

The Business Committee of the Thirty-Fifth General Synod recommends this proposed resolution be sent to a Committee of the General Synod.

RECOGNITION OF THE CONTINUALLY-EVOLVING LANGUAGE OF MENTAL HEALTH

A Resolution of Witness

Submitted by the United Church of Christ Mental Health Network

SUMMARY

This resolution urges the United Church of Christ in all its settings to recognize the need to update language regarding those living with mental health experiences and neurodiversity in a way that reduces stigma and encourages inclusivity. It urges the United Church of Christ to understand the harm and offense many persons feel when language is used that does not affirm their individual and/or collective identities. Finally, it urges the United Church of Christ to acknowledge that, with love, we can choose to affirm and utilize language that is inclusive, strength-based, and person-centered.

BIBLICAL, THEOLOGICAL, AND HISTORICAL GROUNDING

The Bible declares that we are all created in the image and likeness of God (Genesis 1:27). This likeness to God gives us all value, worth, love, hope, and so much more, however mental health impacts us. We all resemble our Creator. Our Creator made all people with purpose and power. With this understanding, we know that even though some people and families have self-reported emotional/neurodiverse symptoms, experiences, and diagnoses, this will not devalue the God in them.

For many decades there has been a stigma associated with persons living with mental health experiences.¹ Many communities have associated mental health experiences with being possessed with demonic spirits and being the result of sin.² Mental health experiences are a part of our human existence and experience. It is not a result of God's punishment or anger, that some persons live with different experiences than others. Therefore, religious and spiritual communities are not to outcast those with mental health experiences, but welcome them with the love of Christ. We are our siblings' keeper (Mark 12:30-31).

Since we have not understood the existence of many human experiences, we have cast out and marginalized them. We have stigmatized and demonized them. We have declared that their differences could not be God's handiwork. But Jesus came to redeem us all. Jesus particularly focused on the marginalized and stigmatized during his ministry on Earth. Jesus demonstrated compassion and love for the outcast, the sick, and those on the margins. Jesus was a healer and he engaged with all persons, offering hope, restoration, and redemption (Luke 4:40).

The Church today continues to be called to be a place of love, hope, healing, refuge, and care for those struggling with mental health experiences and anything else today. Jesus was radical and went against tradition and norms (Matthew 12:1-8; 15:21-28; 25:35-40; Mark 10:13-16; Luke

38 1:46-55; 6:20-22; 10:29-42; 14:1-24; 19:1-10; to name a few). It is time for our churches to be
39 radical with Jesus as our foundation, and go against the norm, and to become more radically
40 welcoming, inclusive, supportive, and engaged.

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42 Historically, the Mental Health Network (MHN) of the United Church of Christ has worked
43 diligently to journey with those congregations and other ministry settings who have realized the
44 call of the Church to be inclusive of those living with mental health experiences and
45 neurodiversity in all ministry settings, including congregational, campus, etc.

46
47 Prior to the inception of what is now known as the MHN, a resolution was adopted at the 15th
48 General Synod (1985) titled: “Helping Those Who Suffer From Chronic Mental Illness.”³ Later,
49 in 1992, Nanette Roberts of the UCC United Church Board for Homeland Ministry championed
50 the founding of the UCC Mental Illness Network (MIN), and it quickly became clear that the
51 “network” aspect of the MIN was of vital importance, as there was a need for people and their
52 families to communicate with and support one another as they journeyed through mental health
53 experiences. Another resolution was adopted at the 22nd General Synod (1999) titled: “Calling
54 the People of God to Justice for Persons with Serious Mental Illnesses (Brain Disorders).”⁴

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56 The MIN continued its work into the 21st century, partnering deeply with organizations such as
57 Pathways to Promise and the UCC Disabilities Ministries, advocating for disability and mental
58 health justice. In 2013, the MIN was revamped and became the Mental Health Network (MHN),
59 the charge led by Rev. Alan Johnson, who had served as the MIN’s chairperson since 2009. In
60 2015, the MHN officially “established itself as an independent 501(c)(3) non-profit organization
61 and became an affiliated ministry in ecclesiastical covenant with the national setting of the
62 UCC.”⁵

