



THE RACIAL EQUITY

TORCH

Volume 33, Issue 1, Spring 2022





A Message from the Acting Director, The Rev. T. Denise Anderson

The 2021 Mood Disorder Survey conducted by the National Alliance on Mental Illness (NAMI) revealed that people of color who suffer from mood disorders face “significantly greater challenges” than their white counterparts. Asian-descendent and Latiné individuals are among those experiencing the greatest disparities in care due, in part, to a lack of culturally competent health care professionals. NAMI is among the organizations that have named systemic racism as a public health threat, and NAMI has long documented disparities in mental health services experienced by Blacks, Indigenous peoples and people of color (BIPOC).

Racial Equity & Women’s Intercultural Ministries has seen first-hand these realities in communities of color in the Presbyterian Church (U.S.A.). The challenges of racism, broken immigration policies and care disparities are not new but have certainly been exacerbated over the past two years by a global pandemic that has disproportionately claimed the health and lives of people of color.

Colleagues regularly share stories of significant emotional distress among the leaders we serve, and we’ve found that our regular resourcing had to pivot in these times. During this year’s Black History Month observances, the office of African American Congregational Intercultural Support hosted forums on mental health in Black communities. Our Lydia’s Listening Sessions provided spaces of healing and release for women-of-color leaders in the PC(USA). We’ve had to take a more holistic approach to our work as the care needs changed and grew rapidly among the communities we serve.

The PC(USA) created a churchwide mental health network after the 223rd General Assembly (2018). This summer, the 225th General Assembly will consider Item 02-094 “On Furthering Mental Health Ministry in the Presbyterian Church (U.S.A.),” which seeks to equip all councils of the church to respond to the community’s mental health needs. Presbyterians understand that caring for our mental health is part of our gospel mandate to love our neighbors and bear one another’s burdens.

As we strive to be a Matthew 25 Church that works to dismantle structural racism in the church and world, we must be mindful to not only change structures, but also repair the harm caused by those structures. Addressing mental health in BIPOC communities is part of reparative justice. Our communities are resilient and strong, but that has been out of necessity. A just world would not require a community to over function while being underserved.

For more resources on Race and Cultural Mental Health from the Presbyterian Mental Health Initiative, see page 3 in this edition of the Torch Magazine.

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Save the Date

UPCOMING EVENTS

July 28

A deadline for submitting 2022 Mission Program Grant proposals. Review will take place Aug. 30. For more information: Tim.McCallister@pcusa.org

August

A Sabbath Retreat for Pastoral Leaders will be hosted by 1001 New Worshipping Communities in collaboration with the Hispanic Latino-a Intercultural Congregational Support. It will be once a week online and include two days of participant retreat time. For more information: Rosa.Miranda@pcusa.org

Aug. 27

An educational event, “Addressing Violence Against Women,” will be hosted by the National Hispanic Latino Presbyterian Caucus in collaboration with the Hispanic Latino-a Intercultural Congregational Support. For more information: Rosa.Miranda@pcusa.org

September:

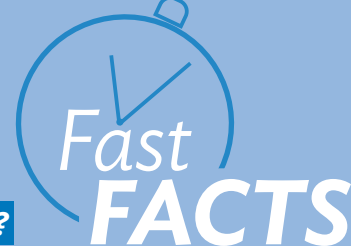
Encuentro Educativo: Una Fe Sencilla, reflexiones sobre la vida, will be every Tuesday at noon (EST) online. For more information: Rosa.Miranda@pcusa.org

September. 1

An additional deadline for submitting 2022 Mission Program Grant proposals. Review will take place in October. For more information: Tim.McCallister@pcusa.org

September. 21-22

Native American Day celebration with worship, a panel discussion, a workshop on the Doctrine of Discovery and hymn sharing. For more information: Irv.porter@pcusa.org



Did You Know?

