

Welcome to the Table Talk podcast, a place where United Methodists across Tennessee and Western Kentucky can connect with one another in deeper conversation around life and faith.

My name is Lynn Patterson and I am the pastor at Liberty United Methodist Church in Brentwood, Tennessee. Today we are talking mental health and ministry.

The crisis is alive. alarming. According to the Centers for Disease Control and Prevention, close to 70 million individuals live with a mental illness. More than ever, neighbors are hungry for a space to belong, find support, and make meaning out of complex dynamics of our time. We, as faith communities, are uniquely positioned to lead in addressing this mental health crisis. We know restoration and resurrection, hope and love. It is what God has given us to offer to a hurting world, one neighborhood at a time. Today, we are so thankful to be in conversation with mental health leaders in our connection. Reverend Neely Hicks, Jaha Martin, and Reverend Renee Dillard. Let's begin with introductions. If we could begin with Reverend Neely Hicks. Hello Lynn and John, Renee. I'm so happy to be with y'all.

I am Reverend Neely Hicks. I'm a deacon in the Tennessee Western Kentucky annual conference. I serve full time at my nonprofit named Harper Hill Global after my mother and also secondary appointment at Glenclyff United Methodist Church.

A great welcome. up in Mississippi, I've been in Nashville for over 20 years, and I'm a mother and a grandmother. And in addition to that, to break the stigma around mental health,

I'm going to say also that I live with depression and anxiety and am a trauma survivor. Thank you, Reverend Neely. Let's continue on with Renee. Reverend Dylan.

Yeah, hi everyone. It's a joy to be with you. I am a licensed clinical social worker. I am also an ordained deacon in the Tennessee Western Kentucky UMC.

My primary appointment currently is with Methodist Le Bonheur Healthcare. I'm the Director for the Employee Assistance Program and Community Behavioral Health for the healthcare system.

I'm a secondary secondary appointment is with Cina Kills United Methodist Church. I am a lifelong Memphian. I was born here, raised here, largely educated here.

What was then Memphis State University, the Memphis chapter of the UT College of Social Work, and Memphis Theological Seminary. I really, really love this community.

We have great need here, and we have great goodness and gift here and I'm grateful to continue to find ways to be a part of the healing for our community.

Thank You Reverend Dillard and we have with us here we have Jaha Martin. Hi thank you for having me. I am Jaha Martin and I'm also a licensed clinical social worker.

I'm a member of Gordon Memorial United Methodist Church, lifelong Methodist and I grew up here at age five and on. Went to Tennessee State University, UT College of Social Work,

Knoxville, and have began working here. I work full time with the federal government. And I also have a part-time private practice where my specialty is working with women and recovering from trauma,

grief loss, and also relationship stressors. More and more. our church leaders are identifying mental health as one of the top areas where they need additional resources and support.

Why do you think that is? I would say evil injustice and depression. Those are three things within our Methodist styles that we commit to fighting against and wherever these three things things are present,

we see a society that lives with trauma. - I agree. I also think in this particular season, we are still seeing impact of the pandemic and what that has meant for our sense of being.

We were thrust into a season of great adaptation and change. And I think even now that we're kind of... of out of it in some ways, the impact of that continues to linger.

There's been a great sense of maybe isolation, separateness. One unexpected gift, I think, that has emerged along with that is that in very real ways,

almost everyone we meet is dealing with something, right? All of us are carrying something. And that has normalized a little bit. I think the conversation around mental health, it hasn't broken down the barriers,

but I think it's chipping away a little bit at the stigma that's related to mental health as well. Yeah, Renee, why do you think that it's become a little bit easier or it's become part of our language that people can actually make this a topic to speak about?

Well, I do think there's a gift in more and more people naming their own experience, right? right? Experience of, you know, grief and loss of depression and trauma. And that does that.

