



## CHRISTIAN THEOLOGICAL SEMINARY **Faith & Action Project**

Thanks to everyone who attended yesterday's **Faith & Action Spring conference**. We hope that the conversations, moderated by **Jay Hein**, Founder of [Sagamore Institute](#), among such insightful speakers inspired you and equipped you for the work ahead. If you missed the conference, do not despair: We offer 10 takeaways below.

**We must acknowledge the reality of the crisis.** The facts at times are overwhelming, but we cannot ignore them. **Dr. Hulvershorn**, Director of Child & Adolescent Psychiatry, Riley Children's Health, stressed that substance use is a growing problem that must be addressed early. Suicide rates are rising, with social media's impact increasing as a concern. **Jay Chaudhary**, Dir. Of the Division of Mental Health and Addiction, Indiana Family and Social Services Administration, and **Bryan Votaw**, Clinic Dir. of CTS Counseling Center, explained that payment models can create challenges and inequitable access to resources. We are witnessing a critical shortage of people trained to deliver mental health services.

**Hope must be part of the solution.** Keynote speaker **Schroeder Stribling**, President, and CEO of Mental Health America, sees hope as a key component of progress. "Hope is our necessary and renewable source of our collective power," she said. "Hope is something we can and must generate together and something we must give away to keep the flow of its power going."

**Giving can be a part of healing.** During her time as a social worker in a Baltimore elementary school, **Stribling** learned that one of her most valuable assets was her ability to listen, bear witness to pain, and learn from those she was there to help. Recognizing that those she was serving had something to offer – even if it was only their kindness – and receiving it willingly supported their healing. "I learned that healing and giving exist in vital balance," she said. "To be of service to one another is healing to the spirit for all of us, no exceptions."

**Progress is possible if we flex and adapt.** We cannot expect new results if we hold on to old ways of doing things. Describing innovative ways his team has sought to expand the workforce and increase access to mental health services, **Jay Chaudhary** Dir. Of the Division of Mental Health and Addiction, Indiana Family and Social Services Administration, urged the adoption of peer-to-peer recovery coaching and creative approaches to recruiting diverse talent to the profession. **Janell Lane**, Co-Founder of Courageous Healing, echoed the need for adapting to the needs of today. "We can't change the stigma unless we change the experience," she said. One example: Because they work with a population that lives in or near poverty, her team is especially mindful of the power dynamics involved in the way they dress and interact with others, and they very intentionally create a comfortable and relaxing atmosphere so that their neighbors feel valued.

**You can help reduce stigma by telling your own story.** In all aspects of life, we connect with people best through shared experiences. When we work with those who have been touched by mental health challenges, if we share our own challenges, it aligns us and reduces othering. At Courageous Healing,

Inc., co-founder **Aaron Lane** said that their team uses their stories to break down barriers and build rapport with clients, and **Linda Williams**, Program Director at NAMI (National Alliance on Mental Illness), said that they believe in this so strongly at NAMI that they train people how to tell their story effectively.

**We can reduce stigma through education around the broken system.** We cannot fix what we don't see as broken. **Dr. Leslie Hulvershorn** said we must increase awareness and knowledge, both about the crisis and the mechanisms/institutions/pathways for addressing it, and **Janell Lane** added that we must recognize the barriers to services – financial, cultural, geographic, and more – that compound the stigma of addressing mental health. **Kalen Jackson**, Indianapolis Colts Vice Chairman/Owner, shared that Indianapolis Colts have focused on education, seeking to normalize conversations about mental health through their “[Kicking the Stigma](#)” campaign, and another round of messaging is coming this fall. (Visit [.colts.com/community/kicking-the-stigma](http://.colts.com/community/kicking-the-stigma) for videos and more resources.)

**We must empower the right people.** If we equip and empower people who are already in place to help, we can reach more people in need. For example, when **Aaron and Janell Lane** had a difficult time recruiting therapists of color to their team, they decided to train talented individuals in their community who did not have the resources to go through school to get their mental health license. Similarly, **Jay Chaudhary** said FSSA Mental Health and Addiction Grassroots Accelerator Program finds, identifies, and equips individuals that are rich with credibility but lack resources to get trained.

**Equip grassroots leaders, front-line workers, and faith leaders.** **Rev. Dwight Holland** of Family and Community Partners suggested building on existing connections between faith leaders and mental health service providers by integrating a therapeutic framework into the work churches already are doing. **Rev. Sarah Lund** noted that instead of creating new programs, we need to shift our thinking within established programs and embrace a more trauma-informed approach. **Janell Lane** pointed to the potential in supporting grassroots organizations with resources (such as multi-year grants) that would give them space to be responsive and innovative. Because faith leaders and grassroots groups are already on the front lines, they are well-positioned to step into the gap and provide needed mental health support, but they must be supported with training and curriculum (NAMI does many trainings for free.)

**Multi-prong approach is needed.** **Aaron Lane** spoke about the broader perspective we need to have for thinking about mental health among the youth. Larger socio-economic inequities and injustices have a major impact on mental health, and so dealing with the problem properly requires dealing with all these factors. **Rev. Holland** echoed Lane's comments, saying that when children are living with domestic violence at home, giving them lanes for support and coping skills are needed, but we must do more to change the environment and the systemic barriers.

**Create scalable solutions and hope.** We must create solutions that can adapt to the size of the need, and we must support them with a vision of a better future. **Dr. Leslie Hulvershorn** pointed to the Indiana Behavioral Health Access Program for Youth ("Be Happy") within Indiana University School of Medicine's Department of Psychiatry. Aiming to improve Hoosier families' access to best practice pediatric behavioral health care across the state, the initiative supports health care providers in local communities with guidance from psychiatric specialists. **Bryan Votaw**, Director of the CTS Counseling Center, noted that we need to leverage opportunities such as telehealth, which he described as a game changer for improving access to mental health services.

**BONUS LESSON: Choose your targets and work together.** Kalen Jackson shared the caution that she heard from John Lechleiter, who serves with her on the Lt. Governor’s Mental Health Round Table: “You can’t boil the ocean. You must find spots to affect.” The Colts’ work is a good example of focusing on a key challenge and bringing others into the fight. Additionally, at the conference, **Lt. Gov. Susanne Crouch** reaffirmed her commitment to making mental health a key issue in 2022. And added, “To fill the existing gaps in the mental health system, it is going to take all sectors to work together to leverage what the state is doing.” To underscore the power of collaboration, **Stribling** quoted Helen Keller: “Alone we can do so little, together we can do so much.”