to community services

- [www.ochealthinfo.com/bhs/about/amhs/ces](http://www.ochealthinfo.com/bhs/about/amhs/ces)

- (866) 830-6011 or (714) 517-6353 (available 24/7)
HOPE’S NEST

- Support group for those with mental illness at Trinity United Presbyterian Church in Santa Ana, CA
- www.mentalhealthministries.net

MENTAL HEALTH ASSOCIATION OF ORANGE COUNTY

- The Mental Health Association of Orange County (MHA) is dedicated to improving the quality of life of Orange County residents impacted by mental illness through direct service, education, advocacy, and information dissemination.
- A resource for mentally ill homeless population
- www.mhaoc.org
- (714) 547-7559

ORANGE COUNTY HEALTHCARE AGENCY

- The Health Care Agency is a regional provider, charged with protecting and promoting individual, family and community health through coordination of public and private sector resources.
- www.ochealthinfo.com
- (855) 625-4657

ORANGE COUNTY MENTAL HEALTH CLINIC:

- Provides mental health care on a walk-in basis. However, it is advised to call first for times and directions.
- www.ochealthcare.org
- (714) 834-4707; Administrative Office - (714) 834-5904
- Aliso Viejo (Drug & Alcohol treatment): (949) 643-6930
- Mission Viejo Health Care (no substance abuse): (949) 454-3940
- Other Office Locations: Santa Ana, Anaheim, Costa Mesa, Fullerton, Westminster

PACIFIC HILLS TREATMENT CENTER

- Substance abuse treatment. We strongly emphasize the spiritual aspects of recovery in both our non-denominational Christian 12 Step program and in our Traditional 12 Step program tract
- www.pachills.com
- 32236 Paseo Adelanto, Suite G, San Juan Capistrano, CA 92675
- (949) 369-2915
- Intake counselors: (800) 662-2873
- Men's treatment: 217 Avenida Monterey, San Clemente CA
TELECARE
- Provides recovery-focused services for persons with mental illness and complex needs.
- www.telecarecorp.com
- (510) 337-7950; (510) 337-7969 (fax)
- 1080 Marina Village Parkway Suite 100, Alameda, CA 94501

CHILDREN & YOUTH MENTAL HEALTH SERVICES:

CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES
- ssa.ocgov.com/health/other/child
- (301) 443-4513
- Toll Free: (866) 615-6464

CHILDREN AND YOUTH SERVICES (CYS)
- Provides a broad range of services for behaviorally, emotionally or mentally disordered children and adolescents which include evaluation, therapy, medication, crisis intervention and collateral services to parents and families. Referral for hospitalization or residential treatment, consultation to schools and other agencies, coordination with private and public services and case management for those placed in hospitals or other 24-hour settings are also provided.
- www.ochealthinfo.com/bhs/about/cys
- (714) 834-5400

SOCIAL SKILLS DEVELOPMENT CENTER
- Provides social skills counseling and therapy to teens, children, young adults, and parents in and around Huntington Beach
- Services/Product offered: Family & Relationship Counseling, Psychotherapy
- www.socialskillsdevelopmentcenter.com
- 18652 Florida St #335 Huntington Beach, CA 92648
- (714) 658-0797
HOSPITALS/MEDICAL MENTAL HEALTH SERVICES:

AURORA LAS ENCINAS HOSPITAL (PASADENA)
• Adults, Dual Diagnosis
• http://www.lasencinashospital.com
• (626) 795-9901

COLLEGE HOSPITAL (CERRITOS)
• Adults, Adolescents
• http://chc.la
• (562) 924-9581

CORONA REGIONAL MEDICAL CENTER BEHAVIORAL HEALTH
• Adults, Seniors, Dual Diagnosis
• http://www.coronaregional.com/hospital-services/behavioral-health-services
• 730 Magnolia Avenue Corona, CA 92879
• (951) 737-4343

RADY CHILDREN’S HOSPITAL (SAN DIEGO)
• Children, Adolescents
• http://www.rehsd.org
• (858) 576-1700
ST. JOSEPH HEALTH MISSION HOSPITAL, LAGUNA BEACH

Behavioral Health Services:
• Inpatient and outpatient programs offer comprehensive medical, psychological and psychiatric evaluation; individualized treatment planning toward goals and objectives; group, individual and/or family therapy; activity groups; and aftercare planning.
• Dual Diagnosis Programs that address mental health as well as chemical dependency are also offered in an acute inpatient care setting or day treatment programs.
• Additionally, the Behavioral Health Services Department offers an outpatient Eating Disorder Program. All out-patient programs are offered at full and half day schedules.
• 31872 Coast Highway, Laguna Beach, CA 92651
• 949-499-1311

ST. JOSEPH HEALTH MISSION HOSPITAL, MISSION VIEJO
• ER Department
• http://www.mission4health.com
• (949) 364-1400

ST. JOSEPH HOSPITAL OF ORANGE
• Provides acute care psychiatric needs, however, has to be admitted by psychiatrist, Emergency Room, or physician. Also provides detox programs as well as partial outpatient programs and day programs for eating disorders.
• http://www.sjo.org
• 1100 W Stewart Dr, Orange, CA 92868
• (714) 771-8134
UCI IRVINE HEALTH NEUROPSYCHIATRIC CENTER

- http://www.uciirvinehealth.org/medical-services/psychiatry
- UC Irvine Health Psychiatry Services offers a full spectrum of comprehensive mental health services for children and adults, including inpatient hospitalization as well as outpatient and emergency psychiatry.
- Patients are cared for by a multidisciplinary team of psychiatrists, psychologists, clinical social workers, nurses, occupational therapists, recreational therapists, music therapists, a neuropsychiatric pharmacist and psychiatric technicians.
- For inpatient inquiries, call 714-456-3029
- For outpatient inquiries, call 714-456-5902
- 101 The City Drive South, Building 3, Orange, CA 92868

UCLA RESNICK NEUROPSYCHIATRIC HOSPITAL (WESTWOOD)

- Adults, Adolescents and Children
- http://www.uclahealth.org/homepage__neuro.cfm
- (310) 825-9111

VA LOMA LINDA HEALTHCARE SYSTEM—CORONA VA CLINIC

- Veterans
- 800 Magnolia Avenue Suite 101, Corona, CA 92879
- (951) 817-8820
*** This is by no means a comprehensive resource list. It is intended to make you aware of a few resources beyond what is available through our event sponsors (Saddleback Church, Diocese of Orange, and NAMI-OC) and event exhibitors. We encourage you to utilize your local 211 service or to explore the resources in your local area.

**National Suicide Phone Lines**

National Suicide Prevention Lifeline: 1(800) SUICIDE, or 1 (800) 784-2433

New Hope (24-Hour Telephone Counseling) -

Christian counselors with Christ’s Cathedral (714) NEW-HOPE or 1 (714) 639-4673;

Admin Line: 1 (714) 620-8810

**American Foundation for Suicide Prevention**

The American Foundation for Suicide Prevention (AFSP) is the nation’s leading organization bringing together people to understand and prevent suicide, and to help heal the pain it causes. They strive for a world that is free of suicide, support research, educate others in order to foster understanding, offer a caring community, and advocate to ensure that federal, state, and local governments do all they can to prevent suicide, and to support and care for those at risk. They organize events, raising millions of dollars each year to support their work, both locally and nationally. In addition they advocate for social change, supporting policies that contribute to reducing and preventing suicides nationwide.

- Survivors of Suicide support groups, Local Out of the Dark Walks, International Survivors of Suicide Day
- www.afsp.org
- Toll Free line to their national office: 1 (888) 333-AFSP (2377)

**Celebrate Recovery**

Celebrate Recovery is a biblical and balanced program that helps us overcome our hurts, hang-ups, and habits. It is based on the actual words of Jesus rather than psychological theory.

- www.celebraterecovery.com
LIVINGWORKS
A suicide-intervention training company whose primary focus is improving helper competencies to intervene with persons at risk of suicide.

• www.livingworks.net

NAMI
NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for Americans affected by mental illness. NAMI advocates for access to services, treatment, support and research and is committed to raising awareness and building a community for hope. NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs.

• www.nami.org
• National Hotline: 1 (800) 950-NAMI (6264)
• California: (916) 567-0163
• Orange County: (714) 544-8488

PTSD PERSPECTIVES
• Offers continuing education credit, as well as educational seminars and inspirational presentations for those in fields such as medical, mental health, social work, spiritual care, education, and law enforcement.

