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Countering Systemic Abandonment by Creating Systemic Change

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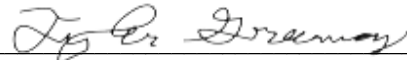
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COUNTERING SYSTEMIC ABANDONMENT
BY CREATING SYSTEMIC CHANGE

A MINISTRY FOCUS PAPER
SUBMITTED TO THE FACULTY OF THE
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BY

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ABSTRACT

Countering Systemic Abandonment by Creating Systemic Change
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Doctor of Ministry
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2020

In recent years, the United States has seen a rapid rise in the number of adolescents experiencing anxiety and depression. As has been noted by researchers, this growth is linked to the changing culture and the new challenges facing adolescents. To address this, this ministry project will create an online training seminar for youth workers that will help them identify and respond to the underlying issues in students' lives leading to anxiety and depression.

The first part of the project explored the social science as it relates to the rapid growth that has been observed in adolescents experiencing anxiety and depression. It gave special attention to how the rise of systemic abandonment has created an environment where students are apt to succumb to anxiety and depression. The second part of this project focused on the biblical and theological teachings that are relevant to this specific ministry challenge both in regards to developing a proper understanding of mental health struggles and exploring the biblical mandate to pursue, welcome, and include those who are on the fringes of society into the family of God. Specifically, it focused on how these teachings relate to how the Church is called to engage adolescents who are struggling with anxiety and depression.

The third part of this project focused on the creation and implantation of an online training seminar that equips and empowers churches to effectively ministers to adolescents who are struggling with anxiety and depression. It reviewed the data presented in the project, the theological implications of the training, assessed and outline the new ministry initiative goals, strategy, and established a methodology of the training. It also includes a review and assessment of the initial training and notes changes for future adaptations.

Content Reader: Tyler Greenway, PhD

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To my wife, Jillian, who has always pushed me to finish what I've started.

ACKNOWLEDGEMENTS

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INTRODUCTION

On March 26, 2018 the parents of students who attended schools in the Greeley-Evans School District in Colorado awoke to discover an email from district superintendent Deirde Pilc informing them that three "high school students had taken their own lives in separate incidents" over the course of the previous week.[1] The Greeley-Evans School District operates in Weld County in the northern regions of the state of Colorado, which has one of the highest suicide rates for both adults and adolescents in the United States.[2] In 2017 official reports indicate that in Weld County there had been forty eight suicides, of which five were committed by individuals under the age of eighteen.[3] This was a significant jump from the numbers that had been reported in 2009, which was the last year that Colorado experienced levels of suicides that were on par with the national average for adolescents.[4] As it presently stands, suicide has been found to be "the leading cause of death in Colorado for individuals between the ages of 10 and 24."[5] Officials in Greeley were unable to find a reason as to why the three students had taken their own lives in such rapid succession.[6] In the subsequent weeks, many were left wondering what underlying

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[1] Tommy Wood, "Greeley High Schools Rocked by Spate of Suicides," The Greeley Tribune, March 26, 2018, accessed May 23, 2019, https://www.greeleytribune.com/news/local/greeley-high-schools-rocked-by-spate-of-suicides/.

[2] Cynthia H. Coffman, "Community Conversations to Inform Youth Suicide Prevention," January 3, 2019, accessed May 14, 2019, https://coag.gov/app/uploads/2020/01/final_youth_suicide_in_colorado_report_10.01.18.pdf.

[3] Wood, "Greeley High Schools Rocked by Spate of Suicides."

[4] Coffman, "Community Conversations to Inform Youth Suicide Prevention."

[5] Jessica Seamen, "Pressure in School, Social Media Among Risk Factors Contributing to Colorado's Youth Suicide Crisis, Report Finds," The Denver Post, January 3, 2019, accessed May 23, 2019, https://www.denverpost.com/2019/01/03/colorado-youth-suicide-attorney-general-report/.

[6] In their research to the cause of these deaths, it was found that none of the students had known each other prior to their deaths as they each attended a different high school in the city.

causes had led these three students to take their own lives and what could be done to prevent adolescent suicides from happening in the future.

While what happened with this suicide cluster in Greeley may seem like an anomaly, it has been observed across the United States that these suicide clusters are becoming more common with each passing year.[7] According to a report released by the U.S. Centers for Disease Control and Prevention the suicide rates for adolescence have been rising steadily since 2007, which is significant as it had previously been in a steady decline since 1995.[8] Between 2007 and 2015, the rate of suicide in adolescents aged fifteen to nineteen had risen by more than 100 percent for females and more than 30 percent for males. Conversely, during this same time period, "suicides for the U.S. population as a whole [had only] increased [by]" 24 percent which was significantly lower than the rates observed amongst adolescents.[9]

Additionally, it has also been observed that there was a significant increase in the clinical diagnoses of anxiety and depression amongst adolescents during this same time period. Between 2005 and 2014 there was a 37 percent increase in the self-reporting of adolescents who claimed to have experienced a major depressive episode (MDE) in the previous twelve months of the study.[10] An MDE, which is more significant than the minor mood shifts that result from the normal experience of an

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[7] A suicide cluster is the term used to describe and event wherein multiple people in a geographical region take their own lives in a rapid succession.

[8] Sally C. Curtin, et al., "QuickStats: Suicide Rates for Teens Aged 15-19 Years, by Sex—United States, 1975-2015," Centers for Disease Control and Prevention, August 4th, 2017, accessed September 2nd, 2018. https://www.cdc.gov/mmwr/volumes/66/wr/mm6630a6.html.

[9] Lindsay Holmes, "Suicide Rates For Teen Boys And Girls Are Climbing," Huffington Post, August 4th, 2017, Accessed September 2nd, 2018, https://www.huffingtonpost.com/entry/suicide-rates-teen-girls_us_59848b64e4b0cb15b1be13f4.

[10] Ramin Mojtabai, et al., "National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults," AAP News and Journals (November 2017), accessed September 2nd, 2018. http://pediatrics.aappublications.org/content/early/2016/11/10/peds.2016-1878.

adolescent, is defined as an extended period that lasts more than two weeks wherein the adolescent reports experiencing a low mood in most situations. This low mood in turn leads to a low self-esteem, a loss of interest in the activities they once enjoyed, problems with sleep, low energy, and an inability to concentrate on the tasks at hand.[11]

In light of these sobering statistics, one must pause to consider why mental health issues are increasing in this vulnerable demographic. Dan Reidenberg, executive director of Suicide Awareness Voices of Education, speculates that "heavy social media use, bullying, economic burdens, family issues, and exposure to violence" are contributing factors to this growing epidemic.[12] Dr. Madeline Levine argues that it is also the well-meaning teachers and parents who "contribute to problems [of] depression [in] their children… [by] emphasizing external measures of success, being overly critical, and being alternately emotionally unavailable or intrusive."[13] Dr. David Elkind gives perhaps the most summative answer of the present issues when he simply states that "in the postmodern world, adolescents have to cope with psychological stressors that could never have been imagined" by the generations that have gone before them.[14] The available data indicates that adolescents have been thrust into the world and abandoned without being given the necessary tools to navigate life successfully. This abandonment has left them "without the social envelope of security and protection that shielded earlier generations,"

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[11] Susanna Schrobsdorff, "There's a Startling Increase in Major Depression Among Teens in the U.S.," Time Magazine, November 16th, 2016, accessed Sept. 2nd, 2018, http://time.com/4572593/increase-depression-teens-teenage-mental-health/.

[12] Holmes, "Suicide Rates for Teen Boys and Girls Are Climbing."

[13] Madeline Levine, *The Price of Privilege* (New York City: Harper Collins, 2006), 10.

[14] David Elkind, *All Grown Up and No Place to Go* (Reading: Addison Wesley, 1998), 215.

leaving them susceptible to making destructive and irreversible decisions about their health and well-being.[15]

Despite the hopelessness that many school officials and parents feel in their attempts to understand and curb the growing epidemic, it is my conviction that there are practical and tangible ways that churches can help adolescents who are struggling with anxiety and depression that offers them a real hope that things can get better for them. The data has shown that adolescents, when given the right internal and external resources, prove to be among the most resilient individuals when facing such dire circumstances.[16] For this way forward to be successful, a local church or parachurch must be committed to engaging the issue of adolescent mental health issue in a way that is not just informational, but also experiential and relational.

This final project will explore what this way forward could look like by creating an online training seminar that is designed to educate, inspire, equip, and empower ministry leaders who work with adolescents to address this issue head on in their own ministry contexts. This training seminar can be viewed by ministry leaders and then adapted for their own contexts and trainings using the provided manual in Appendix B. Chapter 1 will begin by exploring the ministry context of the author of this project at Christ Community Church in Greeley, Colorado and the present challenges that are facing adolescents in the State of Colorado as it relates to anxiety and depression. While this project is designed to be used by youth workers across the country, it was birthed out of my own ministry context and the needs I saw in our community to offer a better solution than what we presently had. Chapter 2 will

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[15] David Elkind, *Ties That Stress* (Cambridge: Harvard University Press, 1995), 8.

[16] "The Developmental Assets Framework," Search Institute, accessed May 20th, 2020, https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/.

examine the relevant social science data as well as the underlying the factors that are associated with mental health, which will help provide a basis for what the proposed response for a church could look like. This chapter will give special attention to how the rise of systemic abandonment, which in part is happening due to various factors that will be explored, has created an environment where students are more likely to suffer from both anxiety and depression. Chapter 3 will provide a review of relevant literature that will help develop a proper understanding of mental health disorders and the subsequent responses that a parachurch or church can have to them. Chapter 4 will outline a theology that provides the foundation for the new ministry initiative that is being proposed in this project. Chapter 5 will explain the design for the new ministry initiative that is designed to train and equip youth workers on how to understand and care for students who are struggling with anxiety and depression in the online seminar. Chapter 6 will describe the implementation of the new online training that was presented to youth workers across the country as well as assess its relevance and effectiveness based on the feedback of those who participated in the training. Finally, the project will conclude by offering a summary and conclusion of the things learned and the predicted impact of the new ministry initiative as it relates to the goals of the final project of helping educate, empower, and equip leaders to care for adolescents who are dealing with mental health disorders.

CHAPTER 1:
MINISTRY CONTEXT OF CHRIST COMMUNITY

Since its founding in 1901, Christ Community Church has gone through a

metamorphosis as it transitioned from being a small church primarily serving Swedish

immigrants in the Greeley area to the present-day large church that is making a

regional impact across Northern Colorado.[1] Under the leadership of the Lead Pastor

Alan Kraft, the church has shifted from primarily focusing on weekend services

designed to serve current attenders to developing a missional focus that prioritizes

community outreach and local partnerships with the county and other nonprofits

operating in the city. This shift towards community engagement has led to significant

growth not only in the membership of the church, but also on the impact that is being

made in Greeley and the greater Weld County.[2] This outward focus initially led to the

creation of Project Serve and the church's partnership with the nearby Maplewood

Elementary School, which eventually gave birth to two separate non-profit

organizations that are under the leadership of the church: For the City which focuses

solely on serving Weld County and Network Beyond which focuses on global

initiatives. With these networks in place, the church has seen millions of dollars being

donated to local causes and hundreds of people being sent into the city and world to

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[1] Arlene Hergert, et al., History of Christ Community Evangelical Free Church Greeley, Colorado, CCC History Document, July 29, 2015, 1.

[2] Alan Kraft, interview by author, Greeley, Colorado. Sept. 18, 2018.

advance the kingdom of God while at the same time offering something of value to the community.[3]

In order to understand how Christ Community Church should engage the community and respond specifically to the growing mental health crisis amongst adolescents that is being observed in Colorado and Weld County, present practices will be observed in order to establish new guidelines moving forward. The following things will be addressed in this chapter: an exploration of Hope Abounds and Paths to Hope, which are the two ministries that currently serve those experiencing mental health issues in the church, and the partnerships that Christ Community Church has developed with Weld County and local mental health professionals. The present practices of Christ Community Church, along with what follows in the coming chapters, will inform not only the future ministry practices of the church and all future training done around this topic.

Ministries for those Experiencing a Mental Health Crisis

In 2010, Christ Community Church hired Cindy Chavez as the Spiritual Care Pastor to develop and oversee the soul care and crisis ministries that the church offered to its members. Before she was hired, there were two primary ways that the church cared for those who were experiencing a mental health crisis: they were either directed to the on call pastoral staff who would take care of meeting with the individual's right away or they were referred to one of the two counselors the church had on staff.[4] Shortly after Chavez began, the two counselors left to begin their own private practices and the executive leadership team decided to outsource all crisis

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[3] Ibid.

[4] Cindy Chavez, interview by author, Greeley, Colorado, July 10, 2018.

counseling beyond the normal pastoral counseling to professional counselors in the community and pay for the first six sessions for each member needing it.[5] For several years this was the paradigm that the church operated within. However, there were some concerns that the leadership had with the model. While they understood the need and value of sending individuals experiencing an acute mental crisis to see a professional health worker, they found that they had no systems in place to care for individuals who needed more than what their pastoral care counseling offered and yet less than what is required in the clinical counseling sessions they would offer. When the church launched the For the City campaign in 2015, Chavez began to rethink how they approached counseling those who had mental health needs.

Since being hired in 2010, Chavez had noticed that the majority of the people needing mental healthcare fell into two categories: those who had relational needs that were unfulfilled and were looking for a friend or mentor, and those who had significant mental health issues and needed to be under the care of a mental health professional. Chavez felt that the church was missing key opportunities to minister to people experiencing mental health issues with the policy that mandated either the pastoral staff handle the crisis or the individual to be sent to a professional counselor. In talking with the counselors that the church contracted with, she found that only fifteen percent of the individuals referred to the counselors the church would pay for would only make it past the fourth session of the six that were offered to them. Chavez found that this number was low because most individuals were interested in being able to tell their story, and once they had done that no longer felt a need to keep going.[6]

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[5] Ibid.

[6] Ibid.

With the For the City campaign, Chavez "wanted to [rethink and] expand the possibilities of what counseling and pastoral care could look like at the church if [they] brought in trained mentors to come in to meet with people one on one to see who was in need of pastoral counseling and friendship to tell their stories and… [through those preliminary ministries] determine who actually needed professional therapy."[7] This led her to develop a soul care team consisting of herself and Pastor Michael Kromendyck, who would meet with anyone who expresses a need for counseling to help them assess what the next steps appropriate steps would be and how the church could assist them.[8] These next steps led to the development of two new programs: Hope Abounds and Paths to Hope.[9]

Hope Abounds is a prayer ministry where an individual signs up to come in for a two hour prayer session that is led and facilitated by two trained prayer mentors who have gone through training with the soul care team to experience "relational healing through the ministry of the Holy Spirit."[10] The ministry launched in 2017, and is connected to the Sozo Prayer Ministry that was launched by Bethel Church in Redding, California.[11] When somebody signs up for a Hope Abounds session, they meet with the prayer mentors who help guide the individual through a time of prayer, "helping them have a conversation with God about something from their past to help them develop a language to be able to talk with God about it" rather than keep reliving it inside.[12] Hope Abounds is a deliverance prayer ministry that foucses on

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[7] Ibid.

[8] Ibid.

[9] Ibid.

[10] Ibid.

[11] Michael Kromendyck, interview by author, Greeley, Colorado, July 10, 2018.

[12] Ibid.

helping people deal with the regret and anger they experience that is rooted in a wrong view of themselves. Kromendyck has found that often this may cause situational depression rather than helping people deal with systemic issues of depression that require clinical help.[13] They have found that the majority of people who go through this ministry end up working towards forgiving themselves or those who have wronged them in the past. However, in some cases, there are individuals who need more pastoral care who are then invited to participate in Paths to Hope.[14]

Paths to Hope is a counseling ministry at the church. In it, trained mentors are walk alongside individuals for thirteen in a mentoring relationship to work through deeper issues revealed in the Hope Abounds session. At the end of the thirteen weeks, those who have gone through the ministry are either assigned another mentor to keep meeting with for the next several months to continue receiving care or are referred to one of the counselors the church has a relationship with for more professional counseling.[15] Paths to Hope is intentionally designed to be a shorter relationship between the individuals going through it and the mentors, as the goal is to help people in crisis and give them the tools and skills they need to learn how to cope.[16] When creating this ministry, Chavez and Kromendyck developed a curriculum that trained and developed leaders for thirteen weeks, teaching them how to walk alongside individuals in crisis and mentor them in a healthy manner. This training covers the topics of grief and loss, as well as twelve hours of training on mental health first aid that is led by a trained professional contracted by the church.[17] Additionally, in the

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[13] Ibid.

[14] Ibid.

[15] Chavez stated that they recognize their limits, and want to partner with other organizations and professionals in the community who have the ability to care for the needs of the people they serve.

[16] Michael Kromendyck, interview by author, Greeley, Colorado, July 10, 2018.

training, they teach their mentors to offer people more than a Bible verse as being the solution to their problems, recognizing that it is important to not only care for the soul of an individual, but also their psyche.[18] The goal is that mentors will not attempt to answer the questions of those who journey through Paths to Hope, but rather sit in the ashes as they acknowledge the pain of the individual and help them process the things they have walked through.[19]

Local and Professional Partnerships

Chavez understood that the soul care and mentoring they could provide was just one piece of the puzzle that the church needed to address for those who were experiencing a mental health crisis.[20] There would be other needs that the pastoral staff and lay leadership of the church would be unqualified to provide, and in these cases the leadership recognized that there needed to be a more appropriate response to help individuals get the proper care.[21] This led Christ Community Church to develop significant partnerships with other organizations in the city of Greeley and greater Weld County, such as relationships with the counselors they contract with and its partnership with the North Range Behavioral Health Center. Larry Pottorff, who is the director at North Range, is a longtime member and elder at the church.[22] Under Pottorff's direction, the church has created easy pathways to provide individuals experiencing an immediate mental health crisis to receive care. Not only does this

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[17] Ibid.

[18] Ibid.

[19] Ibid.

[20] Ibid.

[21] Ibid.

[22] Phil Grizzle, interview by author, Greeley, Colorado, July 8, 2018.

happen through connecting individuals to community resources such as the mental health gatherings for people experiencing similar disorders at North Range, they have also made sure to have a team of professionals on call at all times who can come and pick up an individual who is an immediate threat to themselves anywhere in the county and take them to North Range for the appropriate care.[23]

The leadership of the church understands that "there's never a single fix to the issues that people are wrestling with when it comes to mental health… [and it's] important for... to know that [the church] is a resource" that can connect individuals to other resources in the community.[24] Phil Grizzle, Executive Pastor at Christ Community Church, said that the church has worked closely with Pottorff and other county officials to develop these relationships instead of attempting to create their own resources because the church "believes in [its] city and wants to be a contributor" and help in any way that it can.[25] It is because of this commitment to the city of Greeley and Weld County that the church has "built a reputation of showing up faithfully and doing all that was asked of [it] and doing it well," and as a result the Weld County Commissioner started the Weld County Faith Commission and invited Christ Community Church to be a leading voice speaking into how the county combats various issues, such as poverty and the growing mental health crisis.[26]

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[23] Ibid.

[24] Michael Kromendyck, interview by author, Greeley, Colorado, July 8, 2018.

[25] Phil Grizzle, interview by author, Greeley, Colorado, July 10, 2018.

[26] Ibid.

The State of Adolescent Mental Health in Colorado

Between 2009 and 2017, the state of Colorado experienced yearly increases in

the cases of suicide with the reported cases rising from 940 to 1,156 across all age

demographics.[27] In the last three years in which data collected, there were 222

instances where individuals between the ages of ten and eighteen took their own lives,

which equates to nearly 6.5 percent of the total suicides in Colorado being committed

by individuals under the age of eighteen.[28] In light of these alarming trends, the

Colorado Office of the Attorney General hired Health Management Associates

(HMA) in December of 2017 to study four Colorado counties that had been most

impacted by suicide clusters amongst adolescents since 2009.[29] The purpose of this

study was to understand the scope of the problem and discern policies and best

practices that local and state authorities could implement that could curb its growth.

To complete their research, HMA partnered with the Colorado Department of

Health and Environment, local public health agencies, school districts, and

community mental health agencies in order to determine what factors were

contributing to the spike in the attempted and completed suicides as well as what

could be done to reverse the growing trend. To gather their data, the HMA conducted

forty two interviews with representatives from public health, behavioral health,

schools and youth serving organizations.[30] The team also facilitated thirty-four focus

groups with adolescents and adults in the community.[31] Additionally, the HMA

"conducted secondary analyses on data for fatal and nonfatal suicidal behavior,

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[27] Coffman, "Community Conversations to Inform Youth Suicide Prevention."

[28] Ibid.

[29] Ibid.

[30] Ibid.

[31] Ibid.

including death certificate, hospitalization and emergency department data, the

Colorado Violent Death Reporting System, the Colorado Child Fatality Prevention

System and the Healthy Kids Colorado Survey."[32] Lastly, the HMA reviewed the

suicide prevention activities and resources that were available to adolescents in the

counties, reviewed the way the news reported on suicides, school policies and

procedures related to intervention, and the follow up processes for schools that had

experienced a student suicide.[33]

Upon completing the study, the data indicated that were several things that had

led to the growth of mental health disorders and suicides amongst the adolescent

populace. Researchers found that "the pressure placed on… teenagers to perform well

in school and extracurricular activities, along with the anxiety it creates regarding

failure… [as being] the leading risk [factor] contributing to the growing number of

youth suicides in Colorado."[34] Adolescents reported that they had "no time to

decompress and no time for their brains, especially with the current bell-to-bell

instruction… and the pace of extracurricular activities."[35] The researchers also listed

other contributing factors, such as "substance [abuse] and trauma" and "the use of

social media, and subsequently cyberbullying" as being contributing factors.[36]

Adolescents reported that they are always "connected to their phones, plugged into

social media accounts or texting… [which limits] their face-to-face interactions with

others, while also leading to exponentially more opportunities to be impacted by the

emotional lives of their peers, making managing the spreading of harmful information

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[32] Ibid.

[33] Ibid.

[34] Ibid.

[35] Ibid.

[36] Ibid.

impossible."[37] This was found to exasperate mental health disorders amongst the

adolescents, who experienced anxiety "about the image that must be maintained on

social media, and that mistakes they make feel magnified on social media."[38]

It was also found that a lack of prosocial activities for adolescent,

experiencing judgment for decisions made, and a lack of acceptance in their peer

community were also contributing factors.[39] Researchers also noted that a majority of

the adolescents interviewed felt disconnected from individuals outside of their

demographic, expressing a "deep desire to have authentic relationships with adults."[40]

Many stated that they did not often have opportunities to discuss difficult topics or

experiences they were going through with caring adults, fearing that they would not

be heard or that the adults would immediately try to solve the problem rather than

being present with them and seeking to understand what is really going on in their

lives. It was found that when adolescents have established relationships with adults in

their lives who they trust, it helps them managed their mental health in a positive

way.[41]

Relevance to this Doctoral Project

When asked about how Hope Abounds and Paths to Hope have created

pathways for adolescents in the church who are experiencing mental health crisis can

be cared for, Chavez stated that "in the past previous youth workers have not wanted

to partner with the counseling ministries to care for adolescents," which she admits

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[37] Ibid.

[38] Ibid.

[39] Ibid.

[40] Ibid.

[41] Ibid.

has left a void for how Christ Community Church cares for its students.[42] Presently, the soul care ministry is currently at a disadvantage in the way it is structured as it has no "precedent for how it can take young people in as it isn't equipped with mentors and leaders who can care for them."[43] Both Hope Abounds and Paths to Hope have age stipulations that require individuals who go through them be over the age of eighteen, and the majority of the counselors that the church contracts with do not take on adolescent clients.[44]

This lack of preparation for how to care for adolescents experiencing a mental health crisis does not appear to be an anomaly. In the pre-seminar survey, seminar participants were asked if their current ministry context had a preset plan in place for how to handle adolescents experiencing a mental health crisis. Of the thirty-five participants who answered this question, only eleven (31.43%) answered in the affirmative. Twenty-four (68.57%) participants answered that they had no plan in place with very little idea of how to respond. The results of this survey indicate to me that there is a need for the training that this final project will offer. Not only will it be rooted in the specific ministry contexts of the seminar participants, it will also take into consideration the best of what social science has to offer. Specifically, it will consider the following eight recommendations made by the HMA for intervention and prevention for state and local partners to adopt that will address adolescent anxiety, depression, and suicide in the state of Colorado:

> (1) Prioritize relationships building between youth and adults. (2) Create a culture of support for youth in crisis, as well as post-crisis. (3) Implement programs or strategies that build resilience and coping skills. (4) Increase access to prosocial activities and supportive environments. (5) Increase funding, length of funding periods, and flexibility of funds targeted to the

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[42] Cindy Chavez, interview by author, Greeley, Colorado, July 10, 2018.

[43] Ibid.

[44] Ibid.

primary prevention of youth suicide. (6) Leverage current public awareness campaigns to destigmatize getting help for mental health needs, including suicide ideation. (7) Create coalitions of providers and foster relationships between providers and youth-serving organizations. (8) Train media processionals on how to cover suicide safely.[45]

It is the conviction of the HMA that if these recommendations for intervention and prevention are adopted, the State of Colorado will begin to see the current trends of anxiety, depression, and suicide amongst the adolescent demographic reversed. These are recommendations that a church or parachurch ministry can adapt and into their own strategy and programming moving forward.

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[45] Coffman, "Community Conversations to Inform Youth Suicide Prevention."

CHAPTER 2:
AN EXPLORATION OF THE RISE OF MENTAL
HEALTH DISORDERS AMONGST ADOLESCENTS

According to the U.S. Center for Disease Control, suicide is the "third leading cause of death for individuals between the ages of 10 and 24, and results in approximately 4,600 lives lost each year."[1] Additionally, the suicide rate and the diagnoses of anxiety and depression, have been climbing steadily since 2007.[2] Researchers have been seeking an explanation to this rise being observed. A compelling answer proposed by Dr. Chap Clark is that the present mental health crisis adolescents are experiencing today is a result living in a much different world than the adolescents of the past, a new world which presents new challenges and threats for their healthy development. He postulates that as culture and values have changed, adolescence across the United States are now living a new reality that he has called systemic abandonment that has all but removed the very things needed for an adolescent's healthy development.[3]

I will argue here that the present mental health crisis in the adolescent demographic in the United States is linked to the systemic abandonment that has

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[1] "Suicide Rising Across the US," Center for Disease Control, accessed May 29, 2019, https://www.cdc.gov/vitalsigns/suicide/index.html.

[2] Curtin, "QuickStats: Suicide Rates for Teens Aged 15-19 Years, by Sex—United States, 1975-2015."

[3] Chap Clark, *Hurt 2.0*, (Grand Rapids: Baker Academics, 2011), 15.

prematurely forced them into a world where they are "required to confront life and its challenges with the maturity once only expected of the fully grown, but without any time for preparation and with little adult guidance."[4] I will begin with a brief exploration of the elements involved with the diagnosis and treatment of anxiety and depression as well as explore the signs and symptoms of adolescents who are contemplating suicide. I will then go on to examine five significant factors that have contributed to systemic abandonment, which I will argue are some of the primary underlying factors that are responsible for the increase of diagnoses of anxiety, depression, and suicide amongst adolescents in the United States.

Understanding Anxiety, Depression, and Suicide

According to the Center for Disease Control, 7.1 percent (4.5 million) of all individuals in the United States between the age of three and seventeen have been diagnosed with anxiety and 3.2 percent (1.9 million) have been diagnosed with depression.[5] It has been found that often, individuals who are diagnosed with one of these two disorders is also diagnosed with the other. Of the adolescents who have been diagnosed, 73.8 percent were diagnosed with both anxiety and depression and only 26.2 percent were diagnosed with either depression or anxiety.[6] This is a troubling statistic, as the aggregate total of individuals between the ages of three and seventeen in 2012 suffering from either anxiety, depression, or both represents 8.4 percent of this entire demographic, which is significantly higher than the 5.4 percent

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[4] Elkind, *All Grown Up and No Place to Go*, 7.

[5] "Data and Statistics on Children's Mental Health," Center for Disease Control, accessed May 29, 2019, https://www.cdc.gov/childrensmentalhealth/data.html.

[6] Ibid.

reported in a similar study in 2003.[7] In seeking to understand what is happening and how to respond, it is important to first develop a clear understanding of what is happening amongst adolescents who experience anxiety, depression, and suicide.

Anxiety, Depression, and Present Treatments

Anxiety is defined as an instance wherein individuals experience a fear that is so intense that it interferes with school, home, or other leisurely activities that they might otherwise enjoy.[8] There are five major types of anxiety disorders: Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, Post-Traumatic Stress Disorder, and Social Phobia.[9] Typically, an anxiety disorder will manifest itself as an intense fear or worry which can often make the individual either irritable or angry. Anxiety disorders also manifest in "physical symptoms like fatigue, headaches, or stomachaches."[10] Often, it has been found that mood disorders like anxiety are impacted by parental and environmental factors. Specifically, the following parental characteristics have been associated with an increased expression of anxiety disorders in adolescents: a parent's perception of their competence and skill as a parent, over control and hostility or criticism, lack of involvement with their child, and a lack of parental warmth. Additionally, when parents reinforce anxious behaviors, model poor problem solving and adaptive coping in response to parent stressors, and sustain an

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[7] Ibid.

[8] "Anxiety and Depression in Children," Center for Disease Control, accessed May 29, 2019, https://www.cdc.gov/childrensmentalhealth/depression.html.

[9] "What are the Five Major Types of Anxiety Disorders?" U.S. Department of Health & Human Services, accessed May 20, 2020, https://www.hhs.gov/answers/mental-health-and-substance-abuse/what-are-the-five-major-types-of-anxiety-disorders/index.html.

