

Handbook for Faith Based Mental Health Support Groups:

HELP -- Hope, Encouragement, Love, Prayer
a Christian Support Group
for those coping with a mental illness
and/or those in a supporting role.

Menlo Park Presbyterian Church
Menlo Park, CA

The Mental Illness Support Ministry called H.E.L.P.! (**Hope, Encouragement, Love, and Prayer**) of Menlo Park Presbyterian Church (CA) started support group meetings in December of 1999. Currently the support group meets every Thursday night for 2~ hours, starting with a fellowship dinner and spending the last hour in breakout rooms in groups of 4 (or 5) to share and to pray for each other. Typical Thursday night attendance is 25 to 35 people and includes both those coping with a mental illness and/or those in a supporting role. It is lay led, with a family atmosphere.

| | |
|---|--------|
| Suggestions for Starting a Faith Based Support Group | page 2 |
| H.E.L.P.! Guidelines (Meeting Guidelines) | page 3 |
| Frequently Asked Questions | page 4 |
| What We Think Has Made the H.E.L.P. Group Successful | page 5 |
| What You Can Say and Do to Help Those with a Mental Illness (And Their Families) | page 6 |
| H.E.L.P.! Mental Illness Support Groups: History, Origins and Other Resources | page 7 |
| A Word from the Leaders. | page 8 |
| <i>HEL.P., A Christian Mental Health Support Group: Opportunity for the Church and the Critical Role of the Professional.</i> | page 9 |

SUGGESTIONS FOR STARTING A FAITH BASED SUPPORT GROUP

1. Awareness. Learn who in your congregation is being impacted by mental illness. For us it was in small group prayer times that we learned about others. Also, learn about those outside your church. Half of those participating in the mental illness support ministry at our church are from other churches and we think this is great! Some are not Christian (evangelism opportunity).
2. Prayer and Networking. We attribute prayer to the success of the ministry, which has developed beyond anything we could have humanly expected. Establish a confidential and safe environment such that folks can phone each other, share a troubling situation, and be prayed for. Prayerfully seek God's leading for a ministry at your house of faith.
3. Education. The NAMI monthly meetings are usually quite informative. NAMI stands for National Alliance on Mental Illness. We highly recommend their 12 week Family To Family course. For those coping with a mental illness, the 8 week Peer To Peer course is excellent. The classes are free or very inexpensive and they are quite educational, providing very practical help. NAMI can also furnish speakers on mental illness. There are NAMI groups active in each county in the Bay Area. You can also post notices about the time and place for your church support group in their monthly newsletter. We got ideas by attending some 12 step meetings.
4. When you have found a core of people who would like support, you can form a group and schedule regular meetings. We needed to develop a plan to submit to the elders of our church in order to start a group.
5. Intercessory Prayer -- Our church required that a group of 9 people be in prayer for the formation and development of the group. We continue to have a group of people, who do not attend meetings, but pray during the week for the prayer requests submitted by attendees of the meetings.
6. Make a set of guidelines regarding meeting purpose and commitments. See ours on page 2.
7. A Starter Support Group - When you have 4 or more that can meet once or twice a month, get a notice in the church bulletin and get underway. We submit that twice a month is better, and that a comfortable church meeting room is best in the long run. We suggest one and a half hours for the meeting time. Have someone function as the facilitator. Suggested agenda: Introduce 1st timers (have name tags); Opening prayer; Devotional; Announcements & info; Read the Guidelines; Say the Commitment together (especially important are confidentiality, listening/not interrupting, & not giving advice or problem solve.); and Small group share and prayer time (the heart of the meeting, with ideally 4 or 5 in a small room). The first person shares and then those who desire pray for him. Similarly, the next person shares followed by prayer, as you proceed around the circle. We close by praying the Lord's Prayer together but would consider this optional for other groups.
8. Publicize meeting at house of worship; and through notices, brochures, or flyers at NAMI, mental health services, local newspapers, doctor's offices, etc.
9. Start simple and don't get discouraged. It takes time to find out what will work in your faith community and your area. No two groups will be alike as they depend on the strengths of the leaders and the needs of the group. Keep meetings positive, encouraging, and uplifting.
10. Feature success stories, celebrate victories (even though small) and birthdays, show appreciation, respect, and find ways in which each person is able to contribute.
11. Visit or Network with others support groups. You are invited to join us at HELP at MPPC to see how we have chosen to do things -- MPPC Community Care Dept. 650329-7421