- ❖ The Presbyterian Mental Health Initiative was adopted by the 223rd General Assembly (2018).
- ❖ Mental Health Ministry grants help congregations, mid councils and seminaries initiate mental health projects to educate, equip and empower churches.
- ❖ The Presbyterian Mental Health Network (PMHN) is an independent, grassroots network launched with a Mental Health Ministry Grant.
- ❖ There are well-documented racial disparities within the mental health system, according to Counseling Today, a publication of the American Counseling Association. Compared with white people, Black, Indigenous and other people of color (BIPOC) are:
 - Less likely to have access to mental health services
 - Less likely to seek services
 - More likely to receive poor quality of care
- ❖ Black men are over diagnosed with schizophrenia but underdiagnosed with posttraumatic stress disorder and mood disorders. For BIPOC, mental health care is often provided in prisons.

On the front cover of each *Racial Equity Torch*, you will see our mantra: *Grow, Transform, Empower, Lead, and Develop.*

The core ministry and the purpose of our work in the Intercultural Ministries and Support for Congregations of Color office is:

- **Racial Justice and Empowerment**
- **Leadership Development**, with a focus on developing leaders of color, women and young adults
- **Church Growth**, with a focus on new worshiping communities
- **Transformation** of existing congregations

Thus, our mantra is: *Grow, Transform, Empower, Lead and Develop.* Intercultural Ministries and Support for Congregations of Color offices *equip, connect, and inspire* Communities of color and new immigrant worshiping communities and develop and empower leaders of color and new immigrant leaders. The ministry area does this through training, coaching, resource development, leadership development institutes, networking, and providing grants to congregations, schools and colleges equipping communities of color, and leaders of color and new immigrant leaders. In *Racial Equity & Women's Intercultural Ministries*, we engage the church in its mission to become more diverse and inclusive of racial, ethnic, cultural, and language groups, and we equip women for leadership in all ministries of the church.

‘Historically, African Americans have not had the luxury of self-care’

Forums focus on mental health and other issues

by Gail Strange | Presbyterian News Service

In celebration of Black History Month, the African American Intercultural Congregational Support Ministries hosted three forums to give participants an opportunity to go into an in-depth conversation around the topics of resistance, rest, recovery and reparations, which were the supporting pillars of the theme of the 2022 celebration, “Resiliency to Recovery.”

The forum speakers included the Rev. Dr. Terrlyn L. Curry Avery, the pastor of the Martin Luther King Jr. Community Presbyterian Church in Springfield, Massachusetts. She is particularly passionate about healing the wounds of religion and dismantling racism.

Curry Avery focused the conversation on the question, “A badge of service, sacrifice, or self-care?”

“Historically, African Americans have not had the luxury of self-care,” Curry Avery said. “The harsh demands of slavery and systemic racism taught us well how to survive, rise above our current circumstances with strength, and always, always, always look out for one another. What a marvelous legacy, one that has served us well, but is it time to reframe some of these lessons?”

Curry Avery discussed how taking care of ourselves mentally, emotionally and spiritually is the best way to honor the lessons, service and sacrifices of our ancestors.

“It’s time we take a serious look at the badge(s) we choose to wear.



The Rev. Dr. Terrlyn L. Curry Avery

Perhaps it’s time to change it and move from survival skills to coping skills and, ultimately, to thriving skills,” she said.

The Rev. Michael Moore, associate for African Americans Intercultural Congregational Support, says that health and health care disparities for Black, Indigenous and People of Color (BIPOC) that have been exposed during the COVID-19 pandemic make mental health and wellness a priority.

“While these forums were held during Black History Month, we highlighted these issues because Black history is so much more

and goes far beyond the month of February and the typical one-day worship service held each year at the Presbyterian Church (U.S.A.) headquarters,” Moore said.

Although African Americans make up roughly 13% of the U.S. population, they account for one in three people who have been hospitalized with COVID-19 and are 3.7 times more likely to succumb to COVID-related deaths than white people are. The Centers for Disease Control and Prevention reports that African Americans are dying at about twice the rate of other races. According to the American Psychiatric Association, African Americans are experiencing trauma and mental health issues for many different reasons during the COVID-19 pandemic. The reasons include:

- Anxiety from not being able to follow stay-at-home recommendations to protect themselves from COVID-19 due to their job situation.
- Separation from friends and family, especially those who are sick or in the hospital.
- Grief over the loss of friends and family members.
- Emotional stress of close living situations and finding care for children out of school.
- Financial stress of health care costs, job loss and more.