• www.PTSDperspectives.org; (209) 430-4688

TARA 4 BPD
The Treatment and Research Advancements Association for Personality Disorder, TARA APD, is the only national not-for-profit education and advocacy organization providing information on Borderline Personality Disorder (BPD) to families, consumers, and providers. TARA APD's mission is to foster education and research in the field of personality disorders, specifically but not exclusively BPD; to support research and treatment of personality disorders; to support and encourage education in order to reduce stigma and increase awareness of personality disorders. They operate the only BPD HOTLINE in the nation. Webinars and Family Weekends offered.

• www.TARA4bpd.org
• BPD Hotline 1 888-4-TARA APD

TO WRITE LOVE ON HER ARMS
A non-profit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery. Part of the mission of TWLOHA is to connect people to treatment and sources of help.

• http://twloha.com/
NATIONAL FAITH-BASED MENTAL HEALTH RESOURCES

ANABAPTIST DISABILITIES NETWORK
• www.adnetonline.org

CHICAGO CATHOLIC ARCHDIOCESE, COMMISSION ON MENTAL ILLNESS AND FAITH AND FELLOWSHIP FOR PEOPLE WITH MENTAL ILLNESS
• www.mi-ministry.org

CONGREGATIONAL MENTAL HEALTH MINISTRY RESOURCES
• www.congregationalresources.org/mental-health-
• Ministry-resources - over 100 annotated books and DVDs for clergy and laypersons

CUSA
• CUSA is a way for people with chronic illness or disability to care for others like themselves through an online or postal service Christian support group.
• www.cusan.org

EPISCOPAL MENTAL ILLNESS NETWORK
• www.eminnews.com

EVANGELICAL LUTHERAN CHURCH IN AMERICA
• www.elca.org/en/Resources/Disability-Ministry

FRESH HOPE
• A Christian association of support groups across the United States for those who have a mental health diagnosis and for their loved ones. “Empowering individuals to live a full and rich faith-filled life in spite of a mental health diagnosis.”
• www.freshhope.us
• (402) 932-3089
LUTHERAN CHURCH—MISSOURI SYNOD
• www.lcms.org/disability/resources

LUTHERAN SUICIDE PREVENTION MINISTRY
• www.lutheransuicidepreventionministry.org

MENTAL HEALTH AMERICA
• www.nmha.org

MENTAL HEALTH GRACE ALLIANCE
• Support groups, training, personal phone coaching, SKYPE consulting
• www.MentalHealthgracealliance.org
• (254) 235-0616; info@mhgracealliance.org

MENTAL HEALTH MINISTRIES
• www.mentalhealthministries.net
• Educational and inspirational materials

MENTAL ILLNESS EDUCATION PROJECT
• www.miepvideos.org

NAMI FAITHNET
• NAMI FaithNet is a network of NAMI members and friends dedicated to promoting caring faith communities and promoting the role of faith in recovery for individuals and families affected by mental illness.
• www.nami.org/FaithNet
NATIONAL CATHOLIC PARTNERSHIP ON DISABILITY
• www.ncpd.org
• The McCormick Pavilion 415 Michigan Avenue, N.E., Suite 95 Washington, DC 20017-4501
• (202) 529-2933, (202) 529-2934 (tty); 202-529-4678 (fax)
• Email: ncpd@ncpd.org

NATIONAL INSTITUTE OF MENTAL HEALTH
• www.nimh.nih.gov

ONE MIND MENTAL ILLNESS MINISTRY
• www.onemindmentalillnessministry.com

ORTHODOX CHRISTIAN DISABILITY RESOURCES
• http://armsopenwide.wordpress.com

PRESBYTERIAN CHURCH SERIOUS MENTAL ILLNESS NETWORK
• “Comfort my People” a training manual at http://store.pcusa.org/0205209003

PRESBYTERIAN HEALTH EDUCATION AND WELFARE ASSOCIATION
• http://phewacommunity.org/psminseriousmentalillness.html

SOUTHERN BAPTIST CHURCH RESOLUTIONS
• www.sbc.net/resolutions/amResolution.asp?ID=1232

UNITED CHURCH OF CHRIST MENTAL HEALTH NETWORK
• http://mhn-ucc.blogspot.com
PSALM 55 (RSV)

Give ear to my prayer, O God; and hide not thyself from my supplication!
Attend to me, and answer me; I am overcome by my trouble.
I am distraught by the noise of the enemy, because of the oppression of the wicked.
For they bring trouble upon me, and in anger they cherish enmity against me.
My heart is in anguish within me, the terrors of death have fallen upon me.
Fear and trembling come upon me, and horror overwhelms me.
And I say, “O that I had wings like a dove!
I would fly away and be at rest; yea, I would wander afar,
I would lodge in the wilderness, I would haste to find me a shelter from the raging wind and tempest.”
Destroy their plans, O Lord, confuse their tongues; for I see violence and strife in the city.
Day and night they go around it on its walls; and mischief and trouble are within it, ruin is in its midst; oppression and fraud do not depart from its market place.
It is not an enemy who taunts me – then I could bear it;
It is not an adversary who deals insolently with me – then I could hide from him.
But it is you, my equal, my companion, my familiar friend.
We used to hold sweet converse together; within God’s house we walked in fellowship.
Let death come upon them; let them go down to Sheol alive; let them go away in terror into their graves.
But I call upon God; and the LORD will save me.
Evening and morning and at noon I utter my complaint and moan, and he will hear my voice.
He will deliver my soul in safety from the battle that I wage, for many are arrayed against me.
God will give ear, and humble them, he who is enthroned from of old; because they keep no law, and do not fear God.
My companion stretched out his hand against his friends, he violated his covenant.
His speech was smoother than butter, yet war was in his heart; his words were softer than oil, yet they were drawn swords.
Cast your burden on the LORD, and he will sustain you; he will never permit the righteous to be moved.
But thou, O God, wilt cast them down into the lowest pit; men of blood and treachery shall not live out half their days.
But I will trust in thee.
PSALM 102 (RSV)

A prayer of one afflicted, when he is faint and pours out his complaint before the LORD.

Hear my prayer, O LORD; let my cry come to thee! Do not hide thy face from me in the day of my distress! Incline thy ear to me; answer me speedily in the day when I call! For my days pass away like smoke, and my bones burn like a furnace. My heart is smitten like grass, and withered; I forget to eat my bread. Because of my loud groaning my bones cleave to my flesh. I am like a vulture of the wilderness, like an owl of the waste places; I lie awake, I am like a lonely bird on the housetop. All the day my enemies taunt me, those who deride me use my name for a curse. For I eat ashes like bread, and mingle tears with my drink, because of thy indignation and anger; for thou hast taken me up and thrown me away. My days are like an evening shadow; I wither away like grass. But thou, O LORD, art enthroned for ever; thy name endures to all generations. Thou wilt arise and have pity on Zion; it is the time to favor her; the appointed time has come. For thy servants hold her stones dear, and have pity on her dust. The nations will fear the name of the LORD, and all the kings of the earth thy glory. For the LORD will build up Zion, he will appear in his glory; he will regard the prayer of the destitute, and will not despise their supplication. Let this be recorded for a generation to come, so that a people yet unborn may praise the LORD; that he looked down from his holy height, from heaven the LORD looked at the earth, to hear the groans of the prisoners, to set free those who were doomed to die; that men may declare in Zion the name of the LORD, and in Jerusalem his praise, when peoples gather together, and kingdoms, to worship the LORD. He has broken my strength in mid-course; he has shortened my days. “O my God,” I say, “take me not hence in the midst of my days, thou whose years endure throughout all generations!” Of old thou didst lay the foundation of the earth, and the heavens are the work of thy hands. They will perish, but thou dost endure; they will all wear out like a garment. Thou changest them like raiment, and they pass away; but thou art the same, and thy years have no end. The children of thy servants shall dwell secure; their posterity shall be established before thee.