63
64 Also in 2015, the 30th General Synod adopted a resolution titled “Developing Welcoming,
65 Inclusive, Supportive and Engaged Congregations for Mental Health.”⁶ This resolution officially
66 launched a designation called “WISE,” which is an acronym for “welcoming, inclusive,
67 supportive, and engaged.” The WISE program has encouraged many churches, synagogues,
68 nonprofits, and even educational institutions to consider what it means to embrace people living
69 with mental health experiences and their families. As of October 2024, nearly 75 organizations
70 have been certified as “WISE” for mental health, and with the MHN celebrating its 10-year
71 anniversary in 2025—of both its status as an official nonprofit *and* a decade of certifying
72 ministry settings as WISE—we hope to reach 100 certified organizations!

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74 Today, the MHN—which was designated as a Historically Underrepresented Group (HUG) by a
75 Prudential Resolution submitted by the UCC Disabilities Ministries at the 32nd General Synod
76 (2019)⁷—continues to follow its mission to reduce stigma, promote the inclusion of people and
77 families with self-reported emotional/neurodiverse symptoms, experiences, and diagnoses in
78 their faith spaces. The MHN believes it is imperative to respect the humanity of individuals in
79 our faith communities and in the world, and to embrace the dignity and divinity of all of God’s
80 creation.

81
82 Language evolves as the world evolves. The MHN realizes the importance of language and the
83 use of language with those who have been outcast and forced to exist on the margins. Inclusion

84 calls for ministry settings to evolve as we grow in our understanding of language and
85 terminology. We believe that as we grow and work to demonstrate acceptance and understanding
86 of things that perplexed us before, it should be demonstrated in our words and in our works.
87 Healing begins not with curing, but with engagement, dialogue, transparency, honesty, and love.⁸
88

89 **TEXT OF THE MOTION**

90
91 **WHEREAS** the World Health Organization (WHO) defines mental health as: “a state of mental
92 well-being that enables people to cope with the stresses of life, realize their abilities, learn well,
93 and work well, and contribute to their community. It is an integral component of health and well-
94 being that underpins our individual and collective abilities to make decisions, build relationships
95 and shape the world we live in. Mental health is a basic human right. And it is crucial to
96 personal, community and socio-economic development;” and the Mental Health Network
97 (MHN) of the United Church of Christ believes it is a God-given right;⁹ and
98

99 **WHEREAS** the U.S. Surgeon General continues to issue regular public health advisories that
100 “demand the American people’s immediate attention”—such as *Protecting Youth Mental Health*
101 (2021), *Social Media and Youth Mental Health* (2023), *Our Epidemic of Loneliness and*
102 *Isolation* (2023), and *Parents Under Pressure* (2024)—that explicitly address mental health,
103 loneliness, and/or suicide and its prevention, demonstrating the dire need for attention and action
104 towards the very real and very relevant public health crisis that is mental health;¹⁰ and
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106 **WHEREAS** the U.S. Department of Health and Human Services (HHS) indicates in its 2024
107 *National Strategy for Suicide Prevention* not only that “religious beliefs” are considered a
108 protective factor against suicide, but also names the importance of the role of spiritual leaders in
109 its strategy;¹¹ and
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111 **WHEREAS** mental health diagnoses and concerns have increased significantly for various age
112 groups since the release of smartphones and the evolvment of technology;¹² and
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114 **WHEREAS** several studies link increased screen time and excessive use of social media to
115 various negative effects on mental health, including anxiety, depression, social isolation, effects
116 on self-esteem, and overall well-being. This is primarily due to factors like social comparison on
117 platforms, cyberbullying, cognitive decline, FOMO (fear of missing out) and disrupted sleep
118 patterns caused by screen time;¹³ and
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120 **WHEREAS** constant exposure to news and information can lead to stress, anxiety,
121 demotivation, and compassion fatigue, particularly when encountering negative and emotionally-
122 triggering content;¹⁴ and
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124 **WHEREAS** online communities, therapy, social media platforms, mobile mental health support
125 lines, and telehealth options allow individuals to access mental health support, provide
126 information and awareness about mental health issues, and offer support and connectedness to
127 others who share similar experiences;¹⁵ and
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129 **WHEREAS** faith leaders are often the first point of contact someone seeking mental health care,
130 as: “From a public-health perspective, faith community leaders are gatekeepers or ‘first
131 responders’ when individuals and families face mental health or substance use problems,”¹⁶ and
132