“It’s critical that in addition to the members’ spiritual health, the church needs to address the physical and mental well-being and wellness of its members,” Moore said. “We have to look at the whole person.”

Presbyterian Church (U.S.A.) Mental Health Resources

Presbyterian Mental Health Initiative

A churchwide mental health initiative (Item 10-11) was adopted by the 223rd General Assembly (2018). It called for: (1) a new grant program, (2) a new churchwide mental health network, (3) a churchwide survey of mental health ministry, (4) a review and update of “Comfort My People: A Policy Paper on Serious Mental Illness” (2008), and (5) a report with follow-up recommendations to the 2020 General Assembly. In February 2020, the Presbyterian Mission Agency Board voted unanimously to forward the resulting report: (Item 02-094) “On Furthering Mental Health Ministry in the Presbyterian Church (U.S.A.)” to the 224th General Assembly (now deferred to 2022). The grant program and Associate for Mental Health Ministry staff position have been extended into 2021/2022.

Mental Health Ministry Grant Program

All PC(USA) congregations, mid councils and seminaries are eligible to apply for one-time ‘seed’ grants to initiate projects that will help educate, equip and empower churches to reach out to, and with, people with mental health concerns and their loved ones. The goal is to expand mental health awareness and understanding, end stigma surrounding mental illnesses and expand the capacity of ministers and congregants to engage in mental health ministry. Please note: Funding cannot be used for degree program scholarships, permanent staff positions or subsidizing individual counseling sessions. Entities (not individuals) are eligible to apply. More information and application materials.

Presbyterian Mental Health Network (PMHN)

PMHN is a new churchwide, independent, grass-roots network launched with the support of a mental health ministry grant. Its purpose is to facilitate networking, conversation and the sharing of stories and models for mental health ministry across the church. The PC(USA) Associate for Mental Health Ministry collaborates closely with this developing network.

PMHN hosted its first webinar on Sept. 30, 2020: “Mental and Spiritual Health in a Time of COVID-19” from Presbyterian Mission Agency on Vimeo. You can sign up to receive updates from the PC(USA) Office of Mental Health Ministry and also be added to the mailing list for PMHN by completing this one-stop network sign-up form.

Resources for Mental Health Ministry

Currently there are three curated collections of resources to support you in mental health ministry, which continue to be updated as new resources are identified or developed. These are designed for individual use as well as by leadership in mental health ministry.

- Mental Health Ministry Resources (selected downloadable resources and links to key sites for ongoing reference)
- COVID-19 Mental Health Resources (categories: helplines, everyone, families, children & youth, specific diagnoses/ populations, and resources to inspire)
- Race and Culture Mental Health Resources (categories: racialized trauma, pathways to

culturally appropriate resources grouped by community)

- Comfort My People: A Policy Paper on Serious Mental Illness (2008) was developed by the Advisory Committee on Social Witness Policy and has been a seminal document in mental health ministry for the PC(USA). The mental health initiative has called for its review and update.

PCUSA Churchwide Mental Health Survey

In October 2019, five demographic groups (person-in-pew, church leaders, ministers, mid councils and seminaries) were surveyed to develop a churchwide picture of mental health ministry in the PC(USA). There were 6,000 respondents, including nearly 4,000 ministers. Overall, the survey found that respondents want to address issues of mental health. However, many do not feel equipped and want to learn more. Survey findings formed the basis of the follow-up recommendations in: “On Furthering Mental Health Ministry in the Presbyterian Church (U.S.A.)” Results are available for various demographic groups, including ministers, mid councils, and people in the pews.

Reading the print edition? Go online to pcusa.info/torchspring2022 for survey results, the sign-up form and other links referenced in this article.



The Alter program gives churches tools to minister to people living with dementia

Designed mainly for African American churches, Alter also helps meet the needs of caregivers, family members and friends

by Mike Ferguson | Presbyterian News Service

LOUISVILLE — Like its name implies, the Alter program was established for predominantly Black churches to help them better minister to their members and friends living with dementia — and for their caregivers, family members and friends as well.

