

The State of Mental and Behavioral Health

A GUIDE FOR CHURCHES



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About the AACC

The American Association of Christian Counselors (AACC) exists to train Christian counselors throughout the entire “community of counseling care continuum.” One end of this broad continuum being the highly trained licensed clinical professionals – such as Christian psychiatrists/physicians, psychologists, nurse practitioners, physicians assistants, and professional counselors – moving then to the pastors, pastoral counselors, and coaches, and all the way through to the other end of the spectrum being the lay person with little or no formal training but with a heart for helping hurting people often in their church or some other ministry.

Our mission is to equip clinical, pastoral, and lay caregivers with biblical truth and psychosocial insights that minister to hurting persons and help them move to personal wholeness, interpersonal richness, mental stability, psychological flourishing, and spiritual maturity.

The vision of AACC has two critical dimensions. First, we want to serve the worldwide Christian Church by helping it become more mature in Christ, by taking on His heart of love and sacrificial care. Secondly, we want to serve, educate, and equip 100,000 professional clinicians, pastoral counselors, and lay helpers in the next several years.

We are committed to helping the Church equip God’s people to love and care for each other in the same spirit that Christ loves and cares for us. We recognize Christian counseling as a unique and case-based form of Christian discipleship, assisting the Church in its call to bring believers to maturity through the lifelong process of sanctification—of growing to maturity in Christ.

Yes, we are in a spiritual war against evil forces. So while we recognize God has specially gifted, equipped, trained, and commissioned a small elite special forces unit to minister in the context of a clinical, professional, or pastoral role, we also believe that a much larger army of selected lay people are equally commissioned to use their special gifts of caring for others; they just need some appropriate training and mentoring to step into the sub-clinical/pastoral role of first responders and coaches. We believe that the ‘seat’ of helping ministry in the Church is firmly supported by – must be supported by – three strong legs: the graduate school-trained licensed clinical professional, the seminary trained pastor, and specifically certified lay helper. And it is to these three roles that AACC is dedicated to help raise up and serve.

“So Christ himself gave the apostles, the prophets, the evangelists, the pastors and teachers, to equip his people for works of service, so that the body of Christ may be built up until we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ.”

— Ephesians 4:11-13 NIV.

Our Goals

- To provide an in-depth view and understanding of behavioral health (mental illness and addiction) among youth and adults in America.
- To track changes in the prevalence of behavioral health issues and access to behavioral health care.
- To understand how changes in national data reflect the impact of legislation and policies.
- To increase dialogue and improve outcomes for individuals and families with behavioral health needs.
- To motivate and influence sound research regarding the impact of incorporating Bible-based, Christ-centric practices and therapeutic modalities in the psychospiritual healing process.

Our Strategy: Dare to Care

- Develop a step-by-step guide for Churches to skillfully address behavioral health concerns.
- Assist safe place for those struggling with behavioral health issues.
- Equip Church staff and volunteers with first responder training to meet the needs of their Church and community so the Church can step into its calling of being a psychospiritual Emergency Room.

Introduction to the Guide

Prior to the COVID-19 pandemic, millions of Americans were affected by psychological struggles and challenges every year. Behavioral health issues can directly impact anyone's life regardless of gender, age, race, nationality, religion, political affiliation, or socioeconomic status, while their ripple effect disrupts families, communities, and the world. Sadly, as these issues leave many people searching desperately for quality behavioral health services, they are unable to access help due to the limited supply of resources available. One of the most severe, and growing, challenges our country faces is the limited number of skilled behavioral health clinicians. We constantly hear the frustrations from both those searching for care that they are on a long wait list for providers and from professionals who are overwhelmed and outweighed by the volume of those searching for services. The fallout is many are struggling and the providers are battling burnout.

The storm of the COVID pandemic and its psychological effects did have a silver lining in that it somewhat destigmatized emotional and psychological struggles, making it OK for people to search for help, hope, and encouragement.