133 **WHEREAS** the mental health of our youth and young adults has been in decline: “Even before
134 the COVID-19 pandemic, mental health [experiences] were the leading cause of disability and
135 poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. with a
136 reported mental, emotional, developmental, or behavioral disorder;”¹⁷ and
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138 **WHEREAS** suicide is the second leading cause of death in youth and young adults (ages 10-24)
139 in the U.S.;¹⁸ and
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141 **WHEREAS** the prevalence of spiritual harm and religious trauma—the latter being defined as
142 resulting “from an event, series of events, relationships, or circumstances within or connected to
143 religious beliefs, practices, or structures that is experienced by an individual as overwhelming or
144 disruptive and has lasting adverse effects on a person’s physical, mental, social, emotional, or
145 spiritual well-being”—is a pertinent issue in our world today. With recent research showing that
146 in the U.S.’s adult population, approximately one-in-three have at some point experienced, and
147 one-in-five are currently experiencing, symptoms of religious trauma;¹⁹ and
148

149 **WHEREAS** non-stigmatizing language—that is, strength-based and person-centered language—
150 avoids creating the “other” and promotes mental health and well-being;²⁰ and
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152 **WHEREAS** language is ever-evolving and may change as society changes and may differ based
153 on context;
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155 **THEREFORE BE IT RESOLVED** that the Thirty-Fifth General Synod of the United Church
156 of Christ recognizes, proclaims, and celebrates the basic sacred right each individual has to their
157 own mental health; and
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159 **BE IT FURTHER RESOLVED** that the Thirty-Fifth General Synod of the United Church of
160 Christ affirms and supports the vital work being done by organizations around the world to
161 reduce stigma and promote the inclusion of people and families with self-reported
162 emotional/neurodiverse symptoms, experiences, and diagnoses, in the life and leadership of
163 congregations, synagogues, and organizations; and
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165 **BE IT FURTHER RESOLVED** that the Thirty-Fifth General Synod of the United Church of
166 Christ recognizes that just as the name of our *Mental Illness* Network evolved to become the
167 *Mental Health* Network with the intention to come closer to describing the beautiful whole that
168 God experiences when beholding us, we must continue to adjust our language in regard to how
169 we discuss mental health experiences; and
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171 **BE IT FURTHER RESOLVED** that the Thirty-Fifth General Synod of the United Church of
172 Christ continually invites each setting of the Church into meaningful dialogue surrounding
173 language pertaining to mental health that does not dilute the reality of suffering nor the wide

174 range of interior encounters that come with neurodiverse mental health experiences because of a
175 lack of adequate wording; and

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177 **BE IT FURTHER RESOLVED** that the Thirty-Fifth General Synod of the United Church of
178 Christ encourages the emphasis on the self-report of a person—asking: “How does she/he/they
179 characterize their own mental health?”—and thereby letting each individual define their own
180 experiences; and

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182 **BE IT FURTHER RESOLVED** that the Thirty-Fifth General Synod of the United Church of
183 Christ urges all settings of the United Church of Christ and beyond to take action at the
184 intersectional issues of mental health, such as within the realms of youth and young adults,
185 digital media and technology, and religious harm and spiritual trauma; and

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187 **BE IT FINALLY RESOLVED** that the Thirty-Fifth General Synod of the United Church of
188 Christ calls upon all settings of the United Church of Christ and beyond to commit to adopting
189 and implementing inclusive, strength-based, and person-centered language that recognizes the
190 intersecting identities an individual may hold and that is inclusive of the language a person uses
191 to describe their own lived experiences, that will reduce stigma and encourage inclusivity.

192
193 **FUNDING:** The funding for the implementation of the Resolution will be made in accordance
194 with the overall mandates of the affected agencies and the funds available.

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196 **IMPLEMENTATION:** The Officers of the Church, in consultation with appropriate ministries
197 or other entities within the United Church of Christ, will determine the implementing body.

¹ American Psychiatric Association (2024, March). *Stigma, prejudice and discrimination against people with mental illness*. <https://www.psychiatry.org/patients-families/stigma-and-discrimination>.

