

Mental Health Toolkit for Faith and Community Leaders

Learn about mental health and why it matters

Understand how the COVID-19 crisis may affect the mental health of your faith community

Take action to care for your own mental health

Take action to support the mental health of your faith community



Table of Contents

3 Calling all Faith and Community Leaders

- Message from the Interfaith Center of New York and New York Disaster Interfaith Services: The role of houses of worship in supporting mental health
- How to use this toolkit
- Four actions to take now

7 What is Mental Health and Why Does It Matter?

- Common mental health terms
- Millions of New Yorkers experience mental health challenges every year
- Many New Yorkers go without needed mental health support
- Mental health treatment works

17 How to Support Mental Health During the COVID-19 Crisis

- How to take care of your own mental health
 - Care for yourself
 - Care for your congregation
- How you can support the mental health of your community
 - Share healthy coping tips
 - Know when and how to refer a community member to a mental health professional
 - Mental health services New Yorkers can access while staying home
 - Understand how COVID-19 may affect the mental health of your faith community
 - Stress and resources to help
 - Trauma and resources to help
 - Grief and resources to help
 - Funerals and memorial services and resources to help
 - Suicidality and resources to help

43 How to Support Mental Health Year-Round

- Actions you can take to promote acceptance, raise awareness, and remove barriers to care
- Mental health action calendar

51 Writers' Biographies

53 Additional Resources for Faith Leaders, from New York City Agencies and Partners

54 Endnotes

The Role of Houses of Worship in Promoting Mental Health

*A note from **The Rev. Dr. Chloe Breyer**, Executive Director, The Interfaith Center of New York (ICNY) and **Peter B. Gudaitis**, M. Div., Executive Director, New York Disaster Interfaith Services (NYDIS)*

New York City's diverse faith leaders and their communities have always provided the threads that hold together our city's civic fabric. In our lifetimes, never have these bonds been so strained than with the onset of the COVID-19 pandemic. The virus has devastated our families, taken our colleagues and loved ones, upended our communal rituals, and torn apart our congregations, leaving us isolated and often feeling helpless.

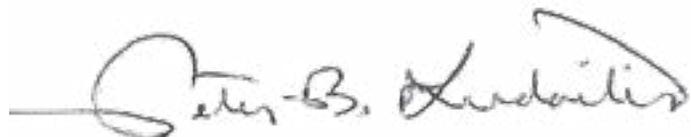
As faith leaders, lay and ordained, our own mental health needs often take a backseat to the needs of others. In these challenging times we must be particularly aware of the negative effects of trauma, stress, and mental illness, both in ourselves and in those who rely on our care and wellness.

Whether a Buddhist nun leading a Temple in Flushing, a congregational Rabbi in Brooklyn, or a Pentecostal Minister pastoring in a church in Harlem, New York City's faith leaders are caregivers with responsibility for the spiritual care of others. Besides having to move daily or weekly services on-line to accommodate social-distancing requirements and great financial challenges, we are overwhelmingly grieved by the tragic consequences for individuals and families participating in remote funeral services, and by other spiritual care needs and body disposition from homes, hospitals, morgues and funeral homes.

Yet, in the face of multilayered complex obstacles and an uncertain future in the city, you continue to do extraordinary work under stressful circumstances. This work includes the tens of thousands of meals that United Sikhs have provided hospital workers in Queens as well as the creative solutions adopted by diverse congregations to create online community events, Seders, Iftars, and church Bible studies. With the proper skills and self-care, we will help our city grieve and heal ourselves and our communities in the weeks, months, and years ahead.

The resources in the Toolkit offer us a way to better understand the specific mental health vulnerabilities our congregations and we ourselves are subject to during this pandemic and the years of recovery to come. As the lead authors of this toolkit, we extend our great thanks to Reverend Stephen Harding and the Reverend Dr. Storm Swain for their work whose decades of experience in congregational ministry, chaplaincy, and disaster spiritual care including after the 9/11 attacks has been brought to bear on this manual.

Finally, we are grateful to you, the one reading these words, for all your work, compassion, and care, to help your people cope with the extraordinary reality of the COVID-19 pandemic and beyond. May your care for them be blessed.





How to use this toolkit

Faith and community leaders can use this Toolkit to understand mental health needs, how to access mental health resources, and concrete actions to take immediately and year-round to support yourselves and your communities.

This toolkit was developed as a conversation between faith leaders, including the Interfaith Center of New York (ICNY) and New York Disaster Interfaith Services (NYDIS), and the Mayor's Office of Community Mental Health. Throughout, NYDIS offers information on how mental health challenges may manifest in faith communities during and following a disaster, and the Mayor's Office of Community Mental Health provides information on free mental health resources available to help.

As faith leaders, you have a critical role to play in reducing the stigma of mental health challenges, building awareness of available mental health support, and encouraging the members of your community who may need mental health support to connect to care. We hope this guide will offer you concrete strategies to promote mental health.

Four actions to take now

During the COVID-19 pandemic, here are four actions you can take to promote your own mental health and the mental health of your faith community:

1. JOIN A VIRTUAL CONVERSATION ON THE ROLE OF FAITH COMMUNITIES IN PROMOTING MENTAL HEALTH FOLLOWING A DISASTER.

These conversations will bring together leaders from diverse faith traditions to discuss the lessons in this toolkit, learn more from the experts at ICNY and NYDIS, and offer you an opportunity to support and learn from one another. Learn more and register today: nydisnet.eventbrite.com

2. DO SOMETHING EVERY DAY TO CARE FOR YOURSELF.

You deserve the same care and interventions that you give so freely to others. Taking care of yourself, with wisdom and compassion, means that you will be able to continue to serve your community through the COVID-19 pandemic and beyond. Talk to your loved ones every day. Limit your consumption of COVID-19 news. Get enough sleep. See [page 17](#) for more self-care suggestions.

3. SHARE THE MAYOR'S OFFICE OF COMMUNITY MENTAL HEALTH GUIDE TO MENTAL HEALTH SUPPORT NEW YORKERS CAN ACCESS WHILE STAYING HOME WITH YOUR COMMUNITY.

However you regularly communicate with your community – whether through social media, newsletters, or virtual gatherings – you can send a message of support and let your community know that the City is continuing to provide mental health services that New Yorkers can access online and by phone, while staying safe at home. Most mental health resources in this Guide are free of cost, available in many languages, and provided regardless of insurance coverage or immigration status. You can share the resources on [page 24](#) to pass on this message to your community, and learn more about available mental health services here: mentalhealth.cityofnewyork.us/support_for_all_new_yorkers

4. LEARN HOW TO USE THE CONTENTS OF THIS GUIDE AND ITS RESOURCES.

Members of your faith community may look to you, as a faith leader, for mental health support and guidance. This Guide provides an overview of mental health and mental illness topics, so you can be prepared to care for your community, know when to encourage community members to seek help from a mental health professional, and understand how to access available mental health resources.



What is Mental Health and Why Does it Matter?

