

# A Primer for the Church On **SERIOUS MENTAL ILLNESS**



Building a new, biblical model of care  
for those struggling with schizophrenia,  
bipolar and other serious mental illnesses.



# A Primer for the Church On

## SERIOUS MENTAL ILLNESS

**Rescue the Weak and Needy**

**A Psalm of Asaph**

**82**

1 God has taken his place in the divine council;  
in the midst of the gods he holds judgment:  
2 "How long will you judge unjustly  
and show partiality to the wicked? Selah  
3 Give justice to the weak and the fatherless;  
maintain the right of the afflicted and the destitute.  
4 Rescue the weak and the needy;  
deliver them from the hand of the wicked."  
5 They have neither knowledge nor understanding,  
they walk about in darkness;  
all the foundations of the earth are shaken.

**Written in 2025 by Deborah Geesling,**

**Co-Founder of P82 Homes**

**Special thanks to Bob Campbell**

**and Senator Nancy Barto**

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## A Message from the Co-Founder

If you were kind enough to open this booklet, thank you.

I realize I am broaching a difficult issue that is greatly misunderstood. Since we are unable to sit down together on a front porch somewhere with a cup of freshly brewed coffee, I invite you to read the pages of this book and let the information I share sit with you instead.

My name is Deborah Geesling, and this publication is the fruit of many years spent walking alongside individuals and families impacted by serious mental illness, first as a mother, then as an advocate.

The idea for this resource was born out of a late-night phone call with a dear Christian friend in crisis. She was desperate to find help for her loved one, and I knew the feeling all too well. My husband, Matthew, and I founded P82 Project Restoration after our own son was diagnosed with schizophrenia, and we were thrown into a broken system that seemed to offer little more than confusion, delay, and despair.

We launched P82 to do more than tell our story, we wanted to equip the Church to stand in the gap. Because when no one else shows up, the Church can. And must. Though I don't hold a clinical title, I've spent over a decade advocating at the state and national level, building relationships with policymakers and other families walking this road. Early on, I was inspired by the work of US Congressman Tim Murphy and the late author and advocate DJ Jaffe, two voices who helped put serious mental illness on the map in Washington. Their boldness encouraged mine.

Too many individuals with schizophrenia, bipolar disorder, and other serious conditions are living what some call "half-lives," shuffled between hospitals, jail cells, and the streets. But this is not the full story. The Church has a powerful role to play in writing a different one.

At P82, we're building a new model of care, one centered on relationships, structure, dignity, and hope. Not just housing, but home. You can read more at [www.p82homes.org](http://www.p82homes.org).

This booklet is just the beginning. A primer, if you will. If you're a pastor, leader, teacher, or simply someone who cares, I pray these pages stir both understanding and action.

This is hard work, yes, but sacred work, too. And may it begin with you and me.

— *Deborah Geesling*

## Understanding Serious Mental Illness: A Crisis We Can't Ignore

The term serious mental illness (SMI) might sound clinical or far removed from everyday life, but behind those three letters are real people, sons and daughters, husbands and wives, neighbors and friends, whose lives have been dramatically altered by brain-based illnesses. For their families, this isn't theoretical. It's personal. And it's urgent.

These are not temporary struggles or emotional lows. SMI refers to conditions so severe they disrupt a person's ability to function, relate to others, or even understand that they are ill.

### The Scope

Roughly 4–5% of the U.S. population lives with a serious mental illness. That's 14 million people.<sup>1</sup> When you factor in the family members who love and care for them, the number of lives impacted rises dramatically. Behind every diagnosis is a ripple effect that touches marriages, churches, workplaces, and communities.

Common diagnoses include:

- **Schizophrenia**
- **Schizoaffective disorder**
- **Bipolar disorder with psychotic features**
- **Severe major depressive disorder**

These illnesses often involve hallucinations, delusions, disorganized thinking, or extreme mood disturbances. Many who suffer lose the ability to manage basic tasks like bathing, eating, or sleeping. It's not a lack of will, it's a malfunction in the brain.

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<sup>1</sup> <https://www.tac.org/what-is-smi/>

## A Critical Term: Anosognosia

One of the most misunderstood aspects of SMI is anosognosia, a neurological condition in which the individual is unaware they are ill. This isn't denial or stubbornness. It's a loss of insight caused by the illness itself.