And then also, I think we just cannot ignore it, right? It's here. We're living with a lot of stress and anxiety, a lot of uncertainty. And so I think it has kind of forced us to name it a little more and to strategize together to collaborate on resources.

to try to meet that need. I think in addition to what they have said, that also when we think about the pandemic and what all it brought out for people, that why churches are having to deal with more mental health,

I think also just the political climate that we are in as well. And I think the stressors that come from the political climate, the increase in inflation,

even though they say. say we aren't really experiencing inflation, but that creates a level of stressors for people, increases in rent and affordability of housing,

lack of healthcare, and then also lack of access for so many people to things that we just think are basic necessities, housing, water, food.

Most people are, some people aren't living in a food desert, and they're not living in a food desert. And then we also know that throughout the pandemic there was also the issue of the racial injustices So then what racial traumas are people going through?

So I just think there are a mirrored of issues that people are experiencing and that when they're coming into the church of course those issues And I wouldn't necessarily say issues, but those situations are showing up for folks Why is there a stigma around mental health?

health from your point of view? And why does that lend over to go over to our church? Why is it something that it's not easy for us to talk about? Yeah, I think in the church our theology has sometimes led us to believe that if we just pray hard enough about something then we should,

you know, be able to let go and let God. When we can pray and we can see God at work. work in a lot of other spaces to help lead us toward an experience of healing.

But I think sometimes in the church, that is definitely a factor. And also while the church, maybe we could argue ought to be a place where we can share very openly and freely. Many times it's not,

it's not really, we don't have the spaces, we don't cultivate the trust maybe, maybe where we can, really be vulnerable and share our life experience or what's going on with a loved one.

And so we miss the opportunities to show up for each other because we don't always feel safe to share what we're really experiencing. Yeah. And I sometimes, when I go to church,

I want to, not that I want to show a fake personality, but I want to be on my best behavior. I want to show my best side. And so maybe I don't really want to tell about

a trauma or grief or something That's that is really stressing me when I walk outside of the building Exactly exactly.

I think we're taught to wear our Sunday best Not just in terms of clothing But in terms of smiles and acting like everything is yeah,

right? Yes, but we're so happy to be here - Exactly, happy, happy, and you know-- - But we are, but we are. - And you know what,

they can coexist. - Yeah, this is huge. - We can be happy in many ways and still live with anxiety,

depression, and all kinds of different oppressors. I think we're often afraid to admit that we're struggling because we're afraid that people will think less of us or how will they perceive us?

Will we be lessened as a person in the eyes of other people? What will it do to, can it impact our jobs because people will think less of us?

talk and if you're in, you know, different kinds of professions, like you really might have to hide it more than others. And I like what you said too about coexist.

You know, we can be competent, we can be happy, we can show this happy face, but we can still at that very same time have trauma, have stressors that are going to cause us pain and problems.

How is the church uniquely positioned to care for congregational and community mental health? - I think I have a different perspective. I think that this is an area where the church has just not shown up as well as we could have.

I think that people are coming, I think people are positioned, and I think the church has not received a message just yet. Oh, how can they-- - Good, tell us, tell us. - How can they assist people?

You know, when you start to look at and you think about stigmas and generationally, what is happening to the church is that younger people are not coming, you know, just to hear the sermon,

just to hear the singing. They want the holistic approach. And so if you're not teaching, really speaking to that mind, body, spirit and even the action of the service, then I think that's where the gap is.

And so when you talk about, how is the church uniquely positioned, I think they're positioned, one, oftentimes in communities where there is a great need for the services.

And I think there also is typically, for many cultures, I know within the Black church, oftentimes when you encounter difficulty, the first place you go is to the church. And so when people are showing up,

I often wonder, what is the response? And so I think that's where the gap is. challenge people around how we sort of say what broad stigmas are out there. For instance, how they'll say, oftentimes you'll hear,

oh, black people don't like to go to therapy. And some of my experiences have been is that they don't mind showing up, but when they've encountered someone, someone was not prepared to help them,

didn't understand what some of those differences were. And so I'm wondering what happens in the church when-- when someone presents, say it's domestic violence, 'cause I've seen this and I've also seen where it's Pastor Neely is saying, the Deacon Neely is saying, the pastor's like, oh, just keep working with them, pray and it's not a safe environment. And so that shuts that person down and it's like what is being,

what messages are we really giving to help people understand that the church is here as a-- refuge, not just, and it all is, as you talk about the coexisting.