Dr. Fayron Epps, a nurse and an assistant professor at Emory University in the Nell Hodgson Woodruff School of Nursing, presented an hour-long webinar Monday for the Presbyterian

Older Adult Ministries Network discussing Alter, where she is the program lead, and offering ways that churches across the denomination can better minister to the people the program serves.

Epps and the Alter program's interdisciplinary team partner with 25 African American faith communities to provide them with tools and resources needed to support families facing dementia. Watch a brief video about Alter at [https://www.youtube.com/](https://www.youtube.com/watch?v=acUlxpxFirM)

[watch?v=acUlxpxFirM](https://www.youtube.com/watch?v=acUlxpxFirM).

“We are trying to be a change agent and make history in the Black church with this program,” Epps said of the program that's led by women. “I am a woman of faith, and I'm practicing the faith embedded in me from the time I was little.”

Nearly six million people in the United States are living with Alzheimer's disease or related dementia. African Americans are twice as likely to be affected by dementia than white people,



Dr. Fayron Epps (photo courtesy of Emory University)

according to Epps, adding that by 2030, 40% of the people living with dementia will be Black or Latino-a. “I want to be able to change those statistics,” Epps said. “That’s what’s fueling me.”

Three years ago, Epps and her colleagues began speaking to churches. Crowds ranged from 2-70. One Saturday following their talk, a bishop came to Epps and told her, “This is a good education, but what do I do now?”

“I was speechless,” Epps said. “We decided we needed to put together something beyond education.”

With grant funding, the Alter program was born to “encourage culture change and strengthen support in African American churches,” Epps said, adding, “our churches are more than just a place of worship.”

Families would explain to Epps and others they’d stopped going to church once they’d become a caregiver for someone living with dementia. “They felt the church wasn’t there for them,” she said, adding that the resulting loneliness “can lead to depression and other negative health outcomes.”

Dr. Fayron Epps (photo courtesy of Emory University)

“We have so many committed [church] members over age 65,” Epps said. “Dementia does not

discriminate for age, sex or color, but the older you get, the more at risk you are.”

The team found many churches “weren’t prepared or equipped when families with dementia came to them,” Epps said. “Our goal is to preserve access to churches with families facing dementia. We want them to feel welcome and come back — or stay if they are still part of their church family and feel supported.”

These days, in addition to its education outreach, Alter trains church leaders, including pastors. “We get down and dirty, digging into dementia and how it can impact the congregation, and going over what they can do to support their members,” Epps said. One component during training is role-playing “so people can understand what it’s like for a caregiver to prepare someone to come to church.”

One eye-opener for many church leaders is that no two people experience dementia the same way.

“You can’t say that Deacon Joe was like this, so Usher Betty is going to be like this too,” Epps said. “Everybody living with dementia is different.”

“It’s not a hush-hush thing,” she said of dementia. “People can be supported on this journey. If you are a faith leader and you like what you’ve heard, please reach out to us.”

Alter can help churches establish a memory café, a resource library or a respite program for caregivers. They also help worship leaders to adapt the service so that families living with dementia can still be part of worship. One statistic: when worshipping online, a 10-minute service is considered dementia-friendly.

The program lists the qualities of what it considers “an Alter champion.” Those include people who:

- Accept and value people regardless of their cognitive abilities.
- Ensure that people living with dementia and their care partners are supported through their journey.
- Make sure that people living with dementia and their care partners are spiritually and pastorally supported and nurtured.
- Know what people living with dementia have to offer so that they can participate in their faith community. “My grandmother cleaned the church every weekend. That meant something to her,” Epps recalled. “We want to make sure these families can still engage in their faith community.”

Asked near the end of the webinar whether the principles and programs employed by Alter are applicable for churches that aren’t predominantly African American, Epps said, “It’s something we talk about all the time. The education we provide is culturally tailored, and the examples we give are more culturally tailored to the Black church. But we work with all faith communities. Pieces of our framework can be applied to other faith communities, too.”

