

**Healthy Communities, Inc.**



**African American Faith  
Mental Health Anti-Stigma  
Campaign**



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

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# Our Story

Healthy Communities, Inc. (HCI) has been working with African-American communities and mental health awareness since 2004. As a Social Worker for over twenty years, I have worked with persons with mental illness and witnessed the results of stigma towards persons living with mental illness. Stigma can be hurtful to the recipient and their families and detrimental to those most in need of being receptive to receiving mental health services.

HCI is excited to partner with Alameda County Behavioral Health Services (BHCS) for eighteen months to bring awareness to the stigma experienced by African Americans with mental illness. We engaged the traditional pillars of our community, churches, to assist us with dispelling some of the myths surrounding mental illness. We also worked with individuals living with mental illness in residential facilities and men re-entering society after being incarcerated.

We were able to change the **MINDSET** of faith-based and spiritual communities and re-entry population through our "African American Faith Anti-Stigma Campaign" Project. Our project consisted of assisting churches in developing a Mental Health Ministry, pre and post surveys, focus groups, individual interviews, mental health education, and training on how to respectfully interact with mentally ill persons.

We look forward to opportunities to capitalize on the role of the faith community as cultural institutions for African Americans and a natural support for consumers, families, and caregivers in providing trauma-informed care in our communities

*Sincerely,*  
Pastor Raymond E. Lankford

2012-2013

**Healthy Communities, Inc.**

*African American Faith Mental Health Anti-Stigma Campaign*  
**INNOVATIONS ROUND II: Learning Question #2**

# **Program Design**

**Healthy Communities, Inc.**  
Pastor Raymond E. Lankford, MSW  
President/CEO

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**PROGRAM DESIGN**

**Goal**

Behavioral Health Care Services Agency’s goal in creating the learning questions was to address four critical needs:

- Developing culturally responsive practices;
- Strengthening our partnership with the faith-based community;
- Supporting trauma informed care that recognizes the trauma related to social issues within the African American community and
- Engaging African American males in their health care.

**Healthy Communities’ goal was to answer the Learning Question #2:**

“How can the mission, services and purpose of BHCS be enhanced through partnerships with African American faith-based and spiritual communities as cultural institutions and natural places for BHCS clients/consumers and families to receive supports in their community?”

“What are effective ways for the African American faith-based and spiritual communities to welcome and integrate mental health clients/ consumers into their community and to support social inclusion, decrease stigma and discrimination and provide a safe place for people to receive services and support, outside of the behavioral health care system?”

**Recommended Service Population**

The recommended service population is two-hundred or more African American adults (men and women) ages 18 to 59 in congregations, communities, and servicing organizations for re-entry men in Alameda County.

## PROGRAM DESIGN (cont.)

### Description of What Services or Supports the Program Will Offer

HCI adapted the five step Creating Caring Congregations model from the resource/study guide, *Mental Illness and Families of Faith: How Congregations Can Respond*, written by Rev. Susan Gregg-Schroeder.

- 1) Education - The leaders of the church participate in training workshops to be able to recognize the symptoms and make appropriate referrals to counselors and psychiatrists.
- 2) Covenant or Commitment – Leadership at churches starting their mental health ministry should adopt the “Anti-Stigma Faith Mental Health Covenant” contained within the mental health ministry guide. This is an intentional commitment, by leadership, to add and sustain a mental health ministry to their other church ministries.
- 3) Welcome – This involves seeking ways to integrate persons with a mental illness into the faith community. A mental health ministry can provide training for ushers and greeters to welcome and support persons with mental illness.
- 4) Support - Train mentors, have a referral list of mental health services in the community, offer support groups or invite outside groups, provide counseling services through a sliding scale or voucher program, involve members in programs to provide meals or housing, make care baskets to take to persons who are in the hospital, residential facility or who do not come to worship due to their illness to let them know they are not forgotten, and find ways to reach out and support family members.
- 5) Advocacy – The Program has an advocacy plan to keep informed on pending legislation about mental illness, attend workshops and conferences, and participate in community events with other organizations about mental illness.

# Faith Guide to Integrating a Mental Health Ministry



*Healthy  
Communities*

*African American  
Faith Mental Health  
Anti-Stigma*

Pastor Raymond E. Lankford, MSW  
President/CEO

**Healthy Communities, Inc.**  
Faith Initiative Office – Alameda County  
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## **Introduction**

### **Mental Illness and Faith Communities**

The magnitude of mental illness in this country is staggering. According to the Surgeon General, one in every five Americans experiences a mental disorder in any given year and half of all Americans have such disorders at some time in their lives. These illnesses of the brain affect all of us, regardless of age, gender, economic status or ethnicity. Nearly every person sitting in the pews has been touched in some way by mental illness. And yet individuals and families continue to suffer in silence or stop coming to their faith community because they are not receiving the support they so desperately need. They become detached from their faith community and their spirituality, which is an important source of healing, wholeness and hope in times of personal darkness.

### **Mission**

The mission of Healthy Communities, Inc. (HCI) in promoting a mental health ministry is to provide educational resources to help erase the stigma of mental illness in our faith communities and help congregations become caring congregations for persons living with a mental illness and their families. User friendly print resources that can be adapted to the unique needs of each congregation are distributed and available on the website. HCI also collaborates with faith communities, advocacy groups, community organizations and mental health professionals to lift up the importance of using a person's faith and spirituality as part of the overall treatment and recovery process.