H.E.L.P.! GUIDELINES (Revised: April 30, 2009)

HELP -- Hope, Encouragement, Love, Prayer
a Christian Support Group
for those coping with a mental illness
and/or those in a supporting role.

GUIDELINES FOR HELP MEETINGS

Our purpose is ...

- To provide a place for peace, solace, refuge, rest and support where we can share openly, honestly and confidentially,
- To pray for one another and to love one another as Christ loves us.
- To learn from each other as we listen and share.

Our commitment is ...

- To keep confidentiality an absolute priority. Nothing is to be repeated outside the group.
- To listen carefully and to not interrupt.
- To not give advice or problem solve, to share only what has worked or not worked for us.
- To make sure everyone has time to share. One person should not dominate our time together.
- To begin meetings on time and to end on time.
- To be available for prayer support

Our format is ...

Meetings will be weekly every Thursday with dinner at 6 pm and main meeting from 6:35 to 8:30 pm.

Meetings are to begin and end with prayer.

Frequently Asked Questions

Have you had experience with disruptive attendees?

In our experience very few that are potentially disruptive are interested in attending our meetings. Reading our Guidelines together out loud at each meeting sets the tone for our fellowship. As a result those attending feel safe, secure, and a sense of order.

Those with a mental illness have been in attendance since 2002. There have only been one or two incidents. In one case two leaders took the person aside for private prayer. In the other, the person was directed to another type of therapy outside the church because of the magnitude of that person's needs exceeded what we could provide.

Because we have always had both male and female leadership, there has always been a sense of authority. Also, this provides a family atmosphere, which is good for support and recovery. It has probably also led to a nearly equal number of male and female attendees.

Do you do counseling?

No, we offer Christian friendship, prayer support, and compassionate listening. Someone in need of counselling can receive referrals. We refrain from giving advice or problem solving.

Who can attend?

Anyone affected by mental illness, whether a *copier* or a *supporter*, as well as those interested in learning about mental illness or in befriending one who is coping with an illness.

Are there problems because of lay leadership?

We stay accountable to a designated staff person, and we have professionals that we may contact to answer questions that we may have. Our lay leaders feel called by the Lord, and have taken training available at NAMI and other training. Our small group facilitators receive training to assure compliance with our guidelines and provide the desired safe and encouraging environment for the group.

How are you supported?

We have the use of church facilities and supplies. Donations by attendees cover the cost of the dinners.

Maya group use H.E.L.P.! (Help, Encouragement, Love, and Prayer) for the name of their group?

Yes, but we restrict it to those groups that are similar in function to our group. We do recommend that when beginning, a dinner need not be included. However for most of our attendees it is a valuable time of fellowship.

We ask that the supporting house of faith be identified in the name. Thus, we are "H.E.L.P.! of MPPC".

This is a ministry of Menlo Park Presbyterian Church.

Do you provide consultation?

Yes but please observe our limited time and energy for consultation. And do please let us know when you get a group started. Jane and Fred Pramann, FnJPramann@comcast.net or 650968-5459.

WHAT WE THINK HAS MADE THE H.E.L.P. GROUP SUCCESSFUL

Emphasis on fellowship, friendship, and community

Newcomers are warmly greeted and introduced

A dinner time to chat and relax and to be family

Weekly meetings encourage regular attendance

Integration of both copers and supporters; no feelings of stigma or being a 2nd class citizen

Respect each person -- For the unique individual that he or she is (we do not see him/her as a copers or a supporter.).