PRAYER IN TIMES OF DESPAIR
(ST. IGNATIUS OF LOYOLA)

O Christ Jesus, when all is darkness and we feel our weakness and helplessness, give us the sense of Your presence, Your love, and Your strength. Help us to have perfect trust in Your protecting love and strengthening power, so that nothing may frighten or worry us, for, living close to You, we shall see Your hand, Your purpose, Your will through all things.
ANIMA CHRISTI (14th CENTURY PRAYER)

Soul of Christ, sanctify me
Body of Christ, save me
Blood of Christ, inebriate me
Water from the side of Christ, wash me
Passion of Christ, strengthen me
O good Jesus, hear me
Within Thy wounds hide me
Suffer me not to be separated from Thee
From the malicious enemy defend me
In the hour of my death call me
And bid me come unto Thee
That I may praise Thee with Thy saints
and with Thy angels
Forever and ever.
Amen

ACT OF ABANDONMENT TO THE WILL OF GOD (ST. JOSEMARIA ESCRIVA)

My Lord and my God: into your hands I abandon the past
and the present and the future, what is small and what is
great, what amounts to a little and what amounts to a lot,
things temporal and things eternal.

LEAD, KINDLY LIGHT
(JOHN HENRY NEWMAN)

Lead, Kindly Light, amidst the encircling gloom,
Lead Thou me on!
The night is dark, and I am far from home,
Lead Thou me on!
Keep Thou my feet; I do not ask to see
The distant scene; one step enough for me.

I was not ever thus, nor prayed that Thou
Shouldst lead me on;
I loved to choose and see my path; but now
Lead Thou me on!
I loved the garish day, and, spite of fears,
Pride ruled my will. Remember not past years!

So long Thy power hath blest me, sure it still
Will lead me on.
O'er moor and fen, o'er crag and torrent, till
The night is gone,

And with the morn those angel faces smile,
Which I have loved long since, and lost awhile!

Meantime, along the narrow rugged path,
Thyself hast tred,
Lead, Saviour, lead me home in childlike faith,
Home to my God.
To rest forever after earthly strife
In the calm light of everlasting life.

COLLECT, 2ND WED ADVENT
(FROM THE ROMAN MISSAL)

Almighty God, who command us
to prepare the way for Christ the Lord,
grant in your kindness, we pray,
that no infirmity may weary us
as we long for the comforting presence
of our heavenly physician.
Who lives and reigns with you in the unity of the Holy Spirit,
one God, for ever and ever.
PSALM 34:1-8;17-21 (RSV)
I will bless the LORD at all times;
his praise shall continually be in my mouth.
My soul makes its boast in the LORD;
let the afflicted hear and be glad.
O magnify the LORD with me,
and let us exalt his name together!
I sought the LORD, and he answered me,
and delivered me from all my fears.
Look to him, and be radiant;
so your faces shall never be ashamed.
This poor man cried, and the LORD heard him,
and saved him out of all his troubles.
The angel of the LORD encamps
around those who fear him, and delivers them.
O taste and see that the LORD is good!
Happy is the man who takes refuge in him!
When the righteous cry for help, the LORD hears,
and delivers them out of all their troubles.
The LORD is near to the brokenhearted,
and saves the crushed in spirit.
Many are the afflictions of the righteous;
but the LORD delivers him out of them all.
He keeps all his bones;
not one of them is broken.
The LORD redeems the life of his servants;
none of those who take refuge in him will be condemned.

PRAYER OVER THE PEOPLE
(ROMAN MISSAL, FIRST TUESDAY IN LENT)
May your faithful be strengthened,
O God, by your blessing:
In Grief, may you be their consolation,
In tribulation, their power to endure,
And in Peril, their protection.
Through Christ our Lord.
Amen.
POPE JOHN PAUL II:

“Whoever suffers from mental illness always bears God's image and likeness in himself, as does every human being.”

ST. AUGUSTINE, FROM CITY OF GOD:

“People [suffering from mental illness] say and do many incongruous things, things for the most part alien to their intentions and their characters, certainly contrary to their good intentions and characters; and when we think about their words and actions, or see them with our eyes, we can scarcely — or possibly we cannot at all — restrain our tears, if we consider their situation as it deserves to be considered.”

CHARLES SWINDOLL:

Is the Lord going to use you in a great way? Quite probably. Is he going to prepare you as you expect? Probably not. And if you're not careful, you will look at the trials, the tests, the sudden interruptions, the disappointments, the sadness, the lost jobs, the failed opportunities, the broken moments, and you will think, He's through with me. He's finished with me. He's finished with me, when in fact He is equipping you.

POPE FRANCIS:

“Recovery means sustaining hope, inclusion, finding strengths, building resilience and valuing, most of all, the patient's needs and wishes first -- not the convenience of practitioners or organizations, nor the mandates of received teachings or hallowed theories. Recovery does not deny illness. That would not help either. Recovery is about making a life despite limitations, which seems to have far greater application than just to those with mental and addictive disorders.” (November 23, 2013)

POPE JOHN PAUL II:

(To a gathering of Psychiatrists) “By its very nature your work often brings you to the threshold of human mystery. It involves sensitivity to the tangled workings of the human mind and heart, and openness to the ultimate concerns that give meaning to people's lives. These areas are of the utmost importance to the Church, and they call to mind the urgent need for a constructive dialogue between science and religion for the sake of shedding greater light on the mystery of man in his fullness.

The Confessional is not and cannot be an alternative to the psychoanalyst or psychotherapist's office, nor can one expect the Sacrament of Penance to heal truly pathological conditions. The confessor is not a physician or a healer in the technical sense of the term; in fact, if the condition of the penitent seems to require medical care, the confessor should not deal with the matter himself, but should send the penitent to competent and honest professionals.” (John Paul II, Address to the Members of the American Psychiatric Association and the World Psychiatric Association, 4 January 1993.)

MOTHER TERESA:

“If you judge people you have no time to love them.”

POPE BENEDICT XVI:

On this occasion, the Church intends to bow down over those who suffer with special concern, calling the attention of public opinion to the problems connected with mental disturbance that now afflicts one-fifth of humanity and is a real social-health care emergency.

I therefore encourage the efforts of those who strive to ensure that all mentally ill people are given access to necessary forms of care and treatment. Unfortunately, in many parts of the world, services for these sick people are lacking, inadequate or in a state of decay. (14th World Day of the Sick, February 11, 2006)
'FOR I AM LONELY AND AFFLICTED'

Toward a just response to the needs of mentally ill persons
A Statement of the Catholic Bishops of New York State

Turn to me and be gracious to me,
for I am lonely and afflicted.
Relieve the troubles of my heart;
and free me from my anguish.

(PS 25: 16-17)

Mental illness does not discriminate. Neither age, nor ethnicity, nor economic or social status exempts one from its effects. According to the National Alliance on Mental Illness, one in four adults, some 61.5 million people, experience some form of mental illness in a given year, and one in 17, or 13.6 million, live with a serious mental illness. About 20 percent of youth experience severe mental disorders in a given year. And for every mentally ill individual there is a family – parents, spouses, children, grandparents – who are directly impacted as well.

In our society, those with mental illness are often stigmatized, ostracized and alone. The suffering endured by mentally ill persons is a most difficult cross to bear, as is the sense of powerlessness felt by their families and loved ones. As the Psalmist called on God to deliver him from affliction and distress, so, too, does the person with mental illness cry out for healing. Our Judeo-Christian tradition calls us to be witnesses of God’s love and mercy and to be instruments of hope for these individuals.

We have no better example of how to respond to those with mental illness than that of Jesus Christ. Time and again throughout the New Testament, we encounter our Lord’s mercy toward this population. The curing of this affliction in men, women and children was a central part of Jesus’ healing ministry. Always, we saw Him engage these individuals in the same way He would engage anyone else, with tenderness. We are called to do no less. To do so, we must reject the twin temptations of stereotype and fear, which can cause us to see mentally ill people as something other than children of God, made in His image and likeness, deserving of our love and respect.

Our society has made great strides in our understanding and treatment of mental illness. But in many cases the labels and fears remain, continuing to influence public policies related to how people access the services they need to reach their full potential in society. For example, our society continues to assume mentally ill individuals are prone to violence, either directed against themselves or others. Yet, fewer than 5 percent of violent acts are committed by people with serious mental illness. Persons with mental illness are more often victims than perpetrators of violent acts, and they also are more likely to be victims of sexual abuse.

While a small percentage of individuals with very severe and untreated mental illness may be at an elevated risk of violence, especially when substance abuse is involved, this risk diminishes significantly with medication and treatment. Still, fear of violence and the unspeakably tragic examples of mass shooting by untreated mentally individuals perpetuate a stigma that threatens public support for continued movement toward a community-based model of treatment.

