

General Convention of The Episcopal Church 2024 Archives' Research Report

Resolution No.: 2024-A073
Title: A Standing Commission for Human Health and Wellness
Proposer: Task Force on Individuals with Mental Illness
Topic: Canons, Health

Directly Related: (Attached)

2022-A110 Expand the Task Force on Ministry to Individuals with Mental Illness
2018-C034 Create a Task Force on Mental Illness
2003-A124 Reestablish a Standing Commission on Health
1973-A108 Establish a Joint Commission on Religion and Health

Indirectly Related: (Available in the [Acts of Convention](#) database, searchable by resolution number)

2022-A109 Create New Curriculum to Train Clergy in Mental Health Pastoral Care
2015-C020 Increase Ministry and Mission to the Mentally Ill
2006-B001 Seek Funding for Clergy Support Programs
1991-D088 Encourage Understanding of Mental Illness and the Needs of the Mentally Ill

In preparing this report, the Archives researched the resolutions in the Acts of Convention database for the period 1973 through 2022, selecting “direct” resolutions that have a substantive bearing on the proposed legislation. The “direct” resolutions are attached and “indirect” resolutions are available in the Acts of Convention database. Committee members who require other research assistance should contact the Archives through the [Research Request Form](#).

A073 - A Standing Commission for Human Health and Wellness

Final Status: Not Yet Finalized

Proposed by: Task Force on Individuals with Mental Illness

Has Budget Implications: Yes

Cost: \$75,000.00

Amends C&C or Rules of Order: Yes

Requests New Interim Body: No

Changes Mandate Of Existing Ib: No

Directs Dfms Staff: No

Directs Dioceses: No

Directs Executive Council: No

HiA: No House Assigned

Legislative Committee Currently Assigned: No Committee Assigned

Completion Status: Incomplete

Latest House Action: N/A

Supporting Documents: No

Resolution Text

Resolved, the House of _____ concurring,

That the 81st General Convention amend Canon I.1.2.n by adding a new subsection 6 thereto, to read as follows:

I.1.2.n

6. A Standing Commission on Human Health and Wellness. It shall be the duty of the Commission to

i. Develop and recommend policies, strategies, programs, and resources to the General Convention and the Episcopal Church that support and strengthen the church's ministry with all God's people as they seek to maintain and improve their physical, mental, spiritual, relational, and emotional health.

ii. Coordinate the development of resources to strengthen human flourishing and to support ministries of hope and healing of both physical and mental health.

iii. Facilitate the development of basic skills among all members of the church for care, support, inclusion, and advocacy for people wrestling with physical and mental health challenges.

iv. Develop and oversee training for all clergy and key lay leaders in mental health ministry.

v. Draw together the insights, best practices, and resources developed by varied Church bodies to address matters of human health and wellness, including work done on ministry in relation to substance use, suicide prevention, trauma and recovery, neurodivergence, developmental disability, challenges in aging, pain, and chronic illness, and to strengthen the response of faith communities in partnership with broad-based and local organizations.

vi. Expand resources and encourage practices of ministry that support mental and physical health, assist faith communities to establish habits and structures of welcome, inclusion, encouragement, empowerment, and advocacy for persons of all ages facing mental, physical, relational, emotional, and spiritual health challenges, and provide helpful aids for healthy living.

vii. Collaborate with other commissions, ecumenical partners, invested experts, and public agencies and organizations to create optimal resources and trainings.

viii. Collaborate in seeking of funding sources and grants, and in deployment of funds, that support training for clergy, lay leaders, and faith communities.

ix. Partner with other Church bodies in education and advocacy about social and economic conditions that either strengthen or harm human health and wellness, such as access to housing, healthy food, education, work with dignity, and health services, as well as freedom from violence, stigma, and racism.

x. Oversee the creation and content review of a sustained web presence that provides a gateway through links to robust resources for support and advocacy for human health and wellness.

xi. Direct curriculum on mental health ministry for clergy, postulants, and lay leaders, in consultation with the Standing Commission on Formation and Ministry Development and other Church partners as appropriate.

xii. Coordinate with networks and initiatives related to health and wellness both within and beyond the Episcopal Church, including but not limited to the Assembly of Episcopal Healthcare Chaplains, Allies for Recovery in the Episcopal Church, the Union of Black Episcopalians, the Episcopal Community Service in America, CREDO, St. Francis Ministries, the Interfaith Network on Mental Illness, NAMI's FaithNet, Lutheran Family Services, and varied faith-based wellness programs.