[10] "Anxiety and Depression in Children."

anxiety provoking environment it tends to exasperate the adolescents experience of anxiety.[11]

Depression is defined as an instance wherein an individual consistently feels "sad or uninterested in things that they used to enjoy… [and feels] helpless or hopeless in situations they are able to change."[12] The most common forms of depression are: persistent depressive disorder, postpartum depression, psychotic depression, seasonal affective disorder, and bipolar disorder.[13] These forms of depression are deeply rooted in the individual and are different than the circumstantial sadness that is associated with unfortunate life events that many adolescents experience growing up. Often, depression will manifest itself when individuals feel hopeless, irritable, do not enjoy fun activities, change their eating and sleeping patterns, exhibit a change in energy, have a hard time engaging in relationships with those around them, and engage in self-destructive behaviors such as self-harm.[14]

According to the Department of Health and Human Services, in 2014 there were more than three million incidents of adolescents between the ages of twelve and seventeen reporting at least one MDE in the prior year and more than two million self-reporting a severe depression that was ongoing and lasting longer than the two weeks that typically are classified as MDEs.[15] Of the adolescents who have been diagnosed with these mental health disorders, the CDC found that only 59.3 percent

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[11] Carolyn Schroeder and Julianne Smith-Boydston, *Assessment and Treatment of Childhood Problems: A Clinician's Guide.* 3rd ed*.* (New York: Guilford Press. 2017) 247-249.

[12] "Anxiety and Depression in Children."

[13] "Depression," National Institute of Mental Health, accessed May 20, 2020, https://www.nimh.nih.gov/health/topics/depression/index.shtml#part_145399.

[14] Anxiety and Depression in Children."

[15] Schrobsdorff, "There's a Startling Increase in Major Depression Among Teens in the U.S."

receive treatment for anxiety and 78.1 percent received treatment for depression.[16] For those who do receive treatment, it has been observed that upwards of 63 percent will experience a recurrence later on in life.[17]

When seeking to help adolescents who are experiencing anxiety and depression, the most commonly used methods of treatment are: cognitive behavioral therapy, behavioral activation, adaptive coping and interpersonal skills development, parental involvement, problem-solving of environmental and situational stressors, and psychoeducation.[18] While there is debate as to which one of these is the most effective, it has been found that the most successful treatments were the ones that took into consideration the environmental factors and involved the families in the treatment for the adolescent.[19] Some of the strategies utilized in successful treatment are: altering emotion based interpretations of experiences, reducing avoidant behaviors that serve as an escape from emotional distressing experiences, modifying behavior to improve adaptive functioning in emotionally challenging experiences, encouraging parent involvement, and instilling hope in the adolescent and family that improvement is possible.[20]

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[16] "Data and Statistics on Children's Mental Health."

[17] Constance L. Hammen, Karen D. Rudolph, and J.L. Abaied, "Child and Adolescent Depression," in *Child Psychopathology,* ed. E.J. Mash & R.A Barkley (New York: The Guilford Press, 2014), 230.

[18] Elspeth Garland, et al., "Update on the use of SSRls and SNRIs with Children and Adolescents in Clinical Practice." *Journal of the American Academy of Child and Adolescent Psychiatry 25*, no. 1 (2016): 7.

[19] Corrine David-Ferdon and Nadine J. Kaslow, "Evidence-Based Psychosocial Treatments for Child and Adolescent Depression." *Journal of Clinical Child and Adolescent Psychology 37*, no. 1 (2008), 69.

[20] Stephen Hupp, *Child and Adolescent Psychotherapy: Components of Evidence-Based Treatment for Youth and their Parents* (New York: Cambridge University Press. 2018) 142.

Suicide and Its Symptoms

Despite the availability of many treatment options, they are not always successful in helping the adolescent who are suffering from anxiety and depression. As noted in the introduction, the CDC has reported that suicides in the adolescent populace have been rising steadily since 2007 along with anxiety and depression. There have been three things that have been identified as indicators of a future suicide attempt for adolescents who have been diagnosed with either anxiety or depression: previous suicide attempts, engagement with non-suicidal self-injury, and the presence of a firearm in the home.[21]

The following emotional risk factors have also been identified as leading to suicide ideation: rejection, depression, anxiety, hopelessness, anger, poor self-esteem, sense or worthlessness, low distress tolerance, and high or low emotional reactivity or regulation.[22] Additionally, there are several environmental risk factors that have been identified that increase the likelihood of a suicide attempt such as peer, family, academic, or disciplinary conflicts or concerns. Of these, it has been found that when an adolescent who is dealing with anxiety or depression experiences significant stress with their peers through social isolation, poor peer connectedness, peer rejection and intolerance, peer discrimination of ethnicity, or relational bullying, it elevates the risk of a suicide attempts significantly.[23] The best estimates by the CDC indicating that roughly 8 percent of adolescents attempt suicide each year.[24] There is also a high

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[21] Dennis Ougrin, et al., "Therapeutic Interventions for Suicide Attempts," *Journal of the American Academy of Child and Adolescent Psychiatry 54*, no. 2 (2015), 104.

[22] Matthew K Nock, et al., "Examining the Couse of Suicidal and Nonsuicidal Self-Injurious Thoughts and Behaviors in Outpatient and Inpatient Adolescents," National Library of Medicine, July 2017, accessed May 26, 2020, https://pubmed.ncbi.nlm.nih.gov/27761783/.

[23] Ibid.

[24] "Suicide," Centers for Disease Control, accessed April 13, 2017, www.cdc.gov/violenceprevention.

prevalence of adolescents who engage in non-suicidal self-injury as a way to cope with their anxiety and depression. Recent studies indicate that between 33 percent and 50 percent of adolescents in the United States have engaged in some form of non-suicidal self-injury, which is much higher than the diagnosed cases of anxiety and depression in this demographic.[25] While non-suicidal self-injury "may function as an alternative coping strategy for suicidal youth, which may decrease risk for suicide in the short-term," over the long run it's been found to increase the likelihood that an individual takes their own life. [26]

Five Factors Contributing to Systemic Abandonment

Clark has observed that "as society in general [has] moved from being a relatively stable and cohesive adult community intent on caring for the needs of the young to [the] free-for-all of independent and fragmented adults seeking their own survival, individual adolescents [have] found themselves in a deepening hole of systemic" abandonment.[27] This systemic abandonment is having dangerous and long-lasting effects on the personal and social development of adolescents, which has subsequently set the stage for the rapid growth observed in the diagnosed mental health disorders and suicides of adolescents.[28]

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[25] John Peterson, et al., "Nonsuicidal Self Injury in Adolescents," National Library of Medicine, November 2008, accessed May 27, 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695720/#B1.

[26] Nock, "Examining the Couse of Suicidal and Nonsuicidal Self-Injurious Thoughts and Behaviors in Outpatient and Inpatient Adolescents."

[27] Clark, *Hurt 2.0*, 15.

[28] Patricia Hersche, *A Tribe Apart: A Journey into the Heart of American Adolescence* (New York: Ballantine Books, 1998), ix.

Levine has argued that it is adolescents who experience the highest "rates of depression, substance abuse, anxiety disorders… and unhappiness."[29] This leaves the vast majority of adolescents "only one major event or catastrophe away from falling over the edge into" dangerous and even deadly patterns of behavior and coping.[30] While there are many unique influences shaping an adolescents journey with mental health, the following five realities are underlying factors that have contributed to the systemic abandonment that many adolescents are experiencing across the U.S. which, in turn, is leading to the growth of anxiety, depression, and suicide in this demographic: the disintegration of the traditional family, the erosion of social capital, the rise of social media, busyness and stress, and the decline of adolescent religiosity.

<center>The Disintegration of the Traditional Family</center>

Since the middle of the twentieth century, there has been a shift occurring wherein the traditional understanding of a family unit being comprised of one father and one mother has become less prevalent in favor of a family unit as being seen as two individuals, regardless of gender or marital commitment, living together and raising children together. This shift has led to the disintegration of the traditional understanding of the family, which Dr. Daniel Siegel argues is detrimental to the healthy development of an adolescent who needs both a mother and father actively involved in their family system.[31] The collapse of the traditional family system has led "to a corresponding collapse in [the] structure and functioning of the [adolescent's

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[29] Levine, *The Price of* Privilege, 17.

[30] Clark, *Hurt 2.0*, 35.

[31] Daniel Siegel, *Brainstorm: The Power and Purpose of the Teenage Brain* (New York: Jeremy P. Tarcher/Penguin, 2015), 226.

sense of] self" which in turn has led to a lower self-image and self-esteem.[32] This has further in contributed to the problem as it is the safety provided by the traditional family system that provides them with "the content and valence of the self, [which results] in a balance of positive and negative self-evaluations."[33] In one study, it was found that adolescents who grow up in a home without both parents were nearly twice as likely to experience mental health disorders that will be recurring throughout adolescence and adulthood.[34] While the data does not indicate that every adolescent who grows up in a non-traditional home will develop depression or anxiety, the changes to the family structure have created a climate that is more conducive to the development of mental health disorders amongst adolescents who do not have the needed support to navigate the complexities of growing up.

The Erosion of Social Capital

In *Bowling Alone,* Dr. Robert Putnam argues that social capital, a theory that argues "social networks have value," is a necessary element when seeking to create healthy change in both individuals and society.[35] Putnam argued that because of how rapidly American culture and practices were shifting in the late 1990s, social capital across all generations was on the decline.[36] Due to technological advances and shifting cultural values, "social connectedness has been changing" and as a result of

[32] Susan Harter, *The Construction of the Self: Developmental and Sociocultural Foundations* (New York: The Guilford Press, 2012), 7.

[33] Ibid., 2.

[34] Hanes Bohman, et al., "Parental Seperation in Childhood as a Risk Factor for Depression in Adulthood: A Community-Based Study of Adolescents Screened for Depression and Followed Up After 15 Years," National Library of Medicine, March 29, 2017, accessed May 27, 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5370459/.

[35] Putnam, *Bowling Alone: The Collapse and Revival of American Community*, 19.

[36] Ibid., 19.

the decline of interconnectedness the generations have been drifting apart.[37] One study found that this drift is occurring in the home as well, with parents and children spending merely an hour a day in shared activities, a time with is primarily occupied by watching television.[38] Dr. Urie Bronfenbrenner explains that the shared of watching television leads to the further erosion of social capital because of "the behavior it prevents—the talks, the games, the family festivities and arguments through which much of the child's learning takes place and his character is formed."[39] The result is that adolescents and parents alike are often living with family members "who are physically close… but mentally elsewhere."[40]

In *Our Kids,* Putnam's follow up work on the decline of social capital in 2015, he finds that social networks presently consist "of fewer, denser, more homogeneous, more familial (and less nonkin) ties."[41] This loss of social capital has had a negative impact on the health of adolescents. A recent study found that "social capital generated and mobilized at the family and community level can influence mental health/problem behavior outcomes in young people" in both healthy and unhealthy ways.[42] The healthy pathways are the ones where adolescents have multiple relationships with trusted adults, which corresponds to lower rates of diagnoses. The unhealthy pathways are the ones where adolescents have few or no relationships with

[37] Ibid., 101.

[38] Arnett, *Adolescence and Emerging Adulthood: A Cultural Approach*, 178.

[39] Urie Bronfenbrenner, *the Ecology of Human Development: Experiments by Nature and Design* (Cambridge: Harvard University Press, 1979), 242.

[40] Sherry Turkle, *Alone Together: Why We Expect More From Technology and Less from Each Other* (New York: Basic Books, 2011), 267.

[41] Robert Putnam, *Our Kids* (New York: Simon & Shuster, 2015), 211.

[42] Kerri E McPherson, et al., "The Association Between Social Capital and Mental Health and Behavioral Problems in Children and Adolescents: An Interactive Systematic Review," National Library of Medicine, March 26, 2014, accessed May 27, 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270040/.

trusted adults, which corresponds to higher rates of diagnoses. This was confirmed in a recent study conducted by the Springtide Research Institute researching the role that trusted adults have in the lives of an adolescent. It was found that of the adolescents interviewed who had zero trusted adults in their lives, 62 percent felt completely isolated and 79 percent felt stressed and overwhelmed. This is a stark contrast to the adolescents who had five or more trusted adults in their life, where only 9 percent reported feeling completely isolated and 39 percent felt stressed and overwhelmed.[43] It was found that the typical adolescent (52 percent) only has two to four trusted adults in their life, with 29 percent of those adolescents expressing feeling completely alone and 57 percent expressing feeling stressed and overwhelmed.[44]

In light of what the data shows, it is becoming clear that when adolescents have a wide network of relationships with family, peers, and non-familial adults, they experience fewer mental health problems. With the loss of these types of relationships, the corresponding rates of depression and anxiety have been on the rise.[45] The erosion of social capital is another factor underlying the rise of systemic abandonment, which Dr. David Elkind argues is a result of adults abandoning their responsibility to care for younger generations, that has only served to fuel the destructive behaviors and practices that have contributed to the growing mental health crisis.[46]

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[43] Josh Packard, et al., *Belonging: Reconnecting America's Loneliest Generation*, (Bloomington: Springtide Research Institute, 2020), 46-47.

[44] Ibid., 49.

[45] McPherson, et al., "The Association Between Social Capital and Mental Health and Behavioral Problems in Children and Adolescents: An Interactive Systematic Review."

[46] Elkind, *All Grown Up and No Place to Go*, xi.

The Rise of Social Media

In 2015, the Pew Research Center found that upwards of ninety-five percent of teenagers between the ages of thirteen and seventeen had access to smart phones and used them to regularly to connect to YouTube, Instagram, Facebook, Snapchat, and Twitter.[47] Furthermore, it was discovered that "despite the nearly ubiquitous presence of social media in their lives, there [was] no clear consensus among teens about these platforms' ultimate impact" on them with 45 percent asserting that social media had no impact on their lives, 31 percent answering that it had a positive impact, and 24 percent describing their experiences with social media as being negative.[48] For those who had a negative experience, the primary reasons validating this position were that social media use leads to an increase in bullying and gossip, less meaningful human interactions amongst peers, and the distortion of "reality [that] gives an unrealistic view of other people's lives."[49] As a result, unmonitored social media usage can tend to instill a negative self-image in an adolescent, which is problematic because once an adolescent "[forms] a negative impression of [themselves], it is very difficult to change."[50] Much of the research is beginning to show a "link between social media and depression" amongst the adolescent demographic.[51]

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[47] Amanda Lenhart, "Teens, Social Media & Technology Overview 2015," Pew Research Center: Social and Demographic Trends, April 9, 2015, accessed Sept. 5th, 2018, http://www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/.

[48] Ibid.

[49] Ibid.

[50] Levine, *The Price of* Privilege, 107.

[51] Jean M. Twenge, et al., "Increases in Depressive Symptoms, Suicide-Related Outcomes, and Suicide Rates Among U.S. Adolescents After 2010 and Links to Increased New Media Screen Time," *Sage Journals Clinical Psychological Science*, April 9, 2015, accessed Sept. 5th, 2018. https://childmind.org/article/is-social-media-use-causing-depression/.

In one study of adolescents who engaged social media on a regular basis, it was found that between the years of 2010 and 2015 the number of students experiencing MDEs increased by 33 percent and that the suicide rate for females during this same time period increased by 65 percent.[52] Between 2007 and 2015, there was a "rise in depressive symptoms [that] correlates with smartphone adoption during that [same] period."[53] In her research, Dr. Frances Jensen observes that "there is increasing evidence of the effect of excessive Internet use on mood in adolescents, [with] several studies… [showing] a connection between depression, poor academic performance, and the inability to curb time spent online."[54]

It has been shown that adolescents who are developing "need to be with other people to develop mutuality and empathy; [and] interacting [in digital mediums] cannot teach these" things to them.[55] While there aren't any definitive studies to date that indicate social media is the root cause behind the rise of depression, anxiety, and suicide amongst adolescents, the available data does seem to indicate that there is a strong correlation between the two which shows itself to be another factor underlying the rise of systemic abandonment.

Busyness and Stress

On January 27, 2018 sixteen-year-old Patrick Turner took his own life on the football field of Corona Del Mar High School.[56] The death of this young man who, by

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[52] Ibid.

[53] Ibid.

[54] Frances Jensen, *The Teenage Brain: A Neuroscientist's Survival Guide to Raising Adolescents and Young Adults* (New York: HarperCollins, 2015), 207.

[55] Turkle, *Alone Together: Why We Expect More from Technology and Less from Each Other*, 56.

[56] David Whiting, "The 16-year-old's Suicide Letters are a Cry for Help and a National Call

all accounts seemed to be a well-adjusted individual, rocked the affluent Newport

Beach community in which he lived. Upon his death, friends and family struggled to

understand why this young man would take his life in such a gruesome and public

way as there appeared to be no outward signs of the inner anguish he was

experiencing. Turner released several letters posthumously to the public that

explained what led him to make the decision to take his own life. In these letters,

Turner expressed a frustration at the administration and teachers of his school who he

felt had placed an inordinate amount of pressure on him to succeed and excel while

not giving him the time or resources to do so. One teacher in particular was singled

out for her harsh treatment of students, allegedly calling Turner 'worthless' in front of

the whole class when he was unable to complete a task she assigned him in the week

prior to his suicide.[57] In his own words, Turner stated that it was the "stress put on

[him that] has led [him] to this point."[58]

While doing his research for *Hurt 2.0*, Clark discovered that the "busyness,

fragmentation, and stress level adolescents experience… [is] increasing" due to the

excessive demands that are made of them to succeed in the arenas of academics,

sports, and extracurricular activities.[59] Clark reached the conclusion that almost every

student he interacted with at La Crescenta High School was experiencing the negative

consequences of the busyness and stress which resulted from the internal and external

demands to excel in every arena of their life.[60] Levine argues that this pursuit of

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for Change," The Orange County Register, March 19, 2018, accessed September 2, 2018, https://www.ocregister.com/2018/03/19/this-16-year-olds-suicide-letters-are-a-cry-for-help-and-a-national-call-for-change/.

[57] Ibid.

[58] Ibid.

[59] Clark, *Hurt 2.0*, 133.

[60] Ibid., 131.

"perfectionism [and] competition may actually [be contributing] to [the] psychological problems" that many adolescents are experiencing.[61]

One of the primary stressors for adolescents is the pressure to succeed academically while not being given the necessary resources to achieve this goal. Elkind argues that the present education system, which focuses on increasing the amount homework and testing, is directly related to the increase in stress and burnout being observed in adolescents.[62] Additionally, the bleak fiscal realities that face many districts forces schools to assign more students into classrooms under the instruction of fewer teachers, which prevents students from developing the significant relationships with their teachers that have been found to be necessary for their success.[63]

Levine has discovered that the pressure for adolescents to succeed is contributing to the higher levels of emotional problems being observed in adolescents.[64] This is leading them to internalize the message that "anything less than perfection is failure."[65] As a result, "their self–worth and… sense of self [being] tied to the performance–driven" agendas.[66] It was recently found in a study of high school seniors that 66 percent reported feeling pressure from the adults in their lives to succeed academically, and that 32.6 percent of those students were clinically

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[61] Levine, *The Price of* Privilege, 18.

[62] David Elkind, *The Hurried Child: Growing Up Too Fast Too Soon* (Cambridge: Da Capo Press, 2007), 50.

[63] Elkind, *All Grown Up and No Place to Go*, 167.

[64] Levine, *The Price of* Privilege, 28.

[65] Ibid., 29.

[66] Chap Clark, ed., *Adoptive Youth Ministry: Integrating Emerging Generations into the Family of Faith* (Grand Rapids: Baker Academic, 2016), 35.

diagnosed with anxiety as a result of it.[67] The busyness and stress that adolescents experience, whether from internal or external sources, is an underlying factor leading to systemic abandonment, which has fueled the growth of the mental health crisis amongst adolescents.

<p style="text-align:center">The Decline of Adolescent Religiosity</p>

In 2017, the PEW Research Center's Religious Landscape Study was released. In this nationwide study of the beliefs and practices of adolescents, it was revealed that the "self-assessments of religion's importance in their lives" saw a significant decrease.[68] Between 2007 and 2014, it was found that adolescents who self-identified as Christian had decreased more than 8 percent while those who consider themselves to be "religiously unaffiliated – describing themselves as atheist, agnostic or "nothing in particular" – [had] jumped more than six points, from 16.1% to 22.8%."[69] During roughly the same time period, from 2002-2015, a team of researchers under the leadership of Dr. Christian Smith was completing the National Study of Youth and Religion exploring how a changing cultural landscape was impacting the faith practices of teenagers. The findings of Smith's team were released in three waves, revealing that across the United States there had been a significant decline in

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[67] Sibnath Deb, Esben Strodl, and Jiandong Sun, "Academic Stress, Parental Pressure, Anxiety and Mental Health Among Indian High School Students," *International Journal of Psychology and Behavioral Sciences 5*, 1 (2015), 26.

[68] Alan Cooperman, Gregory A. Smith, and Stefan S. Cornibert, "U.S. Becoming Less Religious," Pew Research Center: Religious and Public Life, November 3, 2015, accessed May 12th, 2017, http://www.pewforum.org/2015/11/03/u-s-public-becoming-less-religious//.

[69] Alan Cooperman, Gregory Smith, and Katherine Ritchey, "America's Changing Religious Landscape," Pew Research Center: Religious and Public Life, May 12, 2015, accessed May 12th, 2017, http://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/.

adolescent religiosity as adolescents moved away from their religious upbringing towards agnosticism and atheism.[70]

While there are many factors that have contributed to this shift, one of the most significant was found to be a new belief rising amongst the adolescent populace that the researchers called Moralistic Therapeutic Deism (MTD). MTD is the belief that there is a God who both creates and orders the world, that he wants people to adhere to the ethics systems taught by most world religions, that the central goal of life is to be happy and feel good about who one is, that God is not a necessity for an individual's life unless there is a problem they are facing that they can't fix themselves, and that good people will go to Heaven when they die. The researchers found that MDT is a break from the religious views of previous generations, as it makes the individual the "standard of authentic moral knowledge and authority," which in turn makes self-gratification and self-fulfillment the chief end of life.[71] This move away from religiosity, and as a result from an objective moral standard for what is true or right, is an underlying factor influencing systemic abandonment and the devastating effects it is having on the mental health of adolescents.

It was recently discovered by a team of researchers from Harvard T.H. Chan School of Public Health that there is a clear associating between regular religious service attendance and experience a lower rate of what they call deaths from despair, which is a category that includes suicides by individuals dealing with mental health disorders.[72] The researchers found that "women who attended services at least once

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[70] For more information about this project, consult http://youthandreligion.nd.edu/.

[71] Christian Smith and Melinda Lundquist, *Soul Searching: The Religious and Spiritual Lives of American Teenagers* (Cambridge: Oxford University Press, 2005), 173.

[72] Chris Sweeney, "Regularly Attending Religious Services Associated with Lower Risk of Deaths of Despair." HARVARD T.H. CHAN, School of Public Health, May 6, 2020, accessed May 20, 2020 https://www.hsph.harvard.edu/news/press-releases/regularly-attending-religious-services-

per week had a 68% lower risk of death from despair compared to those never

attending services… [and that men] who attended services at least once per week

had a 33% lower risk of death from despair."[73] Another study found similar results,

indicating that being a part of a faith community is linked to a better experience with

mental health.[74] With less institutional connection and an overall decline in adolescent

religiosity, there has been a corresponding rise to adolescents experiencing anxiety

and depression.

Relevance to this Doctoral Project

The presently available data indicates that the rates of anxiety, depression, and

suicide are on the rise in the adolescent demographic. Since 2003 there has been a 2.9

percent jump in the total populace of adolescents who have been clinically diagnosed

with either one or both of these mental health disorders. Additionally, in roughly this

same time period, suicide rates have risen by more than 100 percent for females and

30 percent for males.[75] Research has revealed that the systemic abandonment of

young people is one of the primary culprits of the rise being observed.

In summary, the following five factors have influenced systemic

abandonment: (1) As the traditional family disintegrates, adolescents can no longer

expect the safety of a loving home with their birth parents, which has been shown to

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associated-with-lower-risk-of-deaths-of-
despair/?fbclid=IwAR2GyKeB3Z0NUJFiI3urt4djrufFrQ4TgF5GZHt_DiDDQnwYKIZlczmhcA.

[73] Ibid.

[74] McPherson, "The Association Between Social Capital and Mental Health and Behavioral
Problems in Children and Adolescents: An Interactive Systematic Review."

[75] Lindsay Holmes, "Suicide Rates For Teen Boys And Girls Are Climbing," Huffington Post,
August 4th, 2017, accessed September 2nd, 2018, https://www.huffingtonpost.com/entry/suicide-rates-
teen-girls_us_59848b64e4b0cb15b1be13f4.

have negatives consequences for their development. (2) The lack of meaningful relationships with other adults outside of the home due to declining social capital also possess negative consequences for the adolescent, as they must now must venture out of the home into a world where they are left virtually unprotected. (3) The rapidly developing technology that has given rise to social media has allowed adolescents to substitute a version of reality, for all the good and bad it brings, that does not equate to the they must live in, which further stunts their development. (4) The pressure has been placed on adolescents to meet the unrealistic expectations of parents and teachers in sports and academics has fueled a level of business and stress in their lives that was not true of previous generations, further harming them. (5) The decline of religious involvement has left students feeling alone in this world, without an eschatological hope that things could and should be better.

When all of these realities are taken into consideration, the data indicates that an adolescent's mental health is further compromised by not having a stable home system with trusted adults in their life to whom they can go to for advice. These five factors that are influencing systemic abandonment will be important to consider when crafting the five responses that churches and parachurches can make which will be proposed in the online seminar developed for this doctoral project. Each of these changes will seek to counter the devastating effects that these factors are having on the mental health of adolescents.

PART TWO

THEOLOGICAL REFLECTION

CHAPTER 3:
A REVIEW OF LITERATURE TO INFORM BEST PRACTICES

In this chapter, I will examine relevant literature that has contributed to the development of this doctoral project. To do so, I will focus primarily on books by researchers and pastors that have emphasized calling a local church do three specific things that, when considered together, will have a direct impact for how a church responds and cares for those adolescents. The first area of focus will be a call for the local church to develop a proper understanding of mental health disorders along with developing appropriate systems to care for those individuals struggling with them. To develop this topic, *Mental Health and the Church* by Stephen Grcevich and *God and Soul Care: The Therapeutic Resource of the Christian Faith* by Eric Johnson will be examined. The second area of focus will be the call for a local church to rediscover the mandate to care for and create space in the community for those who are on the fringes of society, which for the sake of this project will include adolescents who are struggling with a mental health disorder. To develop this topic, *Kingdom Ethics* by Glenn Stassen and David Gushee as well as *A Fellowship of Differents* by Scot McKnight will be explored.

The third and final area of focus will be a call for the local church to understand what it means to fully engage and embrace adolescents into the household of God as it develops systems and processes to do so. To develop this topic, *Adoptive Youth Ministry* and *Adoptive Church* by Clark and *Growing Young* by Kara Powell, Jake

Mulder, and Brad Griffin will be reviewed. This literature review, along with the

theological reflection in Chapter 4, has helped me develop a theology for how to

respond to the present crisis facing adolescents in the church.

Understanding Mental Health Disorders in the Church

In his practice as a child and adolescent psychiatrist and ministry leader in his

local church, Grcevich noticed that the families of those who struggle with mental

health disorders "are far less likely than other families in [his] community to be

actively involved in a local church."[1] While this can occur for many reasons,

Grcevich speculates that most often it is likely related to the lack of understanding

and preparation on the part of the leadership of the church to handle mental health

issues when they are confronted with them. He observes that while many leaders

would agree that providing resources to those who are struggling with mental health

disorders is important, only 28 percent of individuals who needed treatment and also

attend a local church had those resources readily made available to them through their

church.[2] Additionally, it has been found that "many pastors, church leaders, and

attendees within [the] Christian subculture demonstrate insufficient understanding of

the nature of mental illness and struggle to respond to those affected in a manner that

demonstrates compassion and concern and promotes spiritual growth."[3]

Grcevich found that because of this lack of understanding, nearly "three in ten

attendees who sought help from their church for themselves or a family member for a

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[1] Stephen Grcevich, *Mental Health and the Church: A Ministry Handbook for including Children and Adults with ADHD, Anxiety, Mood Disorders, and Other Common Mental Health Conditions* (Grand Rapids: Zondervan, 2018), 16.

[2] Ibid., 20

[3] Ibid., 22.

mental health condition [reported] 'negative interactions' that were counterproductive to treatment."[4] He observes that this lack of understanding and sensitivity is often related to the fact that many individuals suffer from mental health disorders that are episodic, hidden, and situation specific, making them harder to identify mental health disorders.[5] This often results in the individuals being labeled as difficult and problematic, which makes staff less inclined to work with them. Johnson notes that this is problematic as "human well-being cannot be properly understood apart from righteousness and holiness, that is, from godliness" and the things that the church alone can offer for healing and wholeness.[6] He argues that it is only when religious and psychological solutions are brought together than an individual can experience "the best kind of human flourishing" and the strengthening of their soul and mind.[7]

A 2013 LifeWay study about mental health and the church reported that the majority of individuals surveyed who were not currently involved in a church did not believe that a church would be a welcoming place for them were they struggling with mental health disorders.[8] Johnson writes that because of this, we are now living "in an era and a culture in which secular therapeutic orientation has replaced religion as the primary pathway to greater well-being."[9] Instead of playing an important role in an individual's mental health care, the church has become irrelevant. Grcevich and Johnson argue that it is important that "Christians [not] limit their understanding of

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[4] Ibid., 21.

[5] Ibid., 36.