This phenomenon is not new. In 1980, following a societal shift toward de-institutionalization, the New York State Catholic Conference released a policy statement on the care
and treatment of those suffering from mental illness. What is striking about this document 34 years later is how much of it continues to be relevant today as we have the same debates, try to counter the same fears, and witness the same human suffering.

“In keeping with its prophetic mission, the Church and its agencies identifies itself with the poor and rejected persons in society,” the Conference wrote three decades ago. “In our present society the discharged population often fits into the category of poor and rejected. In fact, in some places they suffer from every sort of poverty and lack basic human services.”

That document lamented the fact that communities were ill-prepared for influxes of people released from large psychiatric hospitals. In many cases they were met with fear and rejection. Lack of adequate programs led to many becoming homeless “street people,” as the document called them then. In response, the Catholic Conference offered several proposals. These included:

• Focusing on a public-private partnership, with the Church playing a major role in providing services;
• Educating our Catholic people on the needs of the mentally ill and on developing “attitudes of acceptance and compassion;”
• Integrating persons with a history of emotional problems into the community, coupled with adequate and appropriate programs; and
• Preserving a service system focused on intervention and prevention.

These recommendations remain relevant today, and we reaffirm them, even as the New York State Catholic Conference, in consultation with the Behavioral Health Committee of the State Council of Catholic Charities Directors, puts forward new, updated policy proposals acknowledging the passage of times and current realities.

Meanwhile, it is incumbent on us as bishops to highlight in a special way the second point from the 1980 document, with regard to developing “attitudes of acceptance and compassion” in our Catholic population. Let us be clear, it is our duty and the duty of every pastor, every chaplain, every religious education director and Catholic school principal, and all others in positions of Church leadership at every level to welcome with openness and affection those men, women and children who are afflicted with any form of mental illness and to integrate them into the life of the Church to the fullest extent possible.

Furthermore, all Catholics are called to be welcoming of this population in their churches, schools and communities. We must ask ourselves, have we always been as charitable as can be when we encounter those with mental illness? Have we sought to include them and make them feel welcome? Have we avoided the temptation to shun those who are different? Have we been open to residential housing or community mental health centers in our neighborhoods? If the answer to any of these questions is no, then we must again look to the example of Jesus given to us in the Gospels, repent for when we have failed, and resolve going forward to mirror His love and mercy for all God’s children.

In closing, we note our solidarity and our spiritual closeness with victims and families of victims of violence committed by all persons, especially persons with mental illness. As painful as such incidents are, they are magnified even more by the realization that had the offenders received effective ongoing treatment prior to the violent acts, many of these tragedies may well have been avoided. We must continue the important efforts to keep firearms out of the hands of mentally ill individuals, and all individuals prone to violence. At the same time, we must focus ever more attention on the care and treatment of such individuals. Treatment does work, and it is our fervent prayer that as our state explores new models of care, we can come to live in a society where those who suffer from mental illness can get the help they so desperately need, for their own peace and for the peace and safety of all.

February 4, 2014

(Used by permission of the New York State Catholic Conference)
SHOULD CHRISTIANS TAKE MEDICATION FOR MENTAL ILLNESS?

Monday, February 24, 2014
Written by Perry Noble Senior Pastor, NewSpring Church

Should Christians take medication for mental illness?
NO!!!
That's what I used to think!
I remember the very first time I ever had to deal with someone who told me they were struggling with anxiety and depression. I did not understand and could not relate—so, I told them what I thought was the typical “Christian” answer to all problems...they should pray more, read their Bible more and memorize more Scripture.

Instead of lessening the load I was unintentionally adding to it.
The person mentioned their doctor had told them about going on a certain type of anti-depressant to help out with their struggle, and so they asked my opinion.
In a completely illiterate and uneducated manner I told them that people with “weak faith” are the ones that needed such meds, that godly people did not struggle with feelings of anxiety and depression and that taking such medication would essentially be screaming to God, “I don't trust you.”
I honestly felt that way then...
I don't feel that way anymore!
In 2008 I entered into the darkest time of my entire life that lasted for around three years.
It was brutal.
I even gave suicide serious consideration.
However, through a series of situations in my life that needed to be changed, along with some intense and excellent Biblical counseling I was able to come through the storm that had dominated me for so long.

My doctor and I considered medication during this process, and while it was strongly considered, we both decided that, though it was not wrong to take it, it was not the right thing for me at the time.
I secretly held this as a badge of honor, that I was somehow a better person because “I did not need medication” to defeat depression!

Our church did a series about stress, anxiety and depression in the Spring of 2012 and it was, hands down, one of the most talked about, responded to things we have ever done. I shared my story about my battle and we saw so many people finally realize that it really is ok to not be ok...but it's not ok to stay that way.

After a lot of prayer I decided to write a book about my battle and what I learned about Jesus and His faithfulness.

However, as I began the writing process the feelings of anxiety and worry began to slowly slither back into my life like a snake sneaking up on its prey. I remember writing a chapter in the book, driving home and having a panic attack in my living room.

About three days later I took my daughter to a restaurant for lunch and found myself feeling like I could not breathe and that the walls were closing in on me.

What was going on?
I thought I was done with this, that I had whipped it and that I was going to be able to tell my story and inspire other people to do the same.
But...that wasn't the case. Anxiety was a fight, and I was losing.

I called my doctor and we had a long talk about my options. He spoke to me honestly and openly about anti-depressants. When he first mentioned them I blew him off; after all, I had defeated this one time without the “drugs for weaklings” and figured I could do it again.

However, the anxiety in my life continued to increase to such an extent that I distinctly remember calling him one afternoon and telling him I could not take it anymore and that I needed something to help me.

I can honestly say that making the decision to take an anti-depressant during this time period in my life has been one of THE BEST decisions I have ever made. It really has...
clarified my thinking, made me way less of an emotional basket case and allowed me to make better decisions.

I'm not ashamed of the fact I am taking an anti-depressant and have done a complete 180 in regards to how I used to feel about them.

I have had people push back on the issue that Christians should even consider taking an anti-depressant…and my response is always the same…

If your liver was shutting down and you were going to die as a result and you went to the doctor and he said, “here is a pill you can take to fix the problem,” you would be considered negligent and insane for not taking the medicine.

The brain, just like the liver, is an organ in the body. And scientific research has proved over and over again that chemical imbalances in the brain can lead to cases of anxiety and depression. If you would take a pill to cure the liver then why would you not do the same for the brain?

“But some people abuse anti-depressants,” some people say! However, if the rule for keeping things around and making them available is based solely on whether or not people abuse them then the first things we are going to have to get rid of are ice cream, cupcakes and buffets!

What I am saying is this…

The church has used, “pray and read your Bible more” as a “cure” for anxiety and depression for far too long.

And we have placed people who use medication to treat the issue in a category that is way less godly than those who do not use it.

However, as someone who has been on both sides of the issue I want to speak definitively on this by saying that it is NOT a sign of weakness to admit your need for medication in dealing with these issues; in fact, in many cases it may actually be a sign of strength.

It was quite humbling for me to begin to do something I once considered to be a sign of weakness.

However, as a Christian and as a pastor I can honestly say that making the decision to swallow my pride and accept the common grace God has provided through medicine has made me a better husband, father and friend.

If you’re feeling anxious or maybe even depressed, I would encourage you to get some help. Talk to a friend, a doctor, or you can even come talk to someone here at NewSpring. You weren't meant to feel this way. It's ok to not be ok, but it's not ok to stay that way.

(Used by permission of Perry Noble)
1. I am pleased to meet you on the occasion of the International Conference organized by the Pontifical Council for Health Pastoral Care on the theme of “Depression”. I thank Cardinal Javier Lozano Barragán for his kind words on behalf of those present.

I greet the distinguished Specialists, who came to offer the fruit of their research in order to further knowledge of this pathology, so as to improve treatment and provide the right type of assistance to those concerned and to their families.

Likewise, my appreciation goes to those who are dedicated to the service of persons with depression, helping them to retain their trust in life. My thoughts naturally extend to families who are accompanying their loved one with affection and sensitivity.

2. Your work, dear participants in the Congress, has revealed the different, complex aspects of depression: they range from chronic sickness, more or less permanent, to a fleeting state linked to difficult events – conjugal and family conflicts, serious work problems, states of loneliness... – that involve a crack, or even fracture in social, professional or family relationships. This disease is often accompanied by an existential and spiritual crisis that leads to an inability to perceive the meaning of life.