From the Mayor's Office of Community Mental Health

Mental health, which includes our emotional, psychological, and social well-being, is an essential part of overall health. In fact, our mental and physical health are interrelated. In the same way that good physical health affects our ability to lead healthy lives, good mental health helps us stay healthy and lead meaningful lives. Mental health involves being able to:

- Participate in daily activities like work, school, worship and recreational activities
- Develop and maintain healthy relationships
- Adapt to change and cope with adversity¹

We all play a role in supporting each other's mental health.²

Not all mental illnesses can be cured, but most can be treated. In most cases, recovery from mental illness and mental health challenges is possible and with the right support, many people can go on to live happy and productive lives.³

**“Remember why you
do this work.
It is lonely, hard, scary,
exhausting, and at times
numbing. It is also our deepest
expression of care for
another human being.
We will never know the
full impact of what we do.”**

***– The Rev. Clare Brockett,
Uniting AgeWell***

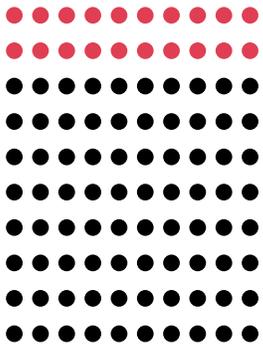
Mental illness is NOT:

- Imaginary. **Mental illnesses are very real and very common.**
- Something to “get over.” **Mental illnesses cannot be willed away.**
- A character flaw. **Mental illnesses are medical conditions that do not define us. They can affect anyone.**
- Untreatable: Mental health conditions are treatable. **Mental illness is a medical condition, just like heart disease or diabetes.**⁴

Common mental health terms:

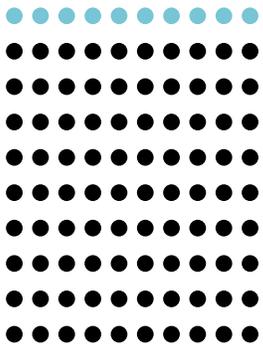
- **Mental health** is a state of well-being in which the individual realizes their abilities, can cope with the normal stressors of life, can work productively, and is able to contribute to their community.⁵
- **Mental health challenges** may be experienced by all of us and do not necessarily refer to an underlying condition or illness. A mental health challenge can arise at particularly stressful moments in our lives (e.g., stress related to the COVID-19 pandemic, job loss, feeling socially isolated or grieving), and this term typically refers to time-bound events.⁶
- **Mental illnesses** are conditions in which people’s thinking, mood and behaviors negatively impact their day-to-day functioning over a long period of time. Mental illnesses can include depression, anxiety, schizophrenia and many others.⁷

Millions of New Yorkers experience mental health challenges every year



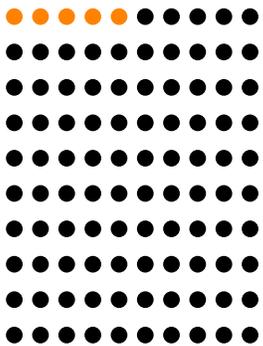
One in five New Yorkers experiences a mental disorder in any given year.⁸

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these) associated with distress and/or problems functioning in social, work or family activities.⁹



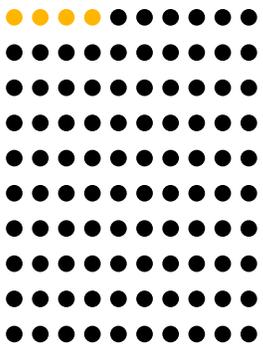
In a given year, nearly one in ten New Yorkers experiences depression.¹⁰

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest and can lead to a variety of additional emotional and physical problems.¹¹



5% of New Yorkers experience serious psychological distress in a given year.¹²

Serious psychological distress includes mental health problems severe enough to cause moderate-to-serious impairment in social, occupational, or school functioning and to require treatment.¹³



4% of adult New Yorkers experience serious mental illness.¹⁴

Serious mental illness is a mental, behavioral or emotional disorder (excluding developmental and substance use disorders) resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. Examples of serious mental illness include major depressive disorder, schizophrenia and bipolar disorder.¹⁵

Mental health treatment works

Getting connected to care can help people live full, healthy lives. Here are just some promising findings:

- Older adults who receive home-based treatment and services for depression experience significantly reduced depression symptoms and improved overall health.¹⁶
- Homeless mothers who receive screening for depression while in shelter are more likely to receive care, experience a reduction in their symptoms, and attend more visits with their primary care doctor and case managers.¹⁷
- Among people with schizophrenia who receive treatment, approximately 50% show improvement in symptoms.¹⁸
- Individuals with an untreated mood disorder, diagnosis of schizophrenia, or substance use disorder are respectively 2.37 times, 2.39 times, and 2.92 times more likely to experience homelessness. Receiving support from a treatment team has been shown to reduce homelessness among this population by 37%.¹⁹
- Because of stigma and discrimination, LGBTQ youth are more likely than non-LGBTQ youth to struggle with their mental health, and LGBTQ adults are more likely than others to have mental health or substance use problems. However, access to affirming, sexuality-specific support at home and school has been shown to build long-term positive mental health.²⁰

“Regardless of the religion or faith we follow, we pray to God Almighty to give us mental and physical strength to restore healthiness and prosperity. We also pray for His Grace to lift this pandemic off the entire world and restore wellness, peace and prosperity.”

- Dr. Uma Mysorekar, Hindu Temple Society of North America

Even before the COVID-19 pandemic, hundreds of thousands of New Yorkers with mental health needs went without mental healthcare

Lower rates of connection to care disproportionately affect New Yorkers of color, who often bear the greatest mental health burden.

Suicide is the
3rd
leading cause of
premature death
among Asian and
Pacific Islander New Yorkers²¹

Black adults are
20%
more likely
to report moderate to
severe depression
than white adults²²

Latinx New Yorkers (16%) have
higher rates of depression
than white New Yorkers (8%)²³

.....
Yet communities of color are often the least likely to get the help they need:

Asian and Pacific Islander adults reported difficulty accessing mental health services due to a number of
systemic & linguistic barriers²⁴

There are also biases in diagnosis: Black adults are
more likely to be given a diagnosis of schizophrenia
and other psychotic disorders, even when they have
the same symptoms as white adults²⁵

People and communities experiencing disadvantage or oppression – related to poverty, ethnicity, race, gender, sexual orientation, discrimination, disability, lack of housing, exposure to violence, or exposure to disaster – are particularly susceptible to traumatic stress and related psychosocial issues.²⁶ You have an opportunity to promote mental health by understanding and accepting the entire range of their human experience, and using this understanding context to offer comfort and support.

As a faith leader, you can play a pivotal role in supporting the mental health of your community. Using the tools on the following pages, you can learn to recognize the signs that a member of your faith community may need mental health help and understand how to connect them to mental health resources.



“Living through the COVID-19 pandemic has transformed the lives of millions in immeasurable and deeply personal ways. Many New Yorkers are able to adjust to the “new normal” but many others are struggling to cope and rely on their religious leaders for support.”

***– Dr. Debbie Almontaser,
Muslim Community Network
and Bridging Cultures Group***

How to Support Mental Health During the COVID-19 Crisis

Care for yourself

Information from New York Disaster Interfaith Services

Following the principle of taking care of yourself first in order to care for others, we begin with you, the faith leader.

Pastoral care during a pandemic is tough work. As stated in the Episcopal Relief and Development Guide to Self-care for Church Leaders during COVID-19:

“This work exposes [faith] leaders to lots of grief and heartbreak, so they are at high-risk of developing secondary traumatic stress, or vicarious trauma, in addition to personal stress and losses. We encourage all caregivers to reflect on their spiritual, emotional, physical and relational well-being to help ensure that you are able to continue caring for your community for years to come.”²⁷

Taking care of yourself, with wisdom and compassion, means that you will have the resilience to continue serving your community through the COVID-19 pandemic and beyond.