Historically, people have been more likely to seek out a pastor, priest, or rabbi first when in psychological distress, regardless of their faith background. Statistics show that [one in four individuals](#) seek help for behavioral health issues from faith leaders before they seek help from clinical professionals.

For a variety of reasons, a key one being a lack of understanding and training pertaining to behavioral health issues, many faith leaders and their communities hesitate to leverage their existing strengths and resources to engage, support, and effectively disciple people facing behavioral health challenges.

Without question, behavioral health issues are front and center as the Church's most significant field opportunity for the next generation. The Church has a great opportunity to step up and lead the way to erase the silence, shame, and stigma of psychospiritual suffering by effectively engaging people during their greatest time of need.

The Reality of Behavioral Health in America

Mental Health and Substance Use Issues Impact All of Us



1 in 5 U.S. adults experience mental illness each year.

1 in 20 U.S. adults experience serious mental illness each year.

50% of all lifetime mental illness begins by age 14, and **75%** by age 24.

Suicide is the **2nd leading** cause of death among people aged 10-34.

75% of the nearly 92,000 drug overdose deaths in 2020 involved an opioid.

Over **half of adults** with a mental illness do not receive treatment, totaling over 27 million adults in the U.S. who are going untreated.

6.7% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2020 (17 million people).

1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year.

15% of high school students reported having ever used select illicit or injection drugs (i.e. cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy).

More than 932,000 people have died since 1999 from a drug overdose.

* Note: most of these are for 2020 before the major cumulative ripples of COVID-19 occurred. We are only expecting a qualitative and quantitative worsening of this data.

Prevalence of Mental Illness (not including addictions) Among U.S. Adults by Demographics:

Non-Hispanic Asian: **13.9%**

Non-Hispanic Native Hawaiian or Other Pacific Islander: **16.6%**

Non-Hispanic black or African American: **17.3%**

**Lesbian, Gay
or Bisexual: 47.4%**

Hispanic or Latino: **18.4%**

Non-Hispanic American Indian
or Alaska Native: **18.7%**

Non-Hispanic white: **22.6%**

Non-Hispanic mixed/multiracial: **35.8%**

Annual Prevalence Among U.S. Adults by Condition:

Schizophrenia: **<1%** (estimated 1.5 million people)

Obsessive Compulsive Disorder (OCD): **1.2%** (estimated 3 million people)

Borderline Personality Disorder: **1.4%** (estimated 3.5 million people)

Bipolar Disorder: **2.8%** (estimated
7 million people)

Post Traumatic Stress Disorder (PTSD):
3.6% (estimated 9 million people)

Major Depressive Episode: **8.4%**
(21 million people)

**Anxiety Disorders:
19.1% (estimated 48
million people).**

Growing Concerns Among U.S. Youth:

15.08% of youth experienced a major depressive episode in the past year.

10.6% of youth in the U.S. have severe major depression (depression that severely affects functioning).

Even among youth with severe depression who receive some treatment, only **27%** received consistent care.

Over **60%** of youth with major depression do not receive any mental health treatment.

4.08% of youth have a substance use disorder.

8.1% of children had private insurance that did not cover mental health services, totaling 950,000 youth.

The rate of severe depression was highest among youth who identified as more than one race, at 14.5% (more than one in every seven multiracial youth).



Suicide:

Suicide is the **2nd** leading cause of death among people aged 10-34 in the U.S.

Suicide is the **10th** leading cause of death in the U.S. according to the CDC, but if you accurately parse the numbers, suicide is 2nd only to Addictions with approximately 800,000 suicides each year.

The overall suicide rate in the U.S. has increased by **35%** since 1999.

46% of people who die by suicide had a diagnosed mental health condition and all obviously have a psychological issue at the time.

Lesbian, gay and bisexual youth are **4x** more likely to attempt suicide than straight youth.

78% of people who die by suicide are male.

Transgender adults are nearly **12x** more likely to attempt suicide than the general population.

Annual prevalence of serious thoughts of suicide, by U.S. demographic group:

4.9% of all adults.

11.3% of young adults aged 18-25.

18.8% of high school students.

42% of LGBTQ youth.