The spread of depressive states has become disturbing. They reveal human, psychological and spiritual frailties which, at least in part, are induced by society. It is important to become aware of the effect on people of messages conveyed by the media which exalt consumerism, the immediate satisfaction of desires and the race for ever greater material well-being. It is necessary to propose new ways so that each person may build his or her own personality by cultivating spiritual life, the foundation of a mature existence. The enthusiastic participation in the World Youth Days shows that the young generations are seeking Someone who can illuminate their daily journey, giving them good reasons for living and helping them to face their difficulties.

3. You have stressed that depression is always a spiritual trial. The role of those who care for depressed persons and who do not have a specifically therapeutic task consists above all in helping them to rediscover their self-esteem, confidence in their own abilities, interest in the future, the desire to live. It is therefore important to stretch out a hand to the sick, to make them perceive the tenderness of God, to integrate them into a community of faith and life in which they can feel accepted, understood, supported, respected; in a word, in which they can love and be loved. For them as for everyone else, contemplating Christ means letting oneself be “looked at” by him, an experience that opens one to hope and convinces one to choose life (cf. Dt 30: 19).

In the spiritual process, reading and meditation on the Psalms, in which the sacred author expresses his joys and anxieties in prayer, can be of great help...

Participation in the Eucharist is a source of inner peace, because of the effectiveness of the Word and of the Bread of Life, and because of the integration into the ecclesial community that it achieves. Aware of the effort it costs a depressed person to do something which to others appears simple and spontaneous, one must endeavor to help him with patience and sensitivity, remembering the observation of St Theresa of the Child Jesus: “Little ones take little steps”.

In his infinite love, God is always close to those who are suffering. Depressive illness can be a way to discover other aspects of oneself and new forms of encounter with God. Christ listens to the cry of those whose boat is rocked by the storm (cf. Mk 4: 35-41). He is present beside them to help them in the crossing and guide them to the harbor of rediscovered peace.
4. The phenomenon of depression reminds the Church and all society how important it is to provide people, and especially youth, with examples and experiences that can help them to grow on the human, psychological, moral and spiritual levels. In fact, the absence of reference points can only contribute to making persons more fragile, inducing them to believe that all forms of behavior are the same. In this perspective, the role of the family, of school, of youth movements and of parish associations is very important because of the effect that these realities have on the person's formation.

Indeed, the public institutions have a significant role in guaranteeing a dignified standard of living, especially to abandoned, sick and elderly people. Equally necessary are policies for youth aimed at offering the young generations motives for hope to protect them from emptiness or from dangerous fillers.

5. … To you all, to your collaborators and to your loved ones, I cordially impart my Apostolic Blessing.

1 John Paul II, *Address to the Participants in the 18th International Conference Promoted by the Pontifical Council for Health and Pastoral Care on the Theme of “Depression,”* 14 November 2003.
THE SHADOW OF SCHIZOPHRENIA

Where God was amid my mom’s mental illness
By Amy Simpson

My family never had much, and excess was not in my parents’ lexicon. Dad was a pastor, serving small congregations, and Mom stayed at home. We were poor, but we didn’t feel it much, surrounded as we were by farmers who lived by the whim of the rains we asked for at the weekly Wednesday night prayer meeting.

But each birthday was an occasion for a treat, and every gift was precious and heartfelt. On my fourth or fifth birthday, I unwrapped a stuffed animal that had been squeezed awkwardly into an ill-fitting cracker box and wrapped by my dad’s bear-like hands. I could see fur sticking out of the corners before opening the bulging box. Inside was a koala, snuggly and a touch exotic.

I loved that stuffed animal. She inhabited an honored spot on my bed for the next decade. At some point, a seam popped and stuffing hemorrhaged from her neck. I pushed the fluff back inside and repaired the damage with painstaking but imperfect stitches that held but made her head a little crooked for the rest of her days.

How could I have known she would one day become a prized possession and comfort to a childlike shadow of the woman who gave her to me?

Creeping Shadows

Around the time I got that koala, Mom answered my questions about how I could follow Jesus and prayed with me when I first committed my life to him. She gently explained her own faith and assured me that God loved me. Mom was faithful but also fragile, and I sensed her vulnerability; my whole family built systems to protect her. I loved and appreciated her, but something kept me from feeling close to her. I felt she was breakable—not a person of safety and strength, but someone who would falter before I would.

But I did feel safe enough, cocooned in a relatively predictable place where most people were a lot like me. That changed when my family moved to the city when I was 13. That year, my brother, the oldest, graduated and went to college. With Dad unemployed, we faced poverty and culture shock. My sisters and I began sharing a bedroom in the two-bedroom bottom floor of a two-story house converted into a duplex. I put off childish things and relegated my koala to a shelf in the closet.

Soon after, we began to see (without understanding) Mom’s frightening response to tremendous stress. She zoned out, forgot important things, got confused, had more and more trouble processing and communicating, didn’t always seem “with us.” She had trouble making even the simplest of decisions, sometimes forgot to make dinner, and seemed overwhelmed by the challenge of driving. Her personal care suffered. She neglected matters she had always handled before.

Alarmed, my sisters and I talked to Dad, and he found a counselor for Mom to talk to. But no one, including the counselor, really understood what was happening or what Mom needed.

Darkness Falls

After track practice one day, I waited for a ride home and no one came. I called and a neighbor answered the phone—she told me Mom had gone to the hospital. I walked home and found my brother there, telling how he had come home and found her unresponsive, unaware of reality, unmoving. The next day at track practice, I found myself crying at the end of my run.

“What’s wrong?” my coach asked.

“My mom is in the hospital,” I said. When he asked why, I answered, “I don’t know.”

For a long time I was okay with not knowing why. I just knew that each time she came home from the hospital, I thought she was back for good. I took a few years to realize the back-and-forth was our new reality.

When she was back, she was on medications that helped her function but had powerful side effects and didn’t restore the person we had known. We lived in a repeating cycle of hospitalization, medication, stabilization, and disintegration. We lived in the dark, navigating a mental-
health care system that shut us out of the circle of care and communication. We didn’t know Mom had schizophrenia. We didn’t know she would always need treatment.

At some point in the exhausting cycle, that precious koala found its way from my collection of childhood treasures into my mother’s arms. At night I tucked them in together. The matted fur and flattened features, misshapen by my love, symbolized how very needy my mother had become.

I never talked to a counselor in high school, and never discussed Mom’s illness with a trusted adult. I didn’t know how to frame an experience I couldn’t understand, and no one asked what was happening at home. Our church was full of well-meaning people who were mostly ignorant of our problems and, among those who knew, largely at a loss. I was a strong student, resourceful and socially competent, hardworking and principled. I was absolutely determined not to be the kind of weak, vulnerable, flailing person I saw in my mother. Already an independent teenager, I embraced self-determination and moved toward the life I wanted. I looked out for my younger sister and looked to the outside world for my definitions of normal. When I left the house, I pushed away sadness and confusion and became another, more lighthearted version of myself. I denied sadness and pain to the point that I stopped feeling them. When I had the choice, I distanced myself from Mom. I didn’t introduce her to my friends, and I rarely invited anyone to our house. My best friend’s mom, who attended our church, commented that she had seen me sitting next to a quiet woman at church one week and realized that was my mom. Even though her daughter and I had been hanging out a lot for a few years, she had never met my mom—she didn’t even know who my mom was. I was desperately ashamed of her vulnerability and oddities and feared my association with her would paint me in the same colors.

But she was my mom after all, and distance wasn’t always possible. One day when I was 15, she had a psychotic episode in the waiting room of my dentist’s office. Desperate to show others and myself my own competence, I drove Mom around to do errands with her. When she fumbled with her food stamps at the day-old bread store, I counted them out with flourish and gave the cashier a look daring her to despise us.

I agonized in choosing a college, never thinking of involving my parents until Dad offered to help. Ultimately, I chose a school that fit two main criteria: a sense of non-threatening community, and a comfortable distance from home.

A Long Night

I thrived on both distance and community but didn’t leave home as thoroughly as I had wanted. I began suspecting that my coping mechanism—denying negative emotions too overwhelming to face—had suppressed my capacity for positive emotions too. I had many friends, but my independence was a liability. I automatically built walls between us for my own safety.