The following self-care suggestions are drawn from the Episcopal Relief and Development guide cited above, and from the work of Rev. Dr. Kate Wiebe, Director of the Institute for Collective Trauma and Growth.²⁸ These suggestions will help you think through your own coping, resilience and self-care practices. You deserve the same care and interventions that you give so freely to others.

Self-Care Suggestions

- **Care for your body.** Eat food that gives you healthy energy and helps you think clearly. Drink water. Get enough sleep. Practice breathing slowly throughout the day.
- **Move and stretch.** If you have to sit or stand for long periods of time, set an alarm to take a five-minute walking break every hour. Gradually increase to at least 30-60 minutes of daily movement. Periodically stretch your body throughout the day.
- **Connect with loved ones.** Give at least one family member or friend 10-15 minutes of your time each day, in which you do not talk about your work or the pandemic. Notice how your body feels after the conversation. Smile at people you love, reminding them and you that circumstances do not determine your love.
- **Delegate as much as you can.** You do not need to and should not do everything. Save energy for yourself, your household, and your friends.
- **Limit your exposure to news about the pandemic.** Too much time on the phone or computer, or watching or listening to news reports, can increase your anxiety and fear. Seek updates and guidance two or three times per day.
- **Find creative outlets for what you are experiencing:** keeping a journal, writing, drawing, painting, and cooking are all healthy and creative ways to articulate what you have seen and are feeling.
- **Simplify and streamline your tasks.** Schedule time for yourself and keep the appointment—write the dates and times in your calendar. Be compassionate with yourself and with those in your household and friends. Take time to read a poem, or exercise, or sit still. Be gentle with yourself, and be patient, even when you feel that you are not doing anything well.



Care for your congregation

Your congregation is a symbol of hope for your community of faith, your neighborhood, and the city as a whole. Beyond a physical building or space, your faith community is an ongoing and living entity that connects your members and that is the essence of your community of faith. A congregation is where people gather to be with each other and share their faith. It is a place where one's life acquires meaning.

Balancing the administrative and management needs of your faith community and caring for your members and their families is a familiar challenge for faith leaders. COVID-19 has added immense pressure to maintaining that balance, compounded by social distancing and not being able to care for others in person.

If the viability and survival of your congregation as an organization is at risk, it will be hard to provide care for others. The following suggestions will help you keep your faith community functioning and help you maintain the balance between administrative tasks and spiritual/religious care.

Keep Your Faith Community Functioning

- **Create networks** inside and outside your community of faith to accomplish shared tasks.
- **Delegate as many tasks as possible** to your overseeing body, staff of members of your community of faith (as appropriate) so that you have more time to care for your members and their families. Break your needs down into manageable parts or sectors, then assign an individual or group to manage each part.
- **Prioritize tasks by urgency:** What's the most important task right now and who is the best available person to do it?
- **Make contingency plans** in case you, someone on your staff, or someone in your household tests positive and/or develops symptoms of COVID-19.
- **Plan ahead.** Try to anticipate one or two steps ahead of where things are now, so that you're prepared and ready when you get there. Don't sacrifice the future in order to accomplish the immediate task at hand.
- **Maintain as much as possible the financial viability** of your congregation as an organization.

It's easy to be overwhelmed when the demands of those who are dying, grieving, scared, or lonely are relentless. Breathe, identify the priorities, and then either do or delegate them. Understand that you may not be able to accomplish everything. Ask for help, do your best, and then move on to the next situation.

“Take time in your day to feel thankful for something, even something very small.”

– Episcopal Relief and Development Guide to Self-care for Church Leaders during COVID-19

How You Can Support the Mental Health of Your Communities

Guidance for faith leaders from New York Disaster Interfaith Services

Many faith communities look to religious leaders as if they were frontline mental health professionals and sources for psychological safety. As faith leaders we need to know enough about mental health and illness to be able to adequately care for our community members, know when we reach the limits of our knowledge, and refer members of our faith community (and others) to mental health professionals and services so that our members may receive the care they need.

Feeling anxious, lonely, or sad are common reactions to conditions of physical distancing, isolation and quarantine. The coping tips below can help. Please note that these feelings are different than experiencing depression or another mental health disorder that may require further intervention by mental health professional.

SUGGESTED ACTION: *Share the coping tips below with your community*

Psychological safety includes:

- Factual and accessible information, delivered in age-appropriate ways
- Clear and well communicated responses to circumstances
- Strategies that increase a sense of active agency rather than passive acceptance
- Strategies that manage understandable anxiety, sadness, fear and stress without it becoming overwhelming panic, distress, depression, and despair
- Strategies that contribute to a sense of connectedness and community rather than a sense of isolation and loneliness
- Recognition of those at most psychological risk

Coping and Emotional Well-Being During the COVID-19 Crisis

An infectious disease outbreak, such as the coronavirus outbreak, can be stressful to you, your loved ones and your friends. It is natural to feel overwhelmed, sad, anxious and afraid. You may also experience other symptoms of distress, such as trouble sleeping.

To reduce your stress and promote good mental health, the NYC Department of Health and Mental Hygiene recommends that you:

- **Try to remain positive.** Focus on things you are grateful for and things that are going well in your life. Get courage and inspiration from positive stories of people who are finding ways to cope and remain strong.
- **Remind yourself of your strengths.**
- **Connect with friends and loved ones.** Stay connected with family, friends and your social networks using communications such as email, social media, video conference, telephone, FaceTime or Skype. Consider calling a neighbor or older adults and people who live alone that you know to see how they are doing and show you care.
- **Go outside and get exercise, if you are not sick.** Remember to practice good hygiene and physical distancing. Walking, running and bicycling are healthy activities that do not require close contact with others or shared equipment.
- **Identify what you are feeling and use healthy coping skills.** Stay informed, using credible sources of information. Maintain your daily routines or develop new ones. Limit your screen time and exposure to media. Be proactive about your basic needs and financial stressors.

Learn more, and download this guidance in over 20 languages, at nyc.gov/health/coronavirus



Know When and How to Refer a Community Member to a Mental Health Professional

Guidance for faith leaders from New York Disaster Interfaith Services

Generally, one should be concerned about mental illness, rather than a healthy response to highly stressful circumstances, if and when:

- Symptoms of stress continue on for a significant length of time, and are not paralleled by external stressors;
- Symptoms of stress are magnified and/or are experienced most of the day;
- Symptoms of stress begin to affect a person's ability to care for themselves or be in relationship with others.

When to Refer to a Mental Health Professional²⁹

- When a person alludes to wanting to die or talks openly of suicide.
- When a person seems to be socially isolating and withdrawn, beyond what is required by social distancing.
- When a person presents imaginary ideas or details of persecution.
- When a person does not seem to know who they are, where they are, or when it is (month, year).
- When you become aware of over-reliance on alcohol or drugs.
- When you see the person engaging in significant behavior that puts themselves or others in danger.
- When you realize the problem is beyond your capability or level of training to address.

How to Refer to a Mental Health Professional³⁰

- As a rule, inform the person concerned about your intentions. Let him or her know that you care and then explain the reasons for the referral.
- If you have the option, you should present different possibilities of referral to the person concerned. Discuss matters such as fees, location, accessibility, etc.
- Assure the person that you will continue your support. You might even suggest accompanying him or her to the first visit with the professional.

If you need help identifying mental health professionals to whom you can refer members of your faith community, use the resources below from the City of New York.

Mental health services New Yorkers can access while staying home

While our City stays home to stop the spread of coronavirus, New Yorkers can access a range of mental health services by phone or online. If you or someone you care about needs support, we encourage you to reach out to any of the programs listed below. Help is available.

