1

A New Way Through

How the Church Can Stand in the Gap for Mental Health

The boy clambered up the heights until he reached the hole.
His chubby little finger was thrust in, almost before he knew it.
The flowing was stopped!

"Ah!" he thought, with a chuckle of boyish delight, "the angry waters must stay back now! Haarlem shall not be drowned while *I* am here!"

MARY MAPES DODGE, *Hans Brinker: Or, The Silver Skates*

Pastor Brent has his finger in the dike, as if he is holding back the North Sea. He is the family pastor of a community-oriented church.[1] They preach and pray, marry and bury, and everything in between. He loves his work and he loves his community, but he is overwhelmed. For years now, ministry has been endless variations on a single theme: people need help.

- They need help in their marriages.
- Help in overcoming addictions to substances, behaviors, and lifestyles.
- Help in caring for children or aging parents.
- Help in managing money.

- Help in the anxiety of facing cancer.
- Help in facing depression after losing someone to cancer.
- Help in confronting loneliness, trauma, or fighting temptation.
- Help in recovering after failing to fight off temptation.
- Help in confronting the lie that they should be able to handle it by themselves.

These needs are, after all, among the reasons Brent became a pastor. He wants to help people's lives be transformed by the power of the gospel.

So, he is a student on how to help well and how to keep himself from burning out. He reads books about pastoral boundaries, has regular date nights with his wife, and meets with a group of guys to pray and talk about the challenges of ministry. These things are helpful. Yet the responsibility remains, and the calls asking for help keep coming at rates beyond his capacity.

Brent does what he can, and he meets with a steady stream of people to listen, pray, and plan. He refers many of them to trusted therapists when the need is beyond his schedule or skill. But these professionals are often full, or costly.

Often, there is nothing else he can do to help. Sometimes the church pays for the first therapy session. But what happens during the weeks or months while they wait? What happens when the person can't afford more than one or two sessions?

He feels like his people are often fending for themselves. The phrase "be warm and be filled" keeps him awake at night.

Brent knows ministry is God's calling for him, yet he frequently feels discouraged. He wonders if there's a different way to bring aid,

comfort, and direction to those who follow Jesus—and those who need to know Him.

For Those on the Front Lines

This book is for those with their fingers in the dike. We are offering a practical, doable way through the challenges faced by pastors, priests, deacons, elders, church leaders, ministry leaders, and clinicians who work or volunteer in the church to care for the hurting but find the scope overwhelming.

While Pastor Brent may not realize it, he is on the front lines of a silent war that's being waged inside and outside the church today. Researchers call it a mental health crisis. Pastors, therapists, and ministry leaders call it exhausting.

Perhaps that's you.

Every day, you may resonate with Paul's words: "There is the daily pressure on me of my anxiety for all the churches" (2 Corinthians 11:28).

This book aims to help you alleviate that pressure and anxiety, ensuring that more people are helped—and helped better. In our broken world, the pressure of ministry will always be there to some degree, but it does not have to be to *this* degree.

About Us and Our Research

You might be wondering, *Who are these authors who are not pastors or church leaders and are proposing a different way for those who are?*

We are your fans. We are your greatest supporters. We work in the church and ministry space every day, and we see the burden you carry.

You are the boots on the ground, doing the work of the Kingdom, and we want to help. One of us (Jim) is a licensed psychologist and a leader at a Christian university who prepares mental health professionals to care for others and codirects a research center that creates resources for everything related to marriage, family, the church, and mental health. The other (Shaunti) is a longtime ministry leader and author of dozens of books. Both of us are also researchers who have investigated the current challenge facing the church and possible solutions by seeking input and hearing the perspectives of more than 2,000 leaders and professionals like you.

We conducted a national survey of nearly 1,900 pastors, priests, church leaders, and clinicians about mental health in the church,[2] and we personally interviewed and spoke with hundreds more. (For simplicity's sake, throughout the book, we refer to clergy across all streams of the church as pastors.)

In the process, we have seen and heard how leaders in many streams of the church view mental health and create care. Based on this data, we have also seen many examples of innovative ministry emerging, and a new way forward that will help you, the people you serve, and the church as a whole. This will not replace the ministry of care you are called to but will enrich it—and hopefully even expand it.