52% of LGBTQ youth who identify as transgender or nonbinary.

90% of people who die by suicide had shown symptoms of a behavioral health struggle, according to interviews with family, friends and medical professionals (also known as psychological autopsy).

The Ripple Effect of Mental Illness



Personal:

People with depression have a **40%** higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions.

32.1% of U.S. adults with mental illness also experienced a substance use disorder in 2020 (17 million individuals).

The rate of unemployment is higher among U.S. adults who have mental illness (**6.4%**) compared to those who do not (5.1%).

High school students with significant symptoms of depression are more than **twice as likely** to drop out compared to their peers.

Students aged 6-17 with mental, emotional or behavioral concerns are 3x more likely to repeat a grade.

Family:

At least **8.4 million** people in the U.S. provide care to an adult with a mental illness issue.

Caregivers of adults with mental or emotional health issues spend an average of **32 hours** per week providing unpaid care.

Community:

Behavioral Health (Mental illness and substance use disorders) are involved in **1 out of every 8** emergency department visits by a U.S. adult (estimated 12 million visits).

Mood disorders are the **most common** cause of hospitalization for all people in the U.S. under age 45 (with the exception of hospitalization relating to pregnancy and birth).

20.8% of people experiencing homelessness in the U.S. have a serious behavioral health condition.

Across the U.S. economy, serious psychological struggles cause **\$193.2** billion in lost earnings each year.

37% of adults incarcerated in the state and federal prison system have a DSM 5.

70% of youth in the juvenile justice system have a diagnosable psychiatric condition.

8.4% of Active U.S. military service members experienced a behavioral health condition in 2019.

15.3% of U.S. Veterans experienced a behavioral health issue in 2019 (31.3 million).

Global:

Depression and anxiety disorders cost the global economy **\$1 trillion** in lost productivity each year.

Depression is a **leading cause** of disability worldwide.



Why Churches Should Help

Reason #1: Continue The Behavioral Health Revolution Jesus Started



Anytime we examine why the Church should do anything, we need to start with Jesus. So let's look at why Jesus said He came to Earth.

In Luke 4, Jesus announced in the synagogue that He fulfilled the prophecy and is the One to heal the broken-hearted (psychological distressed) and set the captives (imprisoned by sin and the resultant psychological baggage) free. In John 10:10, Jesus proclaims He came to give abundant life. Not material abundance, but a psychospiritual abundance during our lifetime on Earth. Also, Jesus clarified it is the sin that needs a doctor, not the well. Then when healing the leper, Jesus could easily have healed him without touching him. But touching him, coming alongside, connecting to him when the leper had been isolated and shamed for years was to lift him emotionally and relationally to expedite the psychological healing process. Jesus had the Authority and expertise in this space as the Great Physician and Wonderful Counselor. The professional who combines those two professions is a psychiatrist. Yes Jesus is THE Perfect Psychiatrist!

You see, in Jesus' time, society was really suffering. Despair, trauma, loss, terror, tyranny, oppression, corruption, hedonism, addiction, promiscuity, anxiety, fear, hopelessness, child sacrifice, child trafficking, and many other atrocities were common.

In this spiritual war, the battlefield is the human mind, and Satan's forces were seemingly winning, but Jesus' radical countercultural message of service, humility, peace, forgiveness, love, grace, and mercy started a Behavioral Health Revolution to overthrow the forces of evil.

We, the Church, are called to continue what Jesus started, to continue the Revolution Jesus started for psychospiritual abundance in this lifetime and in eternity.

Reason #2: Jesus Calls Us to Help the Least of These

Part of the Behavioral Health Revolution is helping those who often don't have a voice, are too hurt to advocate for themselves, are too embarrassed to ask for help, or are just so marginalized due to stigma that they are left wounded and disabled by the side of the road. Jesus says to love your neighbors as the Good Samaritan so graciously and lovingly triaged, cared for, and referred to life-saving care. Jesus exhorts us in Matthew 25:40 to not ignore the least of these, for when we help them, we are helping Jesus.