And in your introduction, you talked about the restoration, the resurrection and the hope and the love. And so how do we now turn all of that into a connection to the people?

- I have really seen a lot of difference in the type of church community that I'm a part of. I've served in a wealthy congregation and in that congregation I saw like okay people have access to therapists,

counselors, psychiatrists, all of those things and there was a higher guard that was put up within the congregation because of their societal standing.

Like let's not let others know, let's keep it quiet. and then I can go to these other places, but in churches where it is an impoverished community,

people come to the church raw and real, and I think that when we show up like that, there's often like a better, a better sense of,

"Okay, healing can happen," because until we admit something's wrong, like what can actually happen? but the congregation has to be prepared for it.

I think that being able to equip the laity as well as the pastor to operate in a different fashion as Jaha said,

body, mind, and spirit, I think that we can build a community where people who can't afford access. access to other forms of mental health assistance,

that where there are churches which are in rural communities and in the places that others are not, that we can be of real service.

What are some things that a church can do to show up? What are some things that a church can do to show up? What are some things that a church can do to show up? that churches might be able to do to allow people to be themselves and to show these different sides?

- I think a lot has to do with, again, what's the messaging from the pulpit as well as what options are available? I think sometimes having topical Bible studies, they just address the realness of what people are facing. I think being able to do that is really important. a place where you allow trained clinicians to come in and offer support groups,

that could be grief support groups or with many of the youth groups, we know that they have challenges that we are not oftentimes as astute to and why their rates of suicide are higher.

And so when, who's, you know, how is your youth team structured? Do you have a clue? on staff or do you have resources readily available? And are you really having those difficult conversations?

What's been the impact of social media this week? Has anyone felt bullied? How are you all socializing? What are you really feeling? And just really having some of those real conversations to begin to where you're creating a space that people understand, okay. this is a place where I can come and really receive in addition to the spiritual aspect of it. There's something that's speaking to my emotion so that when I am sad, I'm not just hearing the message of, well, if you just pray hard enough, you should feel better. I'm now hearing so many pastors, which I think is a great message. They're like, hey, you know,

pray, but also go seek help. Like, it's okay to get that. And I think, think sometimes we just need the reassurance and The normalization of some of what we're feeling what we have found is even just like yoga or Meditative breathing there are things like that.

I think people can incorporate it particularly during the advent or Lenten season Because we know what the research really shows in terms of helping people Release things from their body through those things one of the things with the seniors they do

chair exercises and have someone come in and really talk to them about even just moving their body because what we know is that increases your endorphins and that part of

your brain that helps you to literally feel better. And so again, I think looking at what are ways that we can as a community of faith begin to look at things that will begin to incorporate the mental health aspect,

but how we do that can lead to a change in the world. different depending on what your congregational needs are. I know I love endorphins. I think that's an excellent suggestion. Any activity that can help us move and to help us feel that part of our bodies as well.

We need that. I so appreciate how this conversation is turning in such a holistic way. This idea of body, mind, spirit, we, you know, as a way to understand ourselves and others,

we do pull out those different parts of ourselves. and yet we are one being, right? So if I'm hurting in one part of my being, it will affect the whole. And conversely,

if I can foster some healing in one part of my being, right? Spiritual healing and true connection with others and with God can be a conduit to help foster emotional healing as well.

And then that kind of goes in every direction and around those things. three areas. One other thought around, because I agree, we have a lot of room in the church to deepen awareness around mental health and be creative in the offerings that we have.

