

# The Reimagining Health Collaborative 2017: The Church and Mental Health



Do you or others in your congregation live with mental illness?

Does your congregation long to promote mental health and to respond faithfully to the needs of people with mental illness, but you are not sure how?

Are there opportunities within your congregation to learn from and walk alongside people with mental illness?

Do you want to partner with other congregations that are faithfully and creatively engaging mental health and mental illness?

Have you been looking for ways to connect your congregation with another organization in your community and take your mission outside the walls of your church?

Over the course of our lives, approximately 45% of Americans will develop some form of mental illness — especially depression, anxiety, and substance use as well as other mental disorders that are less frequent like bipolar disorder and schizophrenia. Suicide claims 40,000 lives per year in the United States and is a leading cause of death among adolescents and adults. Living with mental illness, particularly serious mental illnesses like schizophrenia and bipolar disorder, is filled with both challenges and opportunities. **The church must be equipped and energized to respond faithfully.**

Your congregation is a great fit for RHC 2017 if:

- Your congregation feels **called** to learn from and to walk faithfully with persons with mental illness in your congregation and in your larger community;
- You experience **energy and vitality** in your congregation for pastoral care and health-related ministry;
- You want to **explore and discover** new models of ministry, rather than only to implement existing models and programs;
- Your congregation wants to **develop a lasting relationship** with another organization or church within your community;
- Your congregation has both **clergy and laypeople** interested in helping to lead this venture;
- You **believe** that God is at work healing and restoring the world in Jesus Christ, and want to participate in this healing work.

**Special deadline extension for rural NC United Methodist Churches:  
apply for *RHC 2017: The Church and Mental Health*  
by June 5th, 2017; additional scholarships available**

# The Reimagining Health Collaborative

*A program of the Theology, Medicine, and Culture Initiative at Duke Divinity School*

The **Reimagining Health Collaborative** invites churches and Christian communities to engage more fully in God's healing and restoring work through innovative and faithful practices of health and health care.



## **What Does the Reimagining Health Collaborative Do?**

Congregations chosen to participate in the Reimagining Health Collaborative (RHC) partner with each other and with Duke Divinity School faculty and staff to envision and to enact new practices and programs related to health and healthcare. Over a two year period of time, participating congregations engage in theological education around health and healthcare, assess the needs and capacities of their congregations and local communities, develop and implement new or expanded health-related practices, and learn from one another in an environment of shared mission and support. Participating congregations become part of an exciting network of partners, professionals, and programs seeking to promote the health and well-being of communities and to walk faithfully with people living with mental and physical illness or disability. Congregations are encouraged not simply to implement existing models for health ministry, but to imagine and pioneer new practices that fit the needs and calling of their community.

## **Program Description: Timeline of Work**

The RHC program staff have broad experience working with many different types of churches. They understand that denomination, geographical location, and the socioeconomic status of congregants all influence how our churches develop new practices and ministries. Each church is encouraged to use a model of cultivation to help congregational teams name the values, practices, and resources already present in their local context, to uncover specific areas of health and illness that the church feels called to address, and to work carefully to create a transformative response. Our goal is not simply to help churches put together a one-time event or short-lived program, but to deepen faithful and life-giving habits, practices, and relationships in churches and their communities that promote health and wellness.

Since every church is different, the timeline for the development of each church's new practices or ministry will also vary. Below is a general framework for the two years that a church participates in RHC, which is adjusted to meet an individual congregation's needs.

### **Months 1 through 6:**

**Discern** needs and opportunities in their congregational and community context related to the health focus area. Discernment begins with an initial gathering at Duke Divinity School and continues afterward with ongoing conversation facilitated by a study guide. Congregations may also begin to build relationships with local community partners.

### **Months 7 through 12:**

**Envision** new or expanded practices regarding health and illness, with the support of a Reimagining Health Collaborative project facilitator and Duke Divinity School faculty and staff.

**Build** relationships within the church and with outside partners (other churches, community clinics, non-profits, etc.) working on responses to the identified health and illness focus area.

### **Months 13 through 24:**

**Enact** innovative, faithful and transformative practices supporting health and wellness and providing Christian support and encouragement to those who suffer within the church and community.