Reason #3: An Esther Time Such as This When People are Dying

We cited some statistics earlier, but I want to come back to the leading causes of death in the U.S. in 2021. The CDC lists the big 3 C's as the leading causes: Cardiovascular (695k), Cancer (605k), and COVID (420k). But when you really look at the hidden numbers, the list looks like this:

1. **Addiction – 1,050k**
2. **Suicide – 875k**
3. **Abortion – 825k**

People are dying because truth is dying. God orchestrated the rise of Esther via a royal appointment at a crisis-impacted time when her people were dying. Similarly, as many in the Church are dying, God has positioned the bride of Christ with a royal appointment for a deadly time such as this. Only the Church is equipped with the Mind of Christ, filling of the Holy Spirit, and guidebook of the healing BIBLE to communicate and model His truth to a hurting world.

Reason #4: Evangelism

When a person struggles with a psychological issue, the resultant distress and dysfunction prompts them to look for answers. Instead of trying to bang on the door to their heart, they will come to you and open their heart and invite you in, hoping you can bring them comfort, connection, soothing, and answers. They realize the strategy they are using to pursue joy, peace, and fulfillment isn't working, and they are willing to try other options.

So their psychological distress often opens a very big window of spiritual opportunity to share God's love, plan, and the work of Jesus to bring them a new way of looking at themselves and their life that brings healing. The Great Commission commands the Church to spread the Gospel and no easier opportunity exists than when someone is struggling and comes to you asking for help and answers.

Reason #5: We are to Help Unbind Our Fellow Believers

Mary and Martha asked Jesus to come heal their sick brother, but Jesus had other work to do. By the time Jesus got

to Lazarus' house, he was dead for four days, and prepared for burial. Jesus raised Lazarus from the dead and said "Rise and come forth" which Lazarus did. But Jesus' next statement has significant psychological ramifications: Jesus commands the funeral leaders and probably close family to "unbind him." You see, even though Lazarus was now alive, he had smelly death wrappings around his face and body that severely restricted his mobility, sight, freedom, and growth.

Similarly to Lazarus being raised from the dead, when we become saved, we are spiritually raised from the dead. You would think as a new creation, with new potential, and a clean slate regarding sin, we would be able to easily live a spiritually mature and mostly perfect life. Unfortunately, since no one gets a brain transplant when they are spiritually brought to life, everyone is bound up by so much past baggage, misinformation, lies, distortions, and lack of understanding of God's ways. Therefore, we all need to be unbound from the psychological death wrappings that interfere with our Biblical application and steal our abundant opportunities.

The Church is the place where believers go to be unbound by fellow believers. As we will discuss shortly in the "How" section, we are all on a healing journey and called to unbind others while submitting ourselves to allow others to unbind us.

Reason #6: We are Called to be Salt and Light

As the Church evangelizes the unsaved and unbinds the saved believers in Christ, we are fulfilling the calling to be Salt and Light in this world.

Salt was a very valuable preservative, which stopped the decaying process. Likewise, the Church, and each one of us, are called to preserve God's word, love, and plan in each other's lives. We are to impact others, while not getting contaminated ourselves.

As people experience storms, we are also called to be a light, or a bright Lighthouse that shines God's glory to help guide someone safely through a storm and then provides sanctuary of safety. Lighthouses are always set on a rock solid foundation, and the Church is built on the rock of Jesus, and when we do, we shine brightly and can withstand any storm to guide and provide safety to anyone caught up in a storm.



How Churches Can Help

Tip #1: Breaking the Stigma around Mental Health in the Church

“A Church without the broken, is a broken Church.”

— Ed Stetzer

How can you break the stigma around behavioral health in the Church?

Talk about it! Whether it's from the pulpit, in your announcements, or on your website, just talking about behavioral health is important in creating a safe environment for those dealing with psychological issues. You don't have to have a behavioral health professional come and speak on the topic. People often like to hear from their Pastor, friends, and family that psychological struggles are part of the human condition and significant struggle is very common. Struggling people aren't the only ones and it does not make them "weird."