For regular updates, visit this website mentalhealth.cityofnewyork.us/support_for_all_new_yorkers and follow [@MentalHealthNYC](https://twitter.com/MentalHealthNYC) on Twitter.

Services include:

NYC 988

- If you or a loved one are feeling overwhelmed or stressed, NYC 988 can help. NYC 988 is a free, confidential helpline for mental health support available 24/7 in over 200 languages.
- Call or text 988 or chat online at 988lifeline.org.

New York State's COVID-19 Emotional Support Helpline: New Yorkers can call 844-863-9314 to talk to specially trained volunteer professionals. They are available to listen, support and offer referrals from 8 a.m. to 10 p.m., seven days a week.

Mental health services for aging New Yorkers: Aging New Yorkers who feel lonely or isolated can call the Aging Connect hotline at 212-AGING-NYC (212-244-6469). The Aging Connect hotline also provides information for caregivers.

Mental health services for veterans: Veterans living in New York can get trauma counseling and crisis intervention support by calling the Veterans Crisis Line: 988, then press 1.

In an emergency, call 911.

If you want to speak to a peer who is a veteran or a member of the military community go to Vets4Warriors at vets4warriors.com/connect or call: 1-855-838-8255.

Mental health services for students and young people: All students and families can access mental health support during the COVID-19 crisis, from the Department of Education. For a list of community-based organizations providing tele-mental health services, visit cdn-blob-prd.azureedge.net/prd-pws/docs/default-source/default-document-library/mental-health-telehealth-contacts-for-covid-19.pdf

Mental health services for people harmed by violence, crime or abuse: Safe Horizon operates NYC's 24-hour hotline: 1-800-621-4673. Anyone in need can also chat with a Safe Horizon advocate, who can offer information, advocacy and support through SafeChat, accessible here: safehorizon.org/safechat

How COVID-19 May Affect the Mental Health of Faith Communities

Guidance for faith leaders from New York Disaster Interfaith Services

The following sections provide basic information on the conditions that may be exacerbated by realities of the COVID-19 pandemic: stress, moral injury, depression, grief, funerals and trauma.

In most cases, empathic listening, pastoral care, and education will help to mitigate stress and anxiety. You should still be alert for signs of mental health challenges, and for indicators that a referral to a mental health provider is needed.

In assessing psychological safety, those most vulnerable may be those with pre-existing mental health challenges, such as anxiety, depression, bipolar, other major disorders, as well as traumatic- or stress-related disorders, which the pandemic may exacerbate. Also vulnerable are those with intellectual and developmental disorders and those who care for them, amongst others. There is also heightened risk for those dealing with substance misuse, addiction, and/or in recovery especially as physical support meetings cannot happen in the usual way.

Of particular concern are people who live on their own, persons or populations that are socially and historically marginalized and have had less access to safe physical and psychological care than others. Of concern are those who have experienced the negative impacts of ongoing racism, sexism, trans-and homophobia, and other forms of marginalization in our communities.

Stress

Feeling stressed under pandemic conditions is a common and expected response. Stress affects how people feel, think, behave, and act. The table on the following page provides the most common cognitive, emotional, physical, behavioral, and spiritual reactions to stress that people may experience.

Some people are at greater risk than others for developing sustained and long-term reactions to the COVID-19 pandemic, including acute stress, posttraumatic stress disorder (PTSD), depression, and generalized anxiety.

Factors that contribute to the risk of long-term impairment include:³¹

- Proximity to sickness, death, and other traumatic experiences.
- Multiple traumatic experiences, a history of trauma, or previous experience with disaster. Current traumatic events may activate unresolved fears or frightening memories.
- Persons with chronic medical illness or mental health challenges. Many people with mental illness function well following a disaster such as the COVID-19 pandemic, if most essential services have not been interrupted. However, for others, additional mental health support services and treatment including medications may be necessary.
- Older people or people who are in group facilities or nursing homes during this pandemic are susceptible to anxiety, panic, and frustration as a consequence of their potential limited mobility and dependence on caretakers as well as being isolated from family and other visitors.
- Ethnic and racial minority groups can be at higher risk because of institutionalized racism, discrimination, and socioeconomic conditions. Language barriers, suspicion of government programs, rejection of outside interference or assistance, and differing cultural values can present challenges for helpers in gaining access and acceptance.



Common Symptoms of Stress³²

Cognitive	Emotional	Physical	Behaviorial	Spiritual
Poor concentration	Shock	Nausea	Suspicion	Anger at God, gods, or spiritual sources
Confusion	Numbness	Lightheadedness	Irritability	Feeling distant from spiritual sources
Disorientation	Feeling overwhelmed	Dizziness	Arguments with friends and loved ones	Withdrawal from place of worship
Indecisiveness	Depression	Gastro-intestinal problems	Withdrawal	Uncharacteristic religious involvement
Shortened attention span	Feeling lost	Rapid heart rate	Excessive silence	Sudden turn toward spiritual sources
Memory loss/ flashbacks/intrusive images	Fear of harm to one self and/or loved ones	Tremors	Inappropriate humor	Familiar faith practices seem empty (e.g. personal prayer)
Unwanted memories	Feeling nothing	Headaches	Increased/ decreased eating	Religious rituals seems empty (e.g. congregational worship)
Difficulty making decisions	Feeling abandoned	Grinding of teeth	Change in sexual desire or functioning	Belief that spiritual sources are powerless
Impaired thinking	Uncertainty of Feelings	Fatigue	Increased smoking	Loss of meaning and Purpose
Hypervigilance	Volatile emotions	Poor sleep	Increased substance use or abuse	Sense of isolation from spiritual sources and faith community
Nightmares	Anxiety	Pain	Increase alcohol consumption	Questioning of one's beliefs
	Guilt	Hyperarousal	Pacing	Anger at spiritual leaders
	Grief	Jumpiness	Erratic movement	Believing spiritual sources are not in control
	Denial	Muscle tremors	Acting out	Believing spiritual sources do not care
	Irritability/agitation	Chest pain/difficulty breathing	Change in usual communication	Belief that we have failed God, gods, or spiritual sources
	Problem controlling one's emotions	Profuse sweating	Restlessness or emotional outbursts	

Moral injury

During the COVID-19 pandemic, one of the biggest causes of stress for families and faith leaders is not being present at the time of death of a loved one. Feelings of abandonment, dying alone, powerlessness, unfinished conversations with loved ones, and perhaps most of all, not being able to say “Goodbye” or “I love you.” Not being able to see the reality of death, together with guilt and lack of autonomy, make grieving more complicated during the COVID-19 pandemic.

Moral injury is the damage done to one’s conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one’s own moral beliefs, values, or ethical codes of conduct.³³

Even though we as faith leaders understand that we have to rely on others, including hospital Chaplains, medical personnel, and family members to perform the function of the individual’s faith leader, it is hard not to feel guilt, shame, a sense of betrayal of one’s responsibilities as faith leader and failure at not having ‘been there.’ If the faith leader or family member experiences multiple losses, these feelings of betrayal, shame, and failure can become more pronounced, and can, over time, create a sense of moral injury.

Help Members of Your Faith Community Deal with Overwhelming Stress

If symptoms of stress become overwhelming for a member of your faith community, encourage them to reach out to a mental health professional for help. You can refer them to NYC 988 using the information below.

NYC 988 is a free, confidential helpline for mental health support available 24/7 in over 200 languages.