## ***Creating Caring Congregations - Five Step Model***

Healthy Communities, Inc. (HCI) adapted the Mental Health Ministries' *Creating Caring Congregations* model to assist with eliminating the stigma of mental illness that is prevalent in the African American community. Mental Health Ministries ([www.MentalHealthMinistries.net](http://www.MentalHealthMinistries.net)) was founded in 2001 by Rev. Susan Gregg-Schroeder after she experienced firsthand the stigma and shame associated with mental illness when she was hospitalized with clinical depression. The mission of Mental Health Ministries is to provide print and media resources to help faith communities be caring congregations for persons living with a mental illness and those who care for them. The five step Caring Congregations is outlined in chapter three in the resource, *Mental Illness and Families of Faith: How Congregations Can Respond*. We chose this five-step model because the pillar of the African American community is the church and this program is a faith-based approach to removing the stigma of mental illness.

There are many ways that congregations can begin or expand a ministry to and with persons with a mental illness and their families. While the journey to become a caring congregation can be described in many different ways, this Caring Congregations model uses a five step approach. These five steps include education, covenant or commitment, welcome, support and advocacy.

These steps are not linear. Rather the process of becoming a caring congregation is dynamic and unique to each community. Some congregations have developed models of ministry unique to the needs of their community. Hopefully our faith communities will become involved in an ongoing process of education, commitment, welcome, and support. We all need to be advocates for a just mental health delivery system.

In adapting the *Creating Caring Congregations* five step model, HCI educated the participating church's pastoral staff on the stigma of mental illness and made five, free mental health sessions available for them to relieve their stress with our Licensed Clinical Social Worker. Our participating pastors created the included covenant; we provided training for participating church ushers and greeters on how to be more welcoming (receptive) to persons with mental illness who attend their church and on how to professionally and humanely intervene if a person has a mental health episode during church services.

We provided churches with local, mental health support groups and services, sources of information, and other mental health friendly organizations. Finally, HCI created its Advocacy Plan, which included existing partnerships, conducted focus groups and

individual interviews with persons living with mental illness, who have a family member with mental illness, and/or who suffer with mental illness due to incarceration.

## **Step 1. Education**

The first step in creating caring congregations is education. This begins with the leadership of the church. If the leaders of the church do not educate themselves, they will not be able to recognize the symptoms and make appropriate referrals to counselors and psychiatrists. This is often made more difficult because many religious leaders are hiding their own struggle with mental illness from the hierarchy of their religious organization. As clergy leave the ministry in record numbers, we can no longer ignore the mental health needs of our clergy and their families.

There are many ways to begin an education program with a congregation. Here are a few examples that HCI recommend:

- Invite a speaker or offer a workshop to teach people that mental illnesses are brain disorders.
- Get educational material and referral information from groups like the National Alliance on Mental Illness (NAMI), the Depression Bipolar Support Alliance (DBSA), Mental Health America (MHA) and SAMHSA.
- Use bulletin inserts and newsletters to educate about serious mental illness especially during Mental Health Month in May and Mental Illness Awareness Week in October.
- Offer a health fair and include education about different mental illnesses.

## **Step 2. Commitment (Covenant)**

The second step in becoming a caring congregation is covenant or commitment. This means that the church leadership commits to be intentional in seeking ways to become a caring congregation. It is HCI, as a concerned organization, who is initiating this process because pastors are so busy with other responsibilities.

Most successful programs have come from “the bottom up.” Because of the many demands on our clergy, few will initiate such a ministry. But HCI is collaborating with the church leadership to form a task force to look at ways that particular communities can provide education about mental illness.

When mental health provider groups establish programs for persons with mental illness, the church is often left out. Part of the covenant involves networking, collaborating and partnering with community-based groups to educate them about

what the faith communities have to offer in support of persons and families living with mental illness.

**HCI proposes to:**

- Involve the clergy and other leadership groups in developing a task force to assess the needs of your congregation.
- Adopt the Covenant developed by participating churches stating each congregation's commitment to having and supporting a mental health ministry.

## **Anti-Stigma Faith Mental Health Covenant**

**We** believe that as spiritual leaders our churches should be places of healing, provide supportive environments, and shatter the silence and barriers that surround the stigma of mental illness.

**We** believe that churches can provide leadership in collaboration with our County, City, and local communities to play a significant role in the healing process by bringing solace, a sense of wholeness, and hope to persons and families touched by mental illness.

**We** believe that education and awareness are vital components to develop and sustain strong mental health ministries and outreach efforts to minimize the stigma attached to those seeking or refusing to seek treatment.

**We** are committed to a unified effort of working with other churches and agencies to model understanding, compassion and hope for those re-entering society from incarceration, the homeless, and the un/underemployed.

**We** are committed to biblically and theologically using our faith to foster family, friendship, and fellowship to all persons regardless of their physical, mental, or spiritual condition.