Being equipped with the right information is important. Here is what you need to know about behavioral health and mental illness.

Mental health conditions, illnesses, and addictive behaviors are complex and not the result of one event. Plain and simple, none of us have perfect brain chemistry, think like God, manage our emotions as

perfectly as Jesus, handle adversity the way the Bible teaches, and are spiritually mature to apply the Bible to every life situation. So almost all behavioral health issues are generated by a combination of dysfunctional brain chemistry (physical sphere disease), psychological struggles (mind sphere dysfunction), and daily multiple Romans 7 sin issues (spiritual sphere dysfunction). All 3 spheres play roles in both the development and treatment of our psychospiritual struggles.

Research commonly reveals multiple linked causes for our behavioral health struggles and their corresponding diagnoses. Factors such as genetics, birth order, childhood environment, experiences (especially early in life), role models, relationships, circumstances, adversity, losses, traumas, spirituality, and attitude are significant influences. But the most important is our worldview of all these items, especially the lenses of our child and adolescent years. All this, uniquely blended with a lifetime accumulation of decisions, are what ultimately influences how psychologically healthy we are in the many areas of our present daily functioning.

So let's be clear, Jesus is the only one with perfect brain chemistry and a resumé of 100% when it comes to accurate decision-making. The rest of us aren't. On a scale of 0-100, Jesus defines 100 while the rest of us slot in between 0.0 to 0.5. No, that is not a misprint. You might think you are a 50, 70, or even a 85 when compared to peers. But compared to Jesus, we are all in the 0.0–0.5 range. And that's actually being very generous to us.

Bottom line then, we ALL struggle and are on a healing journey. For some, the hurt and struggle is immediately noticeable. For others, just scratching the surface or some adversity or conflict quickly brings it to the surface. While another group has many protective layers or ways to cover up their struggles. But helping everyone realize we are all in the same boat, on various legs of the healing sanctification journey, and need each other to support, guide, encourage, and just do life together with a buddy is so comforting, empowering, and motivating.

When the pastors, Sunday school teachers, or small group leaders appropriately share their inner world, both victories and setbacks, as they unpack the word of God and help listeners apply it to their daily healing journey, the stigma, shame, and guilt will start to melt. Letting the congregation know that you'll have a time of prayer for those with anxiety on Tuesday, depression on Wednesday, and those who are lonely on Thursday that week will encourage people for help. Use the words and give people a voice by showing them the words aren't evil and those who struggle with those issues aren't unlovable.

The good news? The Church is uniquely positioned to take a leading role in caring for those who struggle with emotional or behavioral health.

Tip #2: Empowering Volunteers

“to equip the saints for the work of ministry, for building up the body of Christ”

— Ephesians 4:12 ESV

How can you empower volunteers to respond to behavioral health concerns brought to the Church?

We guarantee that you have multiple people in your Church who are looking for ways to serve and have a gift from the Lord to come alongside and help others.

For more than a thousand years, the Church has been a shelter for those afflicted by behavioral health issues. From the development of early hospitals and asylums to rescue missions for alcoholics to modern day Christian treatment programs, the Church's missional strategy and Good Samaritan heart have driven service development for societies least of these. But even though research shows that 1 in 4 individuals will still have a preference for clergy support over professional treatment, the local church has really struggled to effectively engage behavioral health struggles for those in the brick and mortar church and their local community.

Now in this post-COVID behavioral health disaster, the need for the Church to receive adequate training in caring for

people who experience behavioral health issues is more pressing than ever. We know Pastors and church staff can't bear this burden alone. They need help.....extenders, like nurse practitioners and physician's assistants the medical community developed, to deal with growing medical demand and limited supply of doctors.

That is why we created the [Mental Health Coach First Responder Training](#) program to help you train volunteers in your Church to meet these behavioral health needs, providing pastors and church leaders a much needed battalion of trained extenders to alleviate the demands and stress on their plate. This 42-hour course leads to a certification in mental health coaching taught by leading experts in behavioral health sciences and faith.