Approximately 50% of individuals with schizophrenia or bipolar disorder experience anosognosia. Without the ability to recognize they need help; they rarely seek treatment. And without treatment, many spiral into crisis.<sup>2</sup> The comparison is often made to Alzheimer's, someone with a broken mind cannot be expected to fix themselves.

## Our Systems Are Not Built for This

Unfortunately, our mental health system is designed for those who can ask for help, make appointments, and follow through. If someone cannot do these things, and they have no one advocating for them, they are often left to deteriorate in silence. The outcomes are all too familiar: homelessness, incarceration, hospitalization, or worse. We read about them in news reports, see them on city streets, and grieve over them in funeral services that quietly mention "untreated mental illness."

## A Grim Statistic

On average, those with serious mental illness lose **28.5 years** of life expectancy.<sup>3</sup> That's more than heart disease, cancer, and smoking combined. This suffering doesn't just happen in faraway places, it's happening in our cities, our neighborhoods, and sometimes, even our pews.

And it's not just physical decline. An estimated **46%** of people who die by suicide have a known mental health diagnosis.<sup>4</sup> Many more had symptoms that went undetected or untreated.

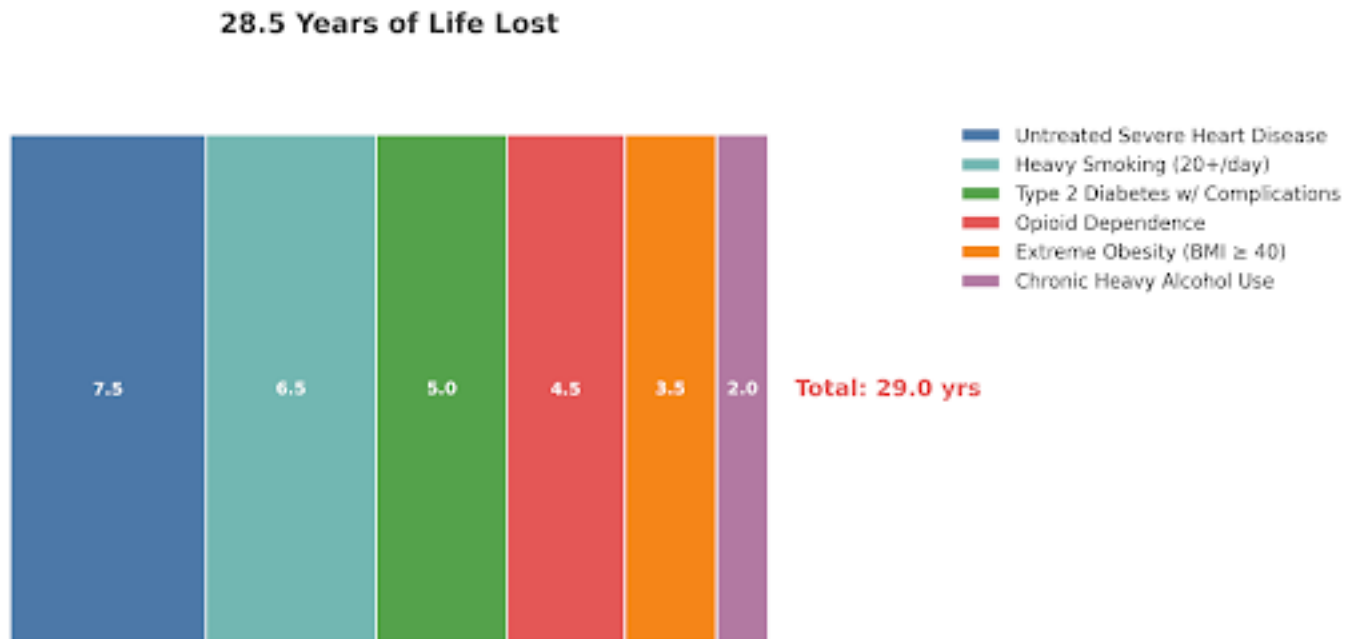
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<sup>2</sup> <https://www.tac.org/anosognosia/>

<sup>3</sup> <https://www.neuroethicscollege.org/policy-reform>

<sup>4</sup> <https://www.nami.org/about-mental-illness/common-with-mental-illness/risk-of-suicide/>

## A Grim Statistic, continued



**We simply cannot ignore the seriously mentally ill any longer.**

### The Church's Opportunity

This is not just a mental health issue, it is a missional opportunity. Jesus sought out those others overlooked. He cared for the man crying out among the tombs. He healed and He saved.