Call or text 988 or chat online at 988lifeline.org



“In these challenging times, neither clergy nor their congregations are exempt from mental health challenges. To the contrary, as spiritual leaders we need our city’s mental health professionals now more than ever. If we are to build back our communities and overcome the loss and isolation wrought by COVID-19, we must honor all those who offer compassionate care – particularly those mental healthcare providers who offer care for the care-givers.”

***– Rabbi Joseph Potasnik,
New York Board of Rabbis***

Trauma

In general, people are more likely to be traumatized when they are directly exposed to death, and/or the threat of death; to actual or threatened serious domestic or sexual violence, or seeing such violence happen in person to someone else. People can also be traumatized when they learn about the death or threatened death, serious injury, or sexual violence experienced by a close relative, friend, or colleague.

In the COVID-19 pandemic almost everyone is repeatedly exposed to the threat of death, with reminders in the news media, social media, and the regulations of government reports. This does not mean that everybody will experience an ongoing traumatic response. Those with direct exposure to the life-threatening possibilities of COVID-19, or who experience the death(s) of family members, close friends or colleagues, may experience acute stress in a prolonged way, lasting over three to six months at least.

Those who experience acute stress may find themselves experiencing intensive or prolonged reactions such as:

- Panic or constant hypervigilance (beyond that which is required for pandemic safety and preventive hygiene)
- Re-experiencing traumatic events through distressing memories, flashbacks, or dreams
- Losing touch with their surroundings, or with memories of the event
- Difficulty sleeping or concentrating
- Feeling more irritable than usual, or constantly angry
- Becoming withdrawn and avoiding reminders of the experience
- Finding themselves unable to take pleasure in anything or anyone³⁴

All of these are common stress responses, but the difference with those experiencing acute stress for up to 30 days, or post-traumatic stress after that, is the amount of symptoms, the magnitude of the symptoms, how long they continue, and how much they impact the person's ability to function.

Trauma impedes grief. It is very hard to grieve if you have not attended to the trauma. The challenge for people to work through their trauma is to find ways to do so without being retraumatized. This is generally done through talking about the trauma and how to manage the symptoms with a skilled trusted person, usually a licensed mental health professional.

Help Members of Your Faith Community Deal with Trauma

If a member of your community of faith is suffering with acute stress due to trauma, please refer them to a mental health professional. You can refer them to NYC 988. NYC 988 is a free, confidential helpline for mental health support available 24/7 in over 200 languages.

Call or text 988 or chat online at 988lifeline.org

If someone is being abused or cares about someone who is being abused, you can refer them to NYC's 24-hour domestic violence hotline (1-800-621-4673) or the national Domestic Violence Hotline (1-800-799-7233 and TTY 1-800-787-3224) and website at thehotline.org.

“Resiliency in the face of trauma, stress or challenge is a key component to spiritual and mental health. We find this turn-around in trust, compassion, and love for neighbor; it takes one caring for (and about) another to realize that we needn’t suffer this alone. In God - and in my brothers and sisters in ministry and service- do I find my strength and hope.”

***- Very Rev. Michael Lynch,
Vicar for Ecumenical &
Interreligious Affairs,
Roman Catholic
Diocese of Brooklyn***

Secondary Trauma

We as faith leaders may be at risk for secondary, or vicarious trauma: of being traumatized through exposure to multiple deaths and family grieving, and/or alternatively by repeatedly not being able to be with those who are dying or their families. Family members who have experienced multiple losses and/or exposure to multiple cases of COVID-19 may also be at risk for secondary trauma. Others at risk of secondary trauma include:

- First responders – including survivor support workers, law enforcement, local government employees, emergency responders - experience considerable demands to meet the needs of the survivors and the community.
- In this pandemic, relief workers, including faith leaders, may witness human tragedy, fatalities, and serious physical injuries.
- Over time, workers may show the physical and psychological effects of work overload and exposure to human suffering. They may experience physical stress symptoms or become increasingly irritable, depressed, over-involved or unproductive, and/or show cognitive effects like lack of good judgment or ability to make good decisions.³⁵

Limit Your Exposure to Traumatic Content

You can preserve your emotional energy by being mindful of your exposure to traumatic content, or “trauma stewardship.” Trauma stewardship may be practiced in many ways. Here are some examples:

- Limit your consumption of news and social media
- Put boundaries on your social conversations (e.g. discussing a book or playing a game rather than talking about the pandemic)
- Ask for help in completing emotionally draining activities
- Work on emotionally draining activities for a set and limited amount of time each day³⁶



Grief

As stated in the path-breaking work of Dr. William Worden, the four tasks of grieving are:³⁷

- Accepting the reality of the loss
- Processing the pain of grief
- Adjusting to a world without the deceased
- Finding an enduring connection with the deceased while embarking on a new phase of life

The first task of grieving is coming to terms with the reality of the loss. Where there is no tangible sign of the loss, e.g. when a faith leader can't be with the person who died, we can anticipate complicated forms of grief: chronic, delayed, unacknowledged (disenfranchised), exaggerated, and masked.

Not being present/not seeing the body can make the death not seem real to the religious leader or the family, especially for children. This sense of the death not being real, combined with a potentially months-long wait for ashes or a prolonged wait for the funeral can make grieving more complicated for everyone, as the delay for the funeral makes it difficult to achieve the first task of grieving: to acknowledge the reality of the loss.

Grief and complicated grief

Most people experiencing common or normal grief and bereavement have a period of sorrow, numbness, and even guilt and anger. Gradually these feelings ease, and it's possible to accept loss and move forward. For some people, however, feelings of loss are debilitating and don't improve even after time passes. This is known as complicated grief, or persistent complex bereavement disorder. In complicated grief, painful emotions are so long-lasting and severe that you have trouble recovering from the loss and resuming your own life.³⁸

During the first few months after a loss, many signs and symptoms of normal grief are the same as those of complicated grief. However, while normal grief symptoms gradually start to fade over time, those of complicated grief linger or get worse. Complicated grief is like being in an ongoing, heightened state of mourning that keeps one from learning to live with one's loss. Complicated grief occurs more often in females, and with older age. Factors that may increase the risk of developing complicated grief include:³⁹

- An unexpected or violent death, such as from a car crash, or the murder or suicide of a loved one
- Death of a child
- Close or dependent relationship to the deceased person
- Social isolation or loss of a support system or friendships
- Past history of depression, separation anxiety or post-traumatic stress disorder (PTSD)
- Traumatic childhood experiences, such as abuse or neglect
- Other major life stressors, such as major financial hardships

Help Your Faith Community Cope with Grief

- Share the tips below for coping with grief and loss with your faith community.
- If you suspect that a member of your community of faith is suffering with long-lasting and severe complicated grief, please refer them to a mental health professional.

Feelings of grief are natural reactions to significant losses. There is no right way to grieve. Everyone experiences grief differently and every loss is unique.

Tips for Coping with Loss and Grief:

- **Accept your feelings.** Recover at your own pace and in your own way. Be patient with yourself.
- **Talk about your loss.** You may find this comforting and feel less alone. Connect with friends and family through phone, text, and other digital platforms.
- **Take stock of what is going well.** Write down or share with others your strengths and bright moments from the day.
- **Know what resources are available.** Visit [nyc.gov/helpnow](https://www1.nyc.gov/helpnow) under the “Get Help” tab for a list of employment resources, food assistance, health and medical assistance, as well as emotional support and spiritual care, among other resources.
- **Focus on the things within your control** such as staying home as much as possible, abiding by physical distancing recommendations, frequently washing your hands with soap and water, eating nutritious foods, and maintaining a daily schedule.
- **Limit your exposure to media coverage related to COVID-19.** Turn off the TV, shut down the computer, and put down the papers.
- **Take a break.** Do something relaxing, energizing, or something that will lift your spirits.
- **Be part of the community.** Community can offer you a network of support. Stay connected through digital platforms.
- **Ask for help if you feel overwhelmed.**

Additional tips on dealing with grief and loss are available here: www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-grief-loss.pdf

If these feelings persist, your mood does not improve or worsens, or you feel unable to function and perform basic daily activities, reach out for help. NYC 988 is a free, confidential helpline for mental health support available 24/7 in over 200 languages.