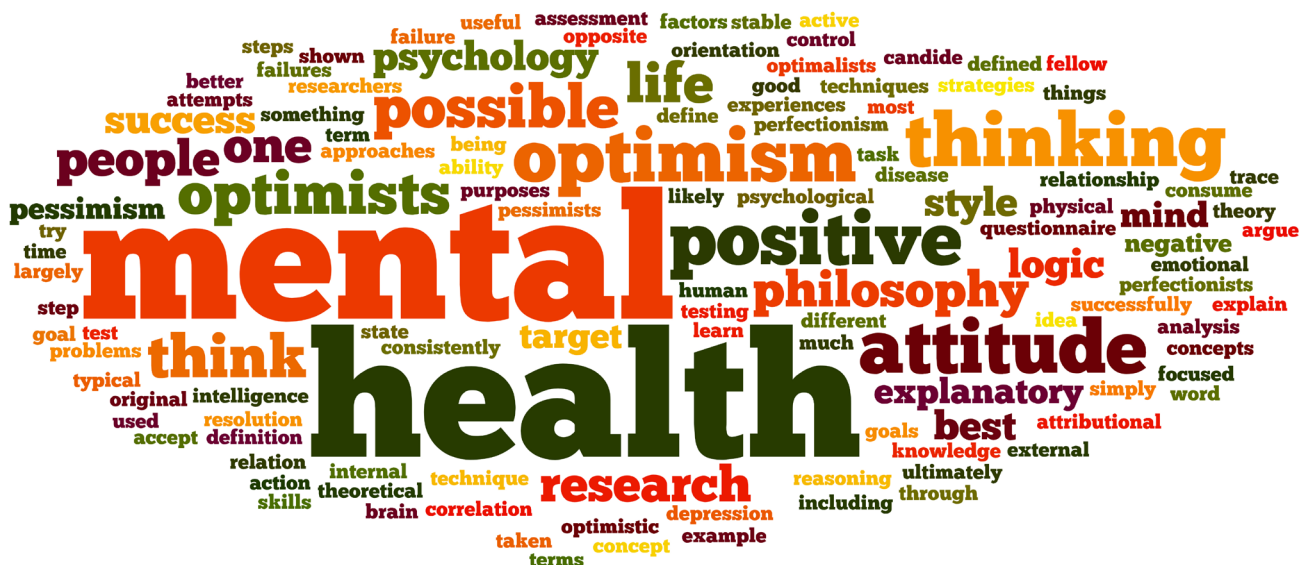
“We understand that each church has their own agenda, their own priorities they are working on,” Epps said. “One thing is to be persistent and make sure we are having honest conversations. If a church doesn’t see it as a priority this moment, we will come back,” she said, smiling.

After three years of persistence, one pastor finally asked Alter to help train the congregation after the pastor’s mother came to live with him.

To learn more about programs and resources from this story, go to pcusa.info/torchissues.

Embracing mental health for Asian Americans

by the Rev. Samuel Son for Presbyterians Today | Special to Presbyterian News Service



Recently, I attended an online conference titled, “Mental Health and Asian Americans: Context and Strategies for Faith Leaders” hosted by the Center for Asian American Christianity at Princeton Theological Seminary. I am still processing my emotions. If it was a physical conference, I would have invited you to a beer to process it together. Writing this blog is my virtual invitation. I share what I’ve heard and felt — no claim to objectivity — hoping that there’s resonance here, creating space for your own voice.

Just to have a conference with the words “Asian American Christians” and “mental health” in the same line was like pulling out the planks from a boarded window and letting light and air in. The monster we feared in the dark didn’t materialize. The room’s a mess and there’s a lot of work to do, but now we know what to do. Fear does not paralyze us.

Asian Americans experience

higher rates of mental distress (44%) and serious mental illness (6%) but have some of the lowest rates of treatment for mental health issues. Of course, because for a long time, I never saw myself as having mental health issues. What causes this gap between the reality of mental health issues for Asian Americans and the denial of that reality?