[6] Eric Johnson, *God and Soul Care: The Therapeutic Resources of the Christian Faith* (Downers Grove: InterVarsity Press, 20167), 87.

[7] Ibid., 23.

[8] Grcevich, *Mental Health and the Church*, 51.

[9] Johnson, *God and Soul Care*, 1.

human beings and their treatment to what is provided by modern psychology and psychotherapy."[10] They must understand that soul care, working in conjunction with the care provided by mental health professionals, is the way to best care for individuals suffering from mental health disorders.

Grcevich recommends to begin the process of crafting a response by assembling an inclusion team of mental health professionals, mental health advocates, occupational therapists, interior designers, social workers, and wise laypersons.[11] These individuals can together work to develop appropriate initiatives and practices for a local church that would appropriately care for individuals struggling with mental health disorders. This inclusion team would work towards creating welcoming ministry environments as it focuses on ministry activities that are most essential for spiritual growth. It would also adjust communication to effectively let the community know the church is a safe place to process and work through mental health disorders and help families of those suffering with mental health disorders with their most pressing needs. Lastly, it would offer education and support and empower the church to assume responsibility for the developing ministry to care for those who are on the fringes of society.[12]

While the "church has often struggled to separate its antipathy for the ideas embraced by thought leaders in psychiatry and psychology from people who turn to mental health professionals in search of help," there is a way forward that allows the local church to become a place where people can go to find hope and healing through

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[10] Ibid., 141.

[11] Grcevich, *Mental Health and the Church*, 93-96.

[12] Ibid., 90.

brining the best of psychology and religion together.[13] Even though an individual struggles with mental health disorders, it is imperative to help the individual embrace the reality that in Christ they "have been given a new legitimation in Christ's resurrection" and have the hope of being restored to a way of living that is free from the oppression of mental health disorders.[14] This restoration will often only be found within the context of a community that shows social support, which has been linked to "positive physical and mental health outcomes."[15] Johnson summarizes his approach to caring for those who experience mental health disorders as "helping people know and love God better" while providing them the necessary resources to work towards healing and wholeness.[16] While doing this, it is imperative that the leaders and members of a church destigmatize the issue of mental health and not be to "quick to judge [their] brothers and sisters who experience greater struggle in hiding their imperfections from others in the church" so that it can become a safe place to process and heal.[17] Additionally, he argues that strategies to include adolescents struggling "with mental illness at church must also address the obstacles a child's parents or caregivers may experience in association" with their adolescents mental health disorder and must have the full support of the senior leadership of the church.[18] Both authors would conclude that with a proper understanding of mental health disorders and the right individuals on the team crafting the responses, churches can set

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[13] Ibid., 120.

[14] Johnson, *God and Soul Care*, 394.

[15] Ibid., 452.

[16] Ibid., 159.

[17] Grcevich, *Mental Health and the Church,* 70.

[18] Ibid., 90.

themselves up in a position to where they can respond in a way that is helpful and redemptive for those adolescents struggling with mental health disorders.

Recovering the Call to Care for Those on the Fringes

In *A Fellowship of Differents,* Dr. Scot McKnight makes the case that those who belong to the church are called to care for and embrace those who are different than them into what he calls the fellowship of differents, which is a new way of understanding what it means to be a part of the body of Christ. He argues that because "there is so much variety in this world and because we are so invisible to one another, we need to let God's Yes in Christ penetrate so deeply that we embrace all others as the objects of God's Yes. We need to know that those who are invisible to us are visible to God and, if they listen, that they too can hear God's Yes."[19] McKnight makes the case that the Church is uniquely positioned in society to do this as it "is God's world changing social experiment of bringing unlikes and differents to the table to share life with one another as a new kind of family."[20] One of the hallmark signs of this fellowship of differents will be an expression of a biblical love for the other, which he defines as a rugged commitment to someone, a rugged commitment to be with someone, a rugged commitment to be for someone, and lastly a rugged commitment unto someone.[21] McKnight observes though that this call to become a fellowship of differents through the giving and receiving of biblical love often stands in stark contrast to what many people have experienced in the church, because they have "cut up God's [intended] plan into segregated groups, with the incredibly

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[19] Scott McKinght, *A Fellowship of Differents* (Grand Rapids: Zondervan, 2014), 31.

[20] Ibid.*,* 16.

[21] Ibid., 54-58.

aggravating and God dishonoring result that most… [people] are invisible to one another."[22] He argues it is imperative that this practice of division rather than inclusion must be reexamined, because it is only in the context of the greater body of Christ that individuals can find healing and wholeness.

This call to reexamine present practices and realign thinking with a more robust vision of what could be is the argument Dr. Glenn Stassen and Dr. David Gushee make in *Kingdom Ethics*, where they argue that the very practices of the Church must not come from current practices but rather from a biblical ethic rooted in the Sermon on the Mount. The call to look beyond present practices to the biblical ethic is necessary for discovering correct practices, because "the kingdom of God is not about what God does while humans stand by passively; nor is it about our effort to build the kingdom while God passively watches. The kingdom of God is *performative:* it is God's performance in which we actively participate."[23] It is precisely because of this invitation to participate in God's present work among those who are considered outsiders that the Church must seek to realign its beliefs, values, and ethics with what is found in Scripture. Stassen and Gushee are quick to point out that on the topic of fellowship and belonging, Jesus' "*koinonia* 'encompassed' 'tax collectors and sinners' within its table fellowship'…. [by] totally ignoring the strictly drawn conventions of religiosity… [and that this] represented a theme of Jesus' ministry which became an issue in society."[24]

To the issue of caring for those who have been marginalized and are on the fringes of society with love McKnight, Stassen, and Gushee all point to the parable of

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[22] Ibid., 18.

[23] Glen Stassen and David Gushee, *Kingdom Ethics* (Downers Grove: IVP Academics, 2003), 21.

[24] Ibid., 21.

the good Samaritan as giving an outline for what should be the normative response for how to engage and embrace the outsider. First, one must choose to see the individual who is suffering or on the fringes of society with compassion and choose to enter into the individual's suffering with them. Second, they must move beyond sympathy and empathy and begin to actively participate in the suffering by doing deeds of deliverance. Third, they must take the next step of inviting the one who suffers or is on the fringe of society into community while inviting them to experience freedom and justice while beginning to take responsibility for their future. Lastly, they must then confront the people and systems that are responsible for the suffering in the first place.[25]

In this process, it is necessary to remember that because "redemption is not complete until the kingdom, we will [need to] learn that we don't love others for who they are now but for what God will make them in the kingdom."[26] With a proper ethic for how to respond and care for those who are on the fringes of society that is rooted in the teachings of Jesus, churches will begin to think differently about how they can respond in a way that brings adolescents who are struggling with mental health disorders into the family of God where they can then find healing in belonging.

Engaging and Embracing Adolescents in the Church

In *Adoptive Youth Ministry*, Clark makes the case that as "the world has changed and as the church has seen not only its status but also its impact significantly decrease, we have no choice [as the church] but to reexamine who we are and how we

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[25] Stassen, *Kingdom Ethics*, 334-338.

[26] McKinght, *A Fellowship of Differents,* 157.

are called to live together."[27] This change has impacted adolescents most severely, as they have been forced to endure the loss of a shared metanarrative and the rise of systemic abandonment, leaving them mostly to fend for themselves.[28] This new reality has given rise to the diagnoses of mental health disorders among the populace. This problem is further exasperated when the developmental processes an adolescent's brain goes through in the teenage years is taken into consideration. For example, when they develop "the ability of abstract thought they [still] lack the developmental-cognitive ability to integrate the abstractions that develop within each socially constructed self," meaning that adolescents, especially those who suffer from mental health disorders, are often unable to navigate the problems they are facing on their own.[29]

In *Adoptive Church*, Clark argues that one of the ways to remedy this problem is for the church to help adolescents by being proactive in how they think about and plan to help them "come into a vibrant, genuine relationships with Jesus that will last a lifetime."[30] For this to occur, churches must help adolescents "locate themselves within a community that not only reflects their faith but also enhances and deepens it… [while] helping them to find their home among God's people, the local church."[31] When this occurs, the church then becomes a place where adolescents can safely process the things that they are going through in what they know to be a secure environment alongside adults who can act as their guides.

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[27] Clark, *Adoptive Youth Ministry*, 17.

[28] Ibid., 27.

[29] Ibid., 30.

[30] Chap Clark, *Adoptive Church: Creating an Environment Where Emerging Generations Belong* (Grand Rapids: Baker Academic, 2018), 7.

[31] Ibid.

Clark's thesis in *Adoptive Church* is a call for the church to begin practicing

adoptive ministry, which primarily focuses on three core competencies—"pursuing

intentional community, living in service on behalf of one another, and welcoming the

outsider."[32] It has been found that when a church "provides a young person with a

welcoming place to belong, a meaningful way to make a difference in their world, and

a family that loves and pursues them unconditionally" the deepest needs that they

have are met.[33] These needs are not only spiritual, but also relational and related to

those specific needs that those struggling with mental health disorders have. At the

heart of this new style of ministry is a desire "to reach out to anyone who is

vulnerable, on the outside of the group, or who worries that they will never be

accepted as an equal member."[34]

In *Growing Young,* Dr. Kara Powell, Brad Griffin, and Jake Mulder of the

Fuller Youth Institute (FYI) advocate that this adoption must be something that is

embraced by the whole congregation, for it is when it is taken upon by the whole that

is serves to remove the anxiety young people experience in their lives "by reminding

young people of what's important and inviting them to step away from the chaos of

their lives to refocus on loving God and loving others."[35] The FYI team has found that

adolescents desire relationships that are marked by authenticity, and when adults are

committed to walking alongside young people in this authenticity, they can remind

adolescents that they are not alone in wrestling through the complexities of growing

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[32] Ibid., 14.

[33] Clark, *Adoptive Youth Ministry*, 43.

[34] Clark, *Adoptive Church*, 13.

[35] Kara Powell, Brad Griffin, and Jake Mulder, *Growing Young: Six Essential Strategies to Help Young People Discover and Love Your Church* (Grand Rapids: Baker Books, 2016), 102.

up, which includes the journey through mental health disorders. [36] With a proper understanding of what it means to faithfully embrace and engage adolescents, churches will begin to think differently about how they can respond in a way that brings adolescents fully into the family of God.

Relevance to this Doctoral Project

In *A Fellowship of Differents*, McKnight argues that grace for others, love for others, a commitment to be with others, and commitment to holiness, newness and, flourishing must be central to the life of the church.[37] It is when these six things that are practiced in the church family that it allows adolescents can find a spiritual home where they can experience what it means to be "a beloved sibling in God's household."[38] By committing to nurturing, empowering, and including adolescents who are experiencing mental health disorders, a church will set itself up in a position to where adolescents do not run from the church for a fear of rejection, but rather run to it because it is a place they know they will be embraced and cared for with no strings attached by adults who are for them.[39] Necessary to creating this kind of culture is to foster an environment where questions, doubt, fears, and insecurities can safely be expressed by adolescents.[40] This is especially important for adolescents struggling with mental health disorders, who need people in their lives who are working to eliminate the stigma around mental health disorder by publicly

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[36] Ibid., 64. See also, 145.

[37] McKinght, *A Fellowship of Differents*, 25.

[38] Clark, *Adoptive Church*, 36.

[39] Powell, *Growing Young*, 55.

[40] Ibid., 157.

acknowledging the intentional efforts to welcome and include those suffering from it.[41]

It is imperative that as this process unfolds, a church remembers the power dynamics that exist between those struggling with mental health disorders and those who are not. As Clark argues, it will never be the responsibility of those who are weaker to initiate contact with those who are stronger. Often, those "who feel excluded to the fringes of a congregation or Christian community assume they don't have the social capital to approach those who are reigning in the center. We can't expect the vulnerable to engage the strong, so it's up to the more mature and interconnected family members to engage those who are weak or disempowered."[42] When looked at together, the three areas of emphasis covered in this chapter provide a foundation that, along with what has been researched and written in the other chapters of this project, will allow a church to craft and develop a set of best practices that will empower them to care for and minister to adolescents who are struggling with mental health disorders.

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[41] Grcevich, *Mental Health and the Church*, 120.

[42] Clark, *Adoptive Church*, 10.

CHAPTER 4:
THEOLOGICAL REFLECTION

Far too often in the church, mental health disorders are misunderstood as being something that should or could be under the control of the one suffering from them. Some have argued that mental illnesses can be prevented by memorizing relevant passages of scripture with the conviction that this act alone will give the Christian enough strength to resist the negative effects of their mental health disorder.[1] Others have gone as far as to argue that mental illness is "always" a direct result of the personal sin in the individual's life as opposed to resulting from problems in the way the human brain operates and functions.[2] In this paradigm, the proposed solution for experiencing healing is for the individual to discipline their minds to think positive thoughts over negative thoughts by choosing healthy emotions over unhealthy emotions.[3] Unfortunately, this proposed solution does not prove to be helpful when considering mental disorders and their root causes.

When considering the nature of mental health disorder, it is important to recognize that the biblical narratives of what appear to be mental health disorders,

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[1] Noel Honor, "The Bible's Keys to Mental Health," Beyond Today, December 8, 2002, accessed September 9, 2018, https://www.ucg.org/the-good-news/the-bibles-keys-to-mental-health.

[2] Nick Ducote, "Transcript of Voddie Baucham's 'Nebuchadnezzar Loses His Mind," Homeschoolers Anonymous, December 20, 2014, Accessed September 9, 2018, https://homeschoolersanonymous.org/2014/12/20/transcript-of-voddie-bauchams-nebuchadnezzar-loses-his-mind/.

[3] Ibid.

such as the case with King Nebuchadnezzar going mad at the behest of God because of his personal sin, were not intended to be scientific or moralistic statements about the causality of or response to mental health disorders. Rather, these accounts were written with the specific intention of showing how the sovereign hand of God works through people and events, even when the authors at that time were unable to fully understand the complexity of what was happening within the brains of those individuals. While some of these proposed treatments would likely be effective when engaging those who are experiencing situational depression or anxiety, when applied to those who are experiencing clinical diagnoses of these mental health disorders, it proves to be both ineffective and destructive.

In this chapter, I will examine the theological themes that have contributed to the development of this doctoral project. It will begin by arguing that the origins of mental health disorders are a consequence of the fallen state of humanity, not as a punishment fiven to an individual because of their unrepentant sin as some have proposed. It will then look at how the mandate given to the people of Israel in the Mosaic Law to embrace those who are the fringes of society is binding for the church today, specifically as it relates to those struggling with mental health disorders. Next, it will examine the teachings and admonitions of Jesus to care for the least of these in the same manner that they would care for one another. Lastly, it will explore how the church can adopt and adapt the previous three themes in the way it responds theologically to those suffering with mental health disorders. This theological reflection, along with what has been covered in previous chapters, will be instrumental in shaping the online training proposed in this doctoral project.

Mental Health Disorders: A Result of the Fall

When God created mankind and placed them in the Garden of Eden, He gave them free reign to exercise their dominion and subdue creation as they saw fit. Upon giving them this freedom, God also gave them one prohibition: they were to not eat any fruit that came from the tree of the knowledge of good and evil (Gen. 2:15-17). Shortly after being placed in the Garden, Eve was tempted by a serpent to eat the fruit by being promised a God-like knowledge of good and evil. Being tempted by this offer, Eve gave into her own desires and ate of the fruit, and shortly after convinced her husband Adam to eat of it as well (Gen. 3:1-7). It is generally accepted that it was this act of rebellion against the command of God that brought sin into the world which has had both spiritual and physical consequences for humanity.[4]

When sin came into the world, it brought "physical pain and suffering" into the experience of humanity.[5] Not only was there now "an awareness of guilt and immediate separation from God, … the sentence of the curse" also corrupted every aspect of creation.[6] Traditional interpretations tend to focus on how the fall explains the origins of evil and its effects on the morality of humanity, but a more holistic view of the fall understands its impact on the entirety of creation, including a corruption of the physical and mental health of humanity, bringing sickness and death into the world.[7] In his letter to the Romans, Paul affirms this as he explores how creation at its very core, including the cosmos and everything contained within them, has been fully

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[4] Gordon J. Wenham, *Genesis 1–15,* vol. 1, Word Biblical Commentary (Dallas, TX: Word, Incorporated, 1998), 90.

[5] Ibid., 91.

[6] P. E. Hughes, "Fall," eds. D. R. W. Wood et al., *New Bible Dictionary* (Downers Grove, IL: InterVarsity Press, 1996), 360.

[7] Leon Morris, "Sin, Guilt," ed. Gerald F. Hawthorne, Ralph P. Martin, and Daniel G. Reid, *Dictionary of Paul and His Letters* (Downers Grove, IL: InterVarsity Press, 1993), 878.

corrupted by the act of rebellion in the Garden (Rom. 8:19-23). Not only does sin

bring death, it has corrupted the very health and well-being of humanity (Rom. 5:12).

It is important that when considering a response to the growing mental health crisis,

the previous understanding of the root cause of mental health disorders be considered.

If the full effects of sin on creation are overlooked, which includes the ways that it has

affected mental health, it will lead to unhelpful practices that treat symptoms rather

than root causes.

A Call to Embrace Those on the Fringes

All throughout the Torah, God repeatedly calls the Israelites to practice an

ethic of love and hospitality towards those who found themselves on the fringes of

society.[8] This practice of hospitality is found to be featured prominently in the

patriarchal stories, the law, the book of Judges, and the prophets as the people of God

are called to care for, protect, feed, clothe, and embrace those who come to them in

need of help.[9] Specifically, there were three groups of people on the fringes of society

who were identified as needing special care and attention by the Israelites—the

stranger, the orphan, and the widow. All throughout the law, there are several

commands given to the Israelites as it relates to how they interact with these three

groups of individuals. In Exodus 22:20, the Israelites were commanded not to oppress

the strangers in their land as other nations did, but instead to care for them. Just after

this in Exodus 22:21, they are commanded not to mistreat widows or orphans by

taking advantage of them, but instead to provide for them.

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[8] John Koenig, "Hospitality," ed. David Noel Freedman, *The Anchor Yale Bible Dictionary* (New York, NY: Doubleday, 1992), 299.

[9] Ibid.

Commands such as these can be found, whether directly from God or indirectly as seen in the practices of Israel's patriarchs and leaders, in each of the five books of the Torah. One of the most cited and prominent commands often referenced when speaking of the ethic the Israelites must embrace when it comes to the care of those on the fringes of society is found in Leviticus 19:33-34. While this passage only speaks directly to the Israelites treatment of a stranger, which was "someone who wanted to take up temporary residence," the ethic of love and compassion exemplified in this passage is equally applicable to both the orphan and widow who found themselves on the fringes of society as the stranger did.[10] While there were many other laws that "make special provision for [widows and orphans…] to protect them against the unscrupulous" individuals who wanted to take advantage of them, what is shown in this passage is an ethic of love that goes beyond merely providing for the physical needs of others. [11] It calls the Israelites to embrace and welcome them into their own community.[12] By doing this, those on the fringes of society would "benefit from God's grace [being] manifested through the [the Israelites] generosity… [in a way that] reflects God's merciful concern for the unfortunate."[13]

In choosing to love and embrace rather than take advantage, the Israelites live into a counter narrative that stands in opposition to the one that was practiced by their neighbors and former slave masters in Egypt.[14] Instead, they are called to emulate

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[10] Walter A. Elwell and Barry J. Beitzel, "Foreigner," *Baker Encyclopedia of the Bible* (Grand Rapids, MI: Baker Book House, 1988), 807.

[11] Hazel W. Perkin, "Widow," *Baker Encyclopedia of the Bible* (Grand Rapids, MI: Baker Book House, 1988), 2140.

[12] John E. Hartley, *Leviticus*, vol. 4, Word Biblical Commentary (Dallas, TX: Word, Incorporated, 1992), 314.

[13] Ibid., 314.

[14] R. K. Harrison, *Leviticus: An Introduction and Commentary*, vol. 3, Tyndale Old Testament Commentaries (Downers Grove, IL: InterVarsity Press, 1980), 205.

their own experiences of the love, compassion, and provision that came God while they were enslaved.[15] In the same manner that Abraham was received in the land of Canaan after leaving his family and that Joseph was received in the land of Egypt after being sold into captivity, the people of God are to take those who are on the fringes of their society, whether through birth or death, and to include them as if they were full members of the society. This ethic of love and embrace is further solidified in Leviticus 19:11-18, where the law mandates that the Israelites love their neighbors as themselves. It is through committing to being a people of love who embrace those on the fringes of society that the Israelites set themselves apart from the people groups around them, and more importantly from committing any "such actions [that] would not exemplify God's holiness" to all those who were watching.[16]

This theme of love and embrace is present throughout the entirety of the Mosaic Law and has direct implications for the ways in which we as Christians are called to respond to those who are on the fringes of its society, including individuals who are struggling with mental health disorders. In contemporary society, they are often the ones in contemporary society who are pushed to the side and ignored as seen in the previous chapter. Just as the Israelites were called to care for the strangers, widows, and orphans: the people of God are called embrace those who are on the outside into the family of God, the place where they are able to find belonging and wholeness.

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[15] Koenig, *The Anchor Yale Bible Dictionary*, 230.

[16] Harrison, *Leviticus: An Introduction and Commentary*, 205.

A Call to Love the Least of These

The mandate to love and embrace those who are the fringes of society is continued in the New Testament, as evidenced in the teachings of Jesus in all four of the Gospel narratives. A primary example of this is found in Matthew 25:31-46 where, when teaching about the final judgment that awaits believers, Jesus contrasts two groups of people and the ways in which they have responded to those who were in need: the faithful followers and the unfaithful followers. After detailing the needs those on the fringes of society experience, Jesus contrasts the ways in which the faithful and unfaithful have responded to those who were in need and the judgment they would receive as a result of their action. The former took the time to meet the physical and emotional needs of those who were on the fringes and, as a result, were invited into the kingdom. The latter ignored the physical and emotional needs of those who were on the fringes and, as a result, were sent away from the kingdom into judgment.

What is evident in Jesus' teaching is that the "acts of kindness listed ought… to have been expected [of His followers but there was] no doubt [that there] performance did not… match up to [His] expectation."[17] Jesus makes a profound statement that has significant implications for His followers: the acts done for those in need were not actually done for those in need, rather those things were done for Jesus Himself. What is striking about this encounter is that both groups did not know that Jesus would interpret their actions in the way that he had. They "have helped, or failed to help, not a Jesus recognized in his representatives, but a Jesus *incognito*. As

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[17] R. T. France, *The Gospel of Matthew*, The New International Commentary on the New Testament (Grand Rapids, MI: Wm. B. Eerdmans Publication Co., 2007), 964.

far as they were concerned, it was simply an act of kindness to a fellow human being in need, not an expression of their attitude to Jesus."[18]

What is found in this passage is not just a foreshadow of the judgment to come for the Church, but also a template for the behavior and ethic that the followers of Jesus who desire into the kingdom must practice towards those who are considered to be the least of these in the eyes of the world. In recent years, there has been much debate as to who the least of these that Jesus speaks of was referencing. The historical interpretation "that was the most widely accepted until around 1800 saw in 'my lowliest brothers' the members of the Christian community," which in many ways absolved the Church from having to take responsibility for their action and inaction towards those were on the fringes of society.[19] However, in recent years there has been mounting evidence that seems to indicate that "the brothers and sisters of the Son of Man are all the people of the world who are in need, non-Christians as well as Christians."[20] This is an important distinction, as it drastically altars the ethic that follower of Jesus must practice towards those who are outside of the community of faith and on the fringes of society. In the description of the faithful follower's visitation of the sick and the imprisoned, there is in an implicit mandate that those who belong to the community of faith need to actively be seeking out those who need help while at the same time be faithful in responding to those who do come to them seeking help.

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[18] Ibid., 959.

[19] Ulrich Luz, *Matthew 21–28: A Commentary*, ed. Helmut Koester, Hermeneia—a Critical and Historical Commentary on the Bible (Minneapolis, MN: Augsburg, 2005), 271.

[20] Ibid., 267–268.

The ethic that Jesus espouses for caring for the least of these, just as the mandate given in the Mosaic Law to love and embrace those who are on the fringes of society, has significant implications for how the church is called to care for and embrace those who are suffering from mental health disorders. It is clear in Jesus' teaching in Matthew 25:31-36 that when Jesus comes in His glory, the "criterion of judgment [by which He evaluates the Church] will be works of charity and mercy shown toward the marginal."[21] It has been noted that this teaching in Matthew "ends the formal teaching of Jesus in the Gospel" narrative of Matthew before He is arrested, tried, and crucified.[22] This makes this mandate to care for and embrace the least of these the capstone of Jesus' teaching to His followers while on Earth.

A Faithful Understanding of How to Engage

When considering a faithful response for how the church should engage, some would point to the example of Jesus Christ in the Garden of Gethsemane on the night before His crucifixion.[23] In this story Jesus, being fully aware of the events that were about to transpire, foregoes his personal desires to escape the suffering he was about to endure and instead surrenders His will to His Father's plan. As a result of this faithful response, Jesus is comforted and strengthened by a visiting angel. Interpreters have understood this scene to highlight the "efficacy of prayer in the midst of trial, with Jesus presented as an example to be emulated by his disciples" when they face difficult situations.[24] This response of Jesus has come to be understood as the proper

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[21] Ibid., 271.

[22] Donald A. Hagner, *Matthew 14–28*, vol. 33B, Word Biblical Commentary (Dallas, TX: Word, Incorporated, 1995), 740.

[23] Luke 22:39-46.

[24] Joel B. Green, *The Gospel of Luke*, The New International Commentary on the New Testament (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1997), 777.

response of Christian's enduring trials, which is why this is often the strategy given to those dealing with trials in life to endure, including to those suffering from mental illness.[25]

However, while prayer and the subsequent surrender it demands are an important part of any believer's spiritual health (and should be one of the ways in which the church responds), this is not the sole biblical mandate given for how we should engage those who are suffering with mental health disorders. There are at least two other practices that a theological reflection mandates: removing the negative stigma associated with negative health disorders and moving towards the full inclusion of those suffering from these conditions into the life of the church. To explore how these practices relate to mental health disorders, three interactions Jesus had with those considered to be sick and on the fringes of society will be considered.

Removing the Negative Stigma

In John 9:1-41, as Jesus was traveling with his disciples, they encountered a man who had been blind from birth. Upon seeing the man, they asked whether this man or his parents were responsible for this condition as it was assumed that suffering, such as the blindness experience by this man, was "was due to sin" that had been committed and was thus seen as a consequence.[26] The result of the type of thinking was that those suffered from blindness, along with other health conditions, were branded as sinners worthy of the condition they suffered.[27] Jesus does not

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[25] Ducote, "Transcript of Voddie Baucham's 'Nebuchadnezzar Loses His Mind.'"

[26] Leon Morris, *The Gospel According to John*, The New International Commentary on the New Testament (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1995), 424–425.

[27] James C. DeYoung, "Blindness," *Baker Encyclopedia of the Bible* (Grand Rapids, MI: Baker Book House, 1988), 365.

embrace this logic. He answers his disciples by stating that it was neither this man nor his parents who had sinned, but that this illness had occurred so that the power of God might be displayed in him. Jesus then heals the man by sending him to the pool of Siloam to wash himself, which then leads to a confrontation between this man and the Pharisee's who could not accept what had been done and that it had been done on the Sabbath (Jn. 9:1-7). In this interaction, Jesus did not brand this man as a sinner as the Pharisee's or even his own disciples had done (Jn. 9:34) by implying "that his blindness was the punishment of sin."[28] Instead, he separated the condition he was suffering from (blindness) from his value and worth as a human being that God wanted to display His glory in. In doing this, Jesus removes the negative stigma that is often associated with physical (and mental) health conditions. This pattern of removing the negative stigma associated with individuals who had been labeled as unclean and case out of society was a hallmark of the ministry of Jesus. He healed a man with leprosy by breaking the ceremonial law as He touched him (Matthew 8:3), He allowed a prostitute who was despised by the religious leaders the honor of washing His feet (Lk. 7:36-50), and He did the unthinkable when He healed the servant of a Roman centurion (Mt. 8:5-13). Jesus' refusal to allow people to be labeled by their conditions or their ailments is something that the church must seek to emulate in its own ministry.

Moving Towards Full Inclusion

In antiquity those who suffered from physical ailments were considered to be unclean, and depending on their particular conditions, were often driven away from

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[28] Morris, *The Gospel according to John*, 424–425.

society in order to maintain the purity (and comfort) of those who were clean. In Mark 5, there are two accounts of interactions Jesus had with individuals who experienced this pain of this rejection—a man possessed by demons who lived in the region of the Decapolis (Mk. 5:1-20), and a woman who had an uncontrollable menstrual flow that lasted for twelve years (Mk. 5:25-34). In each of these encounters, Jesus defies the cultural norms for how he should respond to the unclean and in doing so, offers the church a new way forward when considering how to engage and respond.

The man who had been possessed by demons was thought by his community to be "mad, and… in accordance with the practice of the day…, they had driven him off to wander restlessly in the wild hill country" on his own, cut off from society.[29] A significant detail implied to the reader in this story is that the man who was possessed was a non-Jewish individual who lived in what many Jewish individuals considered to be a pagan area called the Decapolis, which was a region that was occupied by the Romans and had been heavily influenced by Hellenism.[30] It would not have been a common practice for a Jewish Rabbi to leave the Jewish region of Galilee and travel to such a pagan area nor to engage with someone with this man's reputation. However, the author of Mark clearly states that Jesus intended to go to this area, leaving the reader to assume Jesus intended from the moment He revealed His plan to His disciples to go to this area specifically to have an encounter with this man so that He might ultimately set him free and give him the mission of taking the Gospel to the people living in the land. While there are many important theological truths that are

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[29] William L. Lane, *The Gospel of Mark*, The New International Commentary on the New Testament (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1974), 182.