Call or text 988 or chat online at 988lifeline.org

“One of the most uniquely COVID-related traumatizing situations - for individuals, their families, and religious leaders - is the end of life situation where people have to be alone. It’s the most dramatic illustration of the everyday feelings of powerlessness that congregational leaders are feeling”

***- Rev. Dr. Chloe Breyer,
Interfaith Center of New York***

Funerals and memorial services

The wait for a funeral may be unbearable for a family. They may suffer additional deaths as they're waiting, compounding their sense of grief and helplessness.

Limiting family and friends to the mandated number of people allowed to gather for an in-person funeral may bring its own stress: who is included or excluded; who is able to travel; and a sense of things being rushed or "not done right," will complicate the grieving process and add to a sense of anger and frustration.

Alternatives to Funeral Services

Until it is clear that in-person funerals without limit on the number of people can be held again, we suggest the following alternatives for funeral services:

- **'Virtual' funerals** through Zoom, streaming them live or taping them for distribution later are all viable options that allow a funeral to take place under social distancing and include as many people as you would like.
- **Monthly/Weekly online memorial gatherings**, to give the community of faith the opportunity to grieve together and honor the deceased closer to the date of the death (rather than waiting indefinitely to have a funeral or memorial service); to give the family some resolution, and to allow the wider community of faith to begin to accept the reality of the loss.

Once in-person gatherings for public worship are safe again, we suggest that the community of faith hold a memorial service to remember all those lost during the time of separation.



Suicidality

At times, people with acute and other stress disorders, anxiety, depression, complicated grief, moral injury, and other conditions may consider suicide. This should be taken seriously.

Suicide Prevention Suggestions

- Share the resources below from the City of New York with your faith community.
- If someone in your faith community, family, or you are thinking about suicide, counselors are available to listen to and support you and them 24/7. Contact:
 - NYC 988 is a free, confidential helpline for mental health support available 24/7 in over 200 languages. Call or text 988 or chat online at 988lifeline.org
 - The National Suicide Prevention Lifeline by calling 800-273-TALK (800-273-8255).
- If you or someone you know is at immediate risk of hurting themselves, or in immediate danger because of a health condition or other situation, call 911.

Learn the warning signs:

You can help prevent suicide by learning the warning signs. The following signs may mean someone is at risk for suicide. The risk of suicide is greater if one of the following behaviors is new or is happening more often and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Physical distancing can make warning signs harder to observe. Check in with your loved ones to see how they are coping, especially those with a history of suicidal thoughts or attempts, depression, anxiety or other mental illness, or those who have experienced a recent loss.

How to talk to someone about suicide:

- **Look for signs and symptoms.** Some people considering suicide will exhibit multiple signs, while others won't exhibit any. It's important to know the signs and symptoms of suicide and be on alert when talking to those around you.
- **Ask them directly.** If you suspect someone might be at risk of suicide, it's important to directly ask about suicidal thoughts. Do not avoid using the word suicide. You can say things like, "Are you having thoughts of suicide?" or "Are you thinking about killing yourself?"
- **Listen nonjudgmentally.** If you believe the person is not in a crisis that needs immediate attention, you can engage them in conversation to see how they are feeling and how long they have been feeling this way. Listen in a kind and respectful way so the person feels comfortable to talk openly without being judged.
- **Let the person know you are concerned and willing to help.** Offer the person kindness and attention and let them know you are willing to help them find the support they need. Offer the person resources for professional help, such as through a community leader, therapist, physician or family member.

NYC 988 can provide immediate crisis counseling and suicide prevention support, as well as referrals to mental health professionals 24 hours a day, 7 days a week, in over 200 languages.

Call or text 988 or chat online at 988lifeline.org

If the person has a plan to kill themselves and you are concerned for the person's immediate safety, call 911.

How to Support Mental Health Year-Round

Actions you can take to promote acceptance, raise awareness, and remove barriers to care

Create a Culture of Inclusion and Acceptance

- Use this guide to educate yourself and explore your own biases about mental health
- Make a commitment to creating an affirming and accessible space open to all community members regardless of their race, sexual orientation or disability
- Call for a group of volunteers to work with you to create a mental health education plan for your community. You can use the calendar below to engage your community to raise awareness and ensure that the voices and thoughts of many are included in your efforts to promote mental health in your community

Promote Mental Health Literacy in Your Community

- Invite mental health practitioners such as social workers, psychologists and psychiatrists from community-based organizations to make presentations to your community members
- Use bulletins and newsletters as tools to educate the community about mental health issues. For talking points and sample materials, see [page 10](#)

Speak Frequently About Mental Health Topics With Your Faith Community

- Attend or send representatives to local conferences and trainings on mental health
- Speak about mental health and mental illness often. Use your voice and position as a leader to erase stigma and silence surrounding mental health and mental illness. There are many opportunities to share mental health messages with your congregation or community. For example, you might choose to speak or write about mental health issues in:
 - A formal ritual setting, like a sermon, D'var Torah or Dharma talk
 - Smaller group settings, like a Bible study, ministry meeting, or adult education program
 - Individual conversations with community members, whether for pastoral care or other matters

Remove Barriers to Care

- Create a dedicated place to display community mental health resources that members can freely pick up and ensure that the resource materials are made available in all the languages spoken by members of the community
- Create connections with local hospitals, community health clinics and community-based organizations providing mental health services so that you can assist members seeking assistance to find care
- If someone is experiencing stress or depression, encourage them to take advantage of professional support. Help and support might include talk therapy, counseling, medication, lifestyle changes (including physical activity), or a combination of the above

“Pandemic outbreaks have the potential to increase stress and anxiety, both because of the fear of catching the disease and the uncertainty about how the outbreak will affect us socially and economically. Your willingness to be in the frontline when responding to crisis is one of the things that makes you credible and trustworthy to your community. It is understandable to feel anxious and worried about the impact of the crisis on your life and those around you. Stay connected and seek support from family, friends, and clergy. Avoid making helping others more important than helping yourself.”

***– Ali M. Gheith, CEM
Director, Emergency and Disaster
Management Program at the
Metropolitan College of New York***

Become a Mental Health Advocate

- Create a local interfaith coalition to share issues and resources related to mental health
- Create connections with local organizations and agencies providing support to families on housing, immigration, youth services, employment, domestic violence, senior services, and other issues so that you can effectively ensure that members in need are receiving the support services they need to avoid long term stress
- Stay connected with your local elected officials to ensure that you keep them informed about the mental health and services challenges in your community and advocate for policy reform or foster change to policies that contribute to the mental health issues of your community

Promote Self-Care and Care for Your Community

- Invite people to share their own experiences with mental illness, or family members can share the difficulties of caring for someone who is going through mental health issues
- Become an advocate for families and individuals struggling with mental health issues and support them through recovery and treatment
- Encourage your members to support them with care including offering to take them to health care appointments
- Encourage congregants and community members to create self-care plans for themselves



“Faith leaders, know that many of the things we pray for, our tax dollars have already paid for! It is important to be aware of existing mental health resources, in order to get the help your community needs.”