Mom’s ongoing illness still slashed at me. She sent me coloring-book pages in the mail and I never knew what to expect when I went home. I began to understand that what I wanted most was to feel small and weak, supported by someone stronger and wiser than me, who loved me despite the places where my fur was matted and I had been awkwardly mended. To trust someone whose own fur wasn’t falling out.

I knew every Sunday school answer. If asked who I could trust, I would have said, “God.” But while I trusted him for my salvation, I didn’t really trust him with me. I didn’t doubt God was real and sovereign. I got that Jesus was my only hope for redemption. But I didn’t see him as someone who loved me with personal affection, who would keep watch if I let my guard down, who would love me if I were bumbling or broken. After all, I had seen what happened to my parents, who claimed God loved them and were better people than me. And if pressed to identify a villain in my family’s story, I would have pointed to God. I wouldn’t have known who else to blame, and I had enough faith to believe he could have prevented what happened to Mom.

One night in college, at the end of another romantic relationship, I lay in bed and watched traffic send shadows across the walls. Something broke open, and a great grief erupted from my heart. I cried and sobbed and punched my pillow in rage. I told God I didn’t know if he was real and wasn’t sure he was good. I flung a challenge his way: “If you’re there, show me.”

It’s impossible to describe the experience, but I received an immediate and unexpected response—a huge, nearly tangible presence and a nearly audible voice with a clear message: “Here I am.” I was shocked into silence. I had encountered someone much larger, more capable, and
stronger than me, who had answered my challenge in a moment of great weakness, a moment I would not have shared with anyone else. He had left no doubt: He was real and was listening. I began to trust him, a little.

The encounter altered the angle of my life—a change in degrees, hard to see at first but with increasing impact as the years passed.

Emerging into Light

Eventually I met and, in my senior year of college, married a good man who has a gift for granting safety to others. I trusted him enough to make him part of my family and to start a family with him despite my greatest fear: that I myself would become mentally ill. My sister shared the same fear, so we granted some peace to one another by promising to intervene if we ever saw symptoms.

Adulthood gave the distance I needed to safely sort through my childhood experiences and loosen my grip on self-protection. I saw a counselor, the first person I ever told about the most painful realities of life in the shadow of schizophrenia. When I told her my mother slept with my old koala, she didn't retch in horror. She didn't belittle my pain or administer testing to gauge my own psychological disturbance. Instead, she said with tenderness, "You lost your mother." For some reason, I had never thought of it that way, and her words gave me a framework to understand the repeating cycle of loss and grief our family endured. They freed me from the sense that I hadn't done enough, that in my reluctance to repeatedly reattach myself to a mother who kept fading, I had somehow let her down.

Later, I saw another counselor, who helped me explore the idea that I had more to offer the world than competence. That part of my calling in this life is simply to be me, and that opening up does more than expose me to pain—it offers a gift God meant for me to share.

A third counselor helped me take another step, graciously walking through symptoms of serious and chronic mental illness to assure me I wasn't ill. She helped me embrace the truth about myself: I am weak, vulnerable, fragile. These conditions aren't incompatible with normal life, as I had thought, but definitive to normalcy. They are realities I must accept if I'm also to accept God's unconditional love.

But growing emotional health didn't soothe my sorrow over Mom's ongoing struggle with schizophrenia. In fact, as I grew in courage to face my pain, my awareness of pain intensified.

I met friends' moms at weddings, baby showers, and birthday parties. I agonized over what to tell my children about their grandmother. I wondered whether to blame or pity Mom when her choices caused trouble for herself or others. And I waited with shallow breath for the next time her medication would fail or she would stop taking it.

Then one day, Mom left home without word. For more than a month, we followed clues that led us far enough to guess she had found shelter, but privacy laws blocked our efforts to confirm where. I lay in bed at night, prayers mingling with images of terrible things happening to her. After some family friends spotted her at a homeless shelter where they were serving a holiday meal, my sister went to visit. Mom barely recognized her.

Eventually she came home and crawled back toward reality. Shopping with Dad, she stood in the aisle displaying picture frames, staring at smiling families. "What's family?" she asked him. She knew the word was significant but couldn't remember what it meant.

One day I was riding with some coworkers to an offsite meeting when my husband called to tell me Mom had been arrested. Through her trial, conviction, and prison time, all we could do was write letters substantiating her health history and begging for the treatment she needed—which she eventually received.

The day I saw Mom's bewildered face on her state's department of corrections website was among my saddest. But that was when God helped me finally understand that her experience was not mine, that I needn't be ashamed or afraid to be her daughter. The truth about her was no uglier than the truth about me.

A New Day

When I sought counsel from a pastor, I hoped he could address questions about Mom's spiritual condition and why God allows mental illness. Wide-eyed and stammering, he left my questions mostly unaddressed and showed that many church leaders' silence about mental illness indicates they aren't sure what to say. So again I challenged God to answer my questions himself.

Then a study of Isaiah transformed my view of God himself. He's a God who challenges us as well:
“Who has done such mighty deeds, summoning each new generation from the beginning of time? It is I, the Lord, the First and the Last. I alone am he” (Isaiah 41:4).

This same God makes clear who carries the blame for our sorry and painful condition. He also proposes a magnanimous solution:

“Come now, let’s settle this,” says the Lord. “Though your sins are like scarlet, I will make them as white as snow. Though they are red like crimson, I will make them as white as wool” (Isaiah 1:18).

He promises to love us better than even a mother can: “Can a mother forget her nursing child? Can she feel no love for the child she has borne? But even if that were possible, I would not forget you!” (Isaiah 49:15).

And he has given us a dazzling vision of a time when we will live in the kind of world we were made for:

“In that day the wolf and the lamb will live together; the leopard will lie down with the baby goat. The calf and the yearling will be safe with the lion, and a little child will lead them all” (Isaiah 11:6).

As I wrestled with a theology of suffering, tainted by my 21st-century Western assumption that I deserve a comfortable and happy life, I stopped asking God why and how he could let schizophrenia happen to my family. I knew the answer: We are pervasively flawed and deeply altered by our sinful condition. And faith-filled or not, there is no reason such a thing shouldn’t happen in this life. No reason it shouldn’t have happened to my family. And someday, when we are each remade as whole and unmarred people, I imagine creation’s renewal will be sweeter for people who have suffered the way Mom has. After accepting the truth and tragedy of our collective condition, I started seeing hope and redemption in our experience.

Bright Hope

Earlier this year, my parents celebrated their 50th anniversary. Mom lives at home with Dad, takes her medication, sees her psychiatrist, takes care of herself, and lives relatively well. Thanks in part to conversations spurred by my book, my family talks more openly about Mom’s illness than we have before. Mom reads, travels a bit, sews clothes for her grandchildren, and remembers their birthdays. She calls me and sends e-mails. She laughs when I tease her, and she understands my jokes. In some ways, the woman I knew as a child has come back. I’m so thankful.

But the people we were aren’t truly gone. When we talk on the phone, I still listen for clues that Mom is ailing. When I visit her, I’m still nervous about what I’ll see. I feel protective of her, careful with myself, and profoundly sad for her suffering. I know we’ll never relate as most moms and daughters do.

But God is my mother to the motherless (Psalm 68:5), and he has proven himself much stronger than me and more than trustworthy. He is the strong hand I needed as a teenager—and he was then, even when I didn’t recognize him. He covers the old scars on my heart, not with a patch but with something much stronger and softer that doesn’t remove the reality of my sadness but somehow makes me richer for it.

The shame is gone. I’m not embarrassed of Mom’s illness; I’m proud of the ways she’s living with it. Schizophrenia may still do more ugly work in this woman, but my eyes will stay open; I’m no longer afraid to be like her or to take the emotional risks inherent in loving her.

I don’t know what happened to that old stuffed koala. I suspect that between hospitals, shelters, and other places Mom has lived, she was misplaced. But that’s okay—the mom and daughter who loved her have both outgrown her.

Amy Simpson is author of Troubled Minds: Mental Illness and the Church’s Mission (InterVarsity Press). She also serves as editor of Christianity Today’s Gifted for Leadership, and senior editor of Leadership Journal. You can find her at www.AmySimpsonOnline.com and on Twitter @aresimpson. This article was originally published in Christianity Today, July/August 2013.

(Used by permission of Amy Simpson)
BROKEN MINDS, BROKEN LIVES

Mental illness | Millions suffer from mental illness, and their families say they feel abandoned by a failed mental health system and often by churches
By Sophia Lee, Feb. 22, 2014

PHOENIX—Some stories of the mentally ill have a happy ending. Most don’t. Medical advances make it possible for many people to function in the world instead of undergoing institutionalization. But many seriously mentally ill people don’t follow prescriptions for a simple reason: They don’t realize they’re ill.