Creation of a safe environment -- where one can be completely open and vulnerable

Power of prayer

Our small groups of four listen with love and acceptance as each person shares.

Each small group has an experienced facilitator.

Praying for what has been shared is personal and private.

We sense the love, compassion, and power of God as others pray for us.

Meetings are kept positive

- Uplifting music, singing, and devotions

- Celebration of victories, successes, and birthdays.

- Expressing appreciation of each person's service and contribution to the meeting

- Finding ways that each can contribute

- Joy is here -- humor and laughter.

Varied program of speakers, topic discussions, helpful videos, sharing of personal journeys, and answers to prayer, with about half of the program time spent in discussions which encourage growth and recovery. We have seen much recovery by those in the group, and we wish to expand efforts to enhance recovery.

Annual All Day Saturday Mental Health Conference in May with outside speakers, workshops, testimonies and open to the community

Responses by H.E.L.P. members to the question: "What is important to you about being here?"

- "Everybody has an interest in everyone else. -- We deeply care."

- "As a person enters the door they feel reached out to (greeted with loving care)."

- "It is freeing to be with others who have experienced what you are struggling with."

- "Being prayed for."

- "Sitting and eating together as a family - I have no family in the area."

- "Smallness of the groups and that it is private"

- "Others praying for my son - I don't get to see him."

- "I used to live in fear about my daughter. Now fear is gone. I can talk openly about these things."

- "Excited that there is a church that reaches out. Good to see that others are in the same place as I am."

- "Many of us are regular attendees, and being here is an important part of our lives."

- "We have equal status here,"

WHAT YOU CAN SAY AND DO TO HELP THOSE WITH A MENTAL ILLNESS (AND THEIR FAMILIES)

Many people with a mental illness and their families are terribly lonely! They feel estranged from, or judged by their relatives, friends, and faith communities. The clergy are usually too busy or don't know how to meet their needs. They desperately need a caring friend who accepts, loves, and believes in them. You may know little about mental illnesses, but you can provide simple gestures to show that you care.

The overwhelming response to the question, "What's been the greatest help to you in helping you cope with or recover from your illness?" has been:

- People who accepted me in spite of my illness.
- Demonstration of simple, practical caring love for me in words and actions.
- People who believed in me.

The biggest needs are:

- **A welcoming, accepting atmosphere** at worship and activities.
- **A sense of belonging** (rather than being avoided, shunned, or given advice).
- **Simple, Tangible expressions of caring and love** - via words and deeds.
- A feeling of **being needed for their skills and experiences**.
- **Having others believe in them**. That they can make valuable contributions using their abilities and experiences within the faith community and the world at large.
- **Hope** that they will get better.
- **Building a faith to help one find a life with meaning and purpose in spite of a devastating illness**; helping face two key questions, "Why has God let this happen to me?" and "Now that I know I have this brain disorder, what can I do to cope or overcome it, and live happily and productively?"
- **Building a faith which can comfort, sustain, and strengthen** in the midst of difficulties, relapses and suffering.
- **Information** about brain/mood disorder.

"...I tell you the truth, whatever you did for the least of these, you did for Me." Matthew 25:40

H.E.L.P.! Mental Illness Support Groups: History, Origins and Other Resources

History: The Mental Illness Support Ministry called **H.E.L.P.! (Hope, Encouragement, Love, and Prayer)** of Menlo Park Presbyterian Church (CA) started support group meetings in December of 1999. Currently the support group meets every Thursday night for 2~ hours, starting with a fellowship dinner and spending the last hour in breakout rooms in groups of 4 (or 5) to share and to pray for each other. Typical Thursday night attendance is 25 to 35 people and includes both those coping with a mental illness and/or those in a supporting role. It is lay led, with a family atmosphere.