Our goal is to help you think through this new way forward and show how it might work for you in very practical ways. Just as you feel strongly called to help care for others, we feel called to help care for you. God cares about His leaders and caregivers in the church, and He sees all that you are carrying!

We should mention that the survey data, along with many helpful resources—including appendix 2 of this book, which offers a curated, practical list for churches—is available at Thechurchcares.com. You will read more about The Church Cares, the initiative and organization we help lead, in later chapters.[3]

What's Causing the Mental Health Crisis—and How Can the Church Be a Solution?

The 2023 warning from Thomas Insel, the former director of the National Institute of Mental Health, was pretty stark:

> Our nation is facing a new public health threat. . . . Feelings of anxiety and depression have grown to levels where virtually no one can ignore what is happening. . . . Ninety percent of Americans feel we are in a mental health crisis.[4]

They are right. The evidence from both clinical research and government assessment indicates a rapid increase in prevalence, need, and cost of mental health services in virtually every category (e.g., suicide, addiction, and trauma) and virtually every demographic and age group. There are many reasons for this crisis, both within the church and in society at large. Countless studies have looked at factors as diverse as marital breakdown, the prevalence of racial injustice, and the use of smartphones at key stages of emotional development.

It's likely that any number of factors may be contributing. But we propose that underneath all of that are two major cultural reasons for

the pressure you feel—and one way the church can be a transformative solution for each of them.

Issue #1: So Many People in Need, So Few to Help

The movie *Gone with the Wind*, set during the Civil War, has come under scrutiny in recent years due to its damaging racial stereotypes. Midway through the movie, there is an illustration of a different type of damage. This scene shows wounded soldiers being cared for by desperate nurses, wives, mothers, all trying to respond to a cacophony of pleas for aid. As the camera draws further and further back, the wounded are revealed to be in the hundreds . . . then thousands . . . all calling for the help of a few caregivers. The viewer is confronted with the enormity of human carnage.

In the twenty-first century, so are we.

In this book, we write of a similar scene—just with a different type of wounded. When we refer to those with mental health concerns, we mean anyone in mental, emotional, and/or spiritual distress. This could be the man whose marriage is falling apart, the woman with an eating disorder, the bullied teenager with social anxiety, the retiree with depression, the military veteran with PTSD, the single mom who just lost her job, the long-married couple who hasn't had sex in five years, or the newlywed who is wrestling with critical in-laws. When you zoom out, you can see the enormity of human carnage. And they are all calling for the help of too few caregivers.

For fifty years, society has created a professionalized mental health culture as the primary means of caring for those in distress.[5] Initially,

in order to access insurance coverage, the counseling profession began redefining most psychological needs as having a medical pathology. But over time, this resulted in licensed counseling becoming the standard of care for all life stressors.

Now, just to be clear: much about the rise of skilled professionals has been extremely helpful. Sophisticated, empirically validated research has uncovered key ways to address mental health disorders and challenging life issues. Specialists apply precision and clarity to complex problems. And state licensing standards ensure that therapists have a high level of training, skill, and ethical adherence.

To speak directly to the clinician: you have made a significant difference in the lives of untold numbers because of your expertise and care.

The downside of this trend, however, is that vast numbers of people—those with diagnosable disorders and those with significant life pain—flood therapists' offices. With therapy as the treatment path for all levels of pain, the capacity for care is overwhelmed. Imagine the panic of a parent whose eighth grader deeply struggles with academic anxiety and needs a counselor but must wait three months for an appointment. Three months! By that time, the child may have failed the eighth grade and internalized the idea that nothing is ever going to change.

It's a classic supply and demand problem. It's a lot like what happened on my (Jim's) hometown's Southern California roads: freeways have been expanded to twenty-six lanes but are *still* inadequate to accommodate the cars that flood the region. The problem isn't just that there aren't enough lanes; it's that there are too many cars.

This is similar to what the church is facing. As we'll discuss more in chapter 3, there aren't nearly enough professionals to meet the demand in today's mental health culture—and there is an overwhelming need!