### **Participating Churches**

#### **Community Christian Church for Christ**

Dr. Lawrence VanHook  
Oakland, CA

#### **Faith Baptist Church**

Bishop Curtis Robinson  
Oakland, CA

#### **Glad Tidings Church of God in Christ**

Bishop Jerry W. Macklin  
Hayward, CA

#### **Greater St. John Missionary Baptist Church**

Dr. Gregory B. Payton  
Oakland, CA

#### **New Life Church of God in Christ**

Pastor Daniel Stevens  
Oakland, CA

#### **North Oakland Missionary Baptist Church**

Pastor Sylvester Rutledge  
Oakland, CA

#### **Solid Rock Church of God in Christ**

Pastor Jerald K. Simpkins  
Newark, CA

#### **Starlight Spiritual Temple**

Bishop L. E. Franklin  
Oakland, CA

#### **True Vine Baptist Church**

Pastor Zachary Carey  
Oakland, CA

#### **Market Street Seventh Day Adventist Church**

Pastor Virgil Childs  
Oakland, CA

#### **VOICES of Hope Community Church**

Pastor Raymond E. Lankford, MSW

### **Step 3. Welcome**

The third step of welcome involves seeking ways to integrate persons with a mental illness into the faith community. Often we distance ourselves from those persons most in need of a welcoming community.

But welcoming and hospitality require us to reach out to persons in a way that allows for the mutual exchange of joys and concerns. When we take the time to really get to know another person, the barriers between “us” and “them” break down.

Welcoming persons with a mental illness involves seeking ways to integrate them into the faith community. When we practice hospitality, God can use our faithfulness in surprising ways. HCI recommends the following ways in starting the welcoming process:

- Provide training for ushers and greeters to be welcoming and supportive of all persons. Some communities have trained persons to act as "companions" to accompany a person to worship, to talk or simply to help them find a quiet place to rest.
- Invite persons with a mental illness to participate as they are willing and able to being part of a group.
- Include persons with a mental illness in prayers and sermon illustrations
- Partner with organizations in your area like the Healthy Communities Faith Initiative Office to identify persons who would need a ride to a faith community of their choice. This often results in congregations helping the person with housing, employment, transportation to medical appointments and practicing important social skills.

### **Step 4. Support**

We are brought up to be strong, self-sufficient and independent people. It is hard to ask for help and so often keep our struggles hidden. But God wants us to care for one another – and allow others to care for us in our time of need. We are called to “bear one another’s burdens.” (Galatians 6:2)

There are many ways to provide support to persons with a mental illness and their families.

- Train mentors through programs like the Faith Initiative Office, parish nurses and other volunteers.
- Have a referral list of mental health services in your community
- Offer a support group or invite outside groups to use your facilities.
- Provide counseling services through a sliding scale or voucher program.
- Involve members in programs to provide meals or housing.
- Make prayer quilts, comfort pillows or care baskets to take to persons who are in the hospital, residential facility or who do not come to worship due to their illness to let them know they are not forgotten.
- Find ways to reach out and support family members.

### **Step 5. Advocacy**

The mental health delivery system in this country is broken. There is a lack of resources and a lack of continuity in treating mental illness. People with a mental illness too often get caught in a “revolving door” health care system. This is especially true for persons who use the public health system for treatment.

Mental illness is a justice issue involving such basic human rights as access to medical care, stable and supportive housing, and job training. Once a congregation has developed a mental health ministry, a natural next step is to be involved in advocacy.

Here are some ways in which a church’s mental health ministry can make a difference:

- Keep informed on pending legislation about mental illness,
- Attend workshops and conferences,
- Contact your elected representatives or visit them as a group,
- Support candidates working on mental health issues,
- Keep in contact with advocacy groups,
- Participate in community events such as Walks, and
- Partner with other organizations for community events about mental illness. The community needs to be educated about the important role a person's faith can play in the treatment and recovery process.

## **Ministry through Partnership**

Faith communities have used these steps or similar guidelines to develop their own unique models of mental health ministry. Most of these ministries begin small, perhaps led by one or two persons. Seeds are sown, some take root and some even reach out to the meet the needs of the larger community.

HCI has developed effective partnerships with community provider groups to provide transitional housing, help with legal issues, programs for addiction and other medical problems, peer counseling, family advocacy, training in daily living skills and employment referrals. Faith communities are in a unique position to address the spiritual needs by being intentional about inviting persons with mental illness to worship, offering prayer groups and opening the doors to a variety of small support groups.

Barriers of fear, ignorance and stigma are broken down when people take the risk to break the silence and speak out by sharing their struggles of living with a mental illness or by sharing the struggles of loving and caring for a family member.

Healthy Communities has the following partnerships (focus groups) for this project:

- Oakland/Hayward P.A.C.T. (Parole and Corrections)
- Community Health Ambassadors Program
- Oakland Unite! (Formerly Measure Y)
- Urojas Ministries
- Volunteers of America (V.O.A.)
- Men of Valor (ACTS Full Gospel)
- The Community Church Residential Program



**HEALTHY  
COMMUNITIES  
INC.**

**AFRICAN AMERICAN FAITH MENTAL  
HEALTH ANTI-STIGMA CAMPAIGN**

**ADVOCACY PLAN**

**2012 – 2013**

**Project Director | Pastor Raymond E. Lankford, MSW**

Faith Initiative Office – Alameda County  
9428 International Boulevard  
Oakland, CA

## **1. General information**

Project Name: *African American Faith Mental Health Anti-Stigma Campaign*

Project Director: Pastor Raymond E. Lankford, MSW

Contact Details: Healthy Communities, Inc.