Christianity. Asian Americans got their theology from American missionaries whose faith was shaped in the controversy of scriptural authority. A firm commitment to inerrancy of Scripture makes us suspicious of anything secular, meaning anything that doesn’t derive authority explicitly from Scripture. History banished revelation, philosophy banished God and psychology banished the soul. We learned to distrust psychology. I was trained to ask about every discipline, “Is it biblical?” over “Is it true?” From a biblical perspective, there is no mental health. Only

sin and possession. I’ve witnessed pastors trying to exorcise demons from troubled teens.

The Confucian culture, and its varied forms that are the substrata of many Asian cultures, preach the relational nature of our identities. In Korean churches, I am introduced as the child of Rev. Young-Goo Son. My relationships tell others and myself who I am. With relationships come responsibility. My responsibility tells me to think about how my actions reflect on my family’s name. The pastor prioritizes his/her responsibility to the church over his/her need for care. This prioritization easily transmutes into subsumption until the self is completely erased. The self is less important than the PR of the church. I can’t admit mental health issues because it will stigmatize my family. Honor over health.

Asian-American. This hyphenated label says that my Asian identity is shaped/distorted by American racism. I never thought

about the shape of my eyes until I came to America as a seven-year-old and kids made fun of me by stretching their eyes. Two racist ideologies imposed their definition/distortion on me: 1-perpetual foreigner and 2-model minority. The perpetual foreigner says, “I don’t belong here. I can never be good enough.” The model minority says, “You have it good. Why are you complaining?” I supposedly have the privileges of being white, but I am not white. I am, as Dr. Josephine Kim says, “off-white.” These two voices become my conflicted inner voice that says, “Yeah, you have wounds of racism, but they are not real wounds, not as bad as others.” Ironically, trying to avoid Oppression Olympics, I end up playing the game, minimizing my own experiences because they don’t compare to others’ suffering. A comic — they have been my prophets lately — says hungry people in another country don’t make my hunger any lesser. The comparative magnitude of another person’s trauma doesn’t lessen the impact of my trauma. A wound is a wound, and even a paper cut can lead to infection.

Internalized racism. A Palestinian comedian — my prophets as I have said — jokes that when a white person shoots people, it’s mental health, but when a brown person shoots, it’s terrorism (This was the narrative of the Atlanta shootings). He goes on, reflecting on the history of his people, “You don’t think living in occupied land, experiencing bombing as a kid, losing parents doesn’t lead to mental health issues?” The belief is that a white person is inherently good, so if he does something terrible, it’s not an issue of who he is, but what happened to him, i.e., mental health. But people of color are inherently bad, so if he does something terrible, then it’s not an issue of what happened to him but who

he is. I bought that lie! So I didn’t want to admit any problem, because rather than seeing the problem as something that happened to me, I felt I was admitting to something wrong with me. I didn’t fail. I was a failure. I didn’t fall sick. I was a sick person.

Here’s a liberating thought: Seeking mental health help is an antiracist work, because I am recognizing my full humanity and saying the trauma isn’t my core identity.

Three personal strategies I found useful right away.

The conflict between the individual and the communal is a false binary. This false binary perpetuates itself by accusing the act of keeping boundaries as a selfish act. Attention to self as selfishness sets up communal needs as the opposite, i.e., that the act of not caring for self is self-sacrifice. Kim says that protecting my boundary is a way to protect other people’s boundaries. In my backyard, if I’m not aware of my property line and plant my tomatoes where maximum sunlight makes it through the trees, I could be “invading” my neighbor’s soil. Knowing my boundaries is a way to protect other people’s boundaries. It’s my communal responsibility to know when to say no. The phrase “hurt people hurt people” was repeated often in the conference. It’s another way of saying if you don’t know how to say no, then you won’t honor it when other people say “no.”

Mental health is an act of discipleship. In Luke 10:27 we are called to “love God with all of our heart, soul, strength and mind.” This recognizes the intersection of all these parts of ourselves by recognizing the validity of each domain. Each domain requires attention. Our mind is not just our intellect, but our mental state. Mental health care is discipleship.



The Rev. Samuel Son, the Presbyterian Mission Agency’s manager for Diversity and Reconciliation, preached during a worship service last summer during Synod School, which is put on each year by the Synod of Lakes and Prairies.