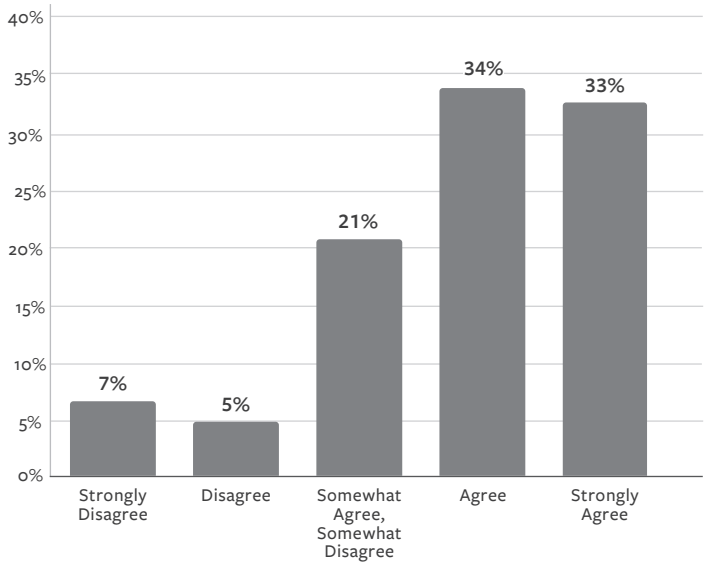
Here's one example, which I (Jim) shared in my 2024 book for clinicians, *Beyond the Clinical Hour*: among the forty million American adults with clinically significant anxiety, just fifteen million are getting help.[6] Fully twenty-five million—more than the population of Florida—are not. In many cases, this is because they can't find a mental health professional with capacity to see them or because they can't afford their services.

At the same time, a parallel trend has long been underway in the church. Because of the movement toward professionalism, we have become increasingly uncomfortable with addressing mental health concerns in churches. Like their secular counterparts in medicine, business, and education, most church leaders see "referring out" as the thing to do.

We often hear the rhyme that one pastor used on our survey, "When in doubt, refer out."

Thus, when help seekers come to the church, they may talk to a pastor, but much of the time they are also referred to a mental health professional. On our national survey, 67 percent of pastors and church leaders fully agreed with this statement: "If a person's presenting issue is primarily psychological rather than spiritual, the church's primary mental health service should be to refer to a mental health professional."[7] Only 12 percent disagreed with that statement.

"If a person's presenting issue is primarily psychological rather than spiritual, the church's primary mental health service should be to refer to a mental health professional."



It's our perspective that referrals are indeed often needed. Yet there's an unintended consequence to this overall pattern of referring out: people are being funneled out and away from the church at a time when people need the church most! Of course, there are times when people need more help than a pastor or a ministry can provide, and throughout the book we offer guidance about when referrals are best. (You can see an overview of how to do referrals well and a referral decision tree in appendix 3 online at Thechurchcares.com.) But in many cases, churches are letting professionals do what the church was intended to do. Churches can reclaim their role by doing "referrals with" rather than "referrals out."

One pastor we spoke with said this realization was the catalyst for his church's creation of a mental health ministry. He explained, "Our reasoning was what you see when Jesus leaves the ninety-nine sheep to go after the one. This lost sheep needed more attention and care. So Jesus went after that sheep, carried it back, and now that sheep is *with* the flock. It's with the others as it receives care. Soon, the sheep is walking again. But when that sheep is broken, that's the time it needs to be carried the most."

Another consequence to referring out is the mental health equivalent of twenty-six packed lanes of traffic. There simply aren't enough professional providers to keep up with the current default of referring out. It's estimated that to reach the millions in need of care, hundreds of thousands of therapists[8] need to be trained at a cost of billions of dollars. The need is there, but the professional workforce and the money are not.

This might sound dire, but thankfully there is a solution to these dilemmas. To see it, let's start by looking through the eyes of Pastor Brent and others like him.

Pastor Brent's Tuesday Afternoon

Pastor Brent took the call and heard a very stressed female voice.

"Uh, hi. My name is Roni. My neighbor goes to your church and gave me your number. I am at the end." Roni began to cry as she told her story. "I'm caring for my two elderly parents with dementia. My husband is a cross-country truck driver, and he's only home about one week a month, so he can't really help. Last week my seventeen-year-old daughter told me she was pregnant. I haven't been able to sleep all week. We are a mess. I know I should see somebody, but I haven't a clue who to see, or how to afford it . . ."

Pastor Brent looked at his watch. It was 5:20 p.m. He sent up a silent prayer for wisdom and texted his wife a frequent code: "RN 60." That meant that something had come up RN—right now—and he would call in sixty minutes. They were used to it. It happened a lot.