Anosognosia, or lack of insight, is not the same as denial, which is a psychological impairment. Instead, it’s caused by damage to the brain. About half of the seriously mentally ill have anosognosia. To be forced to take medicine that makes them feel terrible, when they don’t even believe they’re sick, is torture. Many refuse, lie, spit, or even throw up to avoid medication.

I agreed to use only the first letter of T’s name. A 28-year-old Arizonan with bipolar disorder, she described what it’s like to have anosognosia: “I thought everything that I was thinking was completely true and accurate, but I was just completely delusional.”

She remembers most of her paranoid hallucinations. Her first real psychotic break was in 2004, when she was a 19-year-old “typical cool chick” with a job and a car. Her symptoms dawned one weekend before Mother’s Day: “I couldn’t sleep for probably two or three nights. I was shaking uncontrollably, I hadn’t eaten in a while, and I was really anxious and my heart was racing.” She finally ran to the nearest gas station in just a T-shirt and underwear, screaming and crying that her father wanted to kill her. Such episodes continued. During the worst ones even her father, a large man, couldn’t restrain her. She and her father once tussled and toppled onto the floor. He sat on top of her, struggling to hold her down as she screeched and flailed around. She pulled off her father’s glasses and scratched his eye. The police came and led her away in handcuffs. T said, “When the cops came, I was completely shocked that I was the one being put in handcuffs. I was like, ‘What’s going on? He attacked me!’ I was just completely thrown.”

During T’s first hospitalization the nurses gave her an anti-anxiety medication, which finally put her to sleep. Her drug tests came out clean. Because she was a nonconsenting adult and not yet a danger to self or others, the doctor couldn’t legally send her to the urgent psychiatric care center. She was taking up precious bed space and was calmer after 13 hours on medication, so the doctor discharged her and advised T’s mother, “Just be supportive.”

It took eight very tiring, very miserable years for T finally to gain insight into her bipolar disorder. She’s among the one-third of those with anosognosia who recover awareness after proper medication. When I visited T and her parents one evening, she sat relaxed and chatty in their living room, in front of the same TV from which they once watched the Tucson shooting news.

T can’t say she’s cured, because mental illness is a chronic condition. But she now willingly takes her medicine daily, in part due to her stints at the psychiatric ward, where she remembers seeing deranged female patients drooling over their gowns with hair uncombed and bushy. “I’m still a young woman. I care about how I look, and I never ever want to look that way,” T said. Her mother reminded her, laughing, “Trust me, you used to look that way.” T recalled her first lucid thought after she received medicine in the hospital: “I really wanted to brush my teeth.”

THAT’S A SUCCESS STORY, at least for now, but other parents see no light at the end of their tunnels. Sylvia Charters of Phoenix, Ariz., says of her son, now 36, “The Jason I raised is gone. There’s a new Jason now.” Jason Charters is a tan, big-sized man with heavy-lidded eyes and a nice smile. He loves the beach and dreams of living in California. He was once a Mr. Social who played soccer for 13 years, loved school, surrounded himself with friends. Not too long ago, he told his mom he wanted to be a pastor and help the homeless. Then he suffered a psychotic break.

That break makes Jason a special case. Most people with
bipolar disorder and severe psychosis like Jason's show symptoms in their late teens or early adulthood. Jason developed his when he was 34 and had just lost his job as a security guard. He was back home living with his parents, planning to get a new job and his own apartment.

One night Sylvia heard something in the house and got up. She found her son sprawled on the floor, crawling on his elbows. "Mom!" he hissed at her. "Get down, get down! The FBI's outside, people are shooting on us, spying on us. Get down, get down!"

Sylvia dropped onto her knees next to him with a sense of doom: "Oh my God. Something is wrong with him." She told him to stay still, then ran to her husband. "Help! Call the police! Something's wrong with Jason!" By the time they got him to the emergency room at a nearby hospital, Jason believed he was the president. The clinic they entered was familiar with psychosis but didn't have a psychiatric ward, so doctors sent Jason to a county psychiatric unit.

Within those two years, Jason has been hospitalized 33 times, and his parents petitioned for court-ordered treatment nine times. Each time he was sent home after a short stint in the clinic. Sylvia is now 63, too old to be her son's keeper. And with her small frame, it's dangerous for her to be with her son alone, especially at night when the mania typically heightens. "Each day was hell," Sylvia said. She remembers waking up one day to face a Teddy bear hanging from a noose. She and her husband searched Jason's room and found knives under his mattress. One time he shoved her out while she was driving because he suddenly realized she was taking him to the hospital. He left her in the dark streets, dumped her purse out into the bushes, and sped away toward California until the car ran out of gas. Another time he cornered Sylvia in the hallway and was just about to punch her when his father happened to walk by and pull him away. That was the day the Charters decided Jason couldn't stay home anymore.

She remembers waking up one day to face a Teddy bear hanging from a noose. She and her husband searched Jason's room and found knives under his mattress. One time he shoved her out while she was driving because he suddenly realized she was taking him to the hospital. He left her in the dark streets, dumped her purse out into the bushes, and sped away toward California until the car ran out of gas. Another time he cornered Sylvia in the hallway and was just about to punch her when his father happened to walk by and pull him away. That was the day the Charters decided Jason couldn't stay home anymore.

Now Jason sleeps in an apartment with another mentally ill man for a roommate. They live in a 300-unit complex, with 12 units set aside for individuals with serious mental illness. Some of these outpatients have families who visit. Most don't. Either way, they are given a room with a bare mattress and asked to take care of themselves. Arizona Behavioral Health Services staffers monitor the mental illness units: Their primary duties involve knocking on doors, asking "Did you take your pills today?"—and checking off a form that they did. Many of the residents lie because of anosognosia, and no one looks further. This is a common model of treatment pushed by community mental health centers: Let the patients feel "hope" and "empowerment" as they drive their own recovery.

And here's the result: Sylvia once found her son unshaved and rumpled in three-days-old clothes. He clearly wasn't taking his pills. His bathroom was so disgusting that he refused to use it. Sylvia complained to the nurse, complained to his psychiatrist, complained to anybody she could. They gave noncommittal responses. "They just saw me as another whining mommy," Sylvia said.

Now Sylvia picks up Jason in the morning, feeds him breakfast, takes him to the clinic to pick up his medicine, and makes sure he takes it. He then feels sleepy and dozes in the afternoon. When he wakes up, Sylvia feeds him dinner, then drops him off at the apartment. She knows her situation is ridiculous, but says, "Every state document says these three words: Strong family support, strong family support. ... He doesn't get any help because they shove those words on us. That's not right. He's an adult. They should be grooming him for independence. We're older now. Who's going to take care of him?"

Later I met Jason. He came out of his room blurry from his afternoon nap, perspiring from the day's sizzling temperature. Though he was reluctant to talk, he sat next to me on the couch and placidly let the dog lick him all over. "I'm not getting no help," he told me. "My future? I don't see a future." At least he now has some insight regarding his illness, and has been taking his medications daily because he knows he needs them. But now that he's gained some awareness, Jason is also able to realize despair, loneliness, and loss. Medicine has freed him from paranoia and delusions, only to enslave him within a rational sense of fear and pain.

Sylvia said she's deeply disappointed by the lack of help churches have given her: "You go to a church because you're broken, and this is just another brokenness. We are parents going through a grieving, and there's no one there for us." After Saddleback Church's Rick Warren's son killed himself due to clinical depression, Sylvia went to her church leaders and asked them to create a support group for mental illness awareness and assistance. They said they leave mental illness to the professionals. She asked two other
big churches for help. They also said no. She wants Jason to have “a male mentor, someone who will push him in baby steps.” She hasn’t found one.

WHILE SYLVIA and millions of others despair, Americans spend billions on mental health: $135 billion in 2010, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). The money comes from state and county funds, Medicaid and Medicare, private insurance, various other private and nonprofit programs, and individual out-of-pocket payments. But D.J. Jaffe, executive director of Mental Illness Policy Org., says money often goes to programs under the elastic scope of “mental health” that includes yoga classes, basic computer skills tutoring, counseling for bullied kids, and anti-stigma campaigns. The most severely ill—those with schizophrenia, bipolar disorder, and severe depression—are often left out.