The [Mental Health Coach First Responder Training Program](#) seeks to educate both pastors and trained volunteers in the Church on behavioral health related issues and train them how to engage, listen, connect, triage, refer, case manage, disciple, and advocate for those dealing with these struggles. The program also works to train Mental Health Coaches to stand in the often empty but huge gap between an individual's crisis and them getting to a credentialed professional on the behavioral healthcare continuum.

Many struggling people go untreated due to shame, guilt, limited access, high cost, lack of competence, or struggles with clinician's availability. When implemented by the Church, this church to facilitate professional treatment access by engaging the struggling individual, and then skillfully referring to a pastoral

counselor or higher-level professional behavioral healthcare treatment provider. Coaches continue to offer support and discipleship to augment the professional care and/or support groups and ancillary services being received in the community and/or the church.

As a leading organization in membership of Christian providers offering behavioral health care, AACC believes that it must encourage such faithful activity of believers within the Church by training those who are not licensed behavioral healthcare providers but who still wish to offer support and encouragement within the church by helping struggling people access their psychospiritual healing journey to health, maturity, and wellness.



Tip #3: Start a Behavioral Health Ministry

“Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.”

— 2 Corinthians 1:3-4, ESV

How can you start a behavioral health ministry in your Church right now?

We get it! It sounds scarier than it is. Like most churches, you probably don't know where to start...but you don't have to, because we do!

Starting a behavioral health ministry in your Church is a vital step to ministering to people living in today's culture. Most people younger than baby boomers want to know if the gospel is true, and if it is, does it really help me in my daily struggles? A church's behavioral health ministry is not intended to replace traditional professional behavioral health treatments, but instead it allows the Church to be the psychospiritual ER staffed with trained first responders to meet the immediate needs of those in their communities, provide them with a support system and services in

the Church, and help refer them to the professional services best able to help them when needed.

Starting a behavioral health ministry begins with some lay volunteers completing the [Mental Health Coach First Responder Training Program](#). Then it incrementally grows in whatever ways God stirs in people's hearts to comfort the way they've been comforted. It can look like offering a support group led by a staff member or trained volunteer. Ideally, the group leader (or leaders) is a spiritual leader, has a lived experience with success on their own healing journey, and has also completed the [Mental Health Coach First Responder Training Program](#) to ensure they have basic behavioral health skills. These 3 skill sets equip the group leader to provide quality psychospiritual support and discipling while competently identifying, de-escalating, and referring any escalating situations. Their triage and referral training for those rare but important emergency crises allows clear thinking for quick access to the highly trained professionals to do what they do best. This integrated system of care shows struggling people God's love, compassion, and care for them by sweetly blending science (understanding how God designed our minds to work) with faith to further their healing journey. Common support group topics range from anxiety, grief, divorce, cancer, loss, trauma, loneliness, substance addiction, medical issues, caregiver fatigue, pornography, single moms, survivors of sexual abuse, ADHD, and more.

The Church doesn't have to provide all the groups, professional services,

or residential rehabs. Some might be blessed to have finances or members skilled in those spaces. But many don't. But every church has people who God is now calling to help others by sharing how God comforted and helped them. The Coaches First Responder Training is that key step to refine the raw materials into a skilled laborer ready to be salt and light and reap a harvest.

Our [Dare to Care: How to Start and Manage a Mental Health Ministry in Your Church or Community](#) can provide you with a step-by-step guide to start ministering to those with behavioral health challenges. This course has been trusted by over 1,500 Churches by giving pastors, staff, and volunteers the guidance they need to help them start a thriving and impactful behavioral health ministry.



Conclusion

Help your Church reach & serve those with psychological concerns and struggles.

We believe the behavioral health field – those with psychological struggles – is the new mission field for the Church.

Join more than 11,500 Churches across the globe in answering God's call to care for the least of these, which is actually, all of us.

Learn how you can start a behavioral health ministry or mental health first responder coach program at your [Church by visiting Dare to Care: Start a Mental Health Ministry](#) or [Mental Health Coach First Responder](#).



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