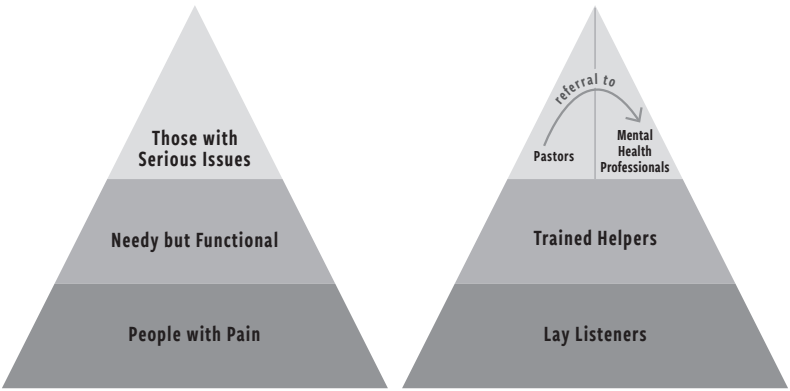
Pastor Brent and Roni spoke for about forty-five minutes. He empathized with the heavy burdens she was carrying and reassured her that each could be addressed in the proper time. He confirmed that no one was going to hurt themselves and everyone was safe. He gave her two numbers to call: the crisis pregnancy hotline and a Christian counselor. He prayed with Roni and invited her to come to the office. It would have to be late the next week or maybe the week after, as there were other similar needs already crowding his schedule. He said goodbye, wishing he could do more. He knew he couldn't, but he also knew he was leaving Roni consumed with grief, confusion, despair, and loneliness.

He sent a text to the counselor telling her that Roni might be calling and asking if there was any way she could work her in, and then he hustled to the car, calling his wife to apologize and let her know he was on the way. As he drove on a hill overlooking thousands of houses in his valley, he was struck that somewhere in that view was Roni's house—and hundreds of other houses where pain, grief, and despair were served along with dinner. In exhaustion, he thought, *I have the power of the gospel to change hearts, restore the broken, and heal family wounds, yet I feel powerless*. As he pulled into his driveway, he thought, *I don't have time to do more. But is there a way I can do it differently?*

Before We Can Fix It, We Need to Understand It

This question about how the church can do things differently is the central theme of this book. To forge a new path with the current

circumstances and resources, we must understand the problem underneath the problem in the church, in the mental health field, and in the culture at large. Both the problem and the solution can be captured by comparing two large triangles.



The first triangle represents the need within the church; it's what Pastor Brent experiences every week. At the top of the triangle are those with serious issues. These include marriages in extreme crisis, people whose addictions are blowing up their lives, those contemplating self-harm, those with psychiatric diseases that the industry labels as serious mental illnesses (SMI), such as bipolar disorder or debilitating major depression that prevents them from getting out of bed.[9] This group may not constitute a huge number within the congregation—perhaps 5 to 10 percent of the church—but they likely have significant, demanding, and often complex needs.

The second group in the need triangle, the needy but functional,

is larger: about a fourth of the church and community. This group has serious needs or pain that requires ongoing attention, but they are generally able to live their lives. They may be depressed, but they go to work every day. They may be dealing with trauma, grief, divorce, bankruptcy, the loss of a child, or an addiction, and carrying these loads like rocks in a day pack, yet they can carry on. They may be on medication, or not. They may see a clinician, or not. From the outside you may or may not know the burden is there.

Then there's the big group at the bottom of the need triangle. These are people with pain—which includes all of us at various times. No one escapes it, whether we're facing marriage issues, singleness issues, parenting heartbreak, caregiving strain, grief, anxiety, illness, job loss, or finances. And when those challenges arise, we all need a place to go, a person to talk to, and a shoulder to cry on.

Thankfully, we don't need to be left alone with this weight.