[30] Adela Yarbro Collins and Harold W. Attridge, *Mark: A Commentary on the Gospel of Mark*, Hermeneia—a Critical and Historical Commentary on the Bible (Minneapolis, MN: Fortress Press, 2007), 266.

communicated in this passage about the "full deliverance brought by Jesus" for those who are suffering, the one that is most relevant to the present topic is that Jesus pursued and engaged this man rather than rejecting Him.[31] Conventional wisdom and expectations were that a man who was thought to be mad would be excluded from the community, as his fellow citizens had done, but Jesus looked past what was expected of him and choose a different path: inclusion and engagement.[32]

This type of rejection did not only apply to those who were considered to be mad, it also occurred with those who were suffering physical ailments. Shortly after encountering the demoniac, Jesus has an encounter with a woman who had been suffering from an extended menstruation that lasted twelve years. According to Mosaic Law, she would have been considered unclean by the society (Lv. 15:19-34) and would have suffered social rejection as a result.[33] This would have meant that she would not have been permitted to participate in any of the community or religious ceremonies, effectively cutting her off from the very community she had once been a part of.[34] Jesus was traveling through a large crowd on His way to heal Jairus' daughter when this woman reached out to touch the edge of His robe. Mosaic Law taught that any individual who was touched by a menstruating woman would be made unclean, which would likely cause that individual to become angry. However, to the surprise of the woman, when she touched Jesus it was not Him that became unclean but her that became clean. Furthermore, Jesus did not condemn this woman for seeking Him out, but affirmed her faith as he called her daughter and commended her

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[31] Lane, *The Gospel of Mark*, 89.

[32] Ibid., 182.

[33] Allen C. Myers, *The Eerdmans Bible Dictionary* (Grand Rapids, MI: Eerdmans, 1987), 223.

[34] Ibid., 222.

to "go in peace" which "signified more than release from agitation over a wretched existence or from fear… [but] the profound experience of well-being which is related to salvation from God."[35]

What these two encounters seem to indicate is that the isolation of those who are suffering, whether from physical or mental issue, is never the solution that leads to full healing. By engaging these two individuals, Jesus "opened himself to ritual defilement… by coming into contact with a [demoniac] and touching a woman who was hemorrhaging," and in doing so He not only gave these two individuals the opportunity to experience healing, He also gave a model for engagement and inclusion that the church must work towards expressing in its own response to those who society would cast out.[36] It is important to remember that the church Jesus established is one "without external qualifications or differentiations… [and] is meant to include all—Greeks and Jews, slaves and free, male and female," and one could add those who are suffering from mental illness. [37]

Relevance to this Doctoral Project

On the day that Jesus began his public ministry in the synagogue at Nazareth, he quoted from the book of Isaiah where the prophet writes that "the Spirit of the Lord is upon me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim liberty to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the year of the Lord's favor."[38] In

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[35] Lane, *The Gospel of Mark* 194.

[36] Myers, *The Eerdmans Bible Dictionary*, 224.

[37] Ibid., 216.

[38] Jesus in Luke 4:18, quoting from Isaiah 61:1-2.

this significant moment, Jesus identifies both himself and his ministry on earth as being "directed to the poor… [who are] defined not merely in subjective, spiritual or personal, economic terms, but in the holistic sense of those who are for any of a number of socio-religious reasons relegated to positions outside the boundaries of God's people."[39] Immediately after reading this passage, Jesus goes on to remind those who are with him that in during the famine in the days of Elijah, the prophet was instructed by God to only care for two people who their culture had deemed to be on the fringes: a foreign widow and a foreign warlord. This statement angered the Jewish leaders, who then attempted to kill Jesus because he had made it abundantly clear that this new kingdom he was ushering in is one that "embraces the widow, the unclean, the Gentile, [and] those of the lowest status," which is not a reality that the religious leaders were willing to embrace.[40]

Jesus is making it known to all the Israelites that the plan of redemption that God had put in place since the beginning of time was for all people as he refused "to recognize [the] socially determined boundaries [that were in place at the time], asserting instead that even these 'outsiders' are the objects of [God's] divine grace."[41] This grace would not only manifest itself in the ministry of Jesus with the physical healing of those who were suffering from ailments such as blindness and lameness, but also that it would work towards "restoration… [and] entry into the community… [of faith, which has] important spiritual and social ramifications" that are seen all throughout the ministry of the early church in the book of Acts.[42] The mandate to care

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[39] Myers, *The Eerdmans Bible Dictionary*, 211.

[40] Ibid., 218.

[41] Ibid., 211.

[42] Ibid., 211-212.

for and embrace those who are on the fringes of society in the Law finds its fulfillment in the ministry of Jesus and, as a result, is central to the mission given to the Church by God in the world. Those who belong to the Church are to take those who are on the outside and embrace them as fellow insiders who are fully included as members of the household of God regardless of their physical or mental condition. This mandate is binding on all believers for all time because the Jesus disrupted "the established order of the status quo, turning value appraisals upside down—not the strong but the weak, not the insiders but the disinherited, not ability but disability. Human beings are affirmed in their vulnerable differences and united by God's love in Christ."[43]

While the world may assign greater and lesser value to individuals God "does not regard anyone from such a worldly view because the work of Christ has brought to light [His] verdict on these matters. In God's eyes, male and female, though distinct, are equals; slave and free are equals; Jew and Gentile are equals," as are those who struggle with mental health disorders.[44] This new reality that Jesus ushered has important implications for the way we are to respond to adolescents who are experiencing rejection and isolation, and will be the very thing that catalyzes us to engage and act in the online seminar that was developed in this doctoral project.

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[43] Thomas Reynolds, *Vulnerable Communion* (Grand Rapids, MI: Brazos Press, 2008), 106.

[44] Elizabeth Conde-Frazie, S. Steve Kand, and Gary A. Parrett, *A Many Colored Kingdom* (Grand Rapids, MI: Baker Academics, 2004), 60.

PART THREE

MINISTRY STRATEGY

CHAPTER 5:
GOALS AND PLAN FOR TRAINING SEMINAR

While there are many things that youth workers know about adolescents and their journeys, understanding the complexities surrounding mental health disorders like anxiety and depression has often been found to be lacking in this community. Creating an online training seminar that is designed to educate and equip them with a working knowledge that empowers them to effect change in their ministry contexts is no small task. There is a fine line to walk between giving enough information and practical ideas to make a difference while at the same time reminding them of the reality that they are not trained experts in mental health disorders and should not lead as if they were. Chapter five will explore the theological motivation for the new online training seminar that was developed in this project, state the goals of the new training seminar, define the target population the seminar is designed for, examine the pre-seminar knowledge and understanding of the topics for the participants who volunteered to be a part of the pilot seminar, explain the strategy that helped shaped the content of the seminar, and provide an outline of the new online training seminar.

Theological Motivation for the Online Training Seminar

In *Mental Health and the Church*, Grcevich observes that more often than not churches lack several things that keep them from successfully caring for individuals in their congregations who are struggling with mental health disorders. There is a

general lack of knowledge of what constitutes a mental health disorder and a lack of knowledge for how to appropriately care for individuals suffering from them. These things, when combined, often inadvertently force individuals struggling with these mental health disorders out of community and into further isolation which only serves to exasperate their conditions. As McKnight argues in *A Fellowship of Differents*, this isolation is the exact opposite of what should be happening in the church. The church should not be a place where those who struggle the most are further isolated, but rather a place where they are pursued, cared for, and welcomed into the family of God. This is applicable to any individual who struggles, whether an adult or an adolescent. The impetus to act and care is always on the one who is stronger, never on the one who is weaker.

Understanding the reality that many youth workers have a lack of knowledge surrounding these issues and the theological mandate to pursue and care for those who are isolated, this new online training seminar will seek to bridge the two worlds of theology and practical ministry by focusing on effective systems and processes that can effect change. Given that this online training seminar is not attached to any one particular organization or church, it allows a lot of flexibility for it to be designed in a way that enables it to have broad application and to be adapted for a specific regional context. The way this will be accomplished is by focusing on principles and systems rather than programs and institutions. These principles and systems will be focused on educating youth workers about the realities surrounding adolescent anxiety and depression and offering transferable systems and principles that can then be applied in a contextual way that matches their church or parachurch structure and polity. The goal is for more youth workers to be empowered and prepared to create safe

environments and ministries where adolescents who are struggling with mental health disorders can not only belong, but also thrive.

Goals of the Training Seminar

This section outlines the goals for the online training seminar for youth workers who want to have a better understanding of adolescent anxiety and depression and how they, as ministry leaders, can respond. There are two primary goals. The first goal is to educate youth workers on the data surrounding adolescent mental health disorders. In order to know how to care for adolescents struggling with anxiety and depression, they must first know what is happening and why it is happening. The online training seminar will walk through the social science data to give them an overview of this knowledge. The second goal is to equip youth workers with practical tools and systems that will better prepare them to care for adolescents who are struggling with anxiety and depression. As was indicated the pre-seminar survey, many youth workers feel ill-equipped to care for their students who struggle with mental health disorders and many churches have little to no plan in place for what to do when the issue arises. The online training seminar will look at practical systemic changes that will equip youth workers with the tools they need and inspire them to be a part of the solution.

The Target Demographic

The primary target demographic for this online training seminar is frontline youth workers, which includes those who work with adolescents in the church and in parachurch ministries. There is a real need, as evidenced by the pre-seminar survey that participants took, to know more about the issues of anxiety and depression so that

youth workers can effectively help adolescents and families who are struggling with mental health disorders. It is because of this need that the online training seminar has been created for youth workers to be trained and equipped. This seminar will be also made available to other audiences such as parents, teachers, and coaches as the information about anxiety, depression, and the factors influencing systemic abandonment is relevant to anybody who is around teenagers struggling with mental health disorders on a regular basis.

Assessing the Current Preparedness of the Test Group

Before creating the seminar, it was necessary to gain an understanding of the current knowledge and ministry practices of the youth workers who serve adolescents struggling with mental health disorders. This was accomplished by creating an anonymous online survey that was sent out to 130 church and parachurch youth workers who had indicated to me that they would be interested in completing the online training seminar when it became available. Of the 130 surveys that were sent out, thirty-five individuals (28.2 percent response rate) completed the survey between May 11-14, 2020. The full results, along with subsequent charts, can be located in Appendix A.

The first question asked was "how equipped do you feel from your previous education / training experiences to understand and engage adolescents who are struggling with mental health issues?" The results were that two individuals (5.71 percent) felt very equipped, twenty-six individuals (74.29 percent) felt somewhat equipped, and seven individuals (20 percent) felt not equipped at all. The second question asked was "what training opportunities / educational opportunities have you sought out for education and assistance regarding these issues?" The results were that

twenty individuals (57.14 percent) had sought ought higher education in college and seminary, twenty-eight individuals (80 percent) had read books and articles on the topic, thirteen individuals (37.14 percent) had participated in training seminars, twelve individuals (34.29 percent) had received mental health training, thirteen individuals (37.14 percent) had partnered with local health professionals, fourteen individuals (40 percent) had listened to podcasts about the subject, and three individuals (8.57 percent) had sought out other opportunities. The "other" options were working in a brain injury facility and pursuing relationships with adolescents dealing with mental health disorders.

The third question asked was "what role should the local church / parachurch take in proactively caring for adolescents struggling with mental health disorders?" This was an open-ended question, and the majority of the responses given fell into two categories. The first category had to do with the relationship that the youth worker has with the students themselves. One respondent wrote that their role is to walk "alongside with students as they seek professional help" and another wrote that they are "walking along the journey with them." The second category had to do with the support that the church offers to those struggling with mental health disorders. One respondent wrote that the church should be "a bridge to mental health professionals for students in need" and another wrote that churches should be the "cultural leader in removing the stigma and shame surrounding mental health."

The fourth question asked was "if you are a ministry leader, does your ministry have a present plan in place for how to care for adolescents who are experiencing mental health disorders?" There were eleven individuals (31.34 percent) who answered 'yes' to this question, and twenty-four individuals (68.57 percent) who answered 'no' to this question. The fifth question asked was for respondents to

"please briefly describe the present plan you have in place to care for adolescents

struggling with mental health disorders." There were several responses that stated the

churches policies were not established and instead determined on a case by case basis.

Others indicated that because they had no plan in place, they were not able to answer

the question.

The sixth question asked was "what is the greatest struggle you have

experienced when trying to care for adolescents experiencing a mental health

disorder? Select all that apply." Nineteen individuals (54.29 percent) responded that it

was a lack of knowledge of the topic, six individuals (17.14 percent) responded that it

was a lack of support from ministry leaders, twenty-five individuals (71.43 percent)

responded that it was a lack of ideas for how to help, fourteen individuals (40 percent)

responded that it was a lack of community partnerships, six individuals (17.14

percent) indicated that it was a lack of leadership buy in from the church, and seven

individuals (20 percent) indicated that the reason was other. The "other" responses

largely had to do with the lack of proper systems being in place to help individuals

who are struggling with mental health disorders and the lack of training in

"recognizing the differences between normal and abnormal levels of anxiety."

The seventh question asked was "what do you hope to get out of this training

seminar?" This was an open-ended response that got a varied set of answers that are

difficult to categorize. While most individuals expressed a desire to understand

mental health disorders better and understand what they could do to better serve

students, there were several nuances that made them distinct. One respondent wrote

that they wanted a better "understanding about mental health issues that students are

facing, what's the source of those issues, and practical ways to help them." Another

expressed a desire to have a "more well-rounded understanding of the types of mental

health disorders that students are navigating and how I as a pastor can care well for them, either personally, through our volunteer teams or through partnerships with mental health professionals." The survey responses were taken into consideration when creating and designing the content that will be covered in the training seminar. The full survey with all of its results is found in Appendix A.

The Strategy

Initially, this project was intended to be an in-person seminar for northern Colorado youth workers that would allow space for questions, dialogue, and the examination of case studies. However, given the realities of the social distancing guidelines due to the COVID-19 outbreak when this project was being developed, it was decided that it would be best to transition it into an online seminar and be broadened beyond the northern Colorado ministry context. This change had the advantage of allowing the content of the seminar to reach more youth workers and get more feedback from across the United States that can be adapted for future use. Additionally, it allowed for the development of a script and outline that can be adapted into any context by a youth worker with little changes needing to be made.

With the online training seminar being delivered in an online format, some changes had to be made to the seminar to allow it to be more interactive and engaging to those who participated in it. The final question in the online pre-seminar survey was used to get insight from the youth workers who will be taking it about what their hopes and desires were for what they got out of the seminar. This feedback was analyzed and incorporated into the different sessions of the seminar to better meet their needs.

For those who expressed a desire to have actionable steps for things they could do, the session entitled "Countering Systemic Abandonment by Creating Systemic Change" was added to give practical strategies to help churches think through the systems and process they have in place and whether or not they are affective in caring for adolescents struggling with mental health disorders. For those who expressed a frustration with feeling alone and ill-equipped to care for adolescents struggling with mental health disorders, the session entitled "Forming Your Response Team" was added to help them identify the kinds of individuals they need to pursue to join their team that is specifically tasked with caring for adolescents struggling with mental health disorders. For those who expressed a need to have clearly defined boundaries and responsibilities for what they are supposed to do, the session entitled "Welcome" was reworked to include a section that delineates between the role of a youth worker (pastor, friend, guide, mentor) and a professional mental health worker. Lastly, because there was a lack of theological engagement when talking about caring for adolescents with mental health disorders in the responses given, a session entitled "Why Churches Need to Engage" was added to provide a theological reflection for why this is not the work that some are called to, but all.

Lastly, the concern for how to keep individuals engaged in a personal way had to be addressed. To do this, pre-seminar exercises were added to each session to get the viewer engaging with the topic that is to be presented beforehand. Additionally, post-seminar questions were added to each session to allow the viewer to reflect and apply the content to their own ministry context. Each participant was also encouraged to invite other key ministry leaders, volunteers, and staff members to watch the seminar with them and talk about the content together.

Training Seminar Outline

This section will give an overview of each of the seven video sessions that will be a part of the new online training seminar. Each of these sessions will give an overview of the content that is covered as well as its relevance to youth workers who are working with adolescents struggling with anxiety and depression. It will be structured in the following way: Welcome, Understanding Adolescent Anxiety & Depression, Systemic Abandonment & Five Factors Influencing It, Why Churches Need to Engage, Countering Systemic Abandonment by Creating Systemic Change, Forming Your Response Team, and Closing Thoughts.

The first session is entitled "Welcome." It will begin with a conversation about the video participants watched on the life of Amanda Todd, a teenage girl who took her own life, in the pre-session exercise. Participants are reminded of the different roles that youth workers and mental health professionals have when it comes to the care provided for adolescent's struggling with mental health disorders. It will conclude with an overview of the contents of the other six sessions in the training seminar and an explanation of how to access and use the seminar handbook, which is located in Appendix B.

The second session is entitled "Understanding Adolescent Anxiety & Depression." In this session, participants are shown the latest data as it relates to adolescent suicide, as well as the underlying diagnoses of anxiety and depression that are fueling its rise. This deep dive into the social science is important for youth workers to know, as it gives them real data as well as clear definitions for what anxiety and depression are as well as the symptoms to look for in adolescents they work with. This will be helpful as it will allow participants to begin to see the

differences in adolescents who are experiencing situational anxiety and depression and those who are experiencing clinical anxiety and depression.

The third session is entitled "Systemic Abandonment & Five Factors Influencing It." In this session, participants are shown how the rise of systemic abandonment is linked to the rise being observed in the diagnoses of anxiety and depression amongst adolescents. It will explore five factors and realities that adolescents have or are experiencing that are directly tied to the rise of systemic abandonment and the ways in which this has fueled the present mental health crisis. This is a critical session in this seminar, as these five factors are things that participants who work with students can hone in on when they begin to think about best ministry practices moving forward. The content covered in this session will be the foundation on which the systemic changes proposed in session five will be based.

The fourth session is entitled "Why Churches Need to Engage." In this session, there is a review of biblical themes that shape how churches and parachurch ministries should engage this issue. This is an important session, as it provides the theological impetus for churches to begin proactively thinking and planning for how they will care for adolescents who are struggling with mental health disorders. It will focus primarily on tracing the themes of carrying for those who are in the fringes of society and welcoming them into the family of God as they are. Relevant passages and writings from the Levitical Law through the ministry and teachings of Jesus will be presented and applied.

The fifth session is entitled "Countering Systemic Abandonment by Creating Systemic Change." In this session, participants are exposed to five practical changes that they can begin to think through in light of their own ministry context that will help them counter some of the most devastating effects of systemic abandonment.

These changes will not focus on specific things to accomplish in terms of programs or curriculums to launch, but rather on systems that, when designed property, will lead to the desire change. They are shown how these changes can directly lead to creating the kinds of environments and relationships where adolescents struggling with mental health disorders can be cared for and embraced as fellow members of the household of God.

The sixth session is entitled "Forming Your Response Team." In this session, participants will be given a helpful framework that will empower them to create teams who can help them enact the changes outlined in the fifth session. The primary resource used to inform the creation of these teams in this session is what Grcevich recommends in *Mental Health and the Church* where he advocates including mental health professionals, mental health advocates, occupational therapists, interior designers, social workers, and wise laypersons on the team.[1] Participants are encouraged to think through the value that each of these voices brings to the conversation and the unique roles each can play in creating systemic change.

The seventh and final session is entitled "Closing Thoughts." In this session, participants learn how all of the sessions fit together to help them create systems and ministries where adolescents struggling with mental health disorders can experience hope. Additionally, participants are told about other additional resources they can access and explore to gain a deeper knowledge of the topics that have been covered in the seminar.

The entire online training seminar will take between ninety minutes to two hours to complete. This includes watching the seven video sessions and engaging in the pre-session exercises and post-session reflection. It can be completed all at once

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[1] Grcevich, *Mental Health and the Church*, 93-96.

or broken up into several different segments based on the availability of time the

participants have to take it. The training seminar is found on Udemy.com, and an

explanation for how to access to course see Appendix C.

CHAPTER 6:
IMPLEMENTATION, PROCESS, AND STRATEGY

Chapter six describes the process that I went through in developing and

implementing the online training seminar on adolescent anxiety and depression for

youth workers. It will provide details for all of the work needed to create the content

of the different sessions in the course, filming and editing the footage, recruiting

youth workers from across the United States to participate in the pilot test group,

getting it online, and getting feedback from participants who piloted the seminar

afterwards. The chapter will conclude by assessing the success of the seminar and

examining participant feedback to discern what changes need to be made to the

seminar moving forward to make it more accommodating to youth workers.

Timeline and Development

The development of the content began with making a request of youth workers

at the beginning of May 2020 in three separate youth networking groups on Facebook

to participate in the pilot seminar when it was ready.[2] In this post, I described some of

my research and what I was hoping to do with the seminar. By the middle of May, I

had 130 youth workers who had responded to my request stating that they would

desire to be a part of the test pilot seminar. I proceeded to send an email to these

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[2] Three Facebook groups that I am a part of served as my pool… Download Youth Ministry
Community, Stuff You Can Use, and Youmin.org. Together, these groups have over 30,000 active
youth workers engaging each month.

individuals explaining more about the project and asked them to complete the pre-seminar survey, which is found in Appendix A along with the full results. From May 11-14, 2020, the results were analyzed to look for common threads, patterns, and needs that would help shape the development of the seminar content in conjunction with research in chapters one through four of this final project.

Once I had analyzed the results, I began to write the content that would be presented in the seven sessions in the online seminar. The content was influenced by the research of this doctoral project and the needs indicated by youth workers in the pre-seminar survey. On May 18, 2020 the scripts for the seven sessions were completed and I proceeded to film and edit the sessions for the seminar that was to be uploaded online. On May 19, the editing was completed and the seminar became available online for those who indicated they wanted to pilot the online seminar. There were three ways that participants were able to access the course. They could access it on Udemy.com, utilize the Dropbox link that was sent to them with a file containing all of the seminar documents and files, or watch the seminar on a YouTube channel that was designated for this project. The window given to pilot participants to complete the training and the post-seminar evaluation was ten days from May 19 – May 29, 2020. I assessed the feedback provided after the time period passed and made future recommendations for changes to be made to the seminar based on what was discovered in the pilot group.

Resources for Online Training

There are a lot of things that were needed to successfully execute an online training seminar of the caliber I wanted. First, there was the need for a hosting site that is designed for educational experiences. In addition to being able to access the

course via Dropbox and YouTube, I wanted to give participants an experience that communicated the educational value of the content that was presented. I decided to use Udemy.com at the recommendation of other DMin students, which allows free online hosting of courses and a very user-friendly experience for participants.

Second, there was the need to capture high quality video and sound for the sessions in the seminar. Fortunately, I serve as one of the pastors at Christ Community Church, which gave me access to all of the sound and video equipment that I would need to capture the sessions. With the permission of our Business Administrator, I was able to film all of the sessions on a day when they were not in use. Since I had completed all of the content development for the session of the seminar prior to the date of filming, it allowed the process to run smoothly and completed in a four-hour window. During filming, I needed access to a TV where I could simulcast the slides from my laptop to the screen so they could easily be seen by participants. After, I used the Final Cut Pro software that I have on my computer to edit the footage and upload to Udemy.com, Dropbox, and YouTube.

Third, there was the need for a handbook that would accompany the content of the online training seminar. This handbook, which can be found in Appendix B, was created in conjunction with the development of the sessions and contains many of the main ideas that were presented in the seminar. It also included pre-seminar exercises, post-seminar questions, space for participants to take notes, and additional resources for participants to explore further. It was uploaded to Udemy.com and was also sent out to participants as a .pdf prior to the seminar in the e-mail informing them the seminar was live in the event they chose to view it on Dropbox or YouTube.

Lastly, there was the need to capture feedback from participants. To do this, I created an account on Surveymonkey.com and created two separate surveys. The first

was a pre-seminar survey to assess the knowledge and understanding of the topic from those who indicated they wanted to participate. The results of this survey can be found in Appendix A and the interpretation in chapter five. The second survey was a post-seminar evaluation assessing the value of the seminar designed for this doctoral project. The full results of this survey can be found in Appendix D with the interpretation in following section.

Assessment of the Test Pilot Participant Feedback

The online training seminar became available for participants on May 19, 2020. Those who had indicated they wanted to participate in the seminar were e-mailed detailed instructions about the multiple ways they could access the course. Participants were asked to complete the seminar and the post-seminar evaluation before May 29, 2020 so the feedback could be incorporated into this final project. Of the 130 individuals who expressed an interest in taking the course, only thirteen completed the post-seminar evaluation in the time frame allotted to them. An additional sixteen completed it within a week of the deadline, and those results have been incorporated into this assessment.

In the pre-seminar evaluation, participants were asked about their current knowledge and preparedness to work with students dealing with mental health disorders. It established a baseline for where they were before taking the seminar. In the post-seminar evaluation, the questions were changed to explore how they felt about their knowledge and preparedness after going through the seminar. The evaluation asked participants thirteen questions relating to the value of each of the seven sessions and its relevance and application to their own ministry context. The purpose of this survey was to evaluate the effectiveness of this seminar in achieving

its stated goals. The first seven questions rated the helpfulness of each of the sessions and the last six questions were open-ended questions inviting participants to share feedback about the seminar's relevance, importance, and application. All of the post-seminar evaluations can be found in Appendix D.

The first question asked was: "How helpful was the "WELCOME" session in the seminar?" Three individuals (10.34 percent) responded that it was extremely helpful, fourteen individuals (48.28 percent) responded that it was very helpful, eleven individuals (37.93 percent) responded that it was somewhat helpful, one individual (3.45 percent) responded that it was not so helpful, and zero individuals responded that it was not at all helpful. The second question asked was: "How helpful was the "UNDERSTANDING ADOLESCENT ANXIETY & DEPRESSION" session in the seminar?" Ten individuals (34.48 percent) responded that it was extremely helpful, sixteen individuals (55.17 percent) responded that it was very helpful, two individuals (6.09 percent) responded that it was somewhat helpful, one individual (3.45 percent) responded that it was not so helpful, and zero individuals responded that it was not at all helpful.

The third question asked was: "How helpful was the "SYSTEMIC ABANDONMENT & FIVE FACTORS INFLUENCING IT" session in the seminar?" Fourteen individuals (48.28 percent) responded that it was extremely helpful, eleven individuals (37.93 percent) responded that it was very helpful, four individuals (13.79 percent) responded that it was somewhat helpful, zero individuals responded that it was not so helpful, and zero individuals responded that it was not at all helpful. The fourth question asked was: "How helpful was the "WHY CHURCHES NEED TO ENGAGE" session in the seminar?" Thirteen individuals (44.83 percent) responded that it was extremely helpful, twelve (41.38 percent)

responded that it was very helpful, four individuals (13.79 percent) responded that it was somewhat helpful, zero individuals responded that it was not so helpful, and zero individuals responded that it was not at all helpful.

The fifth question asked was: "How helpful was the "COUNTERING SYSTEMIC ABANDONMENT BY CREATING SYSTEMIC CHANGE" session in the seminar?" Seventeen individuals (58.62 percent) responded that it was extremely helpful, nine individuals (31.03 percent) responded that it was very helpful, three individuals (10.34 percent) responded that it was somewhat helpful, zero individuals responded that it was not so helpful, and zero individuals responded that it was not at all helpful. The sixth question asked was: "How helpful was the "FORMING YOUR RESPONSE TEAM" session in the seminar?" Four individuals (13.79 percent) responded that it was extremely helpful, sixteen individuals (55.17 percent) responded that it was very helpful, seven individuals (24.14 percent) responded that it was somewhat helpful, two individuals (6.90 percent) responded that it was not so helpful, and zero individuals responded that it was not at all helpful.

The seventh question asked was: "How helpful was the "CLOSING THOUGHTS" session in the seminar?" Four individuals (13.79 percent) responded that it was extremely helpful, ten individuals (34.48 percent) responded that it was very helpful, twelve individuals (41.38 percent) responded that it was somewhat helpful, two individuals (6.90 percent) responded that it was not so helpful, and one individual (3.45 percent) responded that it was not at all helpful. The eighth question asked was to evaluate whether or not the following statement is true: "I feel prepared to begin making changes in my ministry context so that we can better serve students dealing with anxiety and depression after viewing this seminar." Twenty-eight

individuals (96.55 percent) answered yes and one individual (3.45 percent) answered no.

The ninth question asked was: "What changes do you plan to implement?" This was an open-ended question, and the results primarily fell into two categories. First, individuals spoke about the need to broaden their response teams to include individuals who can add value to the conversation. Second, individuals spoke about the need to reframe their ministries to address the five factors influencing systemic abandonment. One respondent wrote that "the immediate change [they will make] will be tweaking [their] strategy and schedule for social media posts and online presence. Long term, [they will] need to start brainstorming even more ideas for how teens can serve alongside adults in our context post-covid restrictions." Another respondent state that the "5 adults to 1 child idea was a phenomenal suggestion to rethink adult volunteer roles and responsibilities."

The tenth question asked was: "What was the most valuable part of this seminar?" This was an open-ended question, and the results primarily fell into three categories. First, individuals expressed a gratitude for the statistics and information that was given to them with "actual suggestions backed by research." While they know that these are significant issues, some were not aware of how pervasive it is. Second, individuals were grateful for the exploration of systemic abandonment and the factors that are influencing it. One responded stated that the "most helpful part for me was session 4 and 5, digging deeper into some of the issues and combating systemic abandonment." Participants expressed an appreciation that there was data that backed up what was presented. Third, individuals appreciated the framework that was provided for crafting a response in session five.