**Share** stories of emerging habits, practices and relationships with other congregational teams participating in RHC, as well as other churches and faith-based institutions engaged in responses to health and health care.

# Program Overview

## Collaborative Gatherings:

Each RHC cohort begins with a three-day Summer Gathering on the campus of Duke University. Approximately 6 and 12 months later, the cohort gathers again for two-day Winter and Summer Gatherings.

During the gatherings, congregational teams:

- *Equip* themselves with practical health knowledge, relevant to the identified focus area of their cohort;
- *Engage* scripture, theology, and Christian history with respect to health and illness;
- *Encounter* both local and national resources and networks for helping the church respond faithfully to health and illness;
- *Hear* transformative stories and experiences of people in their own and other congregations; and
- *Receive* practical resources for translating theological vision into congregational engagement.

## Program Resources and Support:

### *Conversation and Study Guide*

Congregational teams receive a conversation and study guide to facilitate community-building and to guide theological discernment. Sessions will encourage teams to closely engage their local environments and communities in the context of Christian commitments and practices. The guide offers practical resources for turning conversation into action, as well as a model for building a working relationship with another organization or church in the community.

### *Project Facilitators*

At the initial Summer Gathering, each congregational team will be assigned a designated Project Facilitator who will work closely with the team for the full two years of the program. Teams and their facilitators talk 1-2 times a month, usually by phone, with additional e-mail communications as appropriate. Project facilitators may also be available for at least one in-person visit, when logistically possible. Facilitators have broad experience in congregational life and program building, and help to connect the congregation to other congregations, community resources, and Duke Divinity School faculty and programs.

### *Duke Divinity School, Faculty, Staff, and Students*

Through RHC, congregations are connected directly to Duke Divinity School, a vibrant, diverse, and ecumenical center of theological study and formation. Congregational teams work directly with faculty, staff, and students associated with the Theology, Medicine, and Culture Initiative, and through them may connect not only to other Duke Divinity faculty and programs, but also to other resources within Duke University.

## Health Focus Area Design

RHC launches a new cohort of churches each year in July and each cohort works on a common health-related focus area for two years.

Planning for future health focus areas is in its preliminary stages and will draw upon resources and potential partnerships both within and outside the Divinity School and Duke University. The table to the right shows an example of health areas that may be addressed in future cohorts, but it should be noted that these focus areas are flexible and may change.

|           |   |
|-----------|---|
| 2016-2018 | The Church and Mental Health  |
| 2017-2019 | The Church and Mental Health, with a special focus on community-church partnerships |
| 2018-2020 | <i>The Church, Health, and Food</i>   |
| 2019-2021 | <i>The Church, Health, and Food</i>   |
| 2020-2022 | <i>The Church and End of Life Care</i>  |

## What is Expected of Participating Congregations?

Participating in this collaborative means that team members from a church will commit to doing the following:

1. **Send** at least 2 team members (with a maximum of 4) to the initial Summer Gathering in July at Duke Divinity School. At least one of these members must be a pastor or clergy person, and at least one must be a layperson.
2. **Participate** in a congregational discernment process after the Summer Gathering to study the needs of the congregation and to envision new practices that respond faithfully to these needs. Teams will receive a Conversation and Study Guide to lead them through a theological discovery of gifts and needs that can be translated into an action-based strategic plan for a new program.
3. **Communicate** with their assigned Project Facilitator a minimum of 1-2 times per month throughout the program. Project Facilitators have broad experience in program design and implementation and will act as consultants to the churches as they build and troubleshoot their new programs or projects.
4. **Send** at least 2 team members to subsequent RHC gatherings in January and July of the following year (each gathering will be 2 days/1 night).
5. **Work** within their congregation and local community on project/program development, planning, and implementation.
6. **Share** stories of successes and barriers with fellow participants of RHC, as well as with others who might desire to learn from their experience.
7. **Invest** time and resources, including any needed funds from the church's budget, to support the development and implementation of new practices and programs.