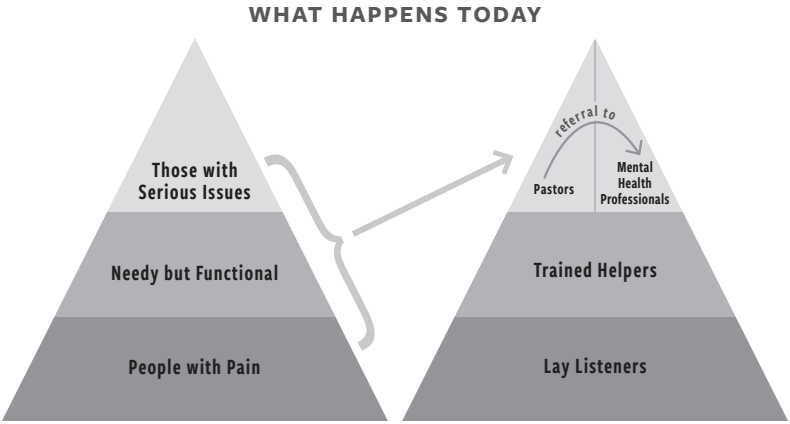
While the need triangle describes three groups with varying levels of need, the second triangle is a depiction of the church and the helpers within it (or external helpers the church outsources to). It represents the help that is available to the hurting.

At the top of the triangle are pastors and mental health professionals. In the middle are what we might call trained helpers. These are the facilitators and the groups with some mental health training or experience, many of whom are specialized in a particular area of need. These might include mental health coaches, lay counselors, or leaders of groups like Alcoholics Anonymous, Celebrate Recovery, GriefShare, DivorceCare, or Pure Desire. More broadly, these might also include those who have been trained in life care and mentoring, such as Stephen Ministries leaders.

At the bottom of the church triangle is . . . everyone else. These are individuals who care about those around them and want to help. If you've been going through a hard time since your mother died and you need a friend to share an iced latte with on a Saturday afternoon, this is who you turn to. These are small group leaders, prayer warriors, caring grandparents, Sunday school teachers, Bible study members. This is the body of Christ.

A Picture of the Problem

In any given church, a small triangle of clinicians and pastors are trying to care for most of the population of people in need—handling big stuff and little stuff and everything in between. They are at the top of the mental health culture, and they're seen as the "fixers." So the default is to channel nearly every problem to them and through them.



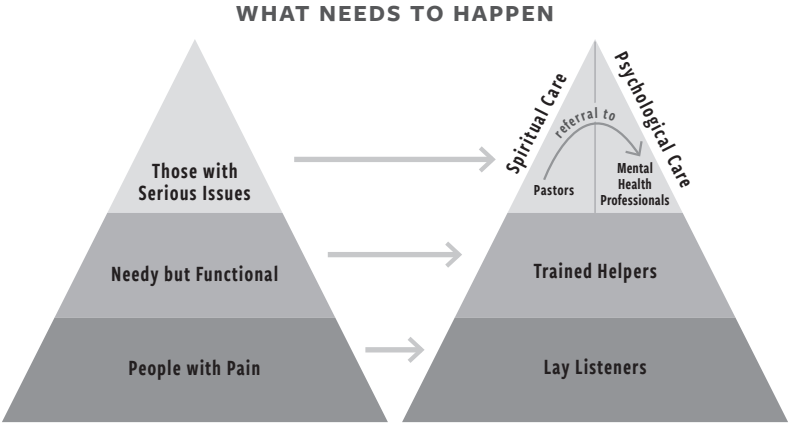
This is why Pastor Brent and mental health providers are overwhelmed. This explains the ache he experiences when people like Roni call. Most pastors resonate with the feeling of having few hours and fewer options to offer those who come to them for care: they typically talk to the person a few times and hope they can be seen by others for more extensive follow-up. They may also hope they can find some sort of group or social support for the person, but that is often hit or miss.

Now, we need to explicitly say that people turning to pastors and mental health providers is a *good* thing! Research indicates that most people improve in managing life crises at any level when they seek pastoral and/or clinical help. This is why I (Jim) have devoted more than thirty-five years to my calling as a counselor and counselor educator. Most pastors do a magnificent job in their role of pastoral counseling, which will always be needed. But the *default* of running everything through the top of the triangle has created the "fingers in the dike" problem. A lot of people need help, and there simply aren't enough people available to help.

A Picture of the Solution

There is a simple way of looking at the solution. We must enlist the entire church and *all* types of helpers. As indicated in this image, those with higher levels of specialization and training help those with more intense or more complex needs, and those with lower levels of specialization and training help those with lower-intensity needs.

We call this the church CARE strategy (Coordinated Attention, Restoration, and Encouragement). As you'll see in a moment, *this* is a solution for Pastor Brent when someone like Roni calls. It's the different way of doing things he's been seeking.