The eleventh question asked was: "What was the least valuable part of this seminar?" This was an open-ended question, and the results primarily fell into two categories. First, participants noted that the seminar would have been enhanced if the presentation of the data had been less static and more creative. One respondent stated that they didn't "know if [I was] using the TV and tablet [I] have to its fullest ability" in terms of the presentation. Second, while participants expressed a gratitude for the information they expressed a desire to see more practical application with examples of how the systemic changes are actually being made.

The twelfth question asked was: "What information would have made this seminar more helpful for you?" This was an open-ended question, and the responses were hard to classify into categories. One individual asked for more information while another asked for less. One individual stated that they loved the seminar handbook while another said it needs more work. One expressed a desire to have more practical application while another said they appreciated the 10,000-foot overview. While the feedback was hard to classify, it was helpful in making changes moving forward.

The thirteenth question asked was: "Do you have any additional comments or questions after viewing this seminar and participating in this survey?" This was an open-ended question, and the results primarily fell into two categories. First, individuals overwhelmingly expressed a gratitude for the opportunity to be a part of the pilot seminar test group. One participant said that "watching this has made me even more passionate about these issues and I've committed part of my summer to growing and learning in them so I can better love, serve and lead my students." There was an appreciation for what they learned and the action steps they now have to take. Second, individuals pointed out that there were some simple ways to make the

seminar a more enjoyable experience by changing not the content of the presentation, but the actual presentation (i.e. graphics, handbook, etc.) of the materials used.

Analysis

In the pre-seminar survey, the majority of participants stated that they felt somewhat equipped (74.29 percent) or not equipped at all (20 percent) to understand and engage the adolescents in their ministries that were struggling with mental health disorders. In the post-seminar survey, the majority of participants (96.55 percent) stated that after watching the seminar they felt better prepared to understand and engage adolescents and had actionable steps they could start taking. This is an indication that, overall, the seminar achieved its two goals of educating youth workers and equipping them with practical tools and systems to create systemic change in their ministry contexts. While the overall goals were achieved, there are several changes that need to be made in light of the feedback that was given to enhance the seminar and make it a better resource for youth workers to use in their ministry contexts.

First, there is a need to combine the contents of two of the sessions together to streamline the seminar. Instead of having the formation of a team be covered in depth in session six, it needs to be condensed and added as a subsection of session five when talking about the systemic changes that can be made by ministries. This would eliminate upwards of five minutes of content and allow the importance of the point to be grasped by participants without it being too long.

Second, there is the need to rework the final session, which the majority of participants indicated was the least valuable part of the seminar. Seminar participants indicated that instead of recapping the contents of the seminar as a whole, it would have been more helpful in this section to hear stories of how churches or other

ministries are successfully countering systemic abandonment by creating systemic change. Specifically, they wanted to know how I have been applying these changes in my own ministry context and the results that I have experienced. Adding this would add credibility to the presenter and would allow the seminar to end on a note that is more hopeful and inspiring.

Third, there is the need to rework the PowerPoint presentation and the training handbook that go along with the seminar. Participants indicated that while the content that was presented in these two formats was very helpful, the mode of delivery was not. Instead of paragraphs with lots of information, they stated that graphs and charts would have been more helpful to communicate the major ideas and concepts. Making these changes would allow the participants to more easily engage with the content and make it more memorable for them.

Fourth, there is a need to expand on the content that was presented in session five. While seminar participants overwhelmingly indicated that this was the most helpful session of the seminar, they stated that they wished there had been even more practical takeaways for things they could begin working on in their own ministry context. Adding examples of actionable steps and examples of what ministries are doing to create the five changes that were covered in this session would make this session more engaging and give seminar participants more guidance for changes that need to be made in their ministry context.

Lastly, there is a need to reevaluate the delivery platform of this seminar. Given the realities of social distancing with COVID-19, I had no other way to test the seminar than by utilizing an online platform to deliver it. While this was helpful in gauging the effectiveness of the content being presented, it severely limited the ability for engagement and dialogue to happen which, based on feedback, is something that

needs to be a part of a seminar addressing this topic. Moving forward, it would be best to have this seminar be something that is delivered primarily in person so that it could permit the opportunity for enhanced participant and instructor engagement. This would allow time for participants to ask questions after each session, which was something that was brought up in the post-seminar evaluation.

Overall, the pilot of this online seminar was determined to be a success. In making the above changes, the experience that seminar participants have would be greatly enhanced. They would not only have the information they need, they would have the knowledge for how to correctly apply it in their own ministry context allowing more adolescents who are experiencing a mental health disorder to receive the appropriate care needed from their local church.

SUMMARY AND CONCLUSION

This online training seminar was created to provide a practical resource for youth workers who not only want to better understand what is happening in the lives of their students who are suffering from anxiety and depression, but who also want to be a part of the solution. In the many communications I have had with the individuals who took the seminar, I have found that there is a deeply shared conviction that the church must play a significant role in the care that is offered to those students. For far too long many have felt that the church has been unwilling to engage this issue critically due to a lack of knowledge and a lack of knowing where to begin. However, there is a growing consensus that even though this may be true looking at our history, it does not have to be true as we look to our future.

While a youth worker can never play the part of a therapist or counselor, they do have something unique they alone can offer to students that is just as needed: pastoral care. This pastoral care is not focused on the outward things often associated with that title, but rather it embraces the ethos of what it truly means to be a pastor who cares. I am grateful for what this project developed in the training seminar and for how it has begun numerous conversations all over the country on how to best care for the students who are on the fringes of our ministries. As I look to the future and the role that this project could play in the larger Christian community, I see many possibilities for how it might be expanded to have an even greater impact.

First, there is the opportunity to expand on the content of session five to help churches think through the practical implications of countering systemic abandonment by creating systemic change. In the original session, I focused primarily on providing an overview of the changes that could be made by churches and spent little time on talking through what those changes could look like. If this section were expanded to

include practical next steps and examples of ministries that have been doing this well, it would be able to provide them with effective systems, strategies, and metrics that would help a church or parachurch see if they were being effective in their efforts. This would allow those churches who go through the seminar to walk away with a clear sense of what they needed to do next.

Second, there is an opportunity to expand on this project by developing multiple seminars that explore this same issue of adolescent mental health but with a focus on a different target audience along with different systemic changes to make to counter systemic abandonment. One of the things that stood out to me most in my research was the information about the importance of social capital and the effect it has on the well-being of an adolescent. Given the reality that the students we work with have multiple relationships with other adults that are affecting them in significant ways, it would be a great opportunity to train and resource more people so we can work in tandem on behalf of the students who are struggling.

Third, there is an opportunity to fine tune the curriculum and adapt it to be a seminar that is delivered in person. Given the reality that the content that is covered is so personal to many youth workers, it would be advantageous to have this seminar be delivered by ministry leaders who know the participants and the unique ministry contexts they are dealing with. This would allow the impact of this seminar to be far greater than any video every could be.

Lastly, there is an opportunity to expand on this project by developing a coaching and mentoring program for those who choose to lead this seminar. Fortunately, this is something that I am already in the process of setting up through my role as a staff consultant with Ministry Architects (MA), which is a consulting firm that helps churches build sustainable ministries all across the United States.

Upon completing the seminar, I was approached by my supervisor at MA with an idea of creating a cohort coaching group that would be focused on assessing how effective churches are in their care for adolescents who are struggling with mental health disorders and helping them create and implement effective systems and processes that would help them improve. This would be a significant next step, as it would help seminar leaders take the information and translate it into actionable next steps.

In my fifteen years of working with students in the context of the local church, I have had to be a part of more funerals for students who have taken their own lives because of their struggles with anxiety and depression than I would have thought possible when I first began in ministry. Elizabeth Julian, Eric Velasquez, Kayla Avila, and Leticia Salinas all took their own lives while I was their student pastor. These are names and faces that I will never forget. Each of these students carried a pain that they felt they could never escape from. This was further complicated by the reality that they lacked the resources and relationships to help them navigate through their struggles in a way that was life giving. Each one made that irreversible decision to take their own life. By choosing to do the hard work of evaluating our systems in light of what the data indicates will actually help, we will be creating ministry environments where students like Elizabeth, Eric, Kayla, and Leticia can both belong and thrive in as they are welcomed into the safety of a community that loves them and is looking out for them. This is what pastor care looks like for adolescents who are struggling with mental health disorders.

Instructions for this Survey

Thank you for your willingness to complete this survey!

In an attempt to understand the effectiveness of the online training seminar that you will be participating in, the answers that you give before in this survey and after in the post-seminar survey will be compared to evaluate whether or not the material that is covered and the way in which it is delivered is successful in accomplishing its goals of educating, informing, and equipping youth workers who work with adolescents struggling with mental health disorders. All results will be reviewed by Nathan Davis in his Doctoral Project that he is writing at Fuller Theological Seminary and will remain anonymous.

Below are 7 questions pertaining to your engagement / understanding of the issues that will be covered in seminar. Some of these questions, in addition to others related to the training, will be asked after you complete the seminar with the goal of seeing how the answers have changed in light of what is presented to gauge effectiveness.

*1. How equipped do you feel from your previous education / training experiences to understand and engage adolescents who are struggling with mental health disorders?

      Very Equipped
      Somewhat Equipped
      Not Equipped At all

*2. What training opportunities / educational opportunities have you sought out for educations and assistance regarding these issues?

      College / Seminary
      Books / Articles
      Training Seminars
      Mental Health Training
      Partnering with Local Counselors
      Podcasts
      Other (please specify)
      _____ (open ended)

*3. What role should the local church / parachurch take in proactively caring for adolescents struggling with mental health disorders?
_____ (open ended)

*4. If you are a ministry leader, does your ministry have a present plan in place for how to care for adolescents who are experiencing mental health disorders?

      Yes
      No

*5. Please briefly describe the present plan you have in place to care for adolescents struggling with mental health disorders.
_____ (open ended)

*6. What is the greatest struggle you have experienced when trying to care for adolescents experiencing a mental health disorder? *Select all that apply.*

Lack of Knowledge of the Topic
Lack of Support from Ministry Leaders
Lack of Ideas for How to Help
Lack of Parental Involvement
Lack of Community Partnerships *(i.e. counselors, schools, etc.)*
Lack of Leadership Buy-In From the Church
Other (please specify)
_____ (open ended)

*7. What do you hope to get out of this training seminar?
_____ (open ended)

Q1 How equipped do you feel from your previous education / training experiences to understand and engage adolescents who are struggling with mental health disorders?

Answered: 35   Skipped: 0
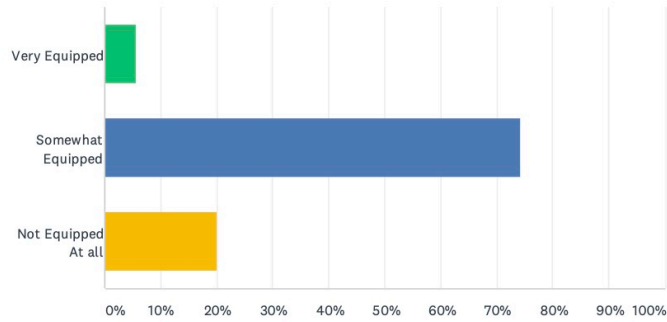
ANSWER CHOICES	RESPONSES	
Very Equipped	5.71%	2
Somewhat Equipped	74.29%	26
Not Equipped At all	20.00%	7
TOTAL		35

Q2 What training opportunities / educational opportunities have you sought out for educations and assistance regarding these issues?

Answered: 35   Skipped: 0
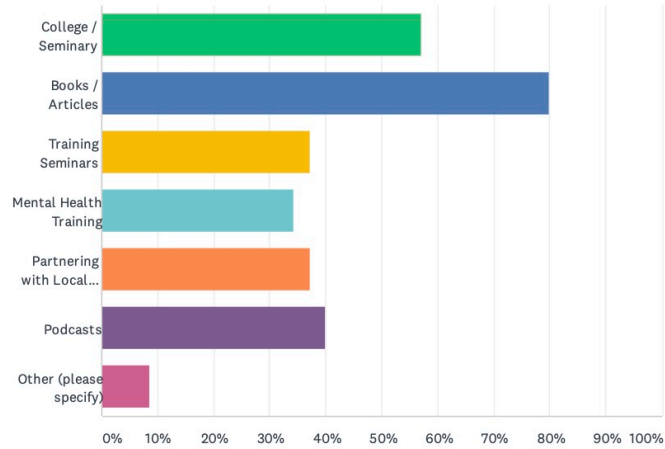
ANSWER CHOICES	RESPONSES	
College / Seminary	57.14%	20
Books / Articles	80.00%	28
Training Seminars	37.14%	13
Mental Health Training	34.29%	12
Partnering with Local Counselors	37.14%	13
Podcasts	40.00%	14
Other (please specify)	8.57%	3
Total Respondents: 35		

#	OTHER (PLEASE SPECIFY)	DATE
1	Worked for several years at a brain injury facility.	5/12/2020 12:53 PM
2	I have read a few articles but otherwise I try to avoid it because I find it a very difficult subject to understand and address.	5/12/2020 12:39 PM
3	Relationship with youth- learning from them.	5/12/2020 12:34 PM

Q3 What role should the local church / parachurch take in proactively caring for adolescents struggling with mental health disorders?
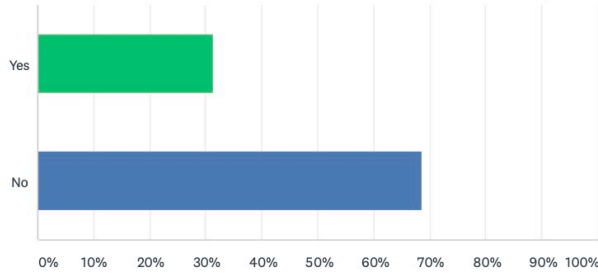
Answered: 35   Skipped: 0

#	RESPONSES	DATE
1	Helping them see that they aren't broken or outcast because they are struggling with mental health. Encourage them through healthy conversation, prayer, and Scripture. When/If the time comes, recommend them or connect them with a trained professional. All the way, walking along the journey with them.	5/13/2020 1:58 PM
2	First, we should provide a safe space for adolescents to share their mental health struggles. Secondly, we need to be able to help them put words to some of the things they cannot explain and encourage them to reach out to licensed professionals and their parents regarding therapy and treatment. Lastly, we should do our very best to protect their stories and build ministries that help them overcome some barriers and make progress in safe social interactions while they manage their mental health needs.	5/13/2020 11:35 AM
3	I think there is a balance to strike in this area. I appreciate what you said in your email about evaluating some of the ministry systems that we have in place to create space for students to thrive. I think that includes creating a place for students to process any kind of mental health disorders that a student may be dealing with. Just like we make consideration and preparations for students with food allergies, we owe it to students who are struggling with varying levels of mental health disorders (which is probably a larger population than students with food allergies) to be ready to care well for them and to point them to the incredible truth we hold to, that I believe can offer a great deal of healing to students. However, we have to be conscious of the fact that the majority of student ministry staff and volunteers are NOT qualified to offer diagnosis or prescriptive treatment for students. This is where it becomes vital to develop relationships with trusted mental healthcare professionals in our communities with whom we can partner, along with parents and guardians to bring the greatest amount of support to a struggling student. Safe spaces to process, proper training for care and support, and quality partnerships with trained professionals seem like 3 areas that the church can be proactive in establishing to care well for students struggling with mental health disorders.	5/13/2020 11:29 AM
4	Unless there is a professionally trained biblical counselor on staff I believe those struggling with mental health disorders should be referred out to one that is better equipped to handle these issues.	5/13/2020 10:29 AM
5	Walking along side with students as they seek professional help. I have the relationship to help but not the expertise	5/13/2020 9:11 AM
6	Support and care, but not counseling	5/13/2020 8:19 AM
7	Be well informed and partner with local professionals	5/13/2020 8:08 AM
8	We walk along side them in the mess and remind them of a loving, caring God who pursues us! We're in it with them, not to "fix it" but to help them process it through the lens of the gospel.	5/13/2020 8:05 AM
9	I believe the church should be a place of refuge, encouragement, and education to adolescents on mental health issues. As well as a bridge to mental health professionals for students in need.	5/12/2020 5:26 PM
10	The church should be the strongest, most supportive community that an adolescent can find to hear them out, give them a safe place, and help them to work through their mental health challenges. It should also be a cultural leader in removing the stigma and shame surrounding mental health. Churches should each be equipped with the highest level of mental health resources reasonably possible and be able to connect members to other services (e.g., clinical psychologists, psychiatrists, social workers) when issues arise that they are not equipped to handle.	5/12/2020 5:21 PM
11	Advertise Resources! Making these available, accessible and highly visible is key. Also, connecting with counselors and local organizations is important.	5/12/2020 4:14 PM
12	I think it's important for the church to be aware of these issues so they can guide students struggling. It's beneficial if they have a list of recommended Christian therapists to refer people to. I think that pastors also need to know when it is time to refer someone to a therapist with more training. I also think that pastors need to be able to support parents during this time and help end the stigma that you should just pray more to tackle anxiety and depression.	5/12/2020 3:53 PM
13	The church certainly needs to be aware of mental health disorders as a very minimal baseline. But they need to then recognize the reality of disorders and the prevalence amongst their youth, then be equipped to care for those students well. So often, churches/leaders just have	5/12/2020 3:35 PM

no idea what the struggles are, and if they do, the advice given is reductive and unhelpful, with a tendency toward overspiritualization of an actual mental/medical problem.

14	The church should look to resource students who are struggling as much as they can and shepherd them as much as their experience allows. There may be situations where the church isn't qualified to speak into certain issues so referring to professionals is necessary.	5/12/2020 2:44 PM
15	At the very least provide biblical counseling that will encourage, comfort, and counsel students to help them become more healthy and have a handful of professional therapists they can refer for students struggling with challenges that require more than biblical counseling (ptsd, major depression, generalized anxiety requiring medication, etc)	5/12/2020 2:28 PM
16	Mental health should be referenced and discussed enough that it does not feel taboo. Resources should be made freely available. Leaders should be proactively looking for youth who show signs of struggling.	5/12/2020 2:22 PM
17	Friendship	5/12/2020 2:08 PM
18	Should be able to help those struggling with resources, information on the subject and advice. If they need more deeper have a list of counselors or doctors for them.	5/12/2020 2:03 PM
19	We should be a place where they see clearly that there is hope beyond the struggle they're in. Practically speaking, this would entail some transparency in sharing our own struggles appropriately (and victories over those struggles), willingness to step into their struggle with them, and the ability (and humility) to help them find resources beyond our own capabilities to help them cope when necessary.	5/12/2020 1:54 PM
20	We should head it off and we should be teaching them and equipping them before it happens, and along the way.	5/12/2020 1:01 PM
21	This is an I reached mission field and the church needs to have people and resources as well as trainings available because these people need to know the Gospel of Christ and we need to be able to speak their language in a way to present the Gospel to them.	5/12/2020 12:53 PM
22	I think the church should serve as a first-line resource of sorts; where parents and their children are comfortable coming in to talk with a pastor or staff member as soon as problems develop. This means being proactive about talking about mental health often, providing general resources to all parents of children regarding mental health, as well as offering mentoring and 1-on-1 counseling when needed. It would also be helpful if churches felt equipped to know how to handle a wide-range of topics, but most importantly when (and who) to refer to professionals. I think that the church should also have resources on hand to partner with parents of adolescents who are struggling with mental health disorders.	5/12/2020 12:49 PM
23	A leading and pioneering role.	5/12/2020 12:39 PM
24	My best answer is a safe haven. I feel powerless to fix their problems but I feel empowered to be there for them without judgement or stigma as they tackle them.	5/12/2020 12:37 PM
25	The Bible is clear on guarding our hearts and minds in Christ Jesus! While I believe that begins at home, reality for many... and honestly in 2020 possibly most... is that they aren't receiving training, guidance and discipline in this area at home - their parents most likely didn't either! Therefore, I believe the Church/church/parachute has plays and should play a significant role in offering guidance and support, mentoring and discipleship in this area!	5/12/2020 12:34 PM
26	Primary role as advocate and resource e to families.	5/12/2020 12:25 PM
27	an active and involved role	5/12/2020 12:24 PM
28	We should, like Christ, embrace all who are under our leadership and guidance. I think providing counseling resources (or help finding those resources) is important. Encouragement and normalization of mental illness - we shy away from the topics that make people uncomfortable, but should speak openly about them in our youth settings and in the larger church gatherings. Having resources to provide to parents is also important.	5/12/2020 12:12 PM
29	I believe the local church should have the resources to care for students who are struggling with mental health disorders. This means resources that will not only be a support for the students, but also the parents.	5/12/2020 12:07 PM
30	We should be a helping hand and a listening ear. I don't believe we will ever be as equipped as a counselor but we can be a stepping stone.	5/12/2020 12:01 PM
31	I'm very interested in a coaching approach. I believe the church should be equipped to provide rest for the weary in many forms.	5/12/2020 11:56 AM
32	It's a issue that needs to be addressed. We need to play an active role.	5/12/2020 11:56 AM
33	They should have resources for families such as a list of partnered licensed therapists, emergency numbers, and make it clear that church leadership is for spiritual support throughout the process of healing. The church should be a place of connection and hope/comfort for families and individuals.	5/12/2020 11:55 AM
34	Ministering to the whole person includes mental health. Often a spiritual issue has connection to mental health issues.	5/12/2020 11:54 AM
35	I believe the church is pla ed to help them spiritually and help keep them accountable in thier counseling if they do go.	5/12/2020 11:52 AM

Q4 If you are a ministry leader, does your ministry have a present plan in place for how to care for adolescents who are experiencing mental health disorders?

Answered: 35   Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	31.43%	11
No	68.57%	24
TOTAL		35

Q5 Please briefly describe the present plan you have in place to care for adolescents struggling with mental health disorders.

Answered: 35   Skipped: 0

#	RESPONSES	DATE
1	Other than hear them out, pray with them, and give surface level encouragement...we try to connect them with a trained professional. That's the current plan.	5/13/2020 1:58 PM
2	Once a student has shared their mental health disorders with us, we thank them for being open and honest with us. Then we take inventory of steps they have made to discover more and seek help with managing their mental health—through therapy, doctors, and parental interactions. If they have not sought outside help, we team up with their parents to help bring awareness and support for the family. We also encourage the parents to lean into doctors, therapists, and other resources to help them take the journey through mental health disorders with their child. We work with parents to create a Plan Of Care while their child is in our ministry to make sure we are accommodating and normalizing ministry interactions as best as possible in consideration of the mental health disorders. We keep in touch and follow-up as needed.	5/13/2020 11:35 AM
3	Our church has a counseling department with in house counselors and a fairly strong list of "outside" counselors who are available for us to send students and families to for support. We also offer a student "care and recovery group" that was developed by a former staff member trained in pastoral counseling.	5/13/2020 11:29 AM
4	We refer students to outside biblical counselors for these situations.	5/13/2020 10:29 AM
5	Case by case	5/13/2020 9:11 AM
6	We don't - but I would love to create one!	5/13/2020 8:19 AM
7	We partner with a local Christian Counseling center that specializes in adolescents. We refer students there often. We also refer families to a local stress center when teens are contemplating suicide.	5/13/2020 8:08 AM
8	We connect them to christian counselors that we know and trust	5/13/2020 8:05 AM
9	NA	5/12/2020 5:26 PM
10	Our plan is limited to bringing concerns to the church's youth pastor and other youth leaders wit mental health training, who will if necessary bring them to other authorities.	5/12/2020 5:21 PM
11	Send them to me. If it is "above my paygrade" I recommend them to a trusted Christian counselor.	5/12/2020 4:14 PM
12	If a student comes to me with mental health disorders I try to talk to them and then recommend that they talk to their parents about finding a therapist to help. I have also talked to parents to explain the importance of therapy.	5/12/2020 3:53 PM
13	N/A, unfortunately	5/12/2020 3:35 PM
14	We try and establish a rough idea of what the student is facing and then get connected to the student/parents to establish next steps. If the subject matter is such that staff are capable to walk with the student, then that takes place. However, we have a counseling ministry that meets in our church and if we deem the student needs professional help beyond what our staff can offer, we have no issues whatsoever referring!	5/12/2020 2:44 PM
15	Referral to licensed counselor or therapist.	5/12/2020 2:28 PM
16	Wasn't real sure how to answer this since it was required, given that I checked 'no' above. For clarification, we do not have a written comprehensive plan (why I checked 'no' above) but we have some unofficial practices. Encourage them to continue engaging with community rather than withdraw, connect them to an adult who's had similar struggles, continue checking on them	5/12/2020 2:22 PM
17	They come and talk with me, thats it. I send themon to other resources	5/12/2020 2:08 PM
18	Just listening to them and helping them where we can.	5/12/2020 2:03 PM
19	I would not say we have an overall plan outside of the usual focus of our ministry, but have handled this case by case when necessary.	5/12/2020 1:54 PM
20	We don't have a formal plan.	5/12/2020 1:01 PM
21	In our youth ministry, we are aware of the different mental health issues of our teens and are able to work with them and I have been working in this field for years so learning different	5/12/2020 12:53 PM

	strategies and teaching them to my team has been key. Also just understanding that we all have issues and some people have more issues than others and creating an atmosphere where we learn to accept people in their brokenness instead of excluding them because they have issues.	
22	We don't have much of a plan. We would meet with the family/teen/child and try to assess the situation mostly based on past experience and knowledge. We also have a limited number of counselors who we know personally that we would refer to for "more serious" or more intensive counseling.	5/12/2020 12:49 PM
23	We do not have one.	5/12/2020 12:39 PM
24	I reach out to parents and touch base with them and then put them in touch with a mental health provider in our congregation in the hope that if they do not become patients he might be able to put them in the right direction. After that we try to keep up with the parents, and I make myself available to just spend quality time with students when appropriate.	5/12/2020 12:37 PM
25	I have my own plan, but nothing has been developed policy/procedure wise or trained to/on for our youth leaders.	5/12/2020 12:34 PM
26	Nothing explicit currently in place.	5/12/2020 12:25 PM
27	Occasional one-on-one mentoring and counseling	5/12/2020 12:24 PM
28	We do not have a plan in place presently, but when situations arise we try to be supportive of the families.	5/12/2020 12:12 PM
29	I would say that our present plan is not enough. Right now, we only have a brief plan that we hope will keep our students safe and out of harm's way from themselves and others (which is a phone call to parents to make them aware). Not a complete plan to support our students and parents who are struggling with mental health disorders.	5/12/2020 12:07 PM
30	n/a	5/12/2020 12:01 PM
31	Mandatory reporting and on-call counselors.	5/12/2020 11:56 AM
32	We have a life care team for our students.	5/12/2020 11:56 AM
33	The first step is reporting to youth pastors and then to parents and in our state we are considered mandatory reporters so depending on the severity.. we make a decision on how to move forward. We also talk continually with the parents, recommends therapists for the person struggling and then resources for the parents like connecting them with NAMI or Mental Health First aid, etc.	5/12/2020 11:55 AM
34	I have a master's degree in counseling and talk with students and their families. Sermons touch upon the relationship between mental health and faith. I also have relationships with local Christian mental health counselors that I can direct them to.	5/12/2020 11:54 AM
35	We dont have one	5/12/2020 11:52 AM

Q6 What is the greatest struggle you have experienced when trying to care for adolescents experiencing a mental health disorder? Select all that apply.

Answered: 35   Skipped: 0
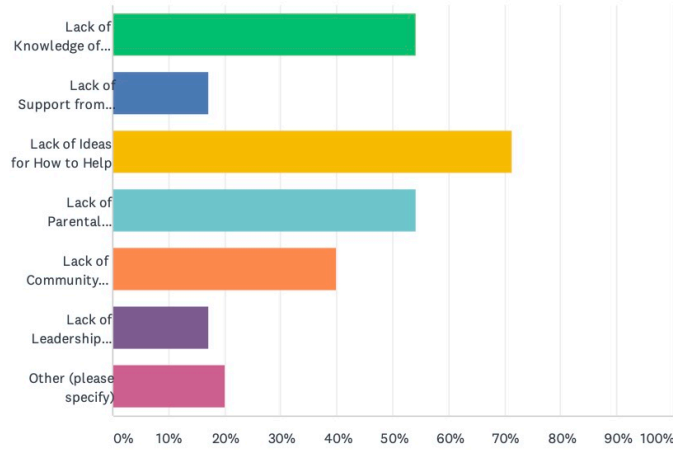
ANSWER CHOICES	RESPONSES	
Lack of Knowledge of the Topic	54.29%	19
Lack of Support from Ministry Leaders	17.14%	6
Lack of Ideas for How to Help	71.43%	25
Lack of Parental Involvement	54.29%	19
Lack of Community Partnerships (i.e. counselors, schools, etc.)	40.00%	14
Lack of Leadership Buy-In From the Church	17.14%	6
Other (please specify)	20.00%	7
Total Respondents: 35		

#	OTHER (PLEASE SPECIFY)	DATE
1	It is so diverse.	5/13/2020 9:11 AM
2	I put lack of support, what I really mean is they care, but it's not a high priority. There is just a continual train of the next most important thing for church leaders to address now (like budgets, buildings, hiring staff, the next thing we need to do to grow our church), that creating a process for addressing mental health (especially for those in the student ministry) will always be several rungs down on the list of things to do. Ministry leaders care about the health of the church family, they're just too busy putting out Other fires to do something about it.	5/12/2020 2:28 PM
3	recognizing the differences between normal and abnormal levels of anxiety/disorder	5/12/2020 1:54 PM
4	Lack of others in the leadership team willing to step up and be more tolerant and understanding to deal with difficult teens. I'm only one person and the need in our area is great.	5/12/2020 12:53 PM
5	Lack of a network of biblical counselors that we know and trust to refer to our families.	5/12/2020 12:49 PM
6	Our systems are terrible in CO and I'd argue across the country to handle the enormous need at any level of need. The most difficult for me is developmentally I believe how we provide care and services for young children and youth/students has to look different than it does for adults; we have to serve and educate that way!	5/12/2020 12:34 PM
7	I think there's a lack of understanding how to walk through the process of healing. The expectation is to get the person help and then it'll be fixed but the reality is, it's a battle and there are some good days or weeks or months and also some bad.	5/12/2020 11:55 AM

Q7 What do you hope to get out of this training seminar?