About 10 groups in the San Francisco Bay Area have been helped to get started, as well as some across the US. Each group is unique depending on the emphasis of the leaders and uniquenesses of the particular house of faith.

About the Leaders

Jane and Fred Pramann have been part of the leadership of the Mental Health Support Ministry at MPPC since the inception 10 years ago. The trauma and pain resulting from their son's first severe episode of bipolar disorder resulted in empathy and passion for ministering to such needs within the faith community. Initially the support group consisted of those who had a loved one with a mental illness. After the first two and one half years those coping with an illness were included and the ministry flourished in vitality and numbers.

Jane and Fred have greatly enjoyed the warm loving fellowship of the group and have found much pleasure and fulfillment in seeing how participants have grown and found hope and peace from the group's prayerful, encouraging atmosphere.

Resources:

The HELP Ministry has a web page at: www.mppc.org > Quick Links (top - right side) > Mental Health, which contains the following, regarding the support group:

- A DVD Illustrating the H.E.L.P. Mental Health Ministry Group With Introduction by John Ortberg, Senior Pastor

- How to Start a Mental Health Support Group - 5 pages of helps

- Frequently Asked Questions about Starting a Group

A Word by one of the Leaders (Fred Pramann)

I want to share about our 10 plus years of wonderful experience with MPPC's Mental Illness Support Ministry. I don't think anything can be more rewarding than working face to face with those coping with a mental illness and those in a supporting role. We have many deep and very rewarding relationships, especially with many of those coping with a disorder.

I have had a very blessed life, going to Annapolis, being second in command of a small ship, getting a Masters degree from Cal Tech, and then being a design engineer at Hewlett Packard. But, what has been most rewarding and meaningful has been the last decade of my life and being part of this ministry. Not only have I helped others to grow, but I have grown and found good things about me that I had never known were there.

The need for person to person relationship is very great! One in five families has a member with a severe mental illness. Others in our area have heard about the HELP group, visited us for a meeting or two, and low and behold we have helped in the start or development of 9 of the 11 support groups in the Bay Area. We see signs of this need for support groups all over the country and around the world.

The mental health community realizes that there is a big void in community care. We have excellent hospitals, halfway houses, and then what? Some will have a period of one on one counseling but not much else.

Those coping with a mental disorder need friendship - a warm, loving community. The Christian community is comprised of many people who want to serve others and display God's love. This is the "Sleeping Giant" that needs to be awakened!

We started in January of 2000 and initially we had just 2 meetings per month, with attendance of 4 to 7. Now, we meet every Thursday night of the year for two and a half hours with 25 to 35 in attendance. Two people have shared with us that had it not been for the HELP group, and the group's prayer and love, that they would not be alive today!

"We are blessed to be a blessing, But what is interesting is that as we make efforts to bless others, we in turn are blessed! So, wake up "Sleeping Giant"!

H.E.L.P" A Christian Mental Health Support Group: Opportunity for the Church and the Critical Role of the Professional

Rob Pramann, PhD
Christian Counseling Centers of Utah
Fred Pramann, MS and Jane Pramann, BA
Menlo Park Presbyterian Church

Summary for the printed program: The Christian mental health professional plays a key role in tapping the church's potential to help those confronted with serious, chronic mental difficulties. This presentation highlights that potential, describes a church based program, outlines the role of the professional, and reviews potential risks and pitfalls and how to avoid them.

This workshop is designed to help you:

1. Describe a church based lay led program that helps those coping with mental illness;
2. Analyze the effectiveness of a church based lay led program that helps those coping with mental illness;
3. Summarize the unique role of the p-rofessional in assisting church based lay led programs that help those coping with mental illness; and
4. Predict the potential ethical and professional risks and pitfalls and describe how to avoid them.