Today, people with serious mental illness are still crying out. Often not in words, but in wandering, suffering, and despair. They need not only treatment, but they also need hope, love, friendship, and prayer. They need the Church.

### When Love Requires Action: Understanding Involuntary Treatment

It's not a topic anyone wants to talk about, but for many families, involuntary treatment becomes the only lifeline left. It's heartbreaking, misunderstood, and often misrepresented. But it can also be the most merciful thing love requires.

## Understanding Involuntary Treatment, *continued*

I didn't learn about it in the classroom. I learned as a mother filling out emergency petitions, sitting in courtrooms, and praying through tears while my son slipped deeper into delusion. Many parents know this ache, especially when their loved one lives with anosognosia, a brain-based condition that prevents them from understanding they are ill.

In Arizona, we're fortunate to have some of the strongest civil commitment laws in the country, thanks in part to the Arnold v. Sarn lawsuit in the 1980s. That case compelled the state to provide services for those with serious mental illness, creating legal "on-ramps" to care:

- **DTS/DTO: Danger to Self or Others.** *Used when someone poses a risk to themselves or those around them.*
- **PAD: Persistently and Acutely Disabled.** *For those severely impaired but not immediately dangerous.*
- **COT: Court-Ordered Treatment.** *Inpatient or outpatient care is mandated by a judge when criteria are met.*
- **ACT Teams: Assertive Community Treatment.** *Mobile teams that provide intensive, ongoing support to those with the most complex needs.*

But legal tools alone aren't enough. Resources are stretched thin. In Arizona, 300 people a month are dropped from the treatment pipeline, not because they got better, but because there weren't enough beds available in time.<sup>5</sup> And in many states, families have no access to COT, ACT teams, or even a judge willing to listen. They're left with a cruel carousel of ER visits, jail cells, and sidewalk vigils.

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<sup>5</sup> <https://acmionline.com/webinars/>



## Understanding Involuntary Treatment, *continued*

Involuntary treatment may never feel good, but for many, it's the only path to safety and healing. It's not about punishment. It's about mercy.

As Christians, we believe every person is made in the image of God—including the man pacing barefoot on hot pavement, speaking to voices no one else hears. If I were in that place, lost and unaware, I'd want someone to love me enough to step in.

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## Schizophrenia and the Question of Demons

Schizophrenia may be the most misunderstood of all mental illnesses. Its symptoms, hallucinations, delusions, disorganized thinking, and withdrawal can be so jarring that spiritual explanations may seem not only plausible, but obvious. I know this because I once believed it myself.

Before my son got sick, I watched *A Beautiful Mind* and arrogantly assumed the main character was simply deceived by demons. I even said so aloud. Later, when psychosis came knocking at my own door, I pleaded with doctors to find any other explanation. But slowly, painfully, God began to soften and teach me.

Through tears and repeated views of that same film, now through the eyes of a mother, I began to understand what I hadn't before. My son wasn't possessed. He was sick. And what he needed most was compassion, not fear.

Let me be clear: I am a Christian. I believe in the reality of spiritual warfare (Ephesians 6:10–17). But I also believe we do harm when we assume the spiritual without first listening, learning, and loving. The human brain is fearfully and wonderfully made and, at times, terribly broken.

## Schizophrenia and the Question of Demons, *continued*

Dr. E. Fuller Torrey puts it this way:

***“With sympathy, schizophrenia is a personal tragedy. Without sympathy it becomes a family calamity for there is nothing to knit people together, no balm for the wounds. Understanding schizophrenia also helps demystify the disease and brings it from the realm of the occult to the daylight of reason. As we come to understand it, the face of madness slowly changes before us from one of terror to one of sadness. For the sufferer, this is a significant change.***

That shift, from fear to sadness, from suspicion to sympathy, is what changed our family’s life. It opened the door to healing. And it made room for peace where fear once lived.