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Phone: (510) 502-3144

Document prepared by: Glenda McComb, MBA (Project Consultant)

Created: October 2012

Updated: February 2013

Last Updated: September 2013

## **2. Background** (*African American Utilization Report, Winter 2011*)

“African American adult consumers in Alameda County often live in poverty and many have experienced traumatic situations that impair their psychological well-being and contribute to depression, post-traumatic stress, perceived aggression, anti-social withdrawal. Most experience co-occurring conditions and may use substances as a way to self-medicate. Compounding these issues, African American males often receive mental health services in restrictive environments, and these services are rarely delivered by clinicians of similar race and life experience.”

## **3. Goals** (*African American Utilization Report, Winter 2011*)

The goals describe the ideal situation for some standard advocacy goals used widely by mental health professionals:

- Ensure that mental health programs are culturally responsive and equipped to address the needs of African American adults.
- Promote culturally responsive, strength-based and coordinated services that empower African American adult consumers to recover from serious mental health and substance abuse issues.

#### 4. Objectives (INNOVATIONS Round II: *Learning Question #2*)

The objectives of the advocacy plan for our learning question #2 are:

- Partner with African American faith-based and spiritual communities as places for consumers and families to receive mental health supports in their community.
- Assist churches with starting a mental health ministry to welcome and integrate mental health consumers into the community to decrease stigma and discrimination.

#### 5. Key Message

The key message of HCI's promoting a mental health ministry for churches is to provide educational resources to help erase the stigma of mental illness in our faith communities and help congregations become caring congregations for persons living with a mental illness and their families. User friendly resources that can be adapted to the unique needs of each congregation are distributed and available on the website, [www.mentalhealthresourcecenter.org](http://www.mentalhealthresourcecenter.org). HCI also collaborates with faith communities, advocacy groups, community organizations and mental health professionals to lift up the importance of using a person's faith and spirituality as part of the overall treatment and recovery process.

#### 6. Calendar of Events

<b>These are mental health advocacy events HCI participated in / attended and was able to distribute information and speak on reducing the stigma of mental illness in the African American community.</b>		
<b>Mental Health Advocacy Event</b>	<b>Location</b>	<b>Date</b>
Baptist Ministers' Union #Present = 32	St. John Missionary Baptist Church	11/28/12
Pastors' Forum #Present = 24	Saint Luke's Society	12/05/12
Alameda County Board of Supervisors	San Leandro	12/10/12
Lilly of the Valley Church #Present = 150	Oakland	12/12/12
Northern Calif. Care Coalition	Vallejo	12/12/12
SAMHSA Conference	Marriott Hotel – Downtown Oakland	01/15/13
SAMHSA Conference	Marriott Hotel – Downtown Oakland	01/16/13
West Oakland District Meeting with City Councilmember Lynette McElhaney #Present = 300	Oakland	05/02/13

**These are mental health advocacy events HCI participated in / attended and was able to distribute information and speak on reducing the stigma of mental illness in the African American community. (cont.)**

<b>Mental Health Advocacy Event</b>	<b>Location</b>	<b>Date</b>
KDYA & Marshalene Martin (Host) #Faith Listeners – 5,000 (Bay Area)	Radio Station - Richmond	05/03/13
Nor Cal Metro Family Life Conference #Present = 200	Lake Merritt	05/04/13
Alameda County Board of Supervisors #Present = 75	Chambers	05/10/13
Probation Round Table with LaDonna Harris – Re-entry & Mental Illness #Present = 60	Probation Department – Downtown Oakland	05/14/13
8 <sup>th</sup> Annual Walk to End Poverty #Present = 100	Oakland	05/18/13
Health & Job Fair #Present = 25 vendor booths and 300 people	Center of Hope Community Church	06/20/13
Tramaine Hawkins Gospel Concert #Present = 200	Center of Hope Community Church	06/21/13
eCPR Seminar #Present = 42	Center of Hope Community Church	08/10/13

## **7. Audiences**

Below are the different audiences who were interviewed individually and as a focus group on mental health stigma for African-American consumers and re-entry men in Alameda County. Eighty-eight (88) persons participated in our advocacy program directed towards consumers and their families.

- Oakland / Hayward P.A.C.T.
- Community Health Ambassador Job Training Program (Healthy Oakland)
- Volunteers of America (VOA)
- Men of Valor (ACTS Full Gospel)
- Community Christian Church Residential Program
- Oakland Unite! (Formerly Measure Y)
- Urojas Community Services

## PROGRAM DESIGN (cont.)

### Description of How the Program Will Work

The program works by assisting churches to start a mental health ministry. This ministry is added to their other ministries provided to serve congregants and the community; i.e. youth, women's, men's, couples, etc.

Activities of the program and churches to start a mental health ministry are:

- Recruit and engage churches that have a strong interest and commitment to welcoming and assisting persons with mental illness,
- Educate, through workshops and meetings, pastors and other church leaders about mental illness and the stigma surrounding people with mental illness,
- Create a website for churches, the community, and organizations to access as a local, mental health resource; i.e. [www.mentalhealthresourcecenter.org](http://www.mentalhealthresourcecenter.org) ,
- Have church leaders adopt a mental health Covenant,
- Conduct a pre / post test on mental illness with targeted congregants and ushers and greeters,
- Train ushers / greeters to welcome and support people with mental illness,
- Have pastors deliver sermons using scriptures on mental illness,
- Discuss mental illness at bible study,
- Provide community outreach to people with mental illness and the community to break the stigma of mental illness,
- Provide outreach to re-entry men and women who may be suffering from post traumatic syndrome disorder,
- Promote mental health awareness by have a mental health fair or incorporating topics on mental health in their annual health fairs,
- Start support groups for people who have friends and/or relatives with mental illness or space for outside support groups to meet,
- Educate congregants on mental illness during mental illness Awareness week in October and throughout the year,
- Obtain literature from SAMHSA and other organizations and visit their website to get updates on latest legislation and news regarding people living with mental illness, and
- Collaborate with other churches, organizations, and governmental agencies to advocate for enhanced mental health services for African Americans and re-entry persons.