SAMHSA and the Center for Mental Health Services (CMHS) are major culprits, many caregivers believe. Each year, SAMHSA shifts about $460 million in block grants to CMHS, but when Rep. Tim Murphy (R-Pa.), also a psychologist, spent a year with his Subcommittee on Oversight and Investigations to follow the money and examine the actual spending, he concluded: “[T]oo many of these grants are directed to advancing services rooted in unproven social theory and feel-good fads, rather than science.”

At a hearing last year psychiatrist Sally Satel, a former member of the CMHS National Advisory Council, testified that SAMHSA and CMHS follow a misguided ideology that “supports activities that actively sabotage [the seriously mentally ill’s] welfare.” Their practices, she said, “either condemn the use of medications or are hostile to formal psychiatric care.”

Two days before the first anniversary of the Newtown shooting in December, Murphy unveiled legislation he says will fix the “broken” mental health system. The Helping Families in Mental Health Crisis Act, if passed, will appoint a new assistant secretary for mental health and substance abuse disorders. The appointee must be a medical professional who will advocate research and evidence-based models of care on a federal level.

The bill also aims to facilitate access to direct, primary treatment. It proposes modernizing laws that prevent mental health professionals from sharing vital information with parents and caregivers of mentally ill patients. It allows grants only to centers in states that allow involuntary treatment and assisted-outpatient treatment, and also cuts off taxpayer dollars that previously funded anti-psychiatry, anti-treatment organizations.

The Affordable Care Act (Obamacare) will bring more patients into the already strained mental health system, and Vice President Joe Biden recently announced that the federal government will send $100 million more to existing mental health facilities and mental health services at community health centers. But how does more money help, when the existing mental health system is a failure?

Jaffe, who calls himself “a superliberal—as liberal as you can get,” said when it comes to mental illness, “the conservatives seem to understand mental illness better.” He says that, other than Tim Murphy, “most politicians don’t understand the difference between improving mental health and treating mental illness.” His bottom line: “Nobody really cares about the serious mentally ill. And I don’t see that changing.”

HAVE CHURCHES SHOWN they really care? Not according to research by Baylor University professor Matthew Stanford. His 2007 survey of 293 Christians who approached their local church for assistance on personal or a family member’s mental illness found that 60 percent of participants felt abandoned by the church, 19 percent were told mental illness is due to personal sin or a lack of faith, and 21 percent were told that it’s demonic.

The relationship between serious mental illness and sin is complicated. Mental illness has a physical component, but since it afflicts human beings it also has spiritual dimensions. Christians often deny the physical aspect. Stanford said “a majority of churches are denying” mental illness and sometimes covering it with an “ugly spiritual crust” by attributing everything to spiritual issues and refusing to take into account physical factors.

A Baylor survey in 2008 of church members with mental illness in their families showed about three in five saying their church was not involved at all in the problem. The other two-fifths said their church is “a little” (18.8 percent) or “somewhat” (17.6 percent) or “a great deal” (5.9 percent) involved, but many said the church only made matters worse.
That’s a tragedy, Stanford said, because those dealing with mental health issues usually turn to the clergy first: “Even the very ill, the very psychotic individuals, while they are certainly distracted from their faith, they are really asking the big questions: ‘Where is God in this? Do I have hope? Is God punishing me?’ They are often crying out to God.”

Esther Park, a private-practice psychiatrist in Southern California, told me that many churches are oblivious or ignorant about mental illness because many Christians “judge the level of faith by their outcome” and aren’t open about their uglier struggles. If more pastors became educated on the illness, they could foster an environment in which people feel more confident to ask for help and discover, “What’s God’s will in this?” She recently started a community service Bible group for those with mental illness in her clinic, because she saw a gaping need within the Christian community.

Churches could form close-knit communities with multiple eyes to detect symptoms of mental illness and intervene. Churches could also be sanctuaries of healing and compassion for broken individuals overwhelmed by impossible circumstances. Now, psychiatrists and therapists offer the brain for a temporary fix, and government tosses money into a broken system, but who treats the eternal soul?

Used by permission | © WORLD magazine, all rights reserved | www.worldmag.com.
RECOMMENDED READING LIST

BOOK
Addiction and Grace

Advancing Mental Health

Arise from Darkness: What to Do When Life Doesn't Make Sense; and Stumbling Blocks or Stepping Stones: Spiritual Answers to Psychological Questions

Becoming Human

Being Mentally Ill

The Bipolar Advantage


The Catholic Guide to Depression

Change Your Brain, Change Your Life: The Breakthrough Program for Conquering Anxiety, Depression, Obsessiveness, Anger, and Impulsiveness

Criminalization of Mental Illness

The Day the Voices Stopped

The Family Face of Schizophrenia

The Family Intervention Guide to Mental Illness

Families in Pain

A Grace Disguised

Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness

Grieving a Suicide: A Loved One's Search for Comfort, Answers and Hope

Hiding from Love

How to Raise Emotionally Healthy Children

AUTHOR
Gerald May

National Depressive & Manic

Benedict Groeschel

Jean Vanier

Ronald Arjune

Tom Wootton

David Miklowitz

Aaron Kheriaty, M.D.

Daniel Amen, M.D.

Risdon Slate

Ken Steele & Claire Berman

Patricia Backlar

Bodie Morey

Phyllis Vine

Jerry Sittser

Matthew Stanford, Ph.D.

Albert Hsu

John Townsend, Ph.D.

Gerald Newmark, Ph.D.
<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Am Not Sick I Don't Need Help!</td>
<td>Xavier Amador</td>
</tr>
<tr>
<td>Interior Freedom</td>
<td>Jacques Phillipe</td>
</tr>
<tr>
<td>Life's Healing Choices: Freedom from your Hurts, Hang-ups, and Habits</td>
<td>John Baker</td>
</tr>
<tr>
<td>Lives at Risk</td>
<td>Hilary Ryglewicz &amp; Bert Pepper</td>
</tr>
<tr>
<td>Love Letters from the Edge: Meditation for Those</td>
<td>Shelly Beach and Wanda Sanchez</td>
</tr>
<tr>
<td>Struggling with Brokenness, Trauma, and the Pain of Life</td>
<td></td>
</tr>
<tr>
<td>Mental Illness Stigma - Don't Call Me Nuts</td>
<td>Patrick W. Corrigan</td>
</tr>
<tr>
<td>My Peace I Give You: Healing Sexual Wounds with the Help of the Saints</td>
<td>Dawn Eden</td>
</tr>
<tr>
<td>No Time to Say Goodbye: Surviving the Suicide of a Loved One</td>
<td>Carla Fines</td>
</tr>
<tr>
<td>Out of Darkness – Journey to Hope</td>
<td>Bruce Van Dusen</td>
</tr>
<tr>
<td>Overcoming Borderline Personality Disorder</td>
<td>Valerie Porr</td>
</tr>
<tr>
<td>Picking Up the Pieces Handbook: Creating a dynamic soul care ministry in your church</td>
<td>Chuck Hannaford, Ph.D.</td>
</tr>
<tr>
<td>Psalms of Lament</td>
<td>Ann Weems</td>
</tr>
<tr>
<td>Recovered Not Cured</td>
<td>Richard McLean</td>
</tr>
<tr>
<td>Reflections From a Different Journey</td>
<td>Stanley D. Klein</td>
</tr>
<tr>
<td>Return of the Prodigal Son</td>
<td>Henri Nouwen</td>
</tr>
<tr>
<td>Side by Side</td>
<td>Brian Wetzel</td>
</tr>
<tr>
<td>The Soloist</td>
<td>Steve Lopez</td>
</tr>
<tr>
<td>Surviving Schizophrenia (5th Edition)</td>
<td>E. Fuller Torrey, M.D.</td>
</tr>
<tr>
<td>Talking to Depression</td>
<td>Claudia Strauss</td>
</tr>
<tr>
<td>Troubled Minds: Mental Illness and the Church's Mission</td>
<td>Amy Simpson</td>
</tr>
<tr>
<td>An Unquiet Mind</td>
<td>Kay Redfield Jamison</td>
</tr>
<tr>
<td>When Someone You Love Has Mental Illness</td>
<td>Rebecca Woolis</td>
</tr>
<tr>
<td>You Need Help!</td>
<td>Mark S. Komrad, M.D.</td>
</tr>
</tbody>
</table>