**– Rev. Dr. Alfonso Wyatt,
Strategic Destiny and
Greater Allen Cathedral
of New York**

Mental Health Action Calendar

We hope you will use the calendar below to engage your faith community and share mental health resources throughout the year.

MONTH	Key Mental Health Days and Themes	Suggested Actions to Promote Mental Health
January	National Stalking Awareness Month	<ul style="list-style-type: none"> Let your faith community know free support is available for anyone harmed by violence, crime or abuse. People can contact NYC's 24-hour hotline: 1-800-621-4673 or visit Safe Horizon's website to learn more.
February	National Teen Dating Violence Awareness and Prevention Month <ul style="list-style-type: none"> Feb. 21-28 - National Eating Disorders Awareness Week 	<ul style="list-style-type: none"> Invite a representative from the Mayor's Office to End Domestic and Gender-Based Violence to speak with your faith community about teen dating violence and available resources to help. You can get in touch here. Encourage congregants and community members to create and adopt self-care plans for themselves. You can use the self-care tips on page 17 of this toolkit to get started.
March	National Women's History Month <ul style="list-style-type: none"> Mar. 1 - Zero Discrimination Day Mar. 8 - International Women's Day Mar. 20 - International Day of Happiness 	<ul style="list-style-type: none"> Share information about Family Resource Centers (FRCs) with your faith community. Overseen by the NYC Department of Health and Mental Hygiene, FRCs provide individual and group-based family support services to parents/caregivers of children and youth (birth- age 24) who have or are at risk for developing emotional, behavioral, or mental health challenges. Contact information is available here.
April	National Child Abuse Prevention Month Alcohol Awareness Month Sexual Assault Awareness and Prevention Month	<ul style="list-style-type: none"> Share information about NYC 988 with your faith community. NYC 988 is a free, confidential helpline for mental health support available 24/7 in over 200 languages. Call or text 988 or chat online at 988lifeline.org

Mental Health Action Calendar

May	<p>Mental Health Awareness Month</p> <ul style="list-style-type: none"> • May 9 - Children's Mental Health Awareness Day • May 10-16 - National Women's Health Week 	<ul style="list-style-type: none"> • Take opportunities throughout the month to communicate with members of your faith community about how common mental health needs are, free resources available to support anyone in need, and how mental healthcare can help people to feel better and live healthy lives. Share these messages on social media, in sermons, and in one-on-one conversations with your faith community.
June	<p>Lesbian, Gay, Bisexual and Transgender (LGBT) Pride Month</p> <ul style="list-style-type: none"> • June 10-16 - National Men's Health Week • June 27 - PTSD Awareness Day 	<ul style="list-style-type: none"> • Make a public commitment to your faith community to creating an affirming and accessible space open to all community members regardless of their race, sexual orientation or disability.
July	<p>National Minority Mental Health Awareness Month</p> <ul style="list-style-type: none"> • July 30 - World Day Against Trafficking in Persons 	<ul style="list-style-type: none"> • Invite a mental health provider from a local community organization to present on a mental health topic to your faith community.
August	<ul style="list-style-type: none"> • Aug. 26 - National Women's Equality Day 	<ul style="list-style-type: none"> • Encourage your faith community to take advantage of free apps that can support their emotional well-being, available here.
September	<p>National Recovery Month</p> <ul style="list-style-type: none"> • Sept. 6-12 - National Suicide Prevention Week • Sept. 10 - World Suicide Prevention Day 	<ul style="list-style-type: none"> • Share the suicide prevention resources on page 41 of this guide with your faith community.
October	<p>National Bullying Prevention Month</p> <p>National Domestic Violence Awareness Month</p> <ul style="list-style-type: none"> • Oct. 4-10 - Mental Illness Awareness Week • Oct. 10 - World Mental Health Day 	<ul style="list-style-type: none"> • Share information about mental health services available to students and their families through the NYC Department of Education with your faith community. More information is available here.

Mental Health Action Calendar

November	<p>National Family Caregivers Month</p> <ul style="list-style-type: none"> • Nov. 11 - Veterans' Day • Nov. 21 - International Survivors of Suicide Loss Day 	<ul style="list-style-type: none"> • Share information about mental health services available for veterans with your faith community. Veterans can get trauma counseling and crisis intervention support through the NYC Department of Veterans' Services. Veterans can also access mental health support by calling the Veterans Crisis Line: 988, then press 1. <p>In an emergency, call 911.</p> <p>If you want to speak to a peer who is a veteran or a member of the military community go to Vets4Warriors at vets4warriors.com/connect</p> <p>Or call: 1-855-838-8255</p>
December	<ul style="list-style-type: none"> • Dec. 10 - Human Rights Day 	<ul style="list-style-type: none"> • Encourage any members of your faith community 60 or older who may be feeling isolated or lonely – or anyone worried about an aging New Yorker - to call the Aging Connect hotline: call 212-AGING-NYC (212-244-6469), operated by the NYC Department for the Aging. The Aging Connect hotline can connect older New Yorkers with free mental health support, friendly home visiting services to help ease social isolation, and support for caregivers.

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The Mayor's Office of Community Mental Health

The Mayor's Office of Community Mental Health coordinates and develops citywide policies and strategies to fill critical gaps in mental healthcare. We partner with city agencies to lower barriers to care, we engage with communities to promote inclusion and ensure marginalized and under-resourced communities have access to information, mental health services and resources.

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“The path of Buddhism stresses that when the mind is taken care of with compassion and understanding then the world can then reveal its true beauty. So only when we take care of our mental health is this truth seen as possible.”

***– Rev. James Lynch
President, Buddhist
Council of New York***

Additional Resources for Faith Leaders, from New York City Agencies and Partners

The following resources can offer support for food, employment, health insurance, housing and more. For a more detailed list of resources visit [Help Now NYC](#) or [NYC311](#). For free face coverings visit the [Face Coverings](#) page.

Health and emotional well-being

[Get tested in your community](#)
[Get information and resources to help protect yourself and others from COVID-19](#)
[View the latest data on COVID-19 in NYC](#)
[Find support for domestic violence survivors](#)
[Get tips and information about coping and emotional well-being](#)
[Connect with a counselor](#)
[Get information on funerals, burials, and cremation](#)
[Learn how to report a death and request a death certificate](#)

Employment and jobs

[Sign up for unemployment](#)
[Find a job](#)
[Learn about paid sick leave](#)

Food

[FoodHelp NYC](#): Map of free food resources across the city, including food pantries and Grab & Go meals at [NYCSchools](#), available for all children or adults in need.

[ACCESS HRA](#): sign up for SNAP benefits or cash assistance from home.

[HelpNowNYC](#): Explore ways to donate food, cash, or supplies to those in need.

[NYC Food Delivery Assistance](#): If you cannot go out to get food, no one can bring you food, and you are not able to use private delivery options, New York City will deliver emergency meals to you in the coming days. Check your eligibility and sign up.