And be it further.

Resolved, That the General Convention request the Joint Standing Committee on Program, Budget, and Finance to allocate \$75,000 to fund the work of the Standing Commission for the 2024-2027 triennium.

Explanation

Over the past decades, the work of the Episcopal Church in ministry and advocacy regarding matters of human health and wellness has been steady but uneven, moving in tides of interest from triennium to triennium. Resolutions have been affirmed and Task Forces have been formed to conduct research, do work, and promote policies and programs for the Episcopal Church in regard to specific issues related to human health and wellness. Across the last 50 years, there have been fluctuating seasons of focus on aging, neurodivergent individuals and their families, substance use and addiction, suicide risk and prevention, reproductive health, maternal and infant health, palliative healthcare, childhood and adult disability, grief and bereavement, mental health, stress, and trauma. Much has been accomplished over the decades in affirming varied aspects of health and in seeking to address challenges to health and wellbeing. In each area of interest and effort, it has been challenging to sustain interest and maintain continued effort for the Episcopal Church. Different interim bodies have gone about good work and launched fresh proposals and program initiatives, but with rare interaction with each other about common or overlapping goals and plans. Additionally, Task Forces are short-term interim bodies; work that is partially or fully completed during one Task Force's life cycle may not be picked up or continued due to shifting interests of new triennial cycles, and some work may end up repeated and reduplicated years later due to loss of continuity. Furthermore, there are areas of physical health that are largely untouched.

Two cases in point:

1) There have been fluctuating seasons of increasing and waning focus on mental health, with resolutions in 1991 and 2000 encouraging increased awareness of mental illness and support for those facing mental health challenges, and with a period of effort in creating an Episcopal Mental Illness Network (EMIN) as a web-based connective community. This network lost steam when it lost funding to support its continuing efforts, and its last website postings were in 2015. In the meantime, another resolution focused regarding families with children with neurodivergent challenges (ranging from attention deficit to autism) was brought forward and affirmed in 2012, but without clear interface with EMIN. A new Task Force on mental health was created in 2018 and renewed in 2022. At the same time in 2022, a wide array of other resolutions related to mental health (including substance use addiction and recovery, suicide risk and prevention, and trauma) resulted in the formation or continuation of other Task Forces, or referral of work to a Church Center staff office.

2) There was previously a Standing Commission on Health. This commission was last mentioned in 2009 and discontinued in the 2012 General Convention's move to eliminate most Standing Commissions. Since that time, some Standing Commissions have been reinstated or freshly launched. This movement toward a return of Standing Commissions has come as a result of recognizing the difficulty of developing continuity and sustained investment in churchwide initiatives when relying solely on task forces or on single Church Center officers.

These examples illustrate the weakness of largely resolution-driven approaches to developing steady and sturdy ministries that support human health and wellness. In order to build continuity and collaboration into such development for the sake of the whole Church in all its orders of ministry, a more enduring body is needed, in the form of a canonically confirmed Standing Commission.

The scope of this new commission will be to address matters of ministry in the forms of welcome, inclusion, support, encouragement, empowerment, and advocacy for people facing challenges in physical, mental, emotional, relational, or spiritual health; and to support churchwide efforts to strengthen health and wellbeing. Issues to address in the scope of human health and wellness will include a fuller array of mental health challenges and cognitive challenges including neurodivergence and developmental disabilities, personality disorders, substance use addiction, and the impacts of trauma, disaster, abuse, and moral injury. The scope will address physical health challenges including disease, enduring injury, disability or physical limitation, and cardiovascular, pulmonary, and gastrointestinal health. The realities of age-related changes over the course of human life and the unique challenges that can emerge at different points in life will help guide this commission toward best practices. Key focal points in all of the commission's work will be the importance of affirming the dignity of all persons, the recognition of identity-related struggles that emerge with each health challenge faced, the need to combat cultural patterns of stigma and pigeon-holing, and the gifts of God in food, sleep and rest, and physical activity to sustain and strengthen human lives.

