

**ARTICLE**

# **How churches can promote mental health through the coronavirus pandemic**

**BY STEPHEN GRCEVICH**

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As Americans respond to admonitions from public health officials and politicians by practicing social distancing, quarantining, and closing schools, businesses, and churches in an effort to slow the spread of the coronavirus (COVID-19), an important consideration receiving little attention is the impact of these dramatic actions on the short and long-term mental health of our people.

Very few of us have ever witnessed as significant a disruption to our daily routines as we are currently experiencing. In my role as a child and adolescent psychiatrist often in a position to remind parents of the importance of structure and routine, I'm curious about the possible effects of quarantine and social isolation on the kids and families I serve. What I learned in reviewing the available research is very concerning.

A study (<https://www.ncbi.nlm.nih.gov/pubmed/24618142>) comparing symptoms of post-traumatic stress disorder (PTSD) in parents and children who had been quarantined found that mean PTSD stress scores were four times higher in children and nearly five times higher in quarantined adults.

Another study

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3323345/pdf/03-0703.pdf>) examining the short-term impact of quarantine (average duration of 10 days) in a group largely composed of healthcare workers in Toronto at the time of the 2003 SARS epidemic found symptoms of PTSD and depression were observed in 28.9% and 31.2% of respondents, respectively, when surveyed, on average, five weeks following their experience.

A longer-term study of healthcare workers in China quarantined in the same year because of SARS found they were nearly five times more likely to exhibit depression three years after their experience when compared to their peers (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3176950/>).

While the attention of the government and our healthcare system has appropriately been focused on "flattening the curve" of critically ill people overwhelming our intensive care units and emergency rooms, the available

research strongly suggests the mental health system may be facing a larger and longer lasting second wave of need as a result of the steps taken to control COVID-19. What might the church do during this time to stem the tide and mitigate their suffering?

**The church can play an essential role in combating the social isolation so many are currently experiencing.** It was wonderful this past weekend to see so many friends sharing links to their church's worship services. I would strongly encourage pastors and staff to *make as much of the church's social infrastructure available online as possible*. Small groups. Bible studies. Committee meetings. Christian education. Everything. There's something about being able to see one another, talk to one another, study with one another, and pray with one another in real time that provides relief to brothers and sisters who are scared and alone in our current circumstances. Phone calls and letters are also important in helping less tech-savvy members to continue to feel connected.

Each of us will have an opportunity to share our hope in Jesus with lots of hurting and vulnerable people during the days and weeks ahead. The manner in which we conduct ourselves will point our friends and neighbors to a hope that can sustain them through our current circumstances and offer a sense of peace and comfort that their futures are secure.

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**The church can help by providing individuals and families meaningful opportunities to serve their friends and neighbors during this time.** Research from natural disasters

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5804784/pdf/zept-9->

[1425577.pdf](#)) suggests involving vulnerable children in family and community responses during times of potential danger increases resilience, defends against development of helplessness, and may help protect against post-traumatic effects through promoting a sense of agency and self-efficacy. Consider how your staff might involve children, youth, and families in plans to provide care and support to the people in your church and surrounding communities.

**The church can offer practical help to relieve common situational stressors that often lead to mental health concerns.** We know that [life-change events](https://www.tandfonline.com/doi/abs/10.1080/0097840X.1979.9934522) (<https://www.tandfonline.com/doi/abs/10.1080/0097840X.1979.9934522>) are associated with increased prevalence of depression, anxiety, and schizophrenia. Helping people struggling with job loss, the closure of a business, or inability to find childcare can reduce the stress burden leading to increased risk of mental and physical health problems.

**The church can provide peer support.** Churches with a lay counseling program can provide them with the tools to encourage and uplift members who are unable to leave their homes. There's never been a better time to start a mental health support group online. The [Grace Alliance](https://mentalhealthgracealliance.org/peerlivinggracegroup) (<https://mentalhealthgracealliance.org/peerlivinggracegroup>) and [Fresh Hope](https://freshhope.us/) (<https://freshhope.us/>) are outstanding ministries with well-designed and established models for providing biblically-based support for teens and adults struggling with common mental health issues.

**The church can assist members and attendees in connecting with professional counseling and other mental health services in the cities and towns they serve.** Do pastors and others on your church staff offer counseling?

Give them the technology to continue to serve during this time. People in distress often turn to the church for help. Consider updating your church's list of mental health resources to identify practitioners and clinics willing and available to see new clients or patients at this time, in person or remotely through video.

**Most importantly, we as the church need to be purveyors of hope.** Secular authorities (<https://www.ncbi.nlm.nih.gov/pubmed/28953841>) recognize that the central tenet in recovery is hope—hope is the catalyst for change and serves as an enabler of other factors involved in recovery and the means through which a better future can be perceived. For most of us, there has never been a time when the world has been in as much need of hope as exists in the present. We in the church own the ultimate message of hope.

The apostle Paul illustrated this principle in the midst of suffering in his words to the Colossians: “But now he has reconciled you by his physical body through his death, to present you holy, faultless, and blameless before him— if indeed you remain grounded and steadfast in the faith and are not shifted away from the hope of the gospel that you heard. This gospel has been proclaimed in all creation under heaven, and I, Paul, have become a servant of it (Col. 1:22-23, CSB).

Each of us will have an opportunity to share our hope in Jesus with lots of hurting and vulnerable people during the days and weeks ahead. The manner in which we conduct ourselves will point our friends and neighbors to a hope that can sustain them through our current circumstances and offer a sense of peace and comfort that their futures are secure.

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Stephen Grcevich, M.D., is a child and adolescent psychiatrist in Chagrin Falls, Ohio, serving as president and founder of Key Ministry, an organization that promotes meaningful connection between churches and families of kids with disabilities for the purpose of making disciples of Jesus Christ. He is the author of Mental ... [Read More \(https://erlc.com/multi\\_author/stephen-grcevich/\)](https://erlc.com/multi_author/stephen-grcevich/)

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