## PROGRAM DESIGN (cont.)

### Recommended Behavioral Health Care Services Partners

- SAMHSA (Substance Abuse and Mental Health Services Administration)  
1 Choke Cherry Road  
Rockville, MD 20857  
Phone: 1-877-SAMHSA-7
- P.E.E.R.S. (Peers Envisioning and Engaging in Recovery Services)  
Attn: Lisa Smusz, MS, LPCC; Executive Director  
333 Hegenberger Road, Suite 250  
Oakland, CA 94621
- Healthy Communities, Inc. (Alameda County Faith Advisory Council)  
Attn: Raymond E. Lankford, MSW; CEO  
2580 San Pablo Avenue  
Oakland, CA 94612
- Bay Area Action Council  
Attn: Rev. Dr. Lawrence E. VanHook, President  
1527 34<sup>th</sup> Street  
Oakland, CA 94608
- Pastors of Oakland  
Email: [info@pastorsofoakland.org](mailto:info@pastorsofoakland.org)  
1904 Adeline Street  
Oakland, CA 94607
- Baptist Ministers' Union of Oakland and Vicinities  
Attn: Rev. Dr. Gregory B. Payton, President  
P. O. Box 19036  
Oakland, CA 9461

## **PROGRAM DESIGN (cont.)**

### **Recommended African American Faith Based and Spiritual Community Partners**

Center of Hope Community Church  
Pastor Brondon and Maria Reems  
8411 Macarthur Boulevard  
Oakland, CA 94605

Community Christian Church for Christ  
Pastor Lawrence Van Hook  
1527 34th Street  
Oakland, CA 94608  
(510) 594-2207

Faith Baptist Church  
Pastor Curtis Robinson  
2680 64th Avenue  
Oakland, CA 94605  
(510) 633-1628

Greater St. John Missionary Baptist Church  
Pastor Gregory Payton  
1909 Market Street  
Oakland, CA 94607  
(510) 834-2094

Glad Tidings Church of God in Christ  
Bishop Jerry W. Macklin  
Office Location: 1027 W. Tennyson Road  
Hayward, CA 94544  
(510) 783-9377

Healthy Communities, Inc.  
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(510) 444-9655

Market Street Seventh Day Adventist Church  
Reverend Virgil Childs  
Faith Coordinator: Earl Jacobs  
900 34<sup>th</sup> Street  
Oakland, CA 94608

## **PROGRAM DESIGN (cont.)**

### **Recommended African American Faith Based and Spiritual Community Partners**

New Life Church of God in Christ  
Pastor Daniel Stevens  
4450 International Boulevard  
Oakland, CA 94601  
(510) 536-8410

North Oakland Missionary Baptist Church  
Pastor Sylvester Rutledge  
1060 32nd St  
Oakland CA 94608  
(510) 658-1761

Solid Rock Church of God in Christ  
Pastor Jerald K. Simpkins  
5970 Thornton Avenue  
Newark, CA 94560  
(510) 791-7625

Starlight Spiritual Temple  
Bishop L.E. Franklin  
Oakland, CA  
(510) 653-2087

True Vine Baptist Church  
Rev. Zachary Carey  
1125 West Street Oakland, CA 94607  
(510) 208-4565

Urojas Ministries  
Rev. Dr. Jasper Lowery  
8801 International Boulevard  
Oakland, CA 94621  
(510) 776-5404

Voices of Hope Community Church  
Pastor Raymond E. Lankford, MSW  
9428 International Boulevard  
Oakland, CA  
(510) 502-3144

## PROGRAM DESIGN (cont.)

### ***Strategies that will develop effective partnerships between BHCS programs and African American faith based and spiritual communities:***

#### **Strategy #1: Promote the creation of a mental health ministry at your church.**

BHCS may consider working with Healthy Communities, Inc. and other faith based and spiritual communities to recruit, educate, and train clergy and others to start a mental health ministry as a compliment to their other ministries. The ***Faith Guide to Integrating a Mental Health Ministry*** may be used as a training tool.

- Recruit churches of any denomination to participate in the creation of a mental health ministry.
- Encourage clergy to assign a Faith Coordinator to head the mental health ministry.
- Encourage churches to adopt a mental health covenant for their ministry.
- Assist churches in training their ushers / greeters to welcome and support members and visitors who have mental illnesses.
- Encourage clergy to teach, on a regular basis, their congregations and visitors on mental illness using biblical scriptures.
- Work with clergy, churches, and the community to develop an advocacy plan so that issues may be collectively represented to politicians, governmental agencies, companies, organizations, jails, prisons, and other entities that interact with people who have mental illnesses.
- Encourage churches to either incorporate mental health into their annual health fairs and / or to have stand-alone mental health fairs, or provide workshops at their church or collaborate with other churches.
- Encourage churches to include discussions on mental illness at their weekly bible study.
- Encourage churches to include discussions and distribution of mental health materials during their routine community outreach efforts.
- Encourage churches to include mental health concerns when they conduct outreach to men and women during their re-entry from jail and prison back into the community.
- Encourage clergy or they may designate someone to attend meetings, workshops, and events about mental illness; then, share their new knowledge with their congregation and the community.