Answered: 35   Skipped: 0

#	RESPONSES	DATE
1	Better understanding about mental health issues that students are facing, what's the source of those issues, and practical ways to help them.	5/13/2020 1:58 PM
2	To discover new approaches if necessary and continue learning how to best support students and families experiencing mental health disorders.	5/13/2020 11:35 AM
3	A more well-rounded understanding of the types of mental health disorders that students are navigating and how I as a pastor can care well for them, either personally, through our volunteer teams or through partnerships with mental health professionals.	5/13/2020 11:29 AM
4	Better understanding of the topic and ideas to help students who are struggling with mental health disorders.	5/13/2020 10:29 AM
5	I better understanding and tools	5/13/2020 9:11 AM
6	Concrete ideas on how to create a structure to support students and their families!	5/13/2020 8:19 AM
7	Become better informed and better resourced.	5/13/2020 8:08 AM
8	better equipped to care and love these students who need exactly that!	5/13/2020 8:05 AM
9	Greater understanding on how to help young people and educate other leaders to do the same.	5/12/2020 5:26 PM
10	A curriculum for how to set up and implement a comprehensive plan for responding to students' mental health concerns and working with them long-term through their experiences.	5/12/2020 5:21 PM
11	I'm hoping this will be a catalyst to helping me and our church develop a solid plan to proactively love people (esp. teens) with mental disorders. I'm also hoping to develop a training for staff and volunteers based on what I learn.	5/12/2020 4:14 PM
12	I hope to learn more on the topic and how to create a plan for helping students through these struggles. I'd also like to learn how to teach parents about these issues so they can be aware.	5/12/2020 3:53 PM
13	I'd love to gain some practical first steps about how to actually help a student that struggles, as well as to be able to articulate their need and our potential response to others.	5/12/2020 3:35 PM
14	Strategies to help shepherd more effectively. Thanks in advance!	5/12/2020 2:44 PM
15	At the very least become aware of anything we're currently practicing as a student ministry that be unwittingly contributing to anxiety and depression in our students so we can stop doing it. At best be on the cutting edge of helping students overcome this widespread challenge.	5/12/2020 2:28 PM
16	I hope to learn a lot more to be able to better serve the students, parents, and youth leaders that God has entrusted to our church.	5/12/2020 2:22 PM
17	how to engage the congregation, normalize mental health in our white collar church, help kids not live in a perfect bubble but to feel safe being vulnerable	5/12/2020 2:08 PM
18	Help in anyway to help my students and get them the best care.	5/12/2020 2:03 PM
19	A clearer picture of how best to recognize and respond to students in crisis vs. students with typical levels of anxiety/drama/issues.	5/12/2020 1:54 PM
20	To come up with a plan and be better equipped.	5/12/2020 1:01 PM
21	More tools to help, more knowledge, more understanding.	5/12/2020 12:53 PM
22	I'm looking for solid resources regarding mental house, but also a template for a more intentional approach for families who come in seeking help. Thanks for including me!	5/12/2020 12:49 PM
23	Some tools and ideas to develop a plan for my ministry on how to deal with students who have mental health disorders.	5/12/2020 12:39 PM
24	Insight to how I can motivate students and adults to be that shelter for the hurting. Many times I feel alone in my church when it comes to students who require more work to love. Some students left our church, not necessarily because church leadership didn't step up, but because other students and adults couldn't deal. That said, I know we're the leaders so the responsibility for that falls on my shoulders too. But sometimes I feel like I'm leading a charge into battle and then I look behind me after a few yards, and my platoon hasn't moved with me.	5/12/2020 12:37 PM

25	Knowledge... insight into what you've learned, your experiences and other resources to access as needed.	5/12/2020 12:34 PM
26	Greater understanding with practical suggestions for implementing a formal initiative.	5/12/2020 12:25 PM
27	a better understanding of how I can help hurting teens	5/12/2020 12:24 PM
28	I am hoping for some practical ideas and motivation for how my youth ministry team can be more proactive and less reactive to situations that arise, as well as being able to identify crisis in teens before it reaches that stage.	5/12/2020 12:12 PM
29	I hope that this training will give me a better understanding of mental health disorders and will allow my ministry to form a plan to better support students and parents. I also hope that this will be a great resource as it is a dream of ours to train our volunteers in this area.	5/12/2020 12:07 PM
30	To learn more and be beneficial to my students that are going through different things.	5/12/2020 12:01 PM
31	Coaching methods to help adolescents work through anxiety and depression	5/12/2020 11:56 AM
32	More knowledge	5/12/2020 11:56 AM
33	Just more understanding about how to walk with students and families. I don't want to overstep my boundaries as I'm not a certified therapist or health professional. But spirituality is connected to everything. We are doing what we can but I know we can do better.	5/12/2020 11:55 AM
34	Some more tools, ideas, and the opportunity to provide meaningful feedback.	5/12/2020 11:54 AM
35	More knowledge and guidance	5/12/2020 11:52 AM

APPENDIX B
SEMINAR TRAINING WORKBOOK

CONTENTS

INTRODUCTION

Welcome to our online training course! I have to imagine that you are here because you, like so many other youth workers serving in the church / parachurch, are passionate about caring for adolescents. No matter the length of time you have been serving in youth ministry, you are deeply aware that our role and our calling is to not just care for the spiritual formation of the students we work with, but also their whole being.

As you are probably aware, in recent years there has been a significant spike in the diagnosed (and undiagnosed) cases of adolescents experiencing anxiety and depression in the United States, which has led to a correlated jump in suicide attempts and completions. For those of us who work with adolescents on a regular basis, this is absolutely heartbreaking and often leaves us stunned, numb, and searching for practical ways that we can respond in a way that is helpful and reverses the trend. That is why this course was created. In it, we will cover several topics that will help you do this in your context, including: doing a deep dive to understand what's happening as it relates to anxiety and depression, doing an even deeper dive to understand why it's happening, examine the unique mandate that a church has for engaging these issues, propose some practical changes to implement that will help reverse the trends in your community, and talk about how to build a team that can help you make some of these changes. There will be a lot of things we cover, but the beauty is that this course is on demand, so you can always go back to watch it again! If you have any questions about the content of this course or need any more information on the things that were communicated, you can reach out to me at hello@natedavis.org and I will be sure to help you out!

Nate Davis

HOW TO USE THIS WORKBOOK

This workbook serves as the companion guide to the online training that you are going through. It will provide supplemental material that follows the flow of the lecture, space to take notes and write down things that stick out to you that you want to remember, as well as some questions to help you process and engage the material that is covered. **When you are going through the online training, it is HIGHLY RECOMMENDED that you have this workbook with you!** Far too often we hear things that we think we will remember, but then we forget about them… but when we write them down, they tend to stick! Before each session, there will be some questions asked that will start to prime the pump for the topics that we will be talking about. To get the most out of what is presented, be sure to take so time to think through them before watching the videos. Also, if you have a leadership team that you work with, know that these sessions are great to watch together! Instead of writing down your responses before and after each session, you can have a group discussion and talk about how what is covered applies in your ministry context. At the end of the workbook, you will find every book / article that is referenced in the training videos. If you want to do a deeper dive, those would be a great place to start!

SESSION 1
WELCOME

Pre-Session Exercise

To prepare for this session, please watch the video 15-year old Amanda Todd posted on YouTube entitled 'My story: Struggling, bullying, suicide and self-harm'[1]

After you watch the video, answer these following questions:

- *How did this video make you feel?*
- *Have you had to work with students like Amanda before?*
- *How did you try to help them?*

As pastors / parachurch workers / ministry volunteers… it is imperative to understand the role that we are to play in the lives of the students that we work with who are suffering from anxiety or depression.

What we are… pastors, guides, mentors, and friends.

What we're not… counselors, therapists, or Jesus.

Notes:

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[1] Amanda Todd, "My story: struggling, bullying, suicide and self-harm," Oct. 11, 2012, accessed May 23, 2019, https://www.youtube.com/watch?v=ej7afkypUsc.

SESSION 2
UNDERSTANDING ADOLESCENT ANXIETY,
DEPRESSION, AND SUICIDE

PRE-SESSION EXERCISE

Take a few minutes to answer the following questions…

1. *How would you define anxiety and depression? What are the cultural definitions / perceptions of anxiety and depression?*
2. *What misconceptions do you think exist about anxiety and depression amongst adolescents? How about among the adults who work with adolescents?*

According to a report released by the U.S. Centers for Disease Control and Prevention, the suicide rates for adolescence has been rising steadily since 2007 after it had seen a steady decline since its initial peak in 1995.[2] Between the years of 2007 and 2015, it was found that the rate of suicide in adolescents aged 15 to 19 years old had risen by more than 100% for females and just over 30% for males.

Along with the uptick of suicides in this demographic, it has also been observed that there is significant growth in the diagnosis of anxiety and depression amongst adolescents as well. Often, these underlying conditions set the stage for the decisions that many adolescents make to take their own lives.

To properly understand how to respond in a way that is helpful, it is first necessary to understand what is happening. To do that, in this session we will focus on looking at the presently available data about adolescent anxiety and depression and the treatments that are offered.

UNDERSTANDING ANXIETY

What many *think* anxiety is.	What anxiety *actually* is.
Moments of being scared, worried, or consumed with a specific situation or relationship.	Anxiety is defined as an instance where an individual experiences an all-consuming fear that is so intense that it interferes with school, home, and other leisurely activities that they might otherwise enjoy.[3]

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[2] Sally C. Curtin, et al., "QuickStats: Suicide Rates for Teens Aged 15-19 Years, by Sex—United States, 1975-2015," Centers for Disease Control and Prevention, August 4th, 2017, accessed September 2nd, 2018. https://www.cdc.gov/mmwr/volumes/66/wr/mm6630a6.html.

[3] "Anxiety and Depression in Children," Center for Disease Control, accessed May 29, 2019, https://www.cdc.gov/childrensmentalhealth/depression.html.

Statistics—

- According to the CDC, 7.1% (4.5 million) of all individuals in the United States between the age of 3-17 have been diagnosed with anxiety.[4]

Signs & Factors Contributing to Anxiety—

- Often, anxiety tends to manifest itself as an intense fear or worry that can often make the individual either irritable or angry.
- It can also manifest in itself in the life of an adolescent with "physical symptoms like fatigue, headaches, or stomachaches."[5]
- Additionally, it has been found that mood disorders such as anxiety "are considered heterogeneous conditions that form through a multitude of developmental pathways involving the complex interaction of child, family and environmental factors."[6]
- When it comes to their interaction with their parents, the following parental characteristics have been found to be associated with an increased expression of anxiety in an adolescent—
  - their parent's perception of their own competence and skill as a parent, being controlling and exhibiting hostility and criticism towards their child, a parents lack of involvement with their child, and a lack of parental warmth towards their child[7]
  - It has also been found that when parents reinforce anxious behaviors, model poor problem solving and adaptive coping in response to parent stressors, and sustain an anxiety provoking environment it tends to exasperate the adolescents experience of anxiety.[8]

UNDERSTANDING DEPRESSION

What many *think* depression is.	What depression *actually* is.
Feeling sad about some of the things we are experiencing in life. Often, this feeling is associated with a specific circumstance or situation an individual is walking through.	Depression is defined as an instance wherein an individual *consistently* feels "sad or uninterested in [the] things that they used to enjoy… [and feels] helpless or hopeless in situations they are able to change."[9]

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[4] "Data and Statistics on Children's Mental Health," Center for Disease Control, accessed May 29, 2019, https://www.cdc.gov/childrensmentalhealth/data.html.

[5] Ibid.

[6] D. Cicchetti, & S.L. Toth, "The Development of Depression in Children and Adolescents," *The American Psychologist 53,* no. 2 (1998): 221-241.

[7] C. K. Higa-McMillan, S. E. Francis, & B. F. Chorpita, "Anxiety Disorders," in *Child Psychopathology,* ed. E.J. Mash & R.A. Barkley (New York: The Guilford Press, 2014), 345-428.

[8] C. S. Schroeder & B. N. Gordon, *Assessment and Treatment of Childhood problems: A Clinician's Guide.* 2nd ed. (New York: Guilford Press. 2002).
[9] "Anxiety and Depression in Children," Center for Disease Control, accessed May 29, 2019,

Statistics—

- According to the CDC, 3.2% (1.9 million) of all individuals in the United States between the age of 3-17 have been diagnosed with depression.[10]
- In a recent study it was observed that there had been a 37% increase in the self-reporting of adolescents who claimed to have experienced at least one Major Depressive Episode, which is a period of "at least two weeks of low mood that is present in most situations,"[11] in the previous twelve months.[12]
  - It was found that of the adolescents interviewed, roughly 11.5% had reported experiencing an MDE at least once during the previous year.
- According to the Department of Health and Human Services, there were more than three million incidents of adolescents between the ages of 12-17 reporting at least one of these episodes in the prior year and more than two million self-reporting a severe depression that was ongoing[13] and lasting longer than the two weeks that classify an MDE.

Symptoms & Signs of Clinical Depression—

- Often, depression will manifest itself when
  - an adolescent feels hopeless,
  - when they become irritable often,
  - when they don't enjoy doing the fun things they use to,
  - when they make changes to their eating and sleeping patterns,
  - when they exhibit a change in their energy,
  - when they have a hard time engaging in relationships with those around them,
  - and when they engage in self-destructive behaviors such as non-suicidal self-injury.[14]

Worth Noting: There's a Strong Correlation Between Anxiety & Depression—

- It's been found that often, individuals who are diagnosed with one of these disorders are also diagnosed with the other, as "anxiety and [depression] have high co-occurrence rates, have similar contributing causes, and a high degree of treatment overlap."[15]

https://www.cdc.gov/childrensmentalhealth/depression.html.

[10] "Data and Statistics on Children's Mental Health."

[11] Susanna Schrobsdorff, "There's a Startling Increase in Major Depression Among Teens in the U.S.," Time Magazine, November 16th, 2016, accessed Sept. 2nd, 2018, http://time.com/4572593/increase-depression-teens-teenage-mental-health/.

[12] Ramin Mojtabai, et al., "National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults," AAP News and Journals (November 2017), accessed September 2nd, 2018. http://pediatrics.aappublications.org/content/early/2016/11/10/peds.2016-1878.

[13] Schrobsdorff, "There's a Startling Increase in Major Depression Among Teens in the U.S."

[14] Anxiety and Depression in Children."

[15] L.B. Allen, R.K. McHugh, & D.H. Barlow, "Emotional disorders: A Unified Protocol." In

- It was discovered that out of the adolescents interviewed by the CDC, 73.8% were diagnosed with both anxiety and depression and 26.2% were diagnosed with either depression or anxiety.[16]
  - This is a troubling statistic, as the aggregate total of individuals between the ages of 3-17 in 2012 suffering from either anxiety, depression, or both represents 8.4% of this demographic, which is significantly higher than the 5.4% reported in a similar study in 2003.[17]

TREATMENT FOR ANXIETY & DEPRESSION

Of the adolescents who have been diagnosed with a mental health disorder, the CDC found that only 59.3% receive treatment for anxiety and only 78.1% received treatment for depression.[18] For those who do receive treatment, it has been observed that upwards of 63% would experience a reoccurrence of anxiety or depression later on in life.[19]

When seeking to help adolescents who are struggling the most commonly used methods of treatment are Cognitive Behavioral Therapy, behavioral activation, adaptive coping and interpersonal skills development, parental involvement, problem-solving of environmental and situational stressors, and psychoeducation.[20]

It has been found that the treatments that tend to yield the best results were "developmentally and culturally modified to effectively engage the… adolescent and their social system/context in a way that fits with their cultural and developmental situation."[21]

These treatments tend to focus on altering an adolescents emotion based interpretations of their experiences, reducing an adolescents avoidant behaviors that serve as an escape from emotional distressing experiences,[22] modifying an adolescents behavior to improve adaptive functioning in emotionally challenging

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Clinical Handbook of Psychological Disorders: A step-by-step treatment manual, ed. D.H. Barlow (New York: Guilford Press. 2008), 216-249.

[16] "Data and Statistics on Children's Mental Health."

[17] Ibid.

[18] "Anxiety and Depression in Children."

[19] C.L. Hammen, K.D. Rudolph, & J.L. Abaied, "Child and Adolescent Depression," in *Child Psychopathology,* ed. E.J. Mash & R.A Barkley (New York: The Guilford Press, 2014), 225-263

[20] E.J. Garland, S. Kutcher, A. Viranir, & D. Elbe, "Update on the use of SSRIs and SNRIs with children and adolescents in clinical practice." *Journal of the American Academy of Child and Adolescent Psychiatry 25*, no. 1 (2016): 4–10.

[21] Ibid.

[22] Allen, "Emotional disorders: A unified protocol," 216-249.

experiences, encouraging parent involvement with adolescents, and instilling hope in the adolescent and family that improvement is possible for them.[23]

Why is it important for youth workers to know this information?

If we truly want to help the students we work with… we need to know what is actually happening. We need to know how to observe the signs and identify which students are truly suffering from a mental health disorder and which ones are just having a hard time with something they're going through. A part of being a pastor, guide, mentor, and friend to the students we've been charged to care for is to be able to speak truth to them and know when to get them help.

Notes:

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Post-Session Exercise

1. *In your experience, how have you responded to a student who came to you to tell you they were depressed / experiencing anxiety?*
2. *How might understanding the clinical signs and symptoms of anxiety and depression change the way you respond to a student who thinks they are those things when in fact they may not be?*

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[23] C.A. McCarty & J.R. Weisz, "Effects of Psychotherapy for Depression in Children and Adolescents: What we can (and can't) learn from meta-analysis and component profiling." *Journal of the American Academy of Child and Adolescent Psychiatry 46,* no. 7 (2007): 879–886.

SESSION 3
SYSTEMIC ABANDONMENT AND FIVE FACTORS INFLUENCING IT

Pre-Session Exercise

Take a few minutes to answer the following questions…

1. *Given the rapid rise of depression and anxiety over the past few years… do you have any ideas as to why this might be happening?*
2. *How do you think students would describe their experience of growing up in your community?*

Dr. Chap Clark has observed that "as society in general [has] moved from being a relatively stable and cohesive adult community intent on caring for the needs of the young to [the] free-for-all of independent and fragmented adults seeking their own survival, individual adolescents [have] found themselves in a deepening hole of systemic"[24] abandonment.

This systemic abandonment is having dangerous and long-lasting effects on the personal and social development[25] of adolescents, which has subsequently set the stage for the rapid growth of anxiety, depression, and suicide in adolescents that has been observed since the turn of the century in the United States. In her research, Dr. Madeline Levine has found that it is adolescents who experience the highest "rates of depression, substance abuse, anxiety disorders… and unhappiness,"[26] which leaves the vast majority of adolescents "only one major event or catastrophe away from falling over the edge into"[27] dangerous and even deadly patterns of behavior and coping. While there are many unique influences shaping an adolescent's journey with mental health, the following five factors have contributed to the systemic abandonment that adolescents which, in turn, is leading to the growth of anxiety, depression, and suicide in this demographic—**the disintegration of the traditional family, the erosion of social capital, the rise of social media, busyness and stress, and the decline of adolescent religiosity.**

In this session, we will explore these five factors that have heavily influenced the systemic abandonment that is happening. These five factors will help provide the basis for the response that churches / parachurches can make to help adolescents moving forward.

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[24] Chap Clark, *Hurt 2.0: Inside the World of Today's Teenagers* (Grand Rapids: Baker Academics, 2011), 15.

[25] Patricia Hersche, *A Tribe Apart: A Journey into the Heart of American Adolescence* (New York: Ballantine Books, 1998), ix.

[26] Madeline Levine, *The Price of Privilege* (New York City: Harper Collins, 2006), 17.

[27] Clark, *Hurt 2.0*, 35.

FACTOR #1—The Breakdown of the Traditional Family
Since the middle of the 20th Century, there has been a shift occurring wherein the traditional understanding of a family unit being comprised of 'one father and one mother' has become less prevalent in favor of a family unit as being seen as two individuals, regardless of gender or marital commitment, living together and raising children together. Dr. Daniel Siegel argues that this shift[28] away from traditional norms is detrimental to the healthy development of an adolescent[29] who need both a mother and father actively involved in their family system for healthy development.

The collapse of the traditional family system has led "to a corresponding collapse in [the] structure and functioning of the [adolescent's sense of] self,"[30] because it is the safety provided by the traditional family system that provides them with "the content and valence of the self, [which results] in a balance of positive and negative self-evaluations."[31] These changes have removed the stability adolescents need in the most tumultuous time of their development, creating a climate that is more conducive to the development of depression and anxiety amongst adolescents who no longer have the needed support to navigate the complexities of growing up.

FACTOR #2—The Loss of Social Capital
In *Bowling Alone,* Dr. Robert Putnam argues that social capital, which is the theory that argues that "social networks have value"[32] beyond meeting relational needs, is a necessary element when seeking to create healthy change in both individuals and society as a whole. Putnam argues that because of how rapidly American culture and values were shifting in the late 1990's, social capital across all generations was eroding.[33] Due to technological advances and shifting cultural values "social connectedness has been changing"[34] and, as a result of the decline of interconnectedness, the generations have been drifting apart.

In *Our Kids,* Putnam's follow up work to *Bowling Alone* in 2015, he found that social networks had further eroded over the previous decade and consisted "of fewer, denser, more homogeneous, more familial (and less nonkin) ties."[35] David Elkind argues that this erosion has occurred because many adults have abandoned their responsibility to

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[28] Ibid., 16.

[29] Daniel Siegel, *Brainstorm: The Power and Purpose of the Teenage Brain* (New York: Jeremy P. Tarcher/Penguin, 2015), 226.

[30] Susan Harter, *The Construction of the Self: Developmental and Sociocultural Foundations* (New York: The Guilford Press, 2012), 7.

[31] Ibid., 2.

[32] Robert Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York: Simon & Schuster, 2000), 19.

[33] Ibid.

[34] Ibid., 101.

[35] Robert Putnam, *Our Kids* (New York: Simon & Shuster, 2015), 211.

care for younger generations, which has only served to fuel the destructive behaviors and practices that have contributed to the growing mental health crisis.[36]

The erosion of social capital in society and in families has contributed to a climate that further exasperates the growing mental health crisis for adolescents, as they no longer have the necessary relationships with older adults who can help them navigate the complexities of growing up. Adolescents are in "need of adult supervision [and relationships] because too much freedom leaves them vulnerable to their own underdeveloped judgment,"[37] which can end with deadly consequences for those struggling with mental health issues.

FACTOR #3—The Rise of Social Media
The Pew Research Center recently conducted a national study to assess social media use trends amongst adolescents, and found that 95% of teenagers aged 13-17 have access to smart phones[38] and that 85% of them use their phones to access YouTube, 72% to access Instagram, 69% to access Snapchat, and 32% to access Twitter.[39] When asked if they thought that using social media would affect their emotional state of mind, **it was also found that "despite the nearly ubiquitous presence of social media in their lives, there [was] no clear consensus among teens about these platforms' ultimate impact"[40] on them.** 45% of the adolescents surveyed believed that social media had no impact on their lives, 31% said it had a positive impact, and 24% describe their experiences with social media as being negative.

In one study of a half million adolescents who engaged social media regularly, it was found that between the years of 2010 and 2015 the number of students participating in the study experiencing MDE'S increased by 33% and that the suicide rate for females in that same time period increased by 65%.[41] Between the years of 2007 and 2015, researchers observed a "rise in depressive symptoms [that] correlates with smartphone adoption during that [same] period."[42]

Dr. Frances Jensen similarly observed that in addition to social media use, "there is increasing evidence of the effect of excessive Internet use on mood in adolescents, and several studies have shown a connection between depression, poor academic performance, and the inability to curb time spent online."[43] Developing adolescents

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[36] David Elkind, *All Grown Up and No Place to Go* (Reading: Addison Wesley, 1998), xi.

[37] Levine, *The Price of* Privilege, 116.

[38] Amanda Lenhart, "Teens, Social Media & Technology Overview 2015." *Pew Research Center: Social and Demographic Trends*, April 9, 2015, accessed Sept. 5, 2018, http://www.pewinternet.org/2018/05/31/teens-social-media-technology-2018/.

[39] Ibid.

[40] Ibid.

[41] Ibid.

[42] Ibid.

[43] Frances Jensen, *The Teenage Brain: A Neuroscientist's Survival Guide to Raising Adolescents and Young Adults* (New York: HarperCollins, 2015), 207.

"need to be with other people to develop mutuality and empathy; [and] interacting [in digital mediums] cannot teach these"[44] things to them.

The rise of social media, when combined with the decline of social capital and disintegration of the traditional family, has contributed to a climate that has led to the growth of the mental health crisis adolescents are experiencing.

FACTOR #4—Pressure, Busyness, and Stress Placed on Adolescents
While doing his research for *Hurt 2.0*, Dr. Chap Clark discovered that the "busyness, fragmentation, and stress level adolescents experience… [is] increasing"[45] due to the excessive demands that are made of them to succeed in the arenas of academics, sports, and extracurricular activities. Clark reached the conclusion that almost every student he interacted with at La Crescenta High School was experiencing the negative consequences of the busyness and stress[46] which came from the internal and external demands to excel in every arena of their life.

Dr. Madeline Levine argues that this pursuit of "perfectionism [and] competition may actually [be contributing] to [the] psychological problems"[47] that many adolescents are currently experiencing. Levine has discovered that the pressure for adolescents to succeed is contributing to the higher levels of emotional problems being observed in adolescents,[48] leading them to internalize the message that "anything less than perfection is failure,"[49] which results in "their self–worth and… sense of self [being] tied to the performance–driven"[50] agendas.

The busyness and stress that adolescents experience, whether from internal or external sources, is showing itself to be a contributing factor to the growth of mental health crisis amongst adolescents.

FACTOR #5—The Decline of Religiosity
In 2017, the PEW Research Center's Religious Landscape Study was released. In this nationwide study of the beliefs and practices of adolescents, it was revealed that the "self-assessments of religion's importance in their lives" [51] saw a significant decrease. In the years that the study was conducted between 2007-2014, it was found that

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[44] Turkle, *Alone Together: Why We Expect More from Technology and Less from Each Other*, 56.

[45] Clark, *Hurt 2.0*, 133.

[46] Ibid., 131.

[47] Levine, *The Price of* Privilege, 18.

[48] Ibid., 28.

[49] Levine, *The Price of* Privilege, 29.

[50] Chap Clark, ed., *Adoptive Youth Ministry: Integrating Emerging Generations into the Family of Faith* (Grand Rapids: Baker Academic, 2016), 35.

[51] Alan Cooperman, Gregory A. Smith, and Stefan S. Cornibert, "U.S. Becoming Less Religious," *Pew Research Center: Religious and Public Life*, November 3, 2015, accessed May 12th, 2017. http://www.pewforum.org/2015/11/03/u-s-public-becoming-less-religious//.

adolescents who self-identified as Christian had decreased more than 8% while those who consider themselves to be "religiously unaffiliated – describing themselves as atheist, agnostic or "nothing in particular" – [had] jumped more than six points, from 16.1% to 22.8%."[52]

During roughly the same time period, from 2002-2015, a team of researchers under the leadership of Dr. Christian Smith were completing the National Study of Youth and Religion exploring how a changing cultural landscape was impacting the faith practices of teenagers. The findings of Smith's team were released in three waves,[53] revealing that across the United States there had been a significant decline in adolescent religiosity as adolescents moved away from their religious upbringing towards agnosticism and atheism. This move away from religiosity, and as a result from an objective moral standard for what is good and true, has only served to fuel the hopelessness that many adolescents feel.

Why is important for youth workers to know this information?

It is not enough to merely know WHAT is happening… if we truly want to enact change, we must also understand WHY it is happening. For it is only in understanding the WHY and the WHAT that we will know HOW we are to act and respond.

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Post-Session Reflection

1. *How have you seen these five factors play out in the lives of the students and families that you are working with?*
2. *Which ones are things that you think you can affect change in? Which ones feel like they are beyond your control?*

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[52] Alan Cooperman, Gregory Smith, and Katherine Ritchey, "America's Changing Religious Landscape," *Pew Research Center: Religious and Public Life*, May 12, 2015, accessed May 12th, 2017. http://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/.

[53] For more information about this project, consult http://youthandreligion.nd.edu/.

SESSION 4
WHY CHURCHES NEED TO ENGAGE

Pre-Session Exercise

1. *What Biblical themes do you think are applicable to the ways in which we treat adolescents who are struggling with mental health disorders?*
2. *How might the mandates that come from these themes shape the ways in which the church / parachurch respond in their practices?*

Before you can consider what a faithful response to the growing epidemic of adolescent anxiety and depression looks like, it is helpful to first consider the theological themes that are revealed in the Bible that relate to the way we respond to those who are suffering from mental health disorders. These themes are helpful in discovering the mandates that will provide a framework to help churches / parachurches think through their responses to the issue. While there are many themes that could and should apply to how we treat adolescents struggling with mental health disorders, in this session two primary mandates and their ministry responses will be looked at more closely.

MANDATE #1 – WE MUST EMBRACE THOSE WHO ARE ON THE FRINGES.