Many of our churches do host 12-step programs. And that might be an invitation to begin to imagine how we can expand on that. You know, some are very invitational and interactive.

interactive and I know there's anonymity with a lot of recovery groups and yet how can the church come alongside and also just offer the opportunity for relationship in addition to right the space right coming into the building but how can we form relationship there and continue to to resource and then also just our general small groups within the church or come from from a small church perspective so our church is small

and when when you're in a small group or a small church if you are intentional about listening intently and trying to show up for one another you really can create a space where people are feel more safe and more willing to share openly and remembering that we all you know kind of going back to I'm so glad you included that word of loneliness in our intro.

Our surgeon general, Dr. Vivek Murthy, he does a lot of work on that, the importance of a sense of belonging. So, if we have a space where we can listen closely to others and we feel attended to as well,

then just that conversation alone can spark healing. Just the conversation alone is sort of a release and a reassurance and affirmation.

that I'm not alone. I would like to add to that because Renee you're talking about the 12-step programs. I think that that is one way that churches are in ministry to their whole communities and having that safe space means so much and can save lives.

I think also this is where we have an opportunity to expand our work based on the whole whole topic, which has become very popular of trauma-informed care, and we can provide psychological education that is another piece in the toolkit of mental health, well-being, and recovery. - We are hearing more and more about trauma, its impact, and the opportunity to become trauma-informed places of ministry. What? What does trauma-informed mean?

Individual trauma results from an event, a series of events, or set of circumstances that's experienced by an individual as physically or emotionally harmful or life-threatening,

and it has lasting effects, negative effects on the person's functioning and mental, physical, physical, social, emotional, or spiritual well-being. This is the definition of trauma-informed or trauma through the Substance Abuse and Mental Health Services Administration.

And so when we think about trauma-informed care, it is looking holistically at the effects of trauma that remain in the body. It's not just something that,

"Oh, this terrible thing happened," and you can get your mind off of it and pray it away. Your body truly, as the book is named, keeps the score. Yeah,

and we've heard that so many times. Probably, I'm showing my age here, but just work through it. Just take your mind off of it. Do something else, and that will solve your problem, and the problem never is addressed. When I think about being a trauma-informed church,

I think it goes back to that idea of really remembering that everyone who comes to our worship or participates in any of our activities, everyone is dealing with something, right? And that something could include a traumatic experience like Neely just defined and explained. So being able to kind of greet and welcome with that sense of compassion and grace and openness,

being able to meet people where they are without thinking in terms of something like a deficit or something that has impacted their self-worth,

but really acknowledging the fullness of that person and that trauma is something that happens to us, right? It doesn't have to define us. So, welcoming folks, greeting folks with that sense of compassion and grace.

And then, of course, this conduit to healing or resources is a part there too, but I think it starts with just the relationship building, right? The welcome and the willingness, as people are ready to share a story, our willingness to be able to really listen and attend. We also think about what the components of trauma-informed care are, you know, they include the safety there. they include choice, collaboration, trustworthiness, and empowerment. And I think those are all principles in which every congregation lives by anyway.

I think oftentimes for trauma-informed care, we do look at what is the clinical aspect of that, but how do we begin creating trauma-informed spaces? And so again, helping to equip the ushers,

the aqua lights, everyone, just the parts of the community. on a pew, you know, scoot over when you see people coming. It's those small things. So that people may not have to just climb all over you.

- Yeah, that sounds good. - You know, also just thinking about what does the environment look like? I know sometimes when people are absent from church, you know, and it's sometimes in a jokingly manner,

but we're quick to worry about, where have you been? Versus saying, oh, we've missed you, how are you? - We've missed you. And just changing some of those, the language that we have used and that,

you know, it's unintentional. Let me be clear. I don't think any of it is intentional that oftentimes we do, but really starting to put more intention around how we interact with one another and how we set up things.

