

RECOGNITION OF THE CONTINUALLY-EVOLVING LANGUAGE OF MENTAL HEALTH

A Resolution of Witness

TEXT OF THE MOTION

WHEREAS the World Health Organization (WHO) defines mental health as: “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well, and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development;” and the Mental Health Network (MHN) of the United Church of Christ believes it is a God-given right;¹ and

WHEREAS the U.S. Surgeon General continues to issue regular public health advisories that “demand the American people’s immediate attention”—such as *Protecting Youth Mental Health* (2021), *Social Media and Youth Mental Health* (2023), *Our Epidemic of Loneliness and Isolation* (2023), and *Parents Under Pressure* (2024)—that explicitly address mental health, loneliness, and/or suicide and its prevention, demonstrating the dire need for attention and action towards the very real and very relevant public health crisis that is mental health;² and

WHEREAS the U.S. Department of Health and Human Services (HHS) indicates in its 2024 *National Strategy for Suicide Prevention* not only that “religious beliefs” are considered a protective factor against suicide, but also names the importance of the role of spiritual leaders in its strategy;³ and

WHEREAS mental health diagnoses and concerns have increased significantly for various age groups since the release of smartphones and the evolvment of technology;⁴ and

WHEREAS several studies link increased screen time and excessive use of social media to various negative effects on mental health, including anxiety, depression, social isolation, effects on self-esteem, and overall well-being. This is primarily due to factors like social comparison on platforms, cyberbullying, cognitive decline, FOMO (fear of missing out) and disrupted sleep patterns caused by screen time;⁵ and

WHEREAS constant exposure to news and information can lead to stress, anxiety, demotivation, and compassion fatigue, particularly when encountering negative and emotionally-triggering content;⁶ and

WHEREAS online communities, therapy, social media platforms, mobile mental health support lines, and telehealth options allow individuals to access mental health support, provide

information and awareness about mental health issues, and offer support and connectedness to others who share similar experiences;⁷ and

WHEREAS faith leaders are often the first point of contact someone seeking mental health care, as: “From a public-health perspective, faith community leaders are gatekeepers or ‘first responders’ when individuals and families face mental health or substance use problems,”⁸ and

WHEREAS the mental health of our youth and young adults has been in decline: “Even before the COVID-19 pandemic, mental health [experiences] were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. with a reported mental, emotional, developmental, or behavioral disorder;”⁹ and

WHEREAS suicide is the second leading cause of death in youth and young adults (ages 10-24) in the U.S.;¹⁰ and

WHEREAS the prevalence of spiritual harm and religious trauma—the latter being defined as resulting “from an event, series of events, relationships, or circumstances within or connected to religious beliefs, practices, or structures that is experienced by an individual as overwhelming or disruptive and has lasting adverse effects on a person’s physical, mental, social, emotional, or spiritual well-being”—is a pertinent issue in our world today. With recent research showing that in the U.S.’s adult population, approximately one-in-three have at some point experienced, and one-in-five are currently experiencing, symptoms of religious trauma;¹¹ and

WHEREAS non-stigmatizing language—that is, strength-based and person-centered language—avoids creating the “other” and promotes mental health and well-being;¹² and

WHEREAS language is ever-evolving and may change as society changes and may differ based on context;

THEREFORE BE IT RESOLVED that the Thirty-Fifth General Synod of the United Church of Christ recognizes, proclaims, and celebrates the basic sacred right each individual has to their own mental health; and

BE IT FURTHER RESOLVED that the Thirty-Fifth General Synod of the United Church of Christ affirms and supports the vital work being done by organizations around the world to reduce stigma and promote the inclusion of people and families with self-reported emotional/neurodiverse symptoms, experiences, and diagnoses, in the life and leadership of congregations, synagogues, and organizations; and

BE IT FURTHER RESOLVED that the Thirty-Fifth General Synod of the United Church of Christ recognizes that just as the name of our Mental *Illness* Network evolved to become the Mental *Health* Network with the intention to come closer to describing the beautiful whole that God experiences when beholding us, we must continue to adjust our language in regard to how we discuss mental health experiences; and

BE IT FURTHER RESOLVED that the Thirty-Fifth General Synod of the United Church of Christ continually invites each setting of the Church into meaningful dialogue surrounding language pertaining to mental health that does not dilute the reality of suffering nor the wide range of interior encounters that come with neurodiverse mental health experiences because of a lack of adequate wording; and

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

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

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

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

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

¹ World Health Organization (2022, June 17). *Mental health*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

² Office of the Surgeon General (n.d.). *Reports and publications*. <https://www.hhs.gov/surgeongeneral/reports-and-publications/index.html>.

³ U.S. Department of Health and Human Services (2024, April). *National strategy for suicide prevention*. <https://www.hhs.gov/sites/default/files/national-strategy-suicide-prevention.pdf>, pp. 13-15, 35.

⁴ Wake Forest University (n.d.). *Exploring the link between technology and mental health*. <https://counseling.online.wfu.edu/blog/exploring-link-technology-mental-health/>.

⁵ 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/>.

⁶ 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>.

⁷ 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>.

⁸ American Psychiatric Association Foundation (2024). *Mental health: A guide for faith leaders* (2nd ed.). <https://www.apaf.org/faith>, p. 4.

⁹ 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.

¹⁰ *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>.

¹¹ 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>.

¹² 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>.