With such an enduring charge, this commission can work steadily on multiple fronts of ministry supporting human health and wellness, collaborating in development and sharing of resources across church bodies. Subcommittees working on specific issues will interact with one another and help refine each other's focal work in ways that lead to a more cohesive, holistic approach. With an enduring commission, it will be possible to encourage sustained learning and development of the Episcopal Church's capacity for ministry with people facing all sorts of health-related challenges. Training and resources can be developed and supported to strengthen capacities of lay members, deacons, priests, and bishops in nurturing wellness and being helpful companions in illness. An enduring commission will establish enduring collaborative relationships and partnerships with other effective organizations, agencies, and networks engaged in the work of human health and wellness. To build the strongest possible ministry capacities in the church for health, such partnerships will need to be with religious and secular organizations that represent the varied cultures within and between the nations served by the Episcopal Church.

Funding requested will support meetings for this new Standing Commission. Additional funding through other resolutions will support further training and deployment of Mental Health First Aid instructors that will include training for those working with youth, and creation of modules for the curriculum for clergy and lay leaders in mental health ministry and translation of the curriculum for Spanish-speaking communities.



Resolution Number: 2022-A110
Title: Expand the Task Force on Ministry to Individuals with Mental Illness
Legislative Action Taken: Concurred
Final Text:

Resolved, That the 80th General Convention continue The Task Force on Ministry to Individuals with Mental Illness, in order to aid in the direction and development and provision of resources, trainings, and curricula in pastoral and ministerial mental health care for The Episcopal Church, its provinces, dioceses, parishes, seminaries, schools, and affiliated organizations, among all of its bishops, priests, deacons, and parishioners; and be it further
Resolved, That The Task Force on Ministry with Individuals with Mental Illness be expanded to eighteen in its membership that represents a depth and range of professional, personal, familial, and organizational experience with mental illness, in order to successfully develop and provide aforementioned resources, trainings, and curricula; and be it further
Resolved, That the Task Force on Ministry with Individuals with Mental Illness, in its expanded version in conjunction with its development of and provision of aforementioned trainings, will develop and share resources for The Episcopal Church, its various organizations, and all of its people centered on pastoral and ministerial mental health care; and be it further
Resolved, That this expanded Task Force report back on its actions to the 81st General Convention; and be it further
Resolved, That the 80th General Convention request that the Joint Standing Committee on Program, Budget, and Finance consider a budget allocation of \$21,700 to complete resources for churchwide distribution and use by the next triennium.

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Baltimore, 2022* (New York: General Convention, 2023), p. 843.



Resolution Number: 2018-C034
Title: Create a Task Force on Mental Illness
Legislative Action Taken: Concurred as Substituted
Final Text:

Resolved, That the 79th General Convention authorize the establishment of a Task Force on Mental Illness to further the Episcopal Church's commitment to, with and for persons with mental illness and their families as reflected in the General Convention resolution 2015-C020, as adopted and which reads:

(2015-C020)

Resolved, That the 78th General Convention of the Episcopal Church calls upon diocese, congregations, schools and other entities of The Episcopal Church to explore and adopt best practices for the vitality and increased capacity of their mission and ministry in the inclusion, support and spiritual care for persons with mental illness and their families; and be it further

Resolved, That dioceses, congregations, schools and other entities of The Episcopal Church increase understanding about mental illness by providing educational material and training; utilizing existing programs such as the National Alliance on Mental Illness, veterans groups, government departments on mental health, local organizations and other programs; and sharing the information so it is readily accessible.

And be it further;

Resolved, That this task force be appointed jointly by the Presiding Officers, with between 10 and 12 members, two or three of whom shall be bishops, two or three of whom shall be clergy, and not more than six lay persons, and all of the members shall have some professional, family or personal background with mental illness, and that this task force report back to the 80th General Convention; and be it further

Resolved, That the General Convention request that the Joint Standing Committee on Program, Budget and Finance consider a budget allocation of \$30,000 for the implementation of this resolution.

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Austin, 2018* (New York: General Convention, 2018), p. 894.