I think that is what will begin the trauma-informed care because that creates an atmosphere that fosters that safety. And again, when you think about those components of trauma-informed care,

as well as again, the restoration, the resurrection, and the hope and the love, they're all intertwined. And so I think we are positioned in a place to where we are at definitely already doing some of that,

but it's just building upon that. - The other day I said to someone who hadn't been in church for a few weeks, where have you been? And I said it and I bit my tongue. I was like, you know, that's not... not the message I wanna give.

That's not what I wanna communicate. So I think that idea of being intentional about those very small things is so significant. Again, moving over in the pew, it seems very, very obvious. And a lot of those things can be really off-putting and they communicate that this is not a safe space. I do think like words matter so much.

much. And, you know, one of the big things is voice and choice. Like, and if we think about that in terms of how we run our small groups and how we engage one another, I think that goes a long way into empowering somebody so that they start feeling that regaining a sense of, you know, being a part of that.

and that their voice matters. And I think how we choose our words really does matter. Sometimes we might say,

oh, you shouldn't feel that way. If somebody says that they were hurt by something that the pastor said or somebody else said and the person responds,

"Oh, you shouldn't feel that way." I know I've probably said that before, but the thing is, each of us have a whole universe inside of us, and we feel the way we feel.

And maybe a better question is to ask, "Why do you feel that way? Can you tell me more?" Because, again, it's the listening and the evoking one of my feelings.

passages is a person's insights are like water deep within a well. A person with wisdom can draw that insight up.

And so I think about, that's my paraphrase, but I think about water deep within a well and that our job as fellow parishioners and pastors is to to be able to dip that bucket down into the well of insight that's within a person and help draw it back up.

And I think so inadvertently what we do is we shut that off with a comment like, "Oh, you shouldn't feel that way," or "That person didn't mean that," or "We're trying to help the person and we do the opposite." I actually think our churches would do well to start right there.

It wasn't really worth it. just describing. It's some emotional awareness and allowance. I mean, she's right. That's the way we're created as human beings. The feelings are there whether we pay attention to them or not.

And to your point, Lynn, we tend to tuck them away, right? And ignore them. And they have a way of coming back, right? One way or another. Those emotions will emerge.

And so if we can just begin with that. conversation around how complex our feelings are, and yet even the ones that are uncomfortable and we don't like to feel, they're all telling us something,

right? And so if we can just stay curious about that and want to learn more, that goes a long way to understanding ourselves better and also understanding one another better. Absolutely.

And give grace to others. I really like Jaha's example about the pew, you know? somebody else needs that and she can move. And I think also too, sometimes when people, you know,

express a feeling and we wanna squish it down or I inadvertently say something to squish it down, you know, that because maybe I'm afraid to hear what they might say. And so that if I can sort of give myself grace and allow other people to say their thing even if it might be difficult for me.

I think that's another thing. We want to be comfortable. I really like my comfort and that's that makes it sometimes hard. What opportunities do you see for the church?

Are there churches who are acknowledging and caring for mental health well? What have you seen or what recommendations do you have? I'm grateful in my current work that we are invited and we do get to see signs of life and interest within the church around mental health because we're invited to come out and do talks for youth groups, parent groups, the church -wide body could be on grief and loss, could be on just mental health, broadly speaking, and resources. One experience in our sister conference,

the Mississippi Conference, the Sinitobia district devoted an entire day of lay ministry training around mental health and how congregations can be informed and equipped and ready to deepen that awareness for their congregants and for folks to walk alongside as those needs emerge.

And then I just recently facilitated a group that included both lay and clergy women and it was a spiritual formation group, some other topics that were included.

but to a person, the benefit of the group, even myself as a facilitator was the connection. It was the connection. It was the space to share stories, share experiences, to remember that we're not alone and to learn and grow together. And all of our churches can do that. - That's awesome. - I think many churches are,

again, I've heard of series, right? related to grief that are, you know, multi-series sermon series. I've seen grief share groups. I've seen divorce care groups because that is a form of grief.