This theme of love and embrace is present throughout the entirety of the Mosaic Law and has direct implications for the ways in which the church is called to respond to those who are on the fringes of its society, **including individuals who are struggling with mental health disorders**, for they are often the ones in contemporary society who are pushed to the side and ignored. Just as the Israelites were called to care for the strangers, widows, and orphans—the people of God are called embrace those who are on the outside into the family of God, the place where they are able to find belonging and wholeness.

In light of this theme… what do you think a faithful response would look like for those working with adolescents who are struggling with mental health disorders?

MINISTRY RESPONSE – WE MOVE TOWARDS FULL INCLUSION.

In antiquity those who suffered from physical ailments were considered to be unclean, and depending on their particular conditions, were often driven away from society in order to maintain the purity (*and comfort*) of those who were clean. In Mark 5, there are two accounts of interactions Jesus had with individuals who experienced this pain of this rejection—a man possessed by demons who lived in the region of the

Decapolis,[54] and a woman who had an uncontrollable menstrual flow that lasted for twelve years.[55] In each of these encounters, **Jesus defies the cultural norms for how he should respond** to the unclean and in doing so, offers the church a new way forward when considering how to engage and respond.

What these two encounters seem to indicate is that the isolation of those who are suffering, **whether from physical or mental issues**, is never the solution that leads to full healing. By engaging these two individuals, Jesus "opened himself to ritual defilement… by coming into contact with a [demoniac] and touching a woman who was hemorrhaging,"[56] and in doing so He not only gave these two individuals the opportunity to experience healing, He also gave a model for engagement and inclusion that the church must work towards expressing in its own response to those who society would cast out.

It is important to remember that the church Jesus established is one "without external qualifications or differentiations… [and] is meant to include all—Greeks and Jews, slaves and free, male and female,"[57] and one could add those who are suffering from mental illness.

MANDATE #2 – WE MUST TREAT THEM WITH LOVE AND RESPECT.

The mandate to love and embrace those who are the fringes of society is continued in the New Testament, as evidenced in the teachings of Jesus in all four of the Gospel narratives. A primary example of this is found in Matthew 25:31-46 where, when teaching about the Final Judgment that awaits believers, Jesus contrasts two groups of people and the ways in which they have responded to those who were in need—the faithful followers, and the unfaithful followers. After detailing the needs those on the fringes of society experience—things like hunger, thirst, hospitality, clothing, and the need for visitation when sick or in prison—Jesus contrasts the ways in which the faithful and unfaithful have responded to those who were in need and the judgment they would receive as a result of their action. The former took the time to meet the physical and emotional needs of those who were on the fringes and, as a result, were invited into the Kingdom. The later ignored the physical and emotional needs of those who were on the fringes and, as a result, were sent away from the Kingdom into judgment.

What is evident in Jesus' teaching is that the "acts of kindness listed ought… to have been expected [of His followers but there was] no doubt [that there] performance did not… match up to [His] expectation."[58] Jesus goes on to make a profound statement that has significant implications for His followers—the acts done for those in need

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[54] Mark 5:1-20.

[55] Mark 5:25-34.

[56] Allen C. Myers, *The Eerdmans Bible Dictionary* (Grand Rapids, MI: Eerdmans, 1987), 224.

[57] Ibid., 216.

[58] R. T. France, *The Gospel of Matthew*, The New International Commentary on the New Testament (Grand Rapids, MI: Wm. B. Eerdmans Publication Co., 2007), 964.

were not actually done for those in need, rather those things were done for Jesus Himself. What is striking about this encounter "is that both [faithful] and [unfaithful] claim that they did not know that their actions were directed toward Jesus. Each is as surprised as the other to find their actions interpreted in that light. They have helped, or failed to help, not a Jesus recognized in his representatives, but a Jesus incognito. As far as they were concerned, it was simply an act of kindness to a fellow human being in need, not an expression of their attitude to Jesus."[59]

What is observed in this passage is not just a foreshadow of the judgment to come for the Church, **but it also serves to provide a template for the behavior and ethic that the followers of Jesus who desire into the Kingdom must practice towards those who are considered to be the least of these in the eyes of the world.**

In light of this theme… what do you think a faithful response would look like for those working with adolescents who are struggling with mental health disorders?

MINISTRY RESPONSE – WE REMOVE THE NEGATIVE STIGMA

In John 9:1-41, as Jesus was traveling with his disciples, they encountered a man who had been blind from birth. Upon seeing the man, they asked whether this man or his parents were responsible for this condition as it was assumed that suffering, such as the blindness experience by this man, was "was due to sin"[60] that had been committed and was thus seen as a consequence. **The result of the type of thinking was that those suffered from blindness, along with other health conditions, were branded as sinners worthy of the condition they suffered.**[61] **Jesus, however, does not embrace this logic.**

He answers his disciples by stating that it was neither this man nor his parents who had sinned, but that this illness had occurred[62] so that the power of God might be displayed in him. Jesus then goes on to heal the man by sending him to the pool of Siloam to wash himself, which then leads to a confrontation between this man and the Pharisee's who couldn't accept what had been done and that it had been done on the Sabbath.[63]

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[59] France, *The Gospel of Matthew*, 959.

[60] Leon Morris, *The Gospel according to John*, The New International Commentary on the New Testament (Grand Rapids: Wm. B. Eerdmans Publishing Co., 1995), 424–425.

[61] James C. DeYoung, "Blindness," *Baker Encyclopedia of the Bible* (Grand Rapids: Baker Book House, 1988), 365.

[62] Shane Claibourne recounts in *The Irresistible Revolution* a story he had with a friend who told him that Jesus never spent time with prostitutes. Wanting to prove him wrong, he began to look up verses to make his case when his friend cut him off by saying that 'Jesus never hung out with prostitutes because he didn't see them through the lens of their past.' A similar thing could be said about Jesus' interaction with this blind man: he didn't see the man through the common social lens that with brand him as a sinner.

[63] John 9:1-7.

What is important to observe in this passage is that Jesus didn't brand this man as a sinner as the Pharisee's had done[64] by implying "that his blindness was the punishment of sin,"[65] but rather he separated the condition he was suffering from (blindness) from his value and worth as a human being that God wanted to display His glory in. In doing this, Jesus removes the negative stigma that is often associated with physical (and mental) health conditions.

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Post-Session Reflection

1. *What are some practical steps you can take to include adolescents who are struggling with mental health disorders in your community?*
2. *What are some practical steps you can take to remove the negative stigma in your community that is associated with mental health disorders?*

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[64] John 9:34.

[65] Morris, *The Gospel according to John*, 424–425.

Pre-Session Exercise

1. *What are the things you have been doing to help students who are struggling with anxiety and depression?*
2. *What would change if instead of focusing on the issues when they came up you instead changed your systems to minimize the severity of these crises when they arise?*

Given the scope and magnitude of the present mental health crisis facing adolescents, there is no easy fix to the problems we are facing. However, this grim reality does not mean that there are not things that can be done that will start pushing the needling in the other direction. There are some practical things that can be done by the church / parachurch that will enable them to create the kinds of environments where adolescents who are struggling with mental health disorders can find belonging and be given the opportunity to thrive. In this session we will look at five systemic changes that, if put in place, will work together to counter the devastating effects of systemic abandonment.

Problem: The Breakdown of the Traditional Family

The data shows that the traditional family is becoming less prevalent as time goes on… each year more adolescents are growing up in single parent homes or non-traditional homes. While there is very little that youth workers can do to change the tides of culture, we can focus on making sure that we are doing everything we can to care for and support the families of the students we do have.

The change we can make to counter the breakdown of the traditional family is to create a strong family ministry strategy.

Practical Ideas to Implement This Change:

- *Develop a partnership mentality when it comes to working with families.*
  - *The ReThink Group has done some great things on partnering with parents with their ORANGE model of ministry. You will need to adapt this to meet the needs of non-traditional and single parent homes, but the strategy is significantly important in bridging the two worlds.*
- *Create pathways for parents to be trained / developed. You can utilize parenting seminars to educate & empower parents on relevant issues (i.e. social media, discipling their kids, etc…) and provide practical resources to apply that knowledge.*
- *Host regular parent gatherings where relationships can be built between ministry leaders and parents as well as parents and parents. The more you*

can do to bring parents out of isolation and into community with one another, the more success you will have at creating the network of relationships that are needed to care for adolescent's when they are struggling with mental health disorders.

Resources for further study:

- *Family Based Youth Ministry by Mark DeVries*
- *Sticky Faith by Chap Clark and Kara Powell*

Problem: Loss of Social Capital

As Putnam wrote about in *Bowling Alone* and *Our Kids*, the meaningful relationships that adolescents have with non-parental adults are becoming more infrequent. This has had disastrous consequences for the social and emotional development of adolescents, often leaving them alone in the world to figure out things on their own.

The change we can make to counter the loss of social capital is to create an intentional strategy for building relationships across the generations in our ministry contexts.

Practical Ideas to Implement This Change:

- *Create pathways for students to begin serving alongside of adults in different areas of the church / para-church.*
    - *In Growing Young, the authors talk about how my unlocking key chain leadership it creates opportunities for real relationships to be developed.*
- *Recruit and enlist a wide range of adults to serve in the ministry… instead of having the typical 10 adults to 1 student ratio, seek to create the 5 adults investing in some capacity in the life of each student.*
- *Create service-oriented activities and initiatives that have the express goal of connecting the generations on a regular basis in the work of serving others.*
    - *Serving and being proactive in living out their faith is a value for GenZ, and the more opportunities they have to serve alongside others the more social capital it will build across generations.*

Resources for further study:

- *Growing Young by Kara Powell, Brad Griffin, and Jake Mulder*
- *Adoptive Church by Chap Clark*
- *Our Kids by Robert Putnam*
- *Hurt 2.0 by Chap Clark*

Problem: Rise of Social Media

The adolescents who are a part of our ministries are digital natives. They have always lived in a world where they have had access to social media, and that given the reality

that those platforms are where the majority of their relationships take place, that won't be changing anytime soon. However, just because the reality of adolescent social media use won't be changing doesn't mean that there aren't opportunities to step into that space with a plan that can help counter the negative effects social media has on them. Like all things, social media is a tool… and when used well, it can be a great asset.

The change we can make to counter the negative effects of the proliferation of social media is to create a strategy for online ministry that truly engages students.

Practical Ideas to Implement This Change:

- *Develop an online strategy that moves away from focusing on communicating information and instead focuses on building community.*
- *Embrace the world of social ministry not as being an add on to what you are doing when you are gathering in person, but rather as the front door to your ministry. Use it to tell stories, highlight students, and speak to the things that are really on their hearts.*
- *Engage with students in the different platforms in personal ways… utilize comments or direct messages to encourage them when they make posts, talk to them about the things that they share are happening, etc… by meeting students on their turf, you are showing them that you care and are building the needed social capital to be a trusted adult when they are struggling.*

Resources for further study:

- *iGods by Craig Detweiler*
- *Navigating Our Digital World Parent Workshop – Fuller Youth Institute*
- *FOR by Jeff Henderson*

Problem: Pressure, Busyness, Stress

As we saw in an earlier session, the stress that is placed on adolescents to succeed and perform in this formative time—both from themselves and the adults who are in their lives—has had disastrous effects on their mental health and well-being. Until the culture at large shifts the way it thinks about adolescents and the demands made of them, this pressure and stress is no likely to go away. However, there are things that youth workers can do to alleviate this and fight for change.

The change we can make to counter the pressure, busyness, and stress placed on adolescents is to create a strategy for building margin and rest into the things we do as a ministry.

Practical Ideas to Implement This Change:

- *Focus on creating space for students to slow down and experience rest, solitude, and sabbath in the programs you offer. Teaching students the spiritual disciplines and giving them opportunities to engage them will help*

equip them with the tools they need to combat the pressure and stress of their lives.

- *When students have stressful times at school [such as finals week or college application deadline week] create opportunities for them to come together to study / prepare together. When a student feels seen, heard, and cared for… it does a lot to alleviate the pressure and stress.*
- *Once a year, offer students a spiritual retreat. Unlike a camp experience, the goal of this retreat is not to get hyped, but rather to slow down and learn to be.*
- *Another great way to do this is to become vocal advocates for students. Build relationships with teachers, administrators, and coaches and help educate them on the realities facing adolescents. When there are school board meetings, show up and, when appropriate, make the case for students. Your students will see this and your community will see this.*

Resources for further study:

- *The Teenage Brain by Frances Jensen*
- *The Hurried Child by David Elkind*
- *Spiritual Disciplines by Richard Foster*
- *The Spirit of the Disciplines by Dallas Willard*
- *The Life of the Beloved by Henri Nouwen*

Problem: Loss of Religiosity

As Smith showed in the National Study of Youth and Religion, there has been a long and gradual move amongst adolescents away from organized religion. While there are many reasons as to why this is happening, perhaps the most shocking reason is the reality that many students see no appeal to it. They have come to believe that Christianity has nothing of substance to offer them.

The change we can make to counter the loss of religiosity is to create a strategy for discipleship that offers students the opportunity to experience the fullness of the life that Jesus offers to them.

Practical Ideas to Implement This Change:

- *Develop a long-range teaching plan that will cover the fundamental doctrines of the Christian faith and answer the core questions that students are asking.*
- *Move away from lecture-based teaching and instead engage students in the conversation asking them what they think and why.*
- *Always seek to offer practical application to the things that are being taught, and create pathways & opportunities for students, regardless of their faith journey, to be a part of them.*
- *Make sure that all teaching happens within the context of relationships. Provide opportunities for students to process things with their peers and trusted adults.*

- *Allow space for students to ask questions and challenge ideas… remember that questions are not bad, they're a sign that a student is wrestling with the ideas. It's the unasked questions that are dangerous.*

Resources for further study:

- *Feed.Bible – this is an online resource that is focused on creating a robust discipleship process that is designed for Gen Z. They have small group and large group curriculums that focus on teaching an updated version of the Catechism to students in a way that draws them in—through conversation. They also have a series that is specifically designed around the topics of mental health disorders.*
- *Practicingtheway.org – this is an online resource developed by Bridgetown Church in Portland, OR that is focused on helping people discover the Way of Jesus. Its methodology focuses on being with Jesus, becoming like Jesus, and doing what Jesus did. Its primary focus is on spiritual disciplines and the roles they play in a followers life.*
- *Can I Ask That? by Brad Griffin, Jim Candy, and Kara Powell*

But wait… I thought you were giving me tools to help kids who were hurting?

It doesn't seem like you have been given any actual information that will help you care for kids who are dealing with anxiety and depression… does it? That's true… *kind of.*

The reality is that there will never be a full-proof system for caring for adolescents who are experiencing a mental health crisis like anxiety or depression. When these students come to our attention in our ministry, we need to remember that our job is not to be the counselor of that student. There are trained professionals for that. Our job is to be the pastor, friend, guide, and mentor to that student. Struggles with mental health are only one part of that students' story… we have to remember that they are a whole person and that they have a deep need to belong.

By creating strategies that help us work towards strengthening the relationships at home, getting loving adults in the lives of students, meeting them on their own turf, advocating for students and creating margin for rest and reflection, and helping them experience the wonder and breadth of the Christian life… we are creating environments and relationships where students can belong, feel safe, and grow.

These are absolutely essential things students who are experiencing mental health disorders need to experience to thrive.

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Post-Session Reflection

1. *Do you have any of these strategies and systems in place in your ministry context? How has it helped you care for students who are experiencing a mental health crisis?*
2. *Which of these strategies is the most important one for you to focus on implementing right now? What would it take for you to begin it?*

Pre-Session Exercise

1. *If you were to assemble a dream team of individuals who you would want to partner with the start working on the strategies talked about in session five… who would they be? Why did you pick them?*
2. *What is the one thing that each of those people would need to have in common?*

To successfully care for adolescents who are experiencing a mental health crisis, it will take a large team of committed adults who are committed to walking alongside of students. The five adults to every one student that the Fuller Youth Institute team has proposed would be a great goal to achieve! The more adults investing intentionally into the lives of students… the better!

However, when it comes to crafting a response and thinking through how the five systemic changes covered in session five could be applied to your ministry context… it would be best to start with a smaller team that's comprised of individuals who could help you think through the different ways those strategies would affect students struggling with anxiety and depression.

In *Mental Health and the Church*, Dr. Stephen Grcevich proposes that when crafting their response to the mental health crisis churches begin with assembling what he calls an inclusion team.[66] Assembling this inclusion team would be a great place for your church / parachurch to begin the conversation of how to respond.

Mental Health Professionals
Mental Health Professionals are therapists, counselors, and psychologists. They have a deep understanding of the issues surrounding anxiety and depression, and would be able to help you train your other adult leaders on signs to look for as well as establish guidelines for when students need to be recommended to professional care.

Mental Health Advocates
Mental Health Advocates are the champions of those who are suffering from anxiety and depression. They are committed to destigmatizing issues surrounding mental health and bringing the message of hope to all who are suffering. They will be a constant champion of those who are unseen, and will help your ministry see blind spots and areas of potential care that you are missing.

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[66] Stephen Grcevich, *Mental Health and the Church: A Ministry Handbook for including Children and Adults with ADHD, Anxiety, Mood Disorders, and Other Common Mental Health Conditions* (Grand Rapids: Zondervan, 2018), 93-96.

Occupational Therapists
Occupational Therapists are health care professionals who are committed to using research and evidence-based data to empower and promote independence of those who are suffering from mental health disorders. They would be a great voice to help you think through how you can be educating and empowering students (especially those who struggle with anxiety and depression) to develop healthy practices and disciplines to work towards their own healing / health in community.

Interior Designers
Interior Designers may seem like an odd person to include in this inclusion team, but they really aren't! Many individuals who suffer from anxiety and depression are often triggered by the environments and spaces that they are in. Interior Designers can, with the help of the other members of the inclusion team, help you design ministry environments that will further aid in the care you offer to students rather than exasperate it.

Social Workers
Social Workers are committed advocates to adolescents and to fighting against any system that would harm or oppress them. It is very likely that the students you have who are experiencing mental health disorders have other factors (i.e. school, home life, etc) that are negatively impacting them, and a Social Worker can help you understand and navigate any of those situations when they arise. They have a deep understanding of the law and can help you understand what things must be done, when they must be done, and why they must be done.

Wise Laypersons
Wise Laypersons have a lot they can bring to the table. Often, they will have deep relationships in the community that will help you build strategic partnerships when beginning new initiatives as you implement the strategies outlined in session five. Furthermore, they are often deeply committed to the church / parachurch and have a vested interest in seeing you succeed.

Why is this important information for youth workers?

In the welcome session to this course, we said that as youth workers it's imperative to know the role we play. We are not counselors or trained professionals. We are pastors, guides, mentors, and friends. While there are a LOT of things that we bring to the table, there are also a lot of things we CAN'T bring to the table. But just because we can't bring them to the table doesn't mean other people can't. **With the right team in place, we can think through our response from every angle so that it's the best response possible.**

Notes:

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Post-Session Reflection

1. *Who do you know in each of these professions that you could talk to about joining your inclusion team?*
2. *What other professions / occupations are not on this list that you think should be? Why?*

SESSION 7
CLOSING THOUGHTS

Congratulations! You made it through the course!

While not every question you had was probably answered, the hope is that what was presented gave you enough ideas to begin dreaming about what it could look like for you in your ministry context to begin designing and creating systems that will holistically care for adolescent's who are struggling with mental health disorders.

In understanding the reality of what is happening and why it's happening, you are better prepared to create systems and processes that will make your ministry a safer and more healthy place for an adolescent who is experiencing a mental health disorder to belong and thrive.

If you would like more resources for specifically how to care for adolescents who have a clinical diagnoses of anxiety or depression, please see the following works:

- *God and Soul Care by Eric Johnson*
- *Mental Health and the Church by Stephen Grcevich*

Notes:

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APPENDIX C
COURSE ACCESS

The training seminar is hosted on Udemy.com, and can be accessed at
https://www.udemy.com/course/countering-systemic-abandonment-with-systemic-change

POST-SEMINAR SURVEY AND RESULTS

Post-Seminar Survey Instructions

Thank you for participating in the training seminar and offering feedback on your experience with is. The feedback you provide will not be associated with you in any way. The responses from this survey will be used by Nate Davis in his Doctoral Project that he is writing for Fuller Theological Seminary.

If you have any questions or concerns about this seminar, you can contact him directly at hello@natedavis.org.

Below are 13 questions based on the seminar training you just went through. In addition to being used for his doctoral project, Nate will use these questions to adapt and change the seminar for future use.

The first 7 question will ask about specific sections of the training. Please, as best as you are able, recall the different sessions of the training and how helpful they were to you. The last 6 questions will ask questions about your experience with the training and offer you a chance to provide feedback.

*1. How helpful was the 'WELCOME' session in the seminar?
    Extremely helpful
    Very helpful
    Somewhat helpful
    Not so helpful
    Not at all helpful

*2. How helpful was the 'UNDERSTANDING ADOLESCENT ANXIETY & DEPRESSION' session in the seminar?
    Extremely helpful
    Very helpful
    Somewhat helpful
    Not so helpful
    Not at all helpful

*3. How helpful was the 'SYSTEMIC ABANDONMENT & FIVE FACTORS INFLUENCING IT' session in the seminar?
    Extremely helpful
    Very helpful
    Somewhat helpful
    Not so helpful
    Not at all helpful

*4. How helpful was the 'WHY CHURCHES NEED TO ENGAGE' session in the seminar?
    Extremely helpful

Very helpful
Somewhat helpful
Not so helpful
Not at all helpful

*5. How helpful was the 'COUNTERING SYSTEMIC ABANDONMENT BY CREATING SYSTEMIC CHANGE' session in the seminar?
Extremely helpful
Very helpful
Somewhat helpful
Not so helpful
Not at all helpful

*6. How helpful was the 'FORMING YOUR RESPONSE TEAM' session in the seminar?
Extremely helpful
Extremely helpful
Very helpful
Somewhat helpful
Not so helpful
Not at all helpful

*7. How helpful was the 'CLOSING THOUGHTS' session in the seminar?
Extremely helpful
Very helpful
Somewhat helpful
Not so helpful
Not at all helpful

*8. I feel prepared to begin making changes in my ministry context so that we can better serve students dealing with anxiety and depression after viewing this seminar.
Yes
No

*9. What changes do you plan to implement?
_____ (open ended)

*10. What was the most valuable part of this seminar?
_____ (open ended)

*11. What was the least valuable part of this seminar?
_____ (open ended)

*12. What information would have made this seminar more helpful for you?
_____ (open ended)

13. Do you have any additional comments or questions after viewing this seminar and participating in this survey?
_____ (open ended)

RESULTS FOR SEMINAR PARTICIPANTS POST-SEMINAR

Q1 How helpful was the 'WELCOME' session in the seminar?

Answered: 29   Skipped: 0
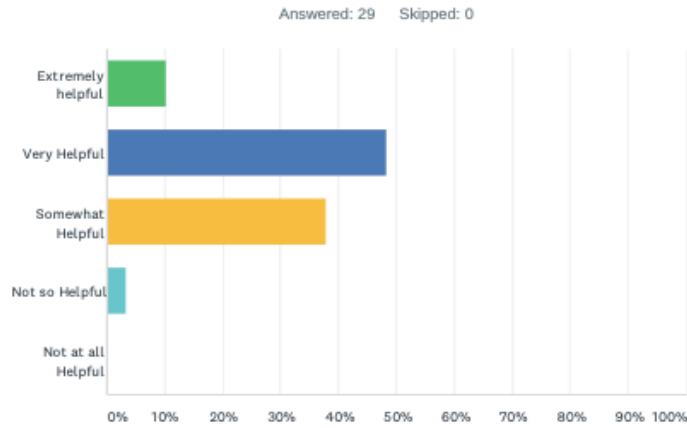
ANSWER CHOICES	RESPONSES	
Extremely helpful	10.34%	3
Very Helpful	48.28%	14
Somewhat Helpful	37.93%	11
Not so Helpful	3.45%	1
Not at all Helpful	0.00%	0
TOTAL		29

Q2 How helpful was the 'UNDERSTANDING ADOLESCENT ANXIETY & DEPRESSION' session in the seminar?

Answered: 29   Skipped: 0
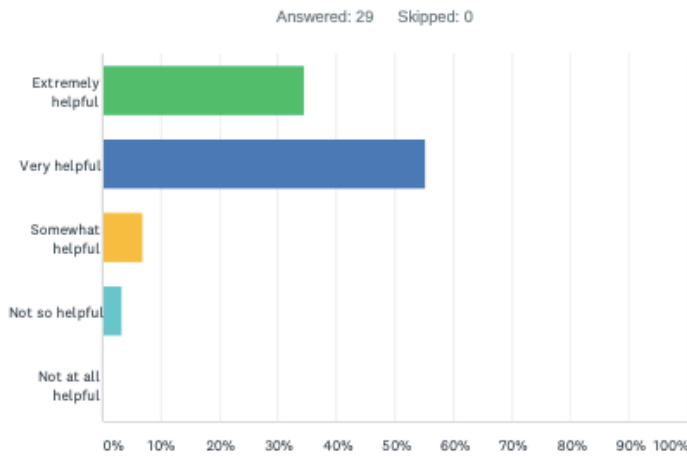
ANSWER CHOICES	RESPONSES	
Extremely helpful	34.48%	10
Very helpful	55.17%	16
Somewhat helpful	6.90%	2
Not so helpful	3.45%	1
Not at all helpful	0.00%	0
TOTAL		29

Q3 How helpful was the 'SYSTEMIC ABANDONMENT & FIVE FACTORS INFLUENCING IT' session in the seminar?

Answered: 29   Skipped: 0
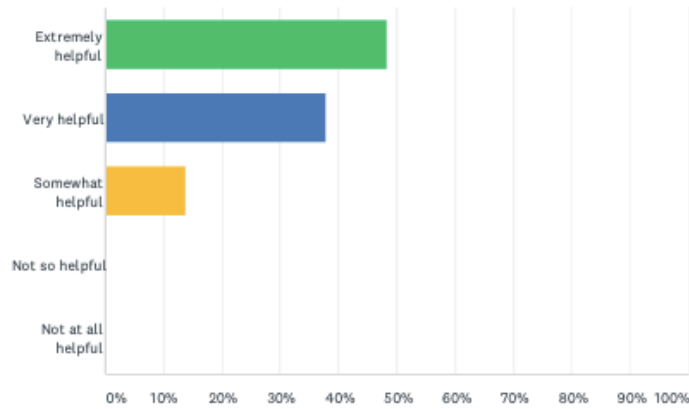
ANSWER CHOICES	RESPONSES	
Extremely helpful	48.28%	14
Very helpful	37.93%	11
Somewhat helpful	13.79%	4
Not so helpful	0.00%	0
Not at all helpful	0.00%	0
TOTAL		29

Q4 How helpful was the 'WHY CHURCHES NEED TO ENGAGE' session in the seminar?

Answered: 29   Skipped: 0
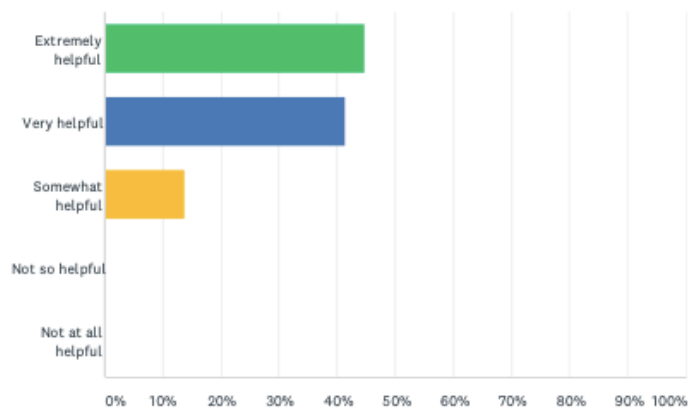
ANSWER CHOICES	RESPONSES	
Extremely helpful	44.83%	13
Very helpful	41.38%	12
Somewhat helpful	13.79%	4
Not so helpful	0.00%	0
Not at all helpful	0.00%	0
TOTAL		29

137

Q5 How helpful was the 'COUNTERING SYSTEMIC ABANDONMENT BY CREATING SYSTEMIC CHANGE' session in the seminar?

Answered: 29   Skipped: 0
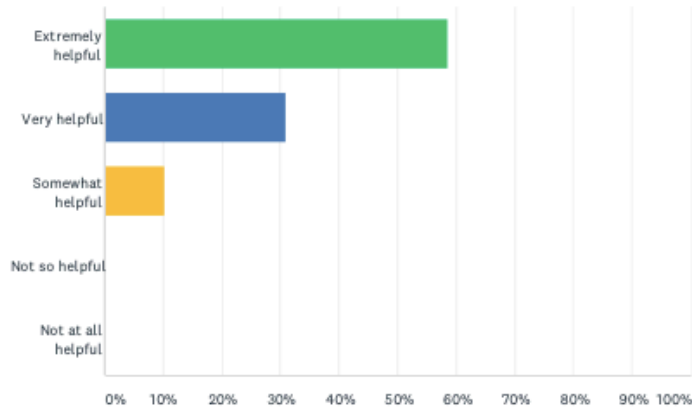
ANSWER CHOICES	RESPONSES	
Extremely helpful	58.62%	17
Very helpful	31.03%	9
Somewhat helpful	10.34%	3
Not so helpful	0.00%	0
Not at all helpful	0.00%	0
TOTAL		29

Q6 How helpful was the 'FORMING YOUR RESPONSE TEAM' session in the seminar?