That God would want us to love God with all our minds means God cares for what we do with our minds. God pays attention to our mental health.

Mental health care should be daily. The most important element of bodily care is our daily attention to it. Sure, we make doctor and hospital visits. We need extended days of recuperation after surgery. But one way to avoid those long-term care events is to make sure we eat right and exercise daily. We need professionals and marked-off time and space for our mental health. But it should also happen as regularly as our meals: dealing with stresses as they happen rather than holding them until they explode in violent ways. We pray for our spirit. We eat for our body. So, what do we do today for our minds?

I am curious: What is your daily mental health care? I think mental health care at one level is self-care, letting our mind simply be rather than giving itself as a tool to accomplish another’s agenda. What gives you joy today?

The Rev. Samuel Son is manager for Diversity and Reconciliation in the Presbyterian Mission Agency.

Mental health issues weigh heavy in the Hispanic community

Addressing the stigmas associated with mental health

By Gail Strange

Mental health and well-being historically have not been a frequent topic of discussion in communities of color. The Covid-19 pandemic has exposed and demanded that a light be shed on this topic in Black and brown communities and institutions, including the church.

The Rev. Dr. Pablo Rivera Madera serves as a 1001 New Worshiping Communities and congregation of vitality coach as well as director of the campus ministry at the Fellowship and Presbyterian Center, the first Hispanic Presbyterian Church in Columbus, Georgia. The church was started on March 6th of this year.

While there are many similarities in the ways the pandemic has impacted Black and Hispanic communities, Rev. Madera says one thing that is different for the Hispanic community is documentation. “It is particularly difficult for people who do not have documentation to seek the health care or mental health care that is needed,” said Madera. “I have seen people that didn’t want to get out to receive the Covid vaccine test because they are afraid that they can be caught and then deported from the state. But there are some problems that I think the communities have in common especially with job security, with the money that they make and the high levels of stress experienced in both communities,” he said.

Madera says another thing that weighs heavy on the mental health of Hispanics is being separated from

family. He says many Hispanics in the U.S. still have family living in other places who have worse situations than in this country. Their constant concern for their family affects their way of thinking. “We cannot take that away,” he said. “The Hispanic community has a strong sense of belonging to their families when they leave, and they leave behind a lot of people. But they stay in constant connection with them. The pandemic made that more difficult. It also made it difficult for them to provide for their family. That’s something that has been difficult and has impacted mental well-being.”

Madera noted that in many communities of color mental health carries a negative stigma and especially for men. “That’s a part of the culture,” he said. “There is an underutilization of mental health resources because there is a stigma especially in the Hispanic community. It’s really hard for Hispanic men to seek help for mental issues. When you have to provide for your family, you have to be a strong man. Men aren’t allowed to cry or seek professional help. It is really hard.

“For Hispanic men, you are seen as weak you’re seen as broken. It’s seen as shame for the family because they have to overcome this situation,” said Madera. “Hispanic families believe mental illness is something that should stay in the family.”

Madera says there is a saying in the Hispanic culture that notes: “You clean that in your house. You don’t



The Rev. Dr. Pablo Rivera Madera by Nimia Acosta-Rivera

go outside.” That kind of thinking Madera says is also the reason many women don’t seek help for their hurt. “They don’t want to expose their family,” he said. “So, if something is going on in the family, you don’t talk about it. And that makes it more difficult. The stigma associated with mental hurt stops individuals from getting help,” noted Madera.

Madera is also president and founder of the Life Assisting Fellowship Corporation, a nonprofit organization that Madera established in Puerto Rico and Louisiana during the pandemic. The nonprofit focuses on suicide prevention and intervention. Madera says he is concerned about the lack of training that pastors and seminary students are getting in how to handle mental health issues and suicide in the church.



Photo by Engin Akyurt via Pixabay

According to Lifeway Research and the information it has disseminated through The Stress Care Doc, an organization that addresses suicide intervention training from a Biblical perspective, suicide is the second leading cause of death for Americans ages 15 to 34 and the fourth leading cause of death for those 35 to 44. Lifeway's study found three-quarters (76%) of churchgoers say suicide is a problem that needs to be addressed in their community. About a third (32%) say a close acquaintance or family member has died by suicide.