And I think that churches are also understanding the impact and that pastors are equipping themselves with resources. And so if they know that they're encountering congregants that are coming to them for counsel,

- Yeah, I think that's a good question. - Yeah, I think that's a good question. - Yeah, I think that's a good question. - Yeah, I think that's a good question. they are recognizing what their limitations are, and so they are able to make those referrals. I've seen, I know, with one of my previous pastors,

we were able to really sit with someone and really talk about the spiritual aspect of grief and also the clinical aspect. And so I think having those conversations and being able to have a pastor.

that is willing to do that because there is definite for sure value in terms of what sometimes people struggle with around what comes with trauma and grief and the spiritual aspect of that.

So there's definitely a way in which that can coexist in a way that's healthy and beneficial to the person. And I think also being aware, and I think even these are small things that I see a lot of congregations.

congregations doing, but they go a long way. In bathrooms, they're putting up the domestic violence information so that women are aware or men who are dealing with those issues that may never say anything in that setting,

but at least there's a resource there. I've seen where they put out information for the suicide prevention line or the veterans crisis line, which now all of that is linked.

But I think, and even on church websites, websites, those are things that churches could do is add those links to the going to national resources that people may click on that they don't have to encounter.

But again, it shows, wow, this church is really thoughtful around how they have their resources listed in addition to the giving aspect. And so I think I've seen some congregations that actually have counseling centers with licensed clinicians within those facilities.

And so, my hope is that each congregation will one day get to that point or at least know what to partner with other congregations that has that resource. - That's awesome.

I really liked what you said too about the spiritual and clinical aspect. I think sometimes we're too quick to divide them out. And again, like Nealey was saying, all of these things are in all of us. - Yeah, I think for me,

I would say that because this kind of... is in a mental health crisis, I think that probably the biggest contribution that the church could make would be to increase the capacity of the laity as peer supporters.

We've seen the impact of other 12-step programs like AA and NA, and those just continue. They're sustained. ministries because they continue going on and on led by people who are peers, who are struggling themselves and I think a similar thing can happen with trauma recovery. This is where Triumph Over Trauma comes in and this is a program that is a national resource.

This program was developed through the Substance Abuse and Mental Health Services Administration. And now we are taking it into congregations.

It's a seven week lay lead psychological education series, but it helps people connect the dots and find how their traumatic experience is affecting them.

I'm going to broaden broaden the spectrum every Thursday night at 6 p.m. and but I'm also training people to become facilitators within their congregations, not just Christian congregations but Jewish, Islamic, Native American spiritual groups and so forth.

So I think this is a wonderful way that we could equate. ourselves to make a lasting difference in society. - Nearly say the name again of that program.

- It's Triumph Over Trauma. And you can go to triumphovertrauma.info and you can download the resource for free. And if you would like training for your congregation or for your community just reach out to Triumph Over Trauma.

out and let me know. - Thank you, Neely. That's awesome, everybody. That's triumphovertrauma.info, is that correct? And Neely is a wonderful resource for this. Thank you so much. I wanna go back and ask Renee.

Renee, you said that there was a laity training in the Mississippi conference. What did that look like? People from all over the conference, who did they lead it? How long did it last?

Could you give a few more details about that? - Thank you. - That training was for a late ministry training. They have like a basic training and then they have some

advanced trainings. So they set aside an entire day for that advanced training focused on mental health.

So we did a little bit of just mental health awareness and education. It might be a good time to say, when we talk about mental health, we tend to talk about it as a deficit, right?

Like a lack of good mental health or mental illness. illness, which is the crisis that we're in the midst of. I am also pretty passionate about mental health prevention and promotion and the strategies that really can help us foster good mental health for ourselves and our communities.

So the training included some of that, but also a lot of resourcing, a lot of conversation around how to weave in awareness around mental health, a lot of the ideas that Jaha already shared, you know, putting it up around the churches, observing mental health awareness month, making sure people know. Which is May, is that right? Is May is the month of May? Okay, we want to say that. Okay, May is mental health awareness. Yes, good. Making sure people know about the national suicide and crisis hotline, 988, and I think we're going to put some of these resources in the notes.

for people if they want to access that later. But that was just a gift to have that day-long training and interest. People really interested and curious about that and wanting to learn for themselves and also, again, show up for congregants and then the larger community. Renee, I think we mentioned it at another time, too, that there can be real growth that that comes out of trauma.