Abstract: The church is a sleeping giant in terms of untapped potential when it comes to helping those who are coping with serious and chronic mental difficulties or who are caregivers for someone with serious and chronic mental difficulties. The Christian mental health professional can play a key role in tapping this potential. This presentation outlines the ways in which the church is uniquely positioned to help those with mental health needs, describes a church based program that has been recognized as effective in meeting the needs of those with serious and chronic mental difficulties, and describes the important role of the Christian mental health professional in the operation of such a program. In addition, it will outline some of the potential ethical and professional risks and pitfalls that such involvement might entail and how to avoid them.

Fred and Jane Pramann are lay leaders of the H.E,L.P. Group which was brought into existence under the auspices of Menlo Park Presbyterian Church (MPPC) in the fall of 1999. The group meets 2 1/2 hours once a week and averages 25 - 30 participants. Fred and Jane have been requested presenters for two NAMI California conferences and one NAMI national conference. In 2005 MPPC received the San Mateo County Mental Health Board's Tony Hoffman Award "for people who have made an extraordinary difference in the lives of people with mental illness" for this effort. In 2008 Fred received the Palo Alto Midpeninsula Community Media Center's Local Hero Award "for inspiring and outstanding contributions to the community." Fred and Jane Pramann have helped to develop at least 10 other lay led faith based groups. Rob Pramann, PhD, has provided regular and ongoing consultation for his parents throughout the time this group has been in existence.

Presented April, 2, 2011, at the International Conference of the Christian Association for Psychological Studies, "Resilience & Renewal," Indianapolis, Indiana. The authors wish to thank Vinessa Trotter for her reviews of earlier versions of this manuscript and Joe Gorton for assisting with research.

Today there is a need for community based support groups, and the church can play a unique role in addressing this need. The Christian mental health professional can fulfill an important and needed role to assist in this effort but needs to exercise care in doing so. The current mental health system is unable to meet the ongoing needs of those with serious and chronic mental health difficulties. The church can play a crucial role in providing social support to those with serious and chronic mental health difficulties. Social support plays a crucial role in the prevention and resolution of mental health crises. Christian professionals are needed to play a key role in assisting church groups in this ministry. The Christian professional's involvement results in benefits for the clinician, the church, and those who care for and cope with serious and chronic mental illness. In the process of assisting church based groups there are ethical issues to consider and address. This workshop will present one model of a church based mental health support group, describe how the mental health professional may assist, and identify and discuss the ethical issue raised for the consulting professional.

In the past, attempts to meet the needs of those with serious and chronic mental health difficulties have only been partially effective. In the 1950s, the mental health community began to recognize that mental illness was widespread, and that the available mental health services were inadequate to meet the need. This recognition led to the community mental health movement in the 1960s and the release of patients from psychiatric hospitals with the intention that they would receive services from community mental health centers. The goal was to establish one community mental health center for every 5,000 people (Bufford, 1982); however, economic factors hindered the completion of that goal. More recently, economic factors have further compounded the problem and resulted in widespread adoption of some form of a managed care model. Managed care limits and sometimes denies mental health benefits. Even those with coverage can have difficulty receiving services and the extent of the services is limited. In the Salt Lake City area (and I suspect this is true in other parts of the country) this clinician has frequently encountered difficulty hospitalizing suicidal clients. Area inpatient psychiatric units will commonly refuse admission stating that the client's suicide plan was not serious enough and that their facility admits and triages on the basis of the lethality of the suicide plan. For those who are able to obtain admission to the hospital, the length of stay has been drastically cut in the name of cost containment. In the 1980s, the average length of stay in area psychiatric hospitals was about two weeks. Now, the most common length of stay is three days, which is shorter than the amount of time it takes most psychiatric medication to reach effectiveness.

The church can and does play a crucial role in providing social support in many regards already. In the fourth edition classic text. *Theory and Practice of Group Psychotherapy*, Irving Yalom (1995) notes that although encounter groups are nearly non-existent on the contemporary scene, many of their functions have been taken over by other kinds of groups. He reports a 1991 Gallup survey found 40% of people eighteen years of age and over are involved in "a small group that meets regularly and provides caring and support for those who participate in it" (Yalom, 1995, pp. 481-482). He goes on to say over half of these are church sponsored groups.

