The following is a list of action recommendations prioritized by the 223rd General Assembly (2018) on the tenth anniversary of *Comfort My People—A Policy Statement on Serious Mental Illness with Study Guide* (2008).  For easy reference the recommendations are worded as they appear in the 2008 *Comfort My People* document, which is currently being reviewed and updated as part of the same General Assembly mandate. Although some recommendations only mention ‘serious’ mental illness, the recommendations are intended to spur creative mental health ministry, not limit it.

**For Congregations**

Urge sessions and congregations to do the following:

* Prominently display educational material regarding serious mental illness, such as location and times for local meeting of the National Alliance on Mental Illness (NAMI)— support groups/family-to-family training).
* Provide support and advocate for individuals and families affected by serious mental illness.
* Provide meeting room space for support groups and guidance for prayer-based support programs.
* Consider forming a relationship with a local chapter of the National Alliance on Mental Illness (NAMI) for the purpose of fostering relationships between members of the congregations, their families, and people with serious mental illness.
* Advocate for establishment of funding of not-for-profit agencies, counseling centers, and treatment programs for persons who struggle with mental illness, including those with dual diagnoses of alcohol and drug abuse.
* Work to end the stigma of serious mental illness within the congregation and in the surrounding community.
* Invite local mental health professionals to address serious mental illness in small groups and in worship services and encourage family members with serious mental illness to attend them.
* Create a church environment open to the transforming work of God where people know confidences will be kept and they will be accepted and supported when they ask for help.
* In under-served areas, advocate for greater availability of mental health resources.
* Encourage all members to prepare a Psychiatric Advance Directive (PAD), which specifies plans for their treatment in case of a mental health emergency. (Refer to Appendix D for an example of a PAD.)
* Advocate for housing for people living with a serious mental illness.
* Conduct acts of worship recognizing Serious Mental Illness Awareness when designated in the *Presbyterian Planning Calendar*, Mental Health Awareness Month (May), and Serious Mental Illness Awareness Week (the first week in October).
* Support church-based counseling services staffed by mental health professionals.

**For Presbyteries**

Urge presbyteries to do the following:

* Provide educational opportunities for members to learn about treatment, counseling, ministry with people with serious mental illnesses, and how to address the stigma of serious mental illness in their congregations, particularly in regard to the experiences of children and youth, women and men, the elderly, and racial ethnic groups.
* Provide training for pastors, staff, and lay care providers to help them develop appropriate identification and intervention strategies for persons at risk for suicide, especially teenagers, young adults, and the elderly.
* Provide continuing education for pastors, staff, and lay care providers to train them to recognize and intervene when a person with a serious mental illness also abuses drugs, including alcohol.
* Provide continuing education opportunities for pastors to help them learn how to support and advocate for families in crisis and to make appropriate treatment referrals.
* Encourage pastors to preach sermons and provide Bible studies about serious mental illness.

**For Seminaries**

Urge Presbyterian theological institutions and those related to the Presbyterian Church (U.S.A.) by covenant agreement to do the following:

* Instruct students about the spiritual and social dimensions of mental health and equip them to recognize the signs of mental illness and inform them of available treatments.
* Instruct students about the most recent medical research and findings regarding the causes of mental and serious mental illnesses.
* Instruct students on how to listen to, pray for, and follow-up with people who have a serious mental illness crisis and their families, including how to make appropriate referrals.
* Encourage those who are training to be worship leaders to use sermons and stories to educate their congregations about mental health and mental illness, and also to plan worship that celebrates occasions for mental health awareness.
* Provide educational opportunities about public advocacy issues affecting people with serious mental illness.