Rent and housing

[Find out about emergency cash assistance for rent](#)
[Get help paying for heat and utilities](#)

Screen for benefits

[Visit ACCESSNYC and find out more about benefits](#)

School and education

[Get Learn at Home resources](#)
[Request an iPad for students](#)

Voting

The deadline to postmark your completed and signed mail-ballot is now **June 23, Election Day**. [Vote safely, vote by mail. Request your mail-in ballot by June 16](#)
[Frequently asked questions about the June primary election](#)

Visit www.voting.nyc for info on early voting, where to vote, and to meet the candidates

Additional Resources

[Find resources and information for people with disabilities](#)
[Learn more about resources for children and families](#)
[Learn more about resources for older New Yorkers](#)
[Find resources available for veterans](#)
[Get information for immigrants, regardless of status](#)

Endnotes

1. American Psychiatric Association. 2020. What Is Mental Illness? Available at: <https://www.psychiatry.org/patients-families/what-is-mental-illness>.
2. World Health Organization. 2004. Promoting Mental Health. https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf.
3. NAMI: National Alliance On Mental Illness. 2020. Dispelling Myths On Mental Illness. Available at: <https://www.nami.org/blogs/nami-blog/july-2015/dispelling-myths-on-mental-illness>.
4. Make It Ok. 2020. What Is A Mental Illness? Available at: <https://makeitok.org/what-is-a-mental-illness>.
5. World Health Organization. 2004. Promoting mental health: concepts, emerging evidence, practice (Summary Report). Geneva: World Health Organization. Available at: https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf.
6. World Health Organization. 2004. Promoting mental health: concepts, emerging evidence, practice (Summary Report). Geneva: World Health Organization. Available at: https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf.
7. A Surveillance and Epidemiology Division, Public Health Agency of Canada, CCDSS Mental Illness Working Group, CCDSS Science Committee, & CCDSS Technical Working Group (2015). Report Summary-Mental Illness in Canada, 2015. Health promotion and chronic disease prevention in Canada: research, policy and practice, 35(6), 95–96.
8. New York City Department of Health and Mental Hygiene. EpiQuery -NYC Health and Nutrition Examination Survey 2014. April 28th, 2020. <https://nyc.gov/health/epiquery>.
9. Parehk, R. (2018). What is Mental Illness? American Psychiatric Association. Retrieved March 02, 2020, from <https://www.psychiatry.org/patients-families/what-is-mental-illness>.
10. Tuskeviciute R, Hoenig J, Norman C. Depression among New York City Adults. NYC Vital Signs 2018, 17(2); 1-4.
11. Mayo Clinic (2020). Depression (major depressive disorder). CON-20257464. Available at: <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>.
12. Choden T, Huynh S, Hoenig J, Norman C. Serious psychological distress among New York City adults. New York City Department of Health and Mental Hygiene: Epi Data Brief (102); May 2018.
13. Pratt L.A., Dey A.N., & Cohen A.J. Characteristics of adults with serious psychological distress as measured by the K6 scale: United States, 2001–04. Advance data from vital and health statistics; no 382. Hyattsville, MD: National Center for Health Statistics. 2007.
14. Norman C, Goldmann E, Staley B, Duchon R. Serious Mental Illness among New York City Adults. NYC Vital Signs 2015, Volume 14, No. 2; 1-4.
15. Myers, J.E. and Harper, M.C. (2004), Evidence-Based Effective Practices with Older Adults. Journal of Counseling & Development, 82: 207-218. doi:10.1002/j.1556-6678.2004.tb00304.x.
16. Weinreb, L., Upshur, C. C., Fletcher-Blake, D., Reed, G., & Frisard, C. (2016). Managing Depression Among Homeless Mothers: Pilot Testing an Adapted Collaborative Care Intervention. The primary care companion for CNS disorders, 18(2), 10.4088/PCC.15m01907. <https://doi.org/10.4088/PCC.15m01907>.
17. Leucht, S., Tardy, M., Komossa, K., Heres, S., Kissling, W., Salanti, G., & Davis, J. M. (2012). Antipsychotic drugs versus placebo for relapse prevention in schizophrenia: a systematic review and meta-analysis. Lancet (London, England), 379(9831), 2063–2071. [https://doi.org/10.1016/S0140-6736\(12\)60239-6](https://doi.org/10.1016/S0140-6736(12)60239-6).
18. Greenberg, G.A., & Rosenheck, R.A. (2010). Mental Health Correlates of Past Homelessness in the National Comorbidity Study Replication. Journal of Health Care for the Poor and Underserved 21(4), 1234-1249. <https://www.muse.jhu.edu/article/400765>; Greenberg, G.A., Rosenheck, R.A. Correlates of Past Homelessness in the National Epidemiological Survey on Alcohol and Related Conditions. Adm Policy Ment Health 37, 357–366 (2010). <https://doi.org/10.1007/s10488-009-0243-x>.
19. National Suicide Prevention Lifeline. 2020. Available at: https://suicidepreventionlifeline.org/wp-content/uploads/2017/07/LGBTQ_MentalHealth_OnePager.pdf.
20. Parehk, R. 2018. What is Mental Illness? American Psychiatric Association. Available at: <https://www.psychiatry.org/patients-families/what-is-mental-illness>.

21. Li W, Onyebeke C, Huynh M, Castro A, Falci L, Gurung S, Kennedy J, Maduro G, Sun Y, and Van Wye G. Summary of Vital Statistics, 2017. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2019.
22. New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014); public use dataset accessed September 2019.
23. New York City Department of Health and Mental Hygiene. New York City Community Health Survey (2017). Public use dataset accessed September 2019.
24. Clough, J., Lee, S., & Chae, D. H. (2013). Barriers to health care among Asian immigrants in the United States: a traditional review. *Journal of health care for the poor and underserved*, 24(1), 384-403.
25. Schwartz, R. C., & Blankenship, D. M. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World journal of psychiatry*, 4(4), 133–140. doi:10.5498/wjp.v4.i4.133.
26. Ford, J. D., Grasso, D. J., Elhai, J. D., & Courtois, C. A. (2015). Social, cultural, and other diversity issues in the traumatic stress field. *Posttraumatic Stress Disorder*, 503–546. <https://doi.org/10.1016/B978-0-12-801288-8.00011-X>.
27. Episcopal Relief & Development. 2020. Self-Care for Religious Leaders during COVID-19. Available at: www.episcopalrelief.org/resourcelibrary.
28. Wiebe, Rev. Dr. Kate. 2020. How Long-Term Recovery Is Very Different from Other Stressors In Your Life. Available at: <https://www.ictg.org/community-blog/how-long-term-recovery-is-very-different-from-other-stressors-in-your-life>.
29. Gheith, Ali. 2007. Mental Health Response to a Disaster,” in *Spiritual Care and Mental Health for Disaster Response and Recovery*. Ed. Rev Stephen Harding (New York Disaster Interfaith Services), p. 105. Available at https://www.nydis.org/wp-content/uploads/2018/10/NYDIS_Disaster_SC-MH_Manual-1.pdf.
30. Ibid.
31. Ibid., p. 104.
32. Ibid., p. 103.
33. The Moral Injury Project. 2020. What Is Moral Injury? Syracuse University. Available at: <https://moralinjuryproject.syr.edu/about-moral-injury>.
34. For further information see “Acute Stress Disorder” in American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association, 2013.
35. Ibid.
36. Episcopal Relief & Development. 2020. Self-care for Church Leaders During COVID-19. Available at: <https://www.episcopalrelief.org/wp-content/uploads/2020/04/Self-care-for-Church-Leaders-During-COVID-19.pdf>.
37. J. William Worden. *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York, NY: Springer. 2018 (5th edition).
38. Mayo Clinic. 2020. Complicated Grief - Symptoms and Causes. Available at: <https://www.mayoclinic.org/diseases-conditions/complicated-grief/symptoms-causes/syc-20360374>.
39. Ibid.