### A Few Things to Understand

Schizophrenia is a biological brain disorder. While its exact causes remain unknown, research continues to affirm its deep neurological and genetic roots. The brain is astonishingly complex, responsible for thought, emotion, sensory input, and voluntary movement. When that system is disrupted, as it is in schizophrenia, everything from interpreting sounds to recognizing reality can break down.

Symptoms may include:

- **Hallucinations (hearing or seeing things not there)**
- **Delusions (false beliefs)**
- **Disorganized thinking**
- **Altered emotional responses**
- **Reduced insight into one’s own condition (anosognosia)<sup>7</sup>**

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<sup>6</sup> <https://www.amazon.com/Surviving-Schizophrenia-7th-Family-Manual/dp/0062880802>

<sup>7</sup> <https://www.amazon.com/Surviving-Schizophrenia-7th-Family-Manual/dp/0062880802>

## Schizophrenia and the Question of Demons, *continued*

These are not marks of personal sin or spiritual failure. They are signs of a brain in distress.

Other conditions, such as end-stage Parkinson's or Alzheimer's disease, can also involve hallucinations and delusions. We do not accuse those patients of being demon-possessed. Why then are we so quick to assign such assumptions to those with schizophrenia?

The worst place we can start is by declaring someone possessed. That accusation can heap shame upon a person already suffering deeply. It may even prevent them or their family from seeking the medical help they need. We must lead with humility and the grace of Christ.

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## Wisdom and Compassion: Understanding the Role of Violence In Serious Mental Illness

Scripture calls us to be both compassionate and wise. As we open our hearts to those suffering from serious mental illness, one difficult, but important, question often arises:

*Are people with mental illness more violent?*

The answer depends on who we're talking about. According to the late advocate DJ Jaffe:

- For most people with common mental health conditions like anxiety or mild depression, **no**, they are not more violent than the general population.
- Even among those with serious mental illness (about 4% of the population), most are **not more violent**, especially when receiving treatment.
- But for a smaller subset, those with schizophrenia or bipolar disorder who are **not in treatment** there is an increased risk, especially when substance use is involved.

## Wisdom and Compassion: Understanding the Role of Violence In Serious Mental Illness, *continued*

Jaffe explained that when someone is psychotic or delusional, their actions often reflect the distorted reality their brain is telling them. If a person truly believes they are in danger or that someone is trying to harm them, they may act out defensively, not out of malice, but out of confusion and fear.<sup>8</sup>

Families often carry this burden alone. Some are in danger because their loved one is too sick to recognize they need help and the system won't intervene. If you're aware of a family in crisis, don't look away. Come alongside them. Ask questions. Offer practical support. Loop in your pastor and trusted church leaders.

As **Proverbs 11:14** reminds us,

"Where there is no guidance, a people falls, but in an abundance of counselors there is safety."

Let's be part of that safety. With wisdom and compassion. Our response should not be fear, suspicion, or condemnation, it should be protection. These brothers and sisters are not less than. They are often the "weaker members" of the body whom Scripture tells us to treat with greater honor (**1 Corinthians 12:22–26**).

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<sup>8</sup> <https://mentalillnesspolicy.org/>

## Policy Challenges: A Shift in the Right Direction

For years, the federal agency overseeing mental health, **SAMHSA**, focused on general mental wellness, not those with the most severe illnesses. When our son first became ill, I searched their website for help and couldn't even find the words schizophrenia or bipolar disorder.

It took relentless advocacy from families and groups like the **Treatment Advocacy Center** to press for change. Now, there's a new development. The Trump Administration recently announced the creation of the **Administration for a Healthy America (AHA)**, a new agency intended to streamline health programs under one roof.<sup>9</sup> While some remain cautious, this change offers hope that the most vulnerable will finally be prioritized.

As DJ Jaffe wrote in *Insane Consequences*:

***The problem is solvable, and solving it is affordable... Congress and state legislators must understand that throwing money at mental health is not the same as delivering treatment to people with serious mental illness.***<sup>10</sup>

May we have the courage to aim our efforts where they're needed most.