Let's return to Pastor Brent. Imagine that when he picks up the phone at 5:20 p.m. on Tuesday, he has already implemented the CARE strategy in his church. As he listens to Roni, he pictures the triangle and thinks through different types and levels of help. A clinician might be needed, but someone is also needed now to walk alongside her in her panic, grief, and worry. Although he cannot do that, there are others in his congregation who can.

After listening with compassion, offering wisdom, and praying for her, he tells her, "It will probably take me a week or two to see you, but in the meantime, I'm going to have our CARE coordinator call you tonight or tomorrow. She is a retired nurse who volunteers a few hours a week, and she will hear more about your story and make a plan with you for moving forward."

Pastor Brent knows that the CARE coordinator will assess the level of need and care available, and then refer Roni to a trained lay listener who can come alongside her. She might connect Roni

with a small group or a community resource. And she will determine whether Roni needs to see a mental health professional.

A Simple Change with a Big Impact

Adding these levels of care—the coordinator role, trained helpers, and lay listeners—allows churches to always be present for others. This CARE strategy creates opportunities for ongoing support rather than funneling people like Roni away from the church.

Many churches (62 percent, on our survey) already offer some kind of trained helper care, often through specialized groups such as recovery programs. But comparatively few (25 percent) have any type of organization around lay listening. The lay listener level of care is the most needed—and it's the easiest to recruit and support participants for. And with training in some basic skills (which will be covered in later chapters, such as knowing when to refer), it can also be safe and incredibly effective for leveraging the resources already available. One of the best informal counselors I (Jim) have ever known was my grandmother, who used just an eighth-grade education, a listening ear, a kitchen table, a Bible, and a coffeepot.

We believe that adding human care at this most basic level will be the most effective way to reach the goal of building a sustainable ministry of care. It is Romans 12:11-13 lived out: "Never be lacking in zeal, but keep your spiritual fervor, serving the Lord. Be joyful in hope, patient in affliction, faithful in prayer. Share with the Lord's people who are in need. Practice hospitality" (NIV).

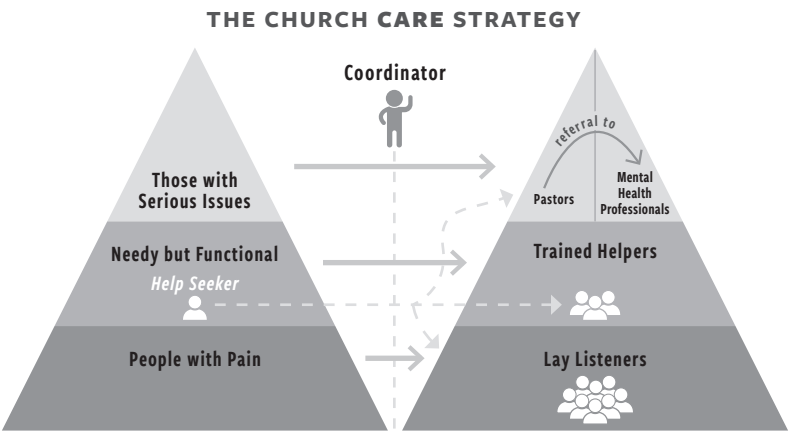
We also believe that adding this basic level of care will better position the church to engage the broader community. Influential pastor and church leadership expert Carey Nieuwhof told us, "There are a

growing number of initiatives right now to connect people who are lonely or in need with local churches. But many pastors simply don't have time to create the connection well. They may send an email back to the help seeker saying, 'Here are our service times—would love to see you on Sunday' but often don't have the capacity to go beyond that. And a church of three hundred may have only a few staff. So the pastors and staff need someone else in their church to reach out and text that person. The message is: You have lay people who can do this—use them!"[10]

As you can see in the depiction of the church CARE strategy, there is an additional crucial element that will allow this type of lay caregiving to make a real difference in a church like Pastor Brent's: a coordinator. Churches need a specialized helper to serve as a guide and adviser for the pastor and/or to filter people in need to the right level(s) of care. In many cases, this is a licensed counselor or trained coach who attends the church and volunteers for two or three hours a week, or a pastoral staff member with a counseling background who oversees the care ministry as part of their responsibilities. (The coordinator role will be explained in more detail in chapters 4 and 7.)