Answered: 29   Skipped: 0
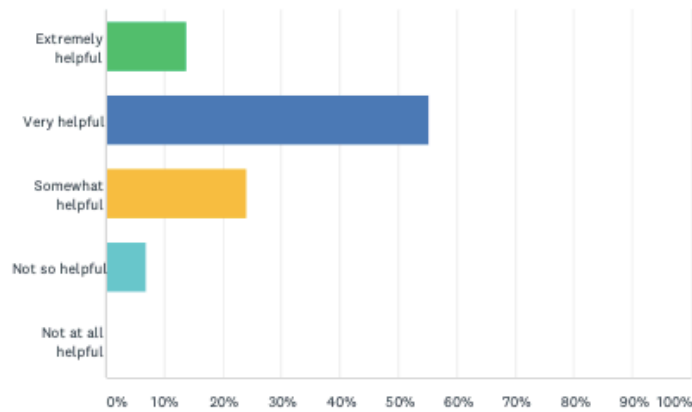
ANSWER CHOICES	RESPONSES	
Extremely helpful	13.79%	4
Very helpful	55.17%	16
Somewhat helpful	24.14%	7
Not so helpful	6.90%	2
Not at all helpful	0.00%	0
TOTAL		29

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Q7 How helpful was the 'CLOSING THOUGHTS' session in the seminar?

Answered: 29   Skipped: 0
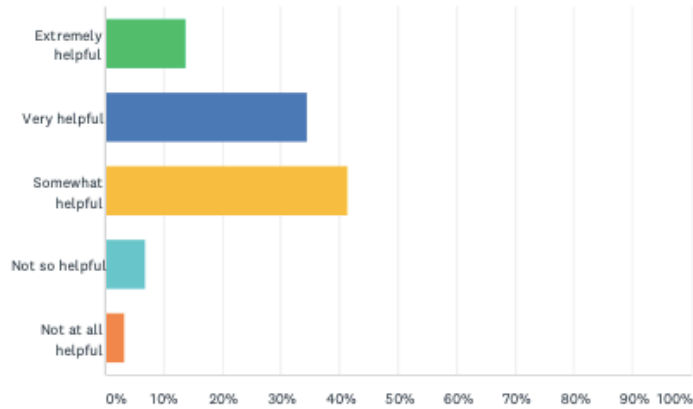
ANSWER CHOICES	RESPONSES	
Extremely helpful	13.79%	4
Very helpful	34.48%	10
Somewhat helpful	41.38%	12
Not so helpful	6.90%	2
Not at all helpful	3.45%	1
TOTAL		29

Q8 I feel prepared to begin making changes in my ministry context so that we can better serve students dealing with anxiety and depression after viewing this seminar.

Answered: 29   Skipped: 0
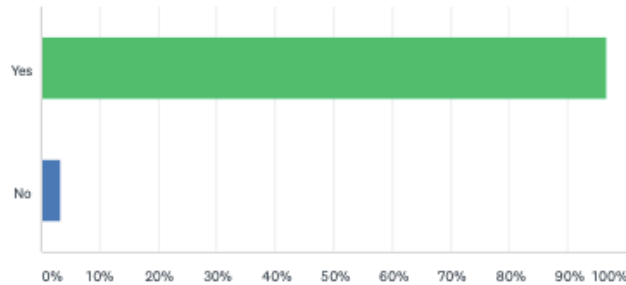
ANSWER CHOICES	RESPONSES	
Yes	96.55%	28
No	3.45%	1
TOTAL		29

Q9 What changes do you plan to implement?

Answered: 24   Skipped: 5

#	RESPONSES	DATE
1	I want to make parents more aware. I am a firm believer in the fact that we only see the kids maybe a few times a week. But with enlightening parents they will have a far higher chance in bringing this info into their homes	6/3/2020 10:37 AM
2	Developing peaceful/safe places/times for youth to hang out in and not be pressured to perform. Investing the inclusion team and who might be a part of that.	6/2/2020 12:09 PM
3	I'm new to my position, I have already sent an email to my staff to gather potential volunteers on my team to use as resources.	6/1/2020 3:31 PM
4	One major change I hope to do is give our leaders more training so that they can feel equipped to deal with these challenges instead of being too afraid to talk about it.	6/1/2020 1:41 PM
5	Engage with parents so it is more family focused, increase the number of adults who participate in the ministry, more intentional mentoring of youth to create relationships with adults. Try to engage them on social media more.	6/1/2020 12:22 PM
6	I really appreciated the way this was delivered - in bite-sized pieces with things to think through before and after. It gave me a process as to which to think about this upcoming year. It was also an avenue of affirmation as our church upholds some of these values already. My first piece I want to tackle is think through "religiosity". I feel like that is the most important for us, and the other 4 themes can easily follow.	6/1/2020 9:48 AM
7	Implementing the program and strategic changes that address prioritizing youth-adult relationships, natively ministering on social platforms, connecting and equipping parents, creating rest within programs, looking at how to incorporate elements of the response team into my youth leadership team.	6/1/2020 8:42 AM
8	I would use the lessons in the sessions with the workbook to walk through the issues with my leadership team. The care aspect of youth ministry is already at the core of our youth ministry. The videos and workbook would reinforce what we are already trying to do.	5/31/2020 6:48 PM
9	First of all I need to look into some of these other resources. Some of the suggestions such as inter-generational service trips seem good. I also need to look at the rest retreat idea. Some of the social media advice was very helpful as well. I plan to start being encouraging to students on their social media pages. The handbooks was very helpful in having something I can look at and work through some of the ideas that popped into my head along with your suggestions	5/31/2020 3:21 PM
10	There are two primary ones, of many, that I will be focusing on. 1) helping support children's ministry so we can have family ministry strategy from birth to graduation. 2) Better inter generational connection. Some ideas are recruiting older adults to be leaders, having them share their testimonies, and offer service projects for the whole church not just the youth.	5/31/2020 11:54 AM
11	This is helpful in training leaders to see and address systemic issues of depression and anxiety in a meaningful and helpful way	5/31/2020 10:23 AM
12	At this point, just small steps at being a better resource where students know that they can come for spiritual help. Better communicating and offering help	5/30/2020 6:18 PM
13	* Compare notes with our parent ministry staff. Find more ways to learn and grow together. * Commit to being proactive with people on the fringes. * Connect more. Listen more.	5/30/2020 12:30 PM
14	First, go back through the seminars with other adults. Then put a plan together and begin implementing that step by step. Intentionality with parents, creating strategic environments for student outside of our normal schedule or plan.	5/30/2020 9:27 AM
15	I plan on considering new ways to improve social capital in the lives of students through intergenerational ministry focused on service, rather than lecture. I also plan on implementing more doctrinally-focused teaching in my own context.	5/29/2020 2:39 PM
16	Figuring out better ways to make use of Social Media	5/29/2020 2:02 PM
17	The 5 adults to 1 child idea was a phenomenal suggestion to rethink adult volunteer roles and responsibilities. Increasing the literacy and understanding of this topic in my adult volunteers and in the parents of my students, mostly through creating consistently available information and training. Making sure the overarching teaching plan for the youth ministry doesn't just plan for a series on this topic, but that it is incorporated throughout ALL lessons organically.	5/28/2020 8:16 PM
18	I am planning to create and implement a team - they will begin by viewing this training and then (hopefully) we will meet monthly to discuss and implement changes to our ministry.	5/28/2020 2:08 PM
19	I plan on having some focus groups and have already begun the process of providing an avenue for students struggling with either to be honest, open and raw with me this summer	5/28/2020 11:07 AM
20	We plan to add a few people to our response team. Like the interior designer.	5/28/2020 11:05 AM
21	By paying close attention to the "five reasons", I feel like my ministry is currently addressing the social capital issue and the loss of religiosity issue. We need to focus more effort on family ministry strategies, and on utlizing social media in a way that "engages students as creators, thinkers, and equals." Finding appropriate way to promote rest is one I'm not sure how to do, but this is also something I'd like to pursue.	5/27/2020 1:32 PM
22	As a church, we talk about these issues a lot. We never thought about adding an interior designer to our team and are looking into that now. We also liked the idea of going to schools and advocating for our students on the levels of stress.	5/27/2020 1:09 PM
23	Training adult leaders and parents.	5/27/2020 11:19 AM
24	The immediate change will be tweaking our strategy and schedule for social media posts and online presence. Long term, we'll need to start brainstorming even more ideas for how teens can serve alongside adults in our context post-covid restrictions.	5/27/2020 9:43 AM

Q10 What was the most valuable part of this seminar?

Answered: 29   Skipped: 0

#	RESPONSES	DATE
1	I loved session 3	6/3/2020 10:37 AM
2	The five factors influencing systemic abandonment and ideas for countering it.	6/2/2020 12:09 PM
3	Sessions 2, 3 & 5	6/1/2020 3:31 PM
4	Being able to define anxiety and depression so that we are all on the same page was very helpful. Those terms get thrown around a lot and it helped to have a common language	6/1/2020 1:41 PM
5	making the scope of the crisis known and giving us a new way to think about how our ministries can help.	6/1/2020 12:22 PM
6	Session 5. I appreciated the ideas. (Also really appreciated the work book I was able to write in and take notes.)	6/1/2020 9:48 AM
7	The broad brushstrokes on what to incorporate into youth program and strategy to address the systemic problems contributing to abandonment (relationships, rest, parent connections, social media platforms, theology etc.)	6/1/2020 8:42 AM
8	Just the fact that all of this is put together in what could be a seminar for youth leadership.	5/31/2020 6:48 PM
9	The handbook. The resources listed as well as the thoroughness of the suggestions in it are something I plan to look at often as I make "strategic" plans going forward	5/31/2020 3:21 PM
10	Session 5 followed by Session 4. You set up the issues and addressed them so well in session give giving practical ideas, resources, but also the big picture of what is trying to be accomplished if the practical ideas might not work in certain settings.	5/31/2020 11:54 AM
11	I really appreciated the "why" section. I think its super important in training and addressing.	5/31/2020 10:23 AM
12	Not only the five changes that have added to the anxiety and depression issues, but the steps toward combating these were very helpful! Some good things to think about	5/30/2020 6:18 PM
13	The framework of the five problems and the ways to address each of them.	5/30/2020 12:30 PM
14	Loved the section on the 5 factors. Gave great clarity on the why behind the struggles students are walking through. The practical ideas in section 5 to combat the 5 factors. Those two sections were absolute gold!	5/30/2020 9:27 AM
15	I really appreciated looking at the example of Christ and how He pursued the marginalized people groups of His day. It spurred me on to look at those groups more affectionately and compassionately, rather than as a burden.	5/29/2020 2:39 PM
16	Session 5. I really appreciated the very practical tips to being proactive and creating a safe environment	5/29/2020 2:02 PM
17	Two-fold; the statistics and overall analysis of what is causing the systemic abandonment. Direct practical advice on how the church can counter the 5 areas mentioned that are causing systemic abandonment. I know the point of the seminar wasn't to just to say "here's what you should do" (which was the right move in my opinion). However having those few practical ideas were a nice touch.	5/28/2020 8:16 PM
18	Actual suggestions backed by research.	5/28/2020 2:08 PM
19	The breakdown of the 5 factors and how we can respond to them as Student Pastors and ministries	5/28/2020 11:07 AM
20	the best part for me was the statistical data you provided int he beginning.	5/28/2020 11:05 AM
21	Session 5 by far. In fact, I would love to see this session expanded upon with examples of people and ministries who are finding success in countering systemic abandonment.	5/27/2020 1:32 PM
22	Being reminded of the statistics and why it is so important to be doing what we are doing	5/27/2020 1:09 PM
23	The last few sections. Tangible actions steps are most helpful.	5/27/2020 11:19 AM
24	The helpful ways forward that were strategic and specific	5/27/2020 9:43 AM
25	Being able to see relevant data and practical next steps to implement positive systemic change.	5/25/2020 10:20 PM
26	By defining the differences of depression and anxiety it helped lay the groundwork for the seminar. I think the most valuable thing for me was the amount or resources you pointed out within your workbook.	5/24/2020 1:28 PM
27	For me the most valuable part was just understanding the difference between clinical depression and anxiety vs. Feelings of those due to circumstances. Also, understanding systematic environment more and the role of the church in that. Some of the practical ideas too- for instance considering how to minister to family units in order to involve parents was really great. It was overall very insightful and opened up so great things to be praying about moving forward.	5/23/2020 7:41 PM
28	Learning the 5 factors that are influencing systemic a abandonment and the different strategies given to counter them.	5/22/2020 4:14 PM
29	The most helpful part for me was session 4 and 5, digging deeper into some of the issues and combating systemic abandonment. I especially like the challenge of creating an online presence that helps and nurtures growth instead of further destabilization	5/22/2020 2:06 PM

Q11 What was the least valuable part of this seminar?

Answered: 29   Skipped: 0

#	RESPONSES	DATE
1	I would say the second to last session	6/3/2020 10:37 AM
2	The workbook is more of a reference for the video segments than it is a true workbook.	6/2/2020 12:09 PM
3	Sessions 1 & 4	6/1/2020 3:31 PM
4	N/A. I think you did great	6/1/2020 1:41 PM
5	Session 7	6/1/2020 12:22 PM
6	hum.... I don't think I have an answer. I appreciated it all.	6/1/2020 9:48 AM
7	It was all great material. The only part that made me feel discouraged was the creating the response team section. For small churches, most of the members on that team we're going to have to go outside our church to fill. Will professionals be willing to volunteer their time to this? How do I make sweeping changes to address the mental health needs of 8.7% of my students without it consuming my energy and mental/spiritual bandwidth while also maintaining all the other pastoral, relational, and family responsibilities I have?	6/1/2020 8:42 AM
8	Some of the research was too much. It was more than needed to justify making strategic changes in a youth ministry program.	5/31/2020 6:48 PM
9	The statistics part seemed a bit long winded. I understand the significance of them, just would like to see more time on the what we can do to help with the problem and a little less on establishing that there is a problem.	5/31/2020 3:21 PM
10	Session 6. This is me being nit picky because overall this was an amazing seminar. Session 6 is difficult to figure out if a youth worker is from a small church. They will have wise laypersons but if they have 1 of the other 4 that will be amazing. Session 6 can leave a small church thinking this isn't possible for them due to their size or congregation context. For bigger churches with more people this seems extremely doable.	5/31/2020 11:54 AM
11	maybe part of the "countering systemic anxiety" portion.	5/31/2020 10:23 AM
12	not sure!	5/30/2020 6:18 PM
13	The second half of session 2 where we got a quick list of types of treatment. I couldn't follow it, and I wasn't sure what I was supposed to do with that information.	5/30/2020 12:30 PM
14	Probably the welcome and closing. Not because they were bad, it's that the other sessions had so much info and application.	5/30/2020 9:27 AM
15	Personally, I'm not a huge statistics guy, and I get lost in the numbers pretty easily. It was tough for me to follow the second section which was mostly statistics and research. This being said, I understand the importance of having a thorough background/foundation prior to engaging the topic, so it is still necessary.	5/29/2020 2:39 PM
16	Session 6. It wasn't really applicable to my context in a small church where I maybe only have one or two of those people.	5/29/2020 2:02 PM
17	The visual presentation. I don't know if you're using the TV and tablet you have to it's fullest ability. I have seen comments on the dropbox files where you have said you're re-recording with a different setting and utilizing the technology more/better so I think that this is something already on your radar.	5/28/2020 8:16 PM
18	Nothing - I think it was to the point!	5/28/2020 2:08 PM
19	I wouldn't say there was one honestly	5/28/2020 11:07 AM
20	I think it was all good.	5/28/2020 11:05 AM
21	The closing was weak. It would have been more helpful to summarize and review the previous six sessions, though I did appreciate the resources for further study.	5/27/2020 1:32 PM
22	I think that the last video could have been more of your personal experience and implications in your ministry context. It would be helpful for leaders to see applications they could try	5/27/2020 1:09 PM
23	The beginning. Took too long to get going.	5/27/2020 11:19 AM
24	I'm not sure what I would label "least valuable." I guess you could say that I've seen the same problem you are, so I was already aware, but still helpful to be reminded it's there, know we aren't alone as pastors, and to get helpful information on how to start changing the culture of anxiety of depression not being talked about or treated seriously.	5/27/2020 9:43 AM
25	Wasn't able to actually take notes within the digital workbook through Preview (MAC) without generating a text box that was difficult to line up with formatted Notes line. Would be fine if I printed it out and wrote it, but if I'm using it digitally it would be nice to have that capability . . . and the capability to click direct links in the PDF.	5/25/2020 10:20 PM
26	I think the closing needs some work. Just my opinion but it seemed to not wrap things up for me. I would have liked to have had some insight into how this worked out in your ministry setting.	5/24/2020 1:28 PM
27	I felt that session 6, about building the team, was probably the least helpful. I think it may be encouraging for people in the church who have those gifts to consider how to use them. But i have never been in a church that has the option to really hace all of the gifts in one ministry. Especially the interior decorating. It felt not practical or relatable. I did however take from it that within the congregation maybe, those gifts may be available and as a leader, after watching this, I DO think it is a great idea to maybe reach out to those people to ask them for their expertise. Or even to see if they would host a seminar. But, I dont realistically see how I am going to find all of those people to serve in my ministry. But still, it is good to consider how those gifts can be helpful in ministry.	5/23/2020 7:41 PM
28	I actually found the whole seminar to be valuable.	5/22/2020 4:14 PM
29	The last session. What needed to be said, could have been said at the end of session six in fewer words.	5/22/2020 2:06 PM

Q12 What information would have made this seminar more helpful for you?

Answered: 29   Skipped: 0

#	RESPONSES	DATE
1	not sure if more info would of helped any more	6/3/2020 10:37 AM
2	Do you have real life examples of how some of the interventions that you are recommending have worked and in what contexts? If you do, including if you have implemented any of them yourself, I believe it would strengthen your work. (With that said, you have used some great sources and I think you are onto something).	6/2/2020 12:09 PM
3	Specific and tangible things I can turn around to hand to my parents. This was all about how the youth pastors & church should engage. (which is great and exactly what you intended). I plan to look into the further study resources to see which things could be a benefit to parents.	6/1/2020 3:31 PM
4	I don't know what I don't know. I might be able to answer this in a few years	6/1/2020 1:41 PM
5	more information and detail on systemic abandonment and how culture and economic status effect it. I have a primarily minority youth group and culture influences everything a great deal.	6/1/2020 12:22 PM
6	Link to Amanda's story didn't work in my PDF (transferred to iPad/ Noteability). OR if I had printed out. Maybe nice to have this saved/ pinned/ accessible in another location.	6/1/2020 9:48 AM
7	I think a brief treatment on what anxiety, depression, and other mental health disorders are church workers able to counsel on a pastoral level? What are some signs and symptoms that we need to refer them to a professional therapist? I've seen too many people and churches burned by pastors trying to provide counseling for mental illness that is beyond their scope.	6/1/2020 8:42 AM
8	Possibly an action plan with steps to help change the culture of the youth ministry to be more caring. Steps to help the youth ministry leaders help the other students be helpful to those students who need the help. Reaffirming the need to refer teens with struggles that are overwhelming for the youth staff. (Knowing when to refer)	5/31/2020 6:48 PM
9	I'm not sure, there was a lot of helpful stuff. Maybe an example of how you might teach a Bible lesson with anxiety and depression in mind. How to approach the parent(s) of a student that is going through something.	5/31/2020 3:21 PM
10	I think you covered the topic well and gave reasonable next steps. Piggy backing off question 11, I would say think through the small church context. If all the numbers are correct most churches are between 31-300. So giving them a "if you can only do 2 things from this whole seminar I recommend..." By showing them the next step it will be easier for them to take it rather than be overwhelmed by options and do nothing.	5/31/2020 11:54 AM
11	None that I can think of. Maybe more practical resources?	5/31/2020 10:23 AM
12	I think it would have been helpful to dive more into the meaning of these mental issues and their relationship to the spiritual. I know there are certainly physical and mental aspects that need help, but there are almost always spiritual roots to the problems that students face.	5/30/2020 6:18 PM
13	I can't think of any.	5/30/2020 12:30 PM
14	As someone who isn't as educated in this area, I don't know what could have been added. I found the content to be very enlightening, encouraging, and practical.	5/30/2020 9:27 AM
15	If anything, it would be helpful to know where to look for the "Response Team" folks. Where do I find a mental health advocate? Is there a Facebook group? Where can I find a trustworthy interior designer who can positively influence my students? Obviously, you don't know all that information, but some suggestions of resources would be beneficial.	5/29/2020 2:39 PM
16	I think providing a couple of tips for churches who don't have access to that sort of response team would be helpful	5/29/2020 2:02 PM
17	Streamlining the accompanying handbook a bit. The content is great and applicable. The way its organized just seem a bit blocky. Maybe make it a bit more visually appealing? Not a huge issue though.	5/28/2020 8:16 PM
18	I think the companion of the pdf booklet was excellent.	5/28/2020 2:08 PM
19	I think videos from student's perspectives would be powerful. I know you mentioned at least one, but maybe finding a few that you can use (or show clips) to really highlight what you're talking about. You speak on behalf of student's and what they're experiencing (and rightly so!),	5/28/2020 11:07 AM

	but maybe it would be even more helpful for youth pastors to hear from actual students in their own words	
20	I think a little more Data throughout the presentation.	5/28/2020 11:05 AM
21	More practical steps. More examples of ministries "doing it right." Perhaps some metrics to help us measure our effectiveness.	5/27/2020 1:32 PM
22	Personal stories of wins and losses in your ministry and how you handled them	5/27/2020 1:09 PM
23	Less. Less information is easier to remember and take with you.	5/27/2020 11:19 AM
24	I believe you covered a significant amount of information, so I don't think any more is needed, but more examples of what you've seen/heard work is always nice.	5/27/2020 9:43 AM
25	How race/class/family culture/living environments (urban/suburban/rural) affect mental health and encouraging participants to take a poll of their families and learn about how those factors can impact their student's mental health and how their ministry can best support and resources them.	5/25/2020 10:20 PM
26	For me, I would include the biblical texts instead of notating the Scripture. I also would base the principles and mandates on a scripture reference when able to.	5/24/2020 1:28 PM
27	I actuaply really loved it and want to hear more! I wish this were a training seminar for churches to do. I was curious though about certain things that were not so much talked about. I was wondering too about walking through with students who may be pre-depressed or pre-anxious. Maybe not expressing it, but showing clear signs of a broken home and a broken life that is trickling into behaviors. I guess without just jumping straight to mental illness, but walking through the things that could eventually lead to that, for example: alcohol abuse, low self-esteem, poor relationship with parents, promiscuity, or just inappropriate behaviors. But not quite depressed or anxious.	5/23/2020 7:41 PM
28	I'm not sure. I've been in this field for over 20 years and the majority of my youth group have mental health and issues.	5/22/2020 4:14 PM
29	Because this was a 10,000 foot view, i'm not sure that anything could be added to make it much better. With this information, it would be nice to have a 100 foot view and break down some of the suggestions for change, like helpful suggestions on how to implement some of the changes suggested	5/22/2020 2:06 PM

Q13 Do you have any additional comments or questions after viewing this seminar and participating in this survey?

Answered: 29   Skipped: 0

#	RESPONSES	DATE
1	You did a great job!	6/3/2020 10:37 AM
2	I would love for you to keep participants updated with the changes that you make to the seminar.	6/2/2020 12:09 PM
3	Can you do another seminar that is geared to parents? I want & need the knowledge, but sometimes parents are willing to listen to an expert (that's not me) on specific topics.	6/1/2020 3:31 PM
4	Your watch reflected light onto the TV when you moved. It was pretty distracting in the first 3 sessions.	6/1/2020 1:41 PM
5	Which demographic did most of this information come from? And does cultural context add a level to the systemic abandonment especially for immigrants?	6/1/2020 12:22 PM
6	I appreciate that this is a "recent" seminar. So many books we read (even the great ones) seem to be obsolete by the time they are published. I enjoyed having "real time" research, numbers, and solutions - not something from 12 years ago. (I mean who still has YS's Talk Sheets in their office?!) Thanks Nate. Thank you for your work and commitment to this project. You stated in one of the videos that you had the opportunity for education and wanted to give back. I have had the chance to go to seminary as well, and feel so blessed. There are SO many youth workers who are volunteer or PT, and formal education is not in the cards for them, their time or church context. Again, I appreciate these bite-size trainings, and the fact it was FREE. If I can help with anything further, please do not hesitate to reach out. - Polly Pierce (polly.pierce@faithwestwood.com)	6/1/2020 9:48 AM
7	Thanks for devoting the past few years of your life to this. I know it was a huge sacrifice and countless hours of late nights, early mornings, and marathon sessions of reading articles, books, and taking notes, and then the massive labor of organizing it all down into this seminar. It was worth it, and you will help many people serving in ministry and the people they're serving. From and Internet stranger -- good job and thank you.	6/1/2020 8:42 AM
8	How did we get here. You did talk about the breakdown of the family in our culture as well as other issues in society, but you did not talk about the newness of adolescence. The fact that until labor laws and mandatory education came about, we had people in their teens, but we did not have adolescence. A child basically moved from childhood to adulthood. This would be a part of the background to include. Finally, I want to say, nice job. Even with the improvements I suggested, you did a nice job on this project. Well done.	5/31/2020 6:48 PM

9	It was very informative and I look forward to the updated versions in the future as well as looking through the resources. Thanks!	5/31/2020 3:21 PM
10	Covered this with my question 12 response. Great job Nate!!!	5/31/2020 11:54 AM
11	Thanks for letting me be a part of this!	5/31/2020 10:23 AM
12	Good information, thank you for the opportunity!	5/30/2020 6:18 PM
13	* It feels like this seminar ignored the chemical and neurological aspects of anxiety and depression. There's good evidence that how we are wired contributes to our response to stressors. * There will be youth workers watching this video who actually live with children who struggle with anxiety and depression. Also people with non-traditional families. I am worried that the first several sessions can be heard as, "You are a crappy parent, and it's ruining the world." I understand that part of the goal here is to be prophetic, but it comes across sometimes as a scolding. Maybe it would be helped by some "we can ..." language to balance the "you should ..." language. * I like the clear message in Session 5 that systemic abandonment is not the only problem, but it's a big one, and we have the power to combat it with systemic changes. It would have been helpful for me to hear that sooner, because I felt like the seminars were not addressing a lot of the problems. But in session 5, we see clearly that this was never the intention. * I appreciated the names of two books to help me deal with individuals in addition to the systems. I think it would have helped to name them earlier when you talk about why you're not addressing that skill set. * This was helpful. It raised my level of concern and commitment, and it gave me a clear framework for organizing our efforts. Thank you for all your hard work on this.	5/30/2020 12:30 PM
14	Thanks for putting the work in to put all of this together. This is an area of struggle for students that is not going away, but more than likely will increase. So to have a resource that can help turn that around, help those walking through and out of it is priceless. Thanks!	5/30/2020 9:27 AM
15	I thought this was extremely well done, and its brevity was encouraging. The information was useful and practical. I'm not sure if your intention is to utilize this seminar in group sessions, but I feel it would be extremely beneficial if we had table groups to discuss as we watched sessions.	5/29/2020 2:39 PM
16	I really appreciated the seminar! I thought the balance of facts, philosophy, and practical advice was really great and is a resource I hope to use with my leadership team! Thanks for all your hard work!	5/29/2020 2:02 PM
17	Overall great job. Thank you for the hard work and clear time and effort you put into this. It's honoring God	5/28/2020 8:16 PM
18	When the seminar is happening, less words on the screen are better - use phrases or bullet points and make the words bigger please. :)	5/28/2020 2:08 PM
19	Well done. Watching this has made me even more passionate about these issues and I've committed part of my summer to growing and learning in them so I can better love, serve and lead my students. Thank you brother!	5/28/2020 11:07 AM
20	nope. Good Job.	5/28/2020 11:05 AM
21	Overall, I loved it. Great job. Hearing the five reasons for systemic abandonment and ways to counter those reasons made the whole thing worth my time. Thank you!	5/27/2020 1:32 PM
22	I love the work you are doing a believe it will do a lot for the kingdom	5/27/2020 1:09 PM
23	Overall it was good. Definitely felt academic and probably too much for the average adult volunteer leader or parent in a church. Booklet was hard to read and had too much information. Booklet did not draw me in to read it.	5/27/2020 11:19 AM
24	Well done. This has been on my heart for a while now, and you've articulately covered what I was having a hard time pointing into words. Thank you for your work for the glory of God.	5/27/2020 9:43 AM
25	Would be good to consider a trigger warning before asking people to watch the Amanda Todd video or link to one that doesn't show graphic images of cutting afterward. Also some of the wording in the videos didn't line up with the workbook (ie: Pg. 9 of workbook says 'behavioral activation' but video says 'behavioral action'). Not sure how much of a stickler your professor(s) will be, but may want to sync up if you think they'll be nitpicky about it. Also might be helpful to make handbook more colorful with graphs and colors to make it more engaging for readers.	5/25/2020 10:20 PM
26	Great job! I really enjoyed the seminar and would definitely utilize something like this with my volunteers.	5/24/2020 1:28 PM
27	Thank you for doing this!	5/23/2020 7:41 PM
28	Yes, on page 3 of your workbook you have a typo. In the sentence: To get the most out of what is presented, be sure to take so time.... And there's also a typo on page 22, you put 10 adults to 1 student when it should state the opposite.	5/22/2020 4:14 PM
29	Not in regards to the training sessions. However, i read through the workbook as i went through the sessions and noticed a few grammatical mistakes or i'm not sure. -On page 6 under the heading Signs & Factors bullet 2, there is an extra "in" after the word manifest -Page 18 under Mandate #2 first paragraph near the bottom - it mentions "the former" and then "the later" which should read "the latter" -Page 21 in the opening paragraph - uses the word "needling" but i'm guessing should be "needle" -Page 25 under "But wait..." second paragraph - not sure if it's supposed to be "full-proof" or "fool-proof"	5/22/2020 2:06 PM

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