The research further pointed out that pastors are more likely to say their churches take a proactive role in preventing suicide than churchgoers. Research revealed that:

- 51% of pastors vs. 16% of

churchgoers say their church has a list of mental health professionals who can treat those considering suicide.

- 46% of pastors vs. 12% of churchgoers say their church regularly addresses mental illness.
- 36% of pastors vs. 22% of churchgoers say their church has a lay counseling ministry.
- 29% of pastors vs. 23% of churchgoers say their church has a trained counselor on staff.
- 18% of pastors vs. 12% of churchgoers say their church has a crisis response team.

According to Madera almost six out of 10 pastors have never received a class on suicide prevention. "I can tell you that because I have developed a new approach," he said.

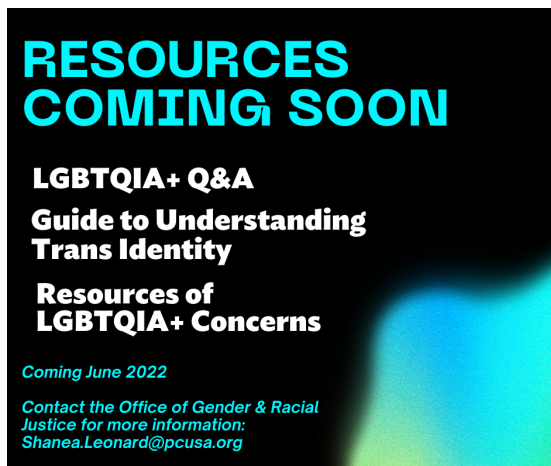
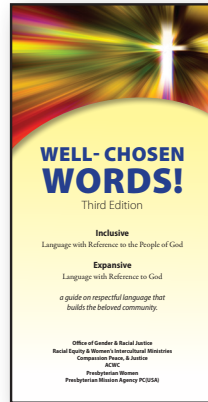
"I go around to churches, and I train pastors. I train everybody on suicide prevention. This mental health situation in the Hispanic community here [Puerto Rico] and in the U.S. is a problem that really concerns me." Madera offers coaching on handling mental health to pastors and other leaders of the church.

"Seeking help for mental health is a process. People can have the best intentions, but they don't move forward to look for help," he said. "They know that they need to get help, but because of the barriers — some cultural, others are related to families, and some are related to the church in the Hispanic community — they are reluctant to do so. We have to break down these barriers to stop the hurt."

FEATURED RESOURCES

Well Chosen Words

Using inclusive and expansive language is one way to acknowledge and celebrate all people and bring recognition and a sense of belonging to people who have been historically marginalized in society and even in the church. This resource seeks to broaden our expressions of God and the many human reflections of our Creator as we live into beloved community.



Subscribe to THE RACIAL EQUITY TORCH

The Racial Equity Torch is published by *Racial Equity & Women's Intercultural Ministries*. Since 1989, it has offered news, events, and issues of concern to Presbyterians of color. It connects you to new resources and upcoming events; it equips you with information to bolster your faith life and ministry; and it inspires you as we share stories about Presbyterians of color in the church. It is printed three times a year and is also available online.

To subscribe or find past and current editions, visit presbyterianmission.org/torch

Who We are

Intercultural Ministries and Support for Congregations of Color

African Intercultural Ministries
African American Intercultural Congregational Support
Asian Intercultural Congregational Support
Hispanic/Latino-a Intercultural Congregational Support
Korean Intercultural Congregational Support
Middle Eastern Intercultural Ministries
Native American Intercultural Congregational Support

Leadership Development & Recruitment for Leaders of Color

Mission Program Grants
Racial Equity Leadership Development & Recruitment
Schools and Colleges Equipping communities of Color

Women's Leadership Development and Justice Ministries

Gender and Racial Justice
Racial and Intercultural Justice (joint office with CPJ)
Women's Leadership Development & Young Women's Ministries

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Address changes may be made by email:
lindy.ebbs@pcusa.org or by
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