The church can assist those with serious and chronic mental health difficulties. Michael Otto, PhD, (November 12, 2004) in a continuing education presentation for members of the United Behavioral Health network, emphasized the vital role of non-medical forms of treatment intervention for sufferers of bipolar disorder. Among these he emphasized the particular value of support groups. He described how as a physician he will diagnose patients with bipolar disorder; tell them they will need to be on medication all of their lives, but at the same time know the average sufferer will only continue on their medication for one month. He went on to further describe the unique value for one of his patients of being in a support group recognizing this patient would not have continued in treatment without this group.

The church can provide social support which plays a crucial role in the prevention and resolution of mental health crises. Social support is a key factor in mental health and mental illness. Schulberg and Killilea (1982, p. 53) after reviewing numerous studies conclude "a person's pattern of social relationships plays a crucial role in the etiology, process, and/or resolution of mental disorders." The amount of social support a person has is a better indicator of their need for and course in treatment than is their diagnosis. It is for good reason that examination of psychosocial stressors is considered to be an essential part of a complete (multiaxial) mental health diagnosis.

Christian professionals are needed to play a key role in assisting church groups in this ministry. The Christian professional plays an essential role in the operation of a church based mental health support group. Though these groups are best led by laypersons, the mental health professional serves several vital and crucial functions. The functions of the professional include the following: providing expert advice in response to critical incidents and situations, providing education and information, providing moral support and encouragement, providing referrals, identifying the need for a group, and facilitating the development of a group.

The Christian professional's involvement results in benefits for the clinician, the church, and those who care for and cope with serious and chronic mental illness. The professional, sufferers, caregivers of the sufferers, church, and church leaders all benefit. The group provides social support for the sufferers and caregivers that the professional cannot provide, but which is still vital to prevention and recovery. The church has a unique ministry to offer the community, both its congregation members and the community at large. This unique ministry will appeal to persons from outside the church congregation because such groups address a strongly felt need: real Christian friendship and fellowship. Pastors and other church leaders benefit because this ministry addresses what otherwise are likely to be "high maintenance" needs. That is, it provides for persons who are otherwise likely to require "high maintenance," many ongoing hours of counsel and encouragement. For those church members who are able to function as leaders of such a group, given that they have usually been touched by mental illness themselves, it transforms their history and experience of suffering into a compelling sense of meaning and purpose.

In the process of consulting with church based support groups, there are potential risks and pitfalls for all involved. These can be minimized by careful planning and anticipation of difficulties in advance. Ethical and practical issues to consider and address include the nature of consultation; the focus of the consultation; the benefits and risk of consultation; the background of the consultant, consultee, and group; the development of a consultation plan; recordkeeping; and avoidance of multiple relationships/referrals.

First the nature of consultation needs to be discussed. It is not the same as supervision. In a consultation relationship the consultee may choose to accept and implement, modify, or ignore the suggestions of the consultant and retains ultimate responsibility for the decisions made. In supervision the supervisee does not have a choice about accepting the direction of the supervisor and the supervisor retains responsibility for the outcomes.

The purpose and focus of consultation is on managing the group dynamics and education about mental health/group issues that might arise. The consultant does not give specific advice related to the treatment of a particular person beyond recommending a referral for treatment. Nor is the role of the lay facilitators to provide counseling or treatment.

The church and lay leaders need to understand there are potential benefits as well as risks associated with consultation (Thomas, 2010). The potential benefits for the leaders include the opportunity to reflect on their work and functioning, to improve their skills through consultative feedback, to gain insight about how their personal experiences may impact their efforts and thereby increase their effectiveness, and to decrease the likelihood that they will make a mistake that could result in a complaint or lawsuit. Potential risks include the emotional discomfort and vulnerability that comes from being scrutinized, the possibility that mistakes may need to be reported to an outside authority (limits of confidentiality) or evaluation of their efforts requested and authorized by them mayor may not be favorable, and the effect(s) of the termination of the consultation relationship.