There can be positives. And I like what you just said too, is we often think of it as a deficit. And we can use this to grow and to become stronger.

- Yeah, even with post-traumatic stress disorder, there is some evidence now that with healing and with attention to... the symptoms that go along with that, that people do experience growth as well. I call that post-traumatic stress growth that can come even from those most difficult experiences in our life. So the healing is there, the healing is possible. I do want to say I always encourage folks, the time to reach out for help is when you first think about it. reaching out for help. I know I've also benefited from counseling really throughout my adult life.

And when I think about that, almost every time I've engaged in counseling, I've waited just a little longer than I really needed to to make that call. And that's as a mental health professional.

It is hard to pick up the phone and reach out for that assistance. And yet help is available. I know some of our community communities are well resourced and some of our communities are poorly resourced and there are a lot of barriers to treatment.

With Methodist Healthcare, we have the Dennis H. Jones Living Well Network and that is a resource where people can call and be connected with the appropriate resource for their need.

And another big part of the Living Well Network is to deepen awareness like we're talking about today to kind of break down the stigma. and to break down the barriers to access. And so we're always looking to make treatment, counseling more accessible for all of our neighbors. - Thank you for that Renee, that's great. - I hope it's okay to mention this. With the Living Well Network, we do have an annual mental health breakfast where mental health professionals and lots of folks from our community gather.

This year's speaker is actor Sean A. Aston. He is most known for Lord of the Rings and Goonies and Stranger Things and some other work. He has a compelling story in his own life.

His mother, Patty Duke, lived with bipolar disorder. And so he has a story about the experience growing up, the challenges, the difficulties that can go along with the diagnosis.

with a diagnosis of mental illness. And he also talks about the love and the care and the forgiveness that also was present within his family. So he really comes at that with the fullness of that experience.

But he'll be in Memphis on March 21st, and we can put some information in the notes about that as well if people can attend. Thank you for that. We've talked a little bit about the rural and urban dichotomy that we have.

What are some of the resources in some of the rural areas? So it's not necessarily limited to the conference, but I think one of the things, and we talked about this a little bit earlier prior to the podcast,

but also I think social media, it's good and it's evil for sure, but I think one of the things that has been beneficial about social media is that there are,

you know, licensed clinicians in various sites that have a wealth of information. For people who are still just trying to figure out, you know, where do I go? What do I need?

What's going on? And so I would encourage people to look at, for instance, SAMHSA is a great website that has often, and it's the Substance Abuse and Mental Health website.

And then I think for resources that are rural, one one of the things with technology now is that a lot of therapists are able to offer virtual accommodations. And so you may not have to be limited because sometimes I know there's a fear that you may know the therapist or know the person.

And so this is a small town thing. Right. Yeah. And so when you think about see you there, who knows you and they're going to tell somebody. Yeah, exactly. So rural, it depends like if it's Tennessee, most therapists are licensed in the entire state state of Tennessee.

So you can choose a therapist in Chattanooga if you live in, let's say, Crossville. But you can look at psychology today. There are numerous therapists that have not only their profile on there,

but it really vets it for you so they can tell you if they take insurance or they private pay, what are some of their specialties. And so also I encourage people to look at their benefits.

that those who have benefits through their employer, their EAP benefits, Employment Assistance Program. And then some of the community mental health sites, you have like Mental Health Cooperative Centerstone.

And oftentimes those are within rural areas and they can help connect you to different agencies that may be able to service you better to meet the needs that you have.