## PROGRAM DESIGN (cont.)

***Strategies that will develop effective partnerships between BHCS programs and African American faith based and spiritual communities:***

**Strategy #2: Promote workshops and forums in congregations and the community to teach people that mental illnesses are brain disorders.**

BHCS may consider facilitating workshops and forums for congregations and the community by utilizing its staff, hiring staff, and/or contracting with outside persons or organizations to teach people that mental illnesses are brain disorders.

- Create mental health topics for a series of workshops/forums to be offered to the community.
- Heavily promote the existence of these workshops to the faith community and encourage attendance.
- Partner with the faith community to create the series of workshops and forums and co-promote the events.

**Strategy #3: Collaborate with faith-based community to provide space for support group meetings for family and consumers with serious mental illnesses.**

- Provide meeting space for support group meetings.
- Collaborate with faith organizations to provide space for support group meetings; stipends, incentives, etc.

## PROGRAM DESIGN (cont.)

***Strategies that will develop effective partnerships between BHCS programs and African American faith based and spiritual communities:***

**Strategy #4: Promote the celebration of “*Mental Illness Awareness Week*” annually in October at churches, faith-based organizations, and in the community.**

- BHCS programs may consider providing mini-grants to churches and faith-based organizations to provide events that celebrate “*Mental Illness Awareness Week*”.
- BHCS programs may supply mental health materials to be distributed at community celebrations of “*Mental Illness Awareness Week*”.
- BHCS programs may allow staff to participate in “*Mental Illness Awareness Week*” and/or secure guest speakers for events.



**Healthy Communities, Inc.**

**African American Faith Mental Health  
Anti-Stigma Campaign**

**Program Tools**

**Project Director:**

Pastor Raymond E. Lankford, MSW



## Healthy Communities, Inc.

*"African American Faith Mental Health Anti-Stigma Campaign"*

### **Pastor's Project Survey**

Pastor's Name: \_\_\_\_\_

Church: \_\_\_\_\_

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

1. Did you have to gain approval from the senior clergy person and lay leadership to start your mental health ministry?
2. Did your ushers/greeters learn how to respond effectively to the mental health needs of your church?
3. Is your pastoral care team involved in your mental health ministry?
4. Do you provide a support group for family members and a group for mental health consumers? Do you provide any other services?
5. Have you added your mental health ministry to the full range of ministries offered at your church? For example: Is it listed on your website, church bulletin, brochure, etc.? Do you plan to add it?



## Pastor's Project Survey (cont.)

6. Does your congregation conduct outreach to those with mental disorders in the community?
  
  
  
  
  
  
  
  
  
  
7. Is your congregation accepting of people with mental disorders? Did starting a mental health ministry help with the acceptance?
  
  
  
  
  
  
  
  
  
  
8. Are you interested in providing advocacy on behalf of those with mental disorders to local, state and national government?
  
  
  
  
  
  
  
  
  
  
9. What would have been helpful to you and/or your congregation, during this project as you started your Mental Health Ministry?
  
  
  
  
  
  
  
  
  
  
10. Do you need assistance in maintaining your mental health ministry? If so, what type of assistance is needed?



## Anti-Stigma Faith Mental Health Covenant

**We** believe that as spiritual leaders our churches should be places of healing, provide supportive environments, and shatter the silence and barriers that surround the stigma of mental illness.

**We** believe that churches can provide leadership in collaboration with our County, City, and local communities to play a significant role in the healing process by bringing solace, a sense of wholeness, and hope to persons and families touched by mental illness.

**We** believe that education and awareness are vital components to develop and sustain strong mental health ministries and outreach efforts to minimize the stigma attached to those seeking or refusing to seek treatment.

**We** are committed to a unified effort of working with other churches and agencies to model understanding, compassion and hope for those re-entering society from incarceration, the homeless, and the un/underemployed.

**We** are committed to biblically and theologically using our faith to foster family, friendship, and fellowship to all persons regardless of their physical, mental, or spiritual condition.

### Participating Churches

**Community Christian Church for Christ**

Dr. Lawrence VanHook  
Oakland, CA

**Faith Baptist Church**

Bishop Curtis Robinson  
Oakland, CA

**Glad Tidings Church of God in Christ**

Bishop Jerry W. Macklin  
Hayward, CA

**Greater St. John Missionary Baptist Church**

Dr. Gregory B. Payton  
Oakland, CA

**New Life Church of God in Christ**

Pastor Daniel Stevens  
Oakland, CA

**North Oakland Missionary Baptist Church**

Pastor Sylvester Rutledge  
Oakland, CA

**Solid Rock Church of God in Christ**

Pastor Jerald K. Simpkins  
Newark, CA

**Starlight Spiritual Temple**

Bishop L. E. Franklin  
Oakland, CA

**True Vine Baptist Church**

Pastor Zachary Carey  
Oakland, CA

**Market Street Seventh Day Adventist Church**

Pastor Virgil Childs  
Oakland, CA

**VOICES of Hope Community Church**

Pastor Raymond E. Lankford, MSW  
Oakland, CA



# African American Faith Mental Health Anti-Stigma Campaign

## Pre / Post Test

1. Most people can get well and return to productive lives.  True  False
2. Keeping up a normal life in the community helps a person get better.  True  False
3. People with mental illness are far less of a danger than most believe.  True  False
4. Group homes do not endanger local residents.  True  False
5. Group homes will not lower property values.  True  False
6. Mentally ill are far more dangerous than the general population.  True  False
7. Mental health facilities should be kept out of residential areas.  True  False
8. Mentally ill always have a potential to be violent.  True  False
9. It is easy to recognize someone who is mentally ill.  True  False
10. It is best to keep mentally ill behind locked doors.  True  False
11. Depressed people are sad all the time.  True  False
12. Mental illness is all in a person's head.  True  False
13. Mentally ill people are dangerous.  True  False
14. There is no cure for mental illness. It's just something you have to live with.  True  False
15. Stigma is a major factor that stops those needing help to seek help.  True  False