The background of the consulting mental health professional, the lay leaders, and the support group is important. The lay leaders need to know the credentials and background of the consultant. It is important that the consultant has had experience working with persons with the kind of severe and chronic problems represented in the group. Mental health professionals recognize the need to provide this information so that the consultee(s) can be assured of the adequacy of the consultation and "information about all the factors that might reasonably influence their decision." This would include the limits of confidentiality, the professional's responsibility to report child, elder, or disabled person abuse or intervene in instances where they become aware of a threat of harm to self or others. Likewise the consultant needs to know about the background and role of the consultee(s) and the nature of the support group and how it functions so that they can determine their ability to provide the assistance requested.

Recordkeeping is a required practice of the mental health professional and this duty applies to consultation. It should include the date of the consultation, issues discussed, and recommendations. Since there are no specific regulations related to this kind of consultation it is recommended that such records be kept for seven years in keeping with the APA Record Keeping Guidelines (2007).

The issue of multiple relationships in the context of clinical consultation needs to be but rarely has been addressed in the professional literature (Thomas, 2010, 96). Because the consultant role involves less power and influence over the consultee, consultants have less need to be conservative in terms of anticipating ethical dilemmas and boundary issues (Thomas, 2010, 112-113.). In this regard my ability to maintain a neutral and professional stance in consulting with my parent(s) can rightly be questioned. My strategy for addressing such concerns is to consult with a colleague myself when I become aware of particular circumstances in which my neutrality and professional stance could be called into question.

Another issue related to consultation relates to referrals. Referrals from the consulting professional to the support group or from the support group to the consulting professional should be avoided. Because the role of therapist involves high power and influence it is inconsistent with the role of consultant. If such a combination of relationships was attempted it can be reasonably expected that the therapist's objectivity and effectiveness would be impaired and that the risk of exploitation and harm to the client would be high,

Finally the consultant and consultee(s) need to develop a consultation plan. How will they meet (by phone, in person)? How often? When? Is there provision for discussing urgent or emerging issues? Is there a fee and what will it be? The plan should also reference the nature of consultation; the specific focus and purpose of the consultation; the benefits and risk of consultation; the limits of confidentiality; recordkeeping; and avoidance of multiple relationships/referrals. Answers to additional questions related to consultation may be found in *The Ethics of Supervision and Consultation: Practical guidance for mental health professionals* (Thomas, 2010).

Sponsoring mental health support groups is one way in which the church can unleash its potential to help those with serious chronic mental health difficulties. The mental health professional can play a key role in this effort. The church is uniquely positioned for this effort.

References

American Psychological Association. (2007) Record keeping guidelines. *American Psychologist*, 62, 993--1004.

Bufford, R. K. (1982). The church and community mental health: Unrealized potential. *Journal of Psychology and Theology*, 10 (4), pp355-362.

November 12, 2004 "Therapeutic Strategies for Adult Bipolar Disorder," Michael Otto, PhD, presented by the Clinical Learning Department of UBH for members of the United Behavioral Health network (This 90 minute audio conference content included: evidence for the efficacy of psychotherapy for bipolar disorder, target of treatment, elements of treatment, and treatment approaches).

Schulberg, H. C. & Killilea, M. (1982). Community mental health in transition. In H. C. Schulberg & M. Killilea, (Eds.), *The modern practice of community mental health* (pp. 40 -94). San Francisco, CA: Jossey Bass.

Thomas, J.T. (2010) *The Ethics of Supervision and Consultation: Practical guidance for mental health professionals*. Washington, DC: American Psychological Association.

Yalom, I. D. (1995). *Theory and Practice of Group Psychotherapy*, Fourth Edition. New York: Basic.