Thank you for that. Jaha, that's awesome. - I'd like to just add too, because I think that, like, we look at our diet, you know, we think about our physical,

what do we put in our mouths? But what are we putting in our minds? What thoughts are we adding? And so I think that, you know, going to a therapist is great,

but that's like, okay, I've gotten one great meal. out of the week, what am I eating the rest of the time?" So I think one of the things, and Jaha, I appreciate you bringing up social media because of the cookies and the algorithms,

like if we click on one negative thing, you know, one political thing, oh my gosh, we're inundated. And start noticing,

"How do I feel?" when I'm reading my feed? What is this? Where am I sensing it in my body? Is it making me sick to my stomach? Am I feeling stress and anxiety in my chest?

Is this giving me a headache? Can I feel my blood increasing? Yeah, just start noticing. Like if, because we would not continue putting something in our mouths, then we would not be able to breathe. made us sick every time we ate it. That's such a great analogy. I love that. So why do we do it with our mind? And so, so even when you are out there doing therapy and these different things, whether it's medication or whatever, like we've got to be paying attention to what we feed ourselves on a regular basis. basis. I love that.

I like love the way that encompasses the holistic approach. How we look at, look at our spirit and look at our body as well. Any more resources that we want to mention that are important for people.

We've kind of touched around it. Jaha mentioned yoga, which also is very healing for me. Um, and then mindfulness, just remembering, you know, mindfulness and meditation.

Those are healing and body, mind, and mind. spirit. And to remember that while, you know, a long meditation is beautiful, maybe you like to listen to a guided meditation, also mindfulness happens in a moment.

Mindfulness means that we're bringing our awareness to this moment, what's happening within me or around me right now. And I'll tell you there are many days that if I can just pause for a good deep breath every now and then and bring my attention to the moment.

moment, that anchors me, I feel more centered, I feel more steady, I'm more aware of what I'm thinking and feeling and it can keep us from just going on autopilot, right?

And you know,

there's a time to just kind of grind something out and get it done. And yet we're really more productive and feel better doing the work that we're called to do if we can take a moment to pause.

And my one other word I want to say. is, you know, we're everyone on this podcast today is a helping professional. So we're hard wired to take care of others to be other oriented.

That's true for our clergy, our laity, many of people who may listen to this conversation. So it's a reminder that we can't pour from an empty cup. We really do

want to be thoughtful about imagining what is it that I need to be healthy and whole so that I can,

from a firm foundation and in a way that's sustainable and healthy for me and the people I'm serving, you know, what do I need to be able to do this good work for the long run? So an encouragement to put that at the top of our priority list.

So true and so easy to forget. Thank you so much for that, Renee. You're so right. As soon as we get stressed, all those wonderful things that make us feel good are the first things that are removed from our calendar.

Okay, we're about ready to wrap up. Finish this sentence. "Church is blank." "Church is blank." the wounded soul,

a hospital for the wounded body and spirit and mind. Thank you so nice. I think church, just as we are,

is going on toward perfection and yet it can be a beautiful place for connection and community and discipleship um really steeped in a lot of love and care and compassion.

- Which my thought was church is human. And so remembering that there, I think sometimes we get church hurt. And so we then dismiss it and we equate that to all churches.

But just to remember that there are churches out there who are loving churches who are supportive and churches who are really committed to healing. And so, so the same way as we have talked about grace in this aspect,

extended it to the church as well. And so just remembering, you know, sometimes as with anything, it may take a while to find the one that works for you. That's right. Churches can make mistakes as well.

I appreciate that comment. Well, thank you. It has just been wonderful to be with this group. And I'm very grateful. And I know that there's so much information in this to offer the people.

people of our conference and anyone really who tunes in. So many things that we have talked about that I think are very practical and just very helpful.

If you listener would like to learn more about mental health ministries and resources in our area, visit our Tabletalk website at twkumc.org.

O -R -G slash Tabletalk. And if you'd like to add to our conversation, we would love to hear from you. Email us at [table dot talk at T-W-K-U-M-C dot O-R-G](mailto:table_dot_talk@T-W-K-U-M-C).

Have a wonderful day, everyone. Thank you so much.