² Smietana, B. (2013, September 17). *Mental health: Half of evangelicals believe prayer can heal mental illness*. Lifeway Research. <https://research.lifeway.com/2013/09/17/mental-health-half-of-evangelicals-believe-prayer-can-heal-mental-illness/>.

³ Fifteenth General Synod of the United Church of Christ [UCC] (1985). *Minutes*. <https://uccresolutions.org/wp-content/uploads/2023/06/85-GS-67.pdf>. 68-69.

⁴ Twenty-Second General Synod of the UCC (1999). *Minutes*. <https://uccresolutions.org/wp-content/uploads/2023/11/gs22.pdf>, pp. 113-114.

⁵ UCC Disabilities Ministries (2019, May 11). *Designating the Mental Health Network of the United Church of Christ as a Historically Underrepresented Group: A Prudential Resolution*. Business Committee of the Thirty Second General Synod of the UCC, lines 66-68.

⁶ Thirtieth General Synod of the UCC (2015). *Minutes*. <https://uccresolutions.org/wp-content/uploads/2023/11/GS30-Minutes-Final.pdf>, pp. 29-34.

⁷ Thirty-Second General Synod of the UCC (2019). *Minutes*. <https://uccresolutions.org/wp-content/uploads/2023/11/GS32-Minutes.pdf>, pp. 57-58.

⁸ Rankin, L. (2011, October 11). *The difference between healing and curing*. Psychology Today. <https://www.psychologytoday.com/us/blog/owning-pink/201110/the-difference-between-healing-and-curing>.

⁹ World Health Organization (2022, June 17). *Mental health*. <https://www.who.int/news-room/factsheets/detail/mental-health-strengthening-our-response>.

¹⁰ Office of the Surgeon General (n.d.). *Reports and publications*. <https://www.hhs.gov/surgeongeneral/reports-and-publications/index.html>.

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- ¹² Wake Forest University (n.d.). *Exploring the link between technology and mental health*. <https://counseling.online.wfu.edu/blog/exploring-link-technology-mental-health/>.
- ¹³ Child Focus (2024, February 19). *How technology has altered and brought awareness to mental health*. <https://www.child-focus.org/news/how-technology-has-altered-and-brought-awareness-to-mental-health/>.
- ¹⁴ Buchanan, K., & Sandstrom, G. M. (2023, May 17). Buffering the effects of bad news: Exposure to others' kindness alleviates the aversive effects of viewing others' acts of immorality. *PloS one*, 18(5). <https://doi.org/10.1371/journal.pone.0284438>.
- ¹⁵ MacMillan, C. (2021, September 16). *Why telehealth for mental health care is working*. Yale Medicine. <https://www.yalemedicine.org/news/telehealth-for-mental-health.>; Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020, April 20). Social media and mental health: Benefits, risks, and opportunities for research and practice. *Journal of technology in behavioral science*, 5(3), 245–257. <https://doi.org/10.1007/s41347-020-00134-x>.
- ¹⁶ American Psychiatric Association Foundation (2024). *Mental health: A guide for faith leaders* (2nd ed.). <https://www.apaf.org/faith>, p. 4.
- ¹⁷ Office of the U.S. Surgeon General (2021). *Protecting Youth Mental Health: The U.S. Surgeon General's Advisory*. U.S. Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>, p. 8.
- ¹⁸ *Underlying cause of death, 2018-2022, single race results: 15 leading causes of death in youth and young adults (ages 10-24) of all genders, Hispanic origins, and races 2018-2022* (n.d.). CDC Wonder. <https://wonder.cdc.gov/controller/saved/D158/D406F729>.
- ¹⁹ Slade, D. M., Smell, A., Wilson, E., & Drumsta, R. (2023, Summer). Percentage of U.S. adults suffering from religious trauma: A sociological study. *Socio-Historical Examination of Religion and Ministry*, 5(1), 1-28. <https://doi.org/10.33929/sherm.2023.vol5.no1.01>.
- ²⁰ Cafaro, C. (2023, July 27). *Guide to equity terminology: Promoting behavioral health equity through the words we use*. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/blog/guide-to-equity-terminology>.