African American Faith Mental Health Anti-Stigma Campaign

# Public Focus Group Survey (#1)

Male \_\_\_\_\_ Female \_\_\_\_\_ I . D. # \_\_\_\_\_ Date: \_\_\_\_\_

	AGREE	DISAGREE
1. Most persons with mental illness are dangerous.	<input type="checkbox"/>	<input type="checkbox"/>
2. Most persons with mental illness are disgusting.	<input type="checkbox"/>	<input type="checkbox"/>
3. Most persons with mental illness are unable to get or keep a regular job.	<input type="checkbox"/>	<input type="checkbox"/>
4. Most persons with mental illness are dirty and unkempt.	<input type="checkbox"/>	<input type="checkbox"/>
5. Most persons with mental illness are to blame for their problems.	<input type="checkbox"/>	<input type="checkbox"/>
6. Most persons with mental illness are below average intelligence.	<input type="checkbox"/>	<input type="checkbox"/>
7. Most persons with mental illness are unpredictable.	<input type="checkbox"/>	<input type="checkbox"/>
8. Most persons with mental illness will not recover or get better.	<input type="checkbox"/>	<input type="checkbox"/>
9. Persons with mental illness receive excellent services in prison.	<input type="checkbox"/>	<input type="checkbox"/>
10. Most persons with mental illness are dangerous.	<input type="checkbox"/>	<input type="checkbox"/>
11. Most persons with mental illness are unable to take care of themselves.	<input type="checkbox"/>	<input type="checkbox"/>
12. Churches are helpful to persons with mental health problems.	<input type="checkbox"/>	<input type="checkbox"/>
13. It is easy for persons with mental health problems to find and get help.	<input type="checkbox"/>	<input type="checkbox"/>
14. Persons with mental illness should be refused housing with normal people.	<input type="checkbox"/>	<input type="checkbox"/>
15. Persons with mental illness have good access to medical and social services.	<input type="checkbox"/>	<input type="checkbox"/>
16. Persons with mental illness should be treated the same as everyone else.	<input type="checkbox"/>	<input type="checkbox"/>



African American Faith Mental Health Anti-Stigma Campaign

# Public Focus Group Survey (#2)

Male \_\_\_\_\_ Female \_\_\_\_\_ I . D. # \_\_\_\_\_ Date: \_\_\_\_\_

	YES	NO
1. Do you prefer or feel more comfortable with a doctor of your own race?	<input type="checkbox"/>	<input type="checkbox"/>
2. Would you help someone if you saw them having a mental breakdown?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do most people think the same after being incarcerated?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a mentally ill person capable of hurting someone who angers them?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is mental illness a personality disorder?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is hate a sign of mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is a person with mental illness able to get help?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the majority of persons with mental illness violent?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does mental illness appear in a person by age 24?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does mental illness produce symptoms that most persons can notice?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does stress play a role in most mental illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are churches helpful to persons with mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it easy for persons with mental illness to find and get help?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does mental illness make persons feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>
15. Should persons lose their jobs and/or housing due to mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
16. Should persons with mental illness be treated the same as everyone else?	<input type="checkbox"/>	<input type="checkbox"/>



African American Faith Mental Health Anti-Stigma Campaign

# Individual Personal Questionnaire

Male \_\_\_\_\_ Female \_\_\_\_\_ I . D. # \_\_\_\_\_ Date: \_\_\_\_\_

	YES	NO
1. Does the public understand people with mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Should people feel ashamed because of their mental problems?	<input type="checkbox"/>	<input type="checkbox"/>
3. Should people be refused housing because of their mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do people feel talked down to because of their mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Should people be open to their family about their mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
6. Should police treat people differently because they have mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Should health professionals treat people with mental problems differently?	<input type="checkbox"/>	<input type="checkbox"/>
8. Should it be easier for people with mental health problems to get services?	<input type="checkbox"/>	<input type="checkbox"/>
9. Should people believe life is unfair because of their mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Should people feel embarrassed because of their mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Should church members be made aware of people with mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
12. Should church members be afraid of people with mental problems?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have people been insulted because of their mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is it difficult for people to find and get help for their mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
15. Should people understand their mental health diagnosis that they have been given?	<input type="checkbox"/>	<input type="checkbox"/>
16. Should people avoid telling others about their mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
17. Should people tell that they have mental health problems when applying for a job?	<input type="checkbox"/>	<input type="checkbox"/>



## **Mental Health Resource Center**

**“Shatter the Stigma of Mental Illness”**

**Website**

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

Created by Healthy Communities, Inc. and provided through INNOVATIONS  
ROUND II Grant from Alameda County Behavioral Health Care Services



## Pastor Raymond E. Lankford, MSW

Founder/President/CEO

### Strengthening Partnership with the Faith-Based Community

How can the mission, services and purpose of Behavioral Health Care Services BHCS be enhanced through partnerships with African-American churches as cultural institutions and natural places for clients/consumers and families to receive supports in their community?