Enlisting the Aid of Mental Health Professionals

If you are a mental health professional or have helpful training (for example, as a coach or a medical professional), consider how you might be able to help your church respond to the need. You might be able to step into a coordinator role as the vital, final element in the suggested model. (For more on the need for professionals to work with churches in general, see *Beyond the Clinical Hour*.[11])



Every church has different needs and a unique culture, so it's important to lean in to whatever version of this is right for *you*. Some congregations might emphasize one area of the triangle more than the others, whether because of theology, resources, need, or capacity. But we believe that every leader must grapple with the truth that some form of this strategy is not a "nice to have"—it's a must-have.

The decisions for your church will be more complicated than a simple triangle. But with so many people experiencing mental health crises and so few helpers, it's essential for the church to step in as a source of human care—for people within the church and the culture as a whole.

Issue #2: People Feel Lonely, Isolated, and Abandoned

Beyond the first supply/demand reason for the pressure, the second phenomenon is a silent epidemic that impacts just about every aspect of life today: people are alone. Countless studies have found

that relational connection is a prerequisite for human thriving—for mental, emotional, spiritual, relational, and even physical health—yet we live in a culture of significant isolation.[12]

This isolation is not from lack of desire for connection. According to a 2023 Pew study, 61 percent of adults believed that having close friends was "extremely or very important for people to live a fulfilling life.[13] Yet 15 percent of men had no close friends. Zero. That statistic has increased 500 percent in the past thirty years.[14]

This disconnection contributes to the mental health crisis and creates a barrier to solving it. Science confirms what we know from Scripture and from experience. As one researcher put it, "Friendships contribute to positive psychosocial adjustment in multiple domains, such as greater well-being, lower symptoms of depression, less delinquent and risky behaviors, and higher academic achievement; they also protect against the negative effects of victimization and internalizing behaviors."[15] We all need that person who will stick "closer than a brother" (Proverbs 18:24).

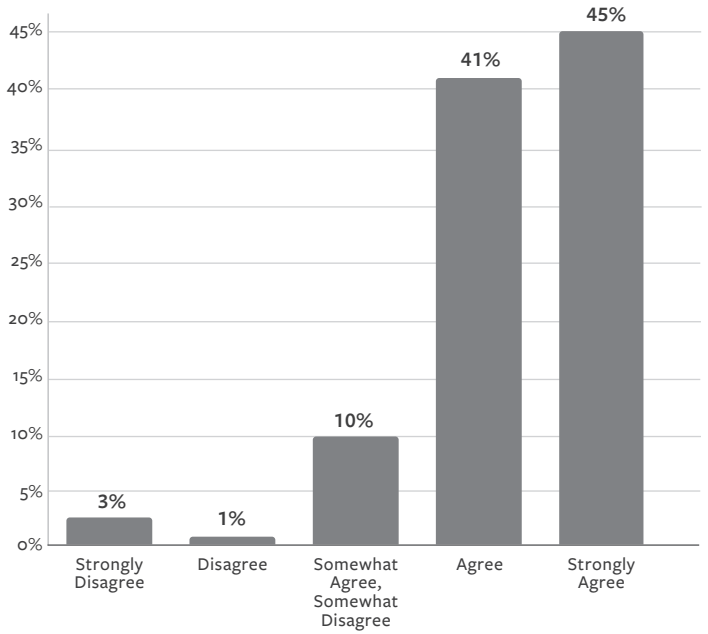
The bottom line is that people need friends. Real friends, not paid-professional friends, not just online friends (as helpful as they can be at times). We need real people who engage in real time over real concerns.

Here is where the church has an opportunity to show up. God designed us to live in the context of relationships (for example, see Genesis 2:18 and Hebrews 10:24-25). The power of Christian community and connection are key reasons why people who attend church regularly tend to be less lonely and have better marriages, physical health, and mental health.[16] But just because someone is in the church doesn't mean they are experiencing connection.

Solving the disconnection problem is essential for solving mental health in the church. In fact, we'd go so far as to say there's no way to have good mental health in the church without it.

Most church leaders agree. Eighty-six percent of those on our survey agreed that "a community of believers supporting one another is one of the best ways to foster good mental health inside the church." Less than 4 percent disagreed with that statement.