Resolution Number: 2003-A124
Title: Reestablish a Standing Commission on Health
Legislative Action Taken: Concurred as Substituted
Final Text:

Resolved, That the 74th General Convention reaffirm the commitment of The Episcopal Church in providing a Christian response to the health care needs of those within our nation, as expressed in the 1991 and 1994 Blue Book reports of the Standing Commission on Health and the 2000 Blue Book Report of the Standing Commission on National Concerns; and be it further

Resolved, That the 74th General Convention reestablish a Standing Commission on Health and that it direct Executive Council to appoint a person to the staff at The Episcopal Church Center with background in and knowledge about health care policy to assist this commission, and that their joint duties include:

- *Articulating and communicating positions adopted by The Episcopal Church on health care policy to Episcopalians, the public, and public policy makers;*
- *Advocating, in cooperation with the Office of Government Relations, for a health care system in which all may be guaranteed decent and appropriate primary health care during their lives and as they approach death;*
- *Bringing together those within The Episcopal Church who develop, provide, and/or teach health care and health care policy to continue to develop a Christian approach to pressing issues that affect the health care system of this nation;*
- *Understanding and keeping abreast of the rapidly changing health care market and developments in biomedical research that affect health policy;*
- *Collecting and developing resources and teaching materials related to access to health care for the use of dioceses, congregations, and individuals;*
- *Advocating health ministry in and through local Episcopal congregations; and be it further*

Resolved, That the 74th General Convention direct the Executive Council to report to the 75th General Convention about this appointment; and be it further

Resolved, That the General Convention request the Joint Standing Committee on Program, Budget and Finance to consider a budget allocation of \$200,000 for implementation of this resolution; and be it further

Resolved, That Canon I.1.2(n) be amended to add a subsection (6), appropriately renumbering the renaming [sic] subsections thereafter, reading as follows:

(6) A Standing Commission on Health consisting of 11 members (3 Bishops, 3 Priests and/or Deacons, and 5 Lay Persons). It shall be the duty of the Commission to:

- (i) Articulate and communicate positions adopted by the Episcopal Church on health care policy to Episcopalians, the public, and public policy makers;*
- (ii) Advocate, in cooperation with the Office of Government Relations, for a health care system in which all may be guaranteed decent and appropriate primary health care during their lives and as they approach death;*
- (iii) Bring together those within The Episcopal Church who develop, provide and/or teach health care and health policy to continue to develop a Christian approach to pressing issues that affect the health care system of this nation;*

- (iv) Understand and keep abreast of the rapidly changing health care market and developments in biomedical research that affect health policy;**
- (v) Collect and develop resources and teaching materials related to access to health care for the use of dioceses, congregations, and individuals;**
- (vi) Advocate health ministry in and through local Episcopal congregations; and**
- (vii) Discharge such other duties as shall be assigned by the General Convention.**

Citation: General Convention, *Journal of the General Convention of...The Episcopal Church, Minneapolis, 2003* (New York: General Convention, 2004), pp. 689-691.



Resolution Number: 1973-A108
Title: Establish a Joint Commission on Religion and Health
Legislative Action Taken: Concurred
Final Text:

Resolved, That there shall be a Joint Commission on Religion and Health, consisting of twelve persons, three Bishops who shall be appointed by the Presiding Bishop, three Clergymen who shall be appointed by the President of the House of Deputies, and six lay persons, including women, who shall be appointed by the President of the House of Deputies and who shall be representative of a broad diversity of scientific and medical discipline; and be it further

Resolved, That the Joint Commission on Religion and Health shall select its own officers and shall have power to constitute committees and to employ consultants and co-ordinators necessary to the carrying on of its work; and be it further

Resolved, That the Joint Commission on Religion and Health shall study and concern itself with all aspects of psychological, physical, and spiritual health, and in the education of Christian persons with respect thereto; shall explore the possibility of co-operation with, and to the extent found to be feasible, shall co-operate with, similar bodies established by other religious, scientific, or lay groups and organizations; and shall, in co-operation with the Standing Commission on the Structure of the Church, make recommendations to the 65th General Convention with respect to the desirability of establishing, by the enactment of appropriate canonical changes, a Standing Commission to carry on the studies begun by the Joint Commission.

Citation: General Convention, Journal of the General Convention of...The Episcopal Church, Louisville, 1973 (New York: General Convention, 1973), p. 446.