I could tell she was nervous the first time we met. She sat across from me, leg bouncing, hands fiddling with a small piece of trash left on the table by the previous occupant. The bustle of Downtown LA traffic and students flustered about finals played an anxious tune in the background.

I had just begun working with a college ministry at Natalie’s school. She was in the middle of her sophomore year, trying to balance life as a sorority member and as a student in an intensive Occupational Therapy program.

We bantered back and forth easily, but I could read a general sense of stress and exhaustion as she described her scattered sleep, Red Bull-fueled days, and loaded social and academic calendar. But wasn’t this the reality for most college students? From the outside, she seemed like any other 19-year-old girl.

Over the next few years, Natalie and I ended up teaming up in ministry to the sororities, on mission trips, and eventually as roommates during her final year of school.

And that is where it all started falling apart.

Natalie was—and had been—ping-ponging between deep depression and overwhelming anxiety. From our shared apartment, I could see the restless nights, the heightened stress, and the desperate desire for an escape. I now knew this was not just your “ordinary” college experience. And I had no idea how to help. We were both lost, suffering in silence and isolation.

That is how my story with mental health began back in 2010.
I was not aware of many people talking about mental health back then, especially in a Christian setting. We tried to speak with ministry and church leaders about what we were experiencing, only to receive lots of blank stares, confusion, and unhelpful instructions. We know that these responses weren’t because these church leaders didn’t care; they simply were not equipped to help. Even today, only 30 percent of pastors feel equipped to deal with mental health-related topics.¹

Yet, even though we felt very alone in this journey of navigating mental health issues, we would soon find out that nearly one in five U.S. adults struggled with anxiety, depression, or some other mental health difficulty.²

But if the numbers only give us the outline, what’s the whole story?

*When you walk with someone through mental illness, you learn something you never will by merely looking at the numbers: every statistic has a personal story.*

**So, let’s look at three questions:**

1. **What story do the numbers tell us?**
2. **How does crisis (i.e. COVID-19) change the story?**
3. **Where does the Church come into the story?**

**What Story Do the Numbers Tell Us?**

Nearly ten years after my mental health journey began, the numbers are even higher: **more than one in three people are experiencing symptoms of a mental health difficulty.**³ Across the U.S., we see youth mental health worsening as rates of severe major depression increase, highest among youth who identify as more than one race (12.4 percent). We see mental health needs unfilled, with 24 percent of adults with a mental illness and 60 percent of youth with depression not receiving treatment.⁴ And, worst of all, we see both adults and youth dying from their mental health difficulties, as suicide rates have steadily increased by 35 percent over the past 20 years.⁵

As Natalie and I began opening up about our experience back in 2010, these statistics took shape as people shared their own stories of silently struggling through anxiety, depression, and so many other mental and emotional difficulties.

A new mom fighting to find the strength to get out of bed and care for her new baby as she carried the weight of postpartum depression.

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A pastor facing burnout and anxiety after years of over-working and no plan for rest or self-care.

A 14-year-old girl dying from suicide after failing to receive the support she needed through her experience with bipolar disorder.

And while many internal and external factors contribute to mental health difficulties (brain chemistry, economic recession, trauma, stress, stigma, social media use, etc.), **there seems to be a common experience for people who are struggling: loneliness and isolation.**

This is what Natalie and I consistently saw in the lives of people who were suffering with mental health difficulties. And today, **research confirms that loneliness is one of the highest contributors to anxiety and depression for U.S. adults.**

**How Does Crisis Change the Story?**

In a world already suffering from loneliness, pandemic-induced isolation has pushed us even further into that struggle. In a CDC survey given in August 2020, 75 percent of respondents ages 18-24 reported at least one adverse mental or behavioral problem, and 25 percent said they had seriously considered suicide in the 30 days prior to completing the survey.\(^7\) The Crisis Text Line saw traffic spike by 116 percent in late March and early April.\(^8\) For many people, their source of community and support disappeared overnight: in-person church, therapy, friends, support groups, and family.

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Christians are looking to the Church for support for their mental health...They're interested in a holistic approach to mental health.

In North Carolina alone, adults reporting anxiety or depression symptoms have increased by nearly 8 percent in just the past eight months, going from 34 percent to 42 percent. When we think of our communities, our churches, our schools, our families, we now know that almost half of them are struggling with mental and emotional health difficulties.

But that is not the end of the story because research shows that community is the common denominator in mental health recovery. Everyone who experiences mental health recovery and resiliency has a network of support. We are simply not meant to do it alone.

How Does the Church Change the Story?

This is where the Church comes in. The Church has an opportunity to come alongside people and help them see that there's a new story, a new narrative.

Joe Padilla, CEO and Co-Founder of Grace Alliance—an organization dedicated to transforming the way the church handles mental and emotional health challenges—recently stated, “This post-pandemic future is an opportunity for church leaders to innovate and move mental and emotional health from a silent, stigmatized confusion to a practical, grace-filled solution.”

There is a new narrative of belonging, hope, and practical grace.

A Narrative of Belonging

If community is the common denominator of mental health recovery, the Church is the perfect breeding ground for healing. The Church provides a unique place of belonging and support for people from any background, experience, race, ethnicity, gender, and even diagnosis.

When people are suffering, they need to experience a reaffirmed sense of safety, stability, and belonging before expecting behavior and action. Jesus always reaffirmed belonging before calling for change (see John 4:1-26 and John 8:1-11).

Community is an irreplaceable solution to growing mental health needs.

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A Narrative of Hope

“Hope brings about a new process of change, and it takes time,” said Joe Padilla. “It is not a quick-fix of our problems, rather a new sense of confidence with a faith and patience that life will improve.”

Even researchers have discovered that hope is one of the key ingredients to an individual’s recovery process. While hope has come to be associated with wishful thinking, that is not the correct definition. Instead, both researchers and Christians define it as a firm assurance regarding the unknown.

The confidence in remembering that recovery is a long-term process of change that includes several ups and downs is the starting point for many. However, as Christians, hope goes even further and is fixed on something even more reliable. The Christian hope in Christ fuels our faith as we rest in the confidence that we have received God’s grace to see better days realized (see Hebrews 11:1).

This is the narrative of hope that not only encourages our spiritual lives but our whole lives, including our mental health journey.


A Narrative of Practical Grace

David Kinnaman, President of Barna, stated from recent research that “Christians are looking to the Church for support for their mental health … They’re interested in a holistic approach to mental health.”

In 2013, this was the vision that Natalie and I latched onto when we decided to begin working with the Grace Alliance.

Today, churches everywhere are catching the vision too.

For the first few years of working with Grace Alliance, we reached out to pastors and church leaders to discuss the possibility of helping them address mental health needs within their churches. Many of those conversations (about 85 percent, if I had to estimate) would produce zero results, at least to our knowledge.

But now, the issue of mental and emotional health is trending in pulpits across the country. Pastors are asking how they can care for the mental and emotional health needs of their churches and communities. They are developing a new perspective of a need for holistic care as more and more practicing Christians see how health in one area of life positively affects the others (spiritual, physical, mental, etc.).

While there is a long list of tasks that could help accomplish this goal, it all begins with this: entering into the WHOLE story.

The Church has a unique opportunity to do this and see grace played out in practical ways, as we learn how to walk alongside people through not just spiritual struggles, but also mental and emotional struggles.