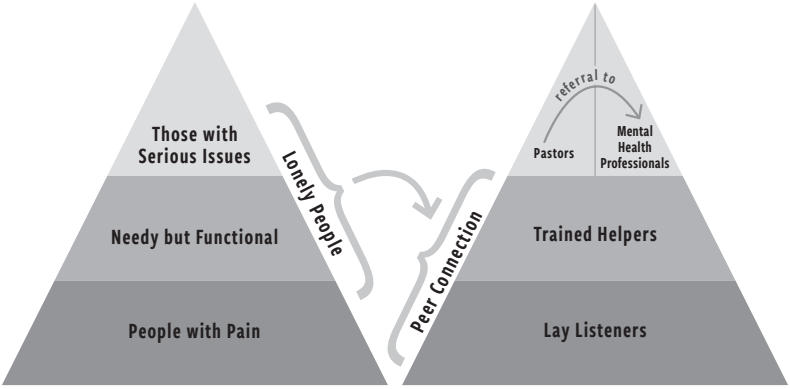
"A community of believers supporting one another is one of the best ways to foster good mental health inside the church."



Let's look again at our triangles depicting the CARE strategy and how it can resolve not just the "traffic jam" problem but also the

disconnection challenge. Pastors and professionals can't provide relational connection for everyone in their sphere, but the church can. Church care networks provide community, connections, and friendships that will help people become healthy and vibrant instead of lonely and struggling.

CARE: A SOLUTION FOR CONNECTION



The CARE strategy is both prevention and cure. It is also, of course, what God has called us to all along: "God has given each of you a gift from his great variety of spiritual gifts. Use them well to serve one another. Do you have the gift of speaking? Then speak as though God himself were speaking through you. Do you have the gift of helping others? Do it with all the strength and energy that God supplies. Then everything you do will bring glory to God through Jesus Christ" (1 Peter 4:10-11, NLT).

Purposefully adding connection-oriented levels of care brings together the power of God and the power of His people. As David

pondered the weight of his need, he wrote, "I keep my eyes always on the LORD. With him at my right hand, I will not be shaken" (Psalm 16:8, NIV). David's son Solomon understood both the weight and how it is lifted: "I saw the tears of the oppressed—and they have no comforter" (Ecclesiastes 4:1, NIV). The most effective and powerful treatment in addressing any kind of mental health suffering is the presence of a few close, committed, resilient, and steadfast friends. They humanize the gospel and declare its power.

Changing the Culture

We have a unique opportunity to shift the way we think of church outreach, human care, discipleship, and evangelism. In this model (which may seem new but is actually as old as the book of Acts), the church plays a central role in attending to human suffering. Our vision is for the church to step into its original design: to be the primary place where the love of God, redemption through Jesus, and the power of the Holy Spirit are experienced by the culture. Jesus' metaphors of salt and light suggest that we are to bring life to the world. Jesus entered into the culture by healing the leprous outcasts, giving sight to the blind, and restoring the woman at the well. In our day, we can bring comfort and healing to the isolated and lonely, help people see their great worth in God's eyes, and support the transformation of those in recovery.

For years, we have tended to think of mental health ministry as only being about helping people with specific, defined, and diagnosed disorders such as depression, anxiety, and personality disorders. Let's think bigger. Think of the church as the on-ramp through which people address their life pain. After all, much of the culture already

does. According to a 2020 British study, "In America, as many as 40 percent seek support from clergy for mental health concerns, with studies identifying that individuals with mental health diagnoses were more likely to seek support from clergy alone, than psychiatrists and psychologists combined."[17]

Let's pause with that for a moment: these researchers, seeking ways to improve mental health services in the United Kingdom, looked "across the pond" and noted that for many in the US, the first step to obtaining mental health services is through the church. The church doesn't need to become the center of the solution; it already is. It just hasn't always realized or accepted this role.

As you'll see in chapter 3, our survey indicates that less than one-third of pastors (32 percent) had confidence that their church was "doing a good job addressing the mental health needs of our people." In other words, the Brits say that in the US, more people access the mental health system through the church than by contacting psychologists and psychiatrists combined. But we found that most pastors in the US say they don't address mental health needs well and could do it much better.

So we have the need, we have a culture with a near-desperate cry for aid, and we have a church capable of delivering the needed care as part of the great commission. It is here that need meets opportunity.

The Church Can Be the Solution

Mental health care is the evangelism, church growth, discipleship, and church engagement method of the twenty-first century. Rather than funneling people *out* of the church, we can view mental health as an opportunity to draw people in.