## What Are the Costs of Participation?

The cost per congregation over two years is \$10,000. This covers event costs (food, conference fees) for team members for three gatherings at Duke Divinity School, all materials costs, ongoing support from a Project Facilitator, and additional support from Duke Divinity staff and faculty. RHC relies on the generous contributions of sponsors and donors to help defray the costs of participation for each congregation.

No church should hesitate to apply because of a lack of funds. We are committed to offering at least \$3,000 of scholarship support for any congregation with an annual budget of less than \$1 million. We will also work collaboratively with congregations of all sizes and budgets to secure additional scholarships and sources of funding to support the costs of participation. Please note: All participating congregations are responsible for their travel costs (hotel, car, air) incurred to attend the three gatherings at Duke Divinity School during the course of the program. Scholarship support does not cover travel costs.

We are committed to hosting a diverse cohort of congregations. Congregations who are concerned that cost of participation would be an obstacle are encouraged to reach out to Rachel Meyer, RHC Program Director, at [rmeyer@div.duke.edu](mailto:rmeyer@div.duke.edu).

# RHC 2017: The Church and Mental Health

## Church Team Application

### Contact Information

|                                       |  |
|---------------------------------------|--|
| Church Name                           |  |
| Church Street Address                 |  |
| Church City, State, Zip               |  |
| Church Phone                          |  |
| Church Website                        |  |
| Church E-Mail Address                 |  |
| Name of Person Completing Application |  |
| Applicant Email                       |  |
| Applicant Contact Phone               |  |

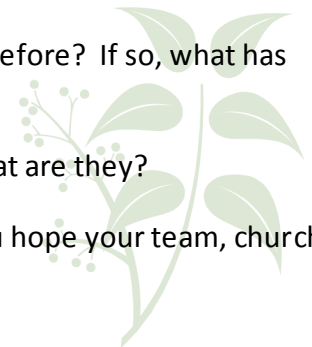
### Church Information

1. What is your church's denominational affiliation? \_\_\_\_\_
2. How many members (approximately) does your church have? \_\_\_\_\_
3. What is your church's average weekly attendance? \_\_\_\_\_

### Short Essay Items

*The following questions ask you to reflect on mental health and mental illness in the context of both your church and the surrounding community. While you may write more if necessary, we encourage you to limit your responses to each question to 250 words or less.*

1. What are needs and challenges that your *church* faces with respect to mental health and mental illness? Please focus on those that your church feels called to address.
2. What are needs and challenges that your *community* faces with respect to mental health and mental illness? Which of these feel like opportunities for your church to address?
3. Has your church made any efforts to address mental health and mental illness before? If so, what has been done? What worked? What could be improved upon?
4. Does your church have any other existing health ministry or activities? If so, what are they?
5. What is it that draws you to the Reimagining Health Collaborative? What do you hope your team, church and/or community will gain from this experience?



# RHC 2017: The Church and Mental Health

## Church Team Application

### Community Partner

A key component of RHC 2017: The Church and Mental Health will be fostering new or deepened partnerships between participating churches and organizations in their communities. These organizations may be local non-profits, government agencies, community clinics, or even hospitals. If you already have a partner organization in mind, please describe it below. If you do not, please tell us about an organization you'd like to explore building a partnership.

1. How would a community partnership help you respond to the needs or challenges related to mental health and mental illness in your church and community?
2. If you have an organization in mind, what is its name? Who does this organization serve in your community?
3. Do you have any history of working together? If so, please describe the nature of your church's relationship with the organization.
4. Does your church have experience working with other outside organizations?

### Program Commitments and Signature

Participation in this collaborative includes committing to the expectations listed on page 4 of this application packet. Is this something you and your team are willing and able to do? \_\_\_\_\_

#### Signature

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

### Application Instructions

Applications from rural UMC churches in NC must be submitted to [DukeTMC@div.duke.edu](mailto:DukeTMC@div.duke.edu) by **June 5th, 2017**. Church teams selected for participation will be notified in mid June. For questions or further information, please e-mail [rmeyer@div.duke.edu](mailto:rmeyer@div.duke.edu).



**Reimagining Health Collaborative**  
Theology, Medicine, & Culture Initiative  
Duke Divinity School, Duke University  
Box 90968  
Durham, NC 27708  
919-613-5350