What are effective ways for African American churches to welcome and integrate mental health consumers into their faith community and to support social inclusion, decrease stigma and discrimination and provide a safe place for people to receive services and support, outside of the behavioral health care system?

Healthy Communities is seeking to address these questions by partnering with twelve local congregations to develop 'performance-based' activities.



*"Mental illness is nothing to be ashamed of, but stigma and bias shame us all."*

- Bill Clinton



CEO Lankford Conducts Training With Pastors and Staff

### FAITH PARTNERS

Community Christian Church for Christ  
Faith Baptist Church ♦ Glad Tidings COGIC  
Greater St. John Missionary Baptist Church  
Market Street Seventh Day Adventist Church  
New Life COGIC  
North Oakland Baptist Church  
Solid Rock COGIC  
Starlight Spiritual Temple  
True Vine Ministries ♦ Urojas Ministries



Finally, beloved, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is pleasing, whatever is commendable, if there is any excellence and if there is anything worthy of praise, think about these things.

### ❖❖ MINDSET 2012 – 2013 ❖❖

**MINDSET** is a set of specific strategies for the development of an effective partnership between the African American faith-based and spiritual communities and BHCS, capitalizing on the role of these communities as cultural institutions and a natural support for BHCS clients/consumers and their families.



Faith communities can assist in changing our **MINDSET** about mental illness...



Healthy Communities, Inc.  
**African American Faith Mental Health Anti-Stigma Campaign**  
**Project Work Plan**

<b>Activities</b>	<b>Responsible Staff</b>	<b>Measurement</b>	<b>Timeline</b>	<b>Outcomes/Status (Completed/Ongoing/Late)</b>
1. Develop Faith Mental Health Anti-Stigma Campaign	Project Director and Collaborative	Implementation/Launch of Faith Mental Health Anti-Stigma Campaign	Month 1	<b>Completed</b>
2. Collaborative churches create Mental Health Ministries	Project Manager	Churches created Mental Health Ministries / Mental Health Ministry Guide	Month 2	<b>Completed</b>
3. Support and conduct mental health pre test of collaborative congregations	Project Manager, Project Coordinator and Project Assistant	Mental health Pre-test completed of collaborative congregations	Month 3	<b>Completed</b>
4. Covenant statement with congregation to welcome persons and their families with mental illness	Project Manager, Project Coordinator and Project Assistant	Completion of covenant with collaborative congregations	Months 4 - 5	<b>Completed</b>
5. Conduct training for ushers, greeters, and others on welcoming persons with mental illness.	Project Coordinator, Project Assistant, Project Manager ■ Bridgett Cook???	Ushers, greeters and others trained on welcoming persons with mental illness.	Months 4 – 5	<b>Completed</b>
6. Be advocates for those with mental illness with governmental agencies, etc.	Project Director, Project Manager, Project Coordinator, Project Assistant	Advocacy plan created and implemented	Months 6 - 8	<b>Completed</b>



Healthy Communities, Inc.  
**African American Faith Mental Health Anti-Stigma Campaign**  
**Project Work Plan**

<b>Activities</b>	<b>Responsible Staff</b>	<b>Measurement</b>	<b>Timeline</b>	<b>Outcomes/Status (Completed/Ongoing/Late)</b>
7. Regular meetings with Collaborative.	Project Director, Project Manager, Project Coordinator, Project Assistant	Regular meetings implemented with set dates.	Month 6	<b>Completed</b>
8. Conduct Field testing	Project Manager, Project Coordinator, Project Assistant	Results or outcomes of field testing collected	Month 15	<b>Completed</b>
9. Data Collection	Project Coordinator and Project Assistant	Data collected and submitted to Project Manager for review; then to Director for Evaluator	Within eighteen months of grant award.	<b>Completed</b>
10. Evaluate Project	Contracted Evaluator	Completion of evaluation and final version submitted to Healthy Communities, Inc.	Within eighteen months of grant award.	<b>Completed</b>
11. Submit Desired Outcome to BHCS	Project Director/Project Manager	Desired outcome.	Month 18	<b>Completed</b>



Healthy Communities, Inc.  
**African American Faith Mental Health Anti-Stigma Campaign**  
**Miscellaneous Project Activities**

<b>Activities</b>	<b>Responsible Staff</b>	<b>Measurement</b>	<b>Timeline</b>	<b>Outcomes/Status (Completed/Ongoing/Late)</b>
1. Website Development	Project Director	Website construction completed and posted online.	Month 9	<b>Completed</b>
2. Pastors' Survey Instrument	Project Manager, Project Coordinator, Project Assistant	Survey Instruments completed and returned	-----	<b>Completed</b>
3. Marketing & Promotional Materials a. Brochure b. Flyers c. Materials Holder d. Mental Health Materials	Project Manager, Project Coordinator, Project Assistant	Materials completed, copied, ordered, distributed	-----	<b>Completed</b>
4. Pastors' Brunch	Project Director, Project Coordinator, Project Manager, Project Assistant <b>Guest Speaker</b> ■ Rudy Smith	Brunch attended and concluded.	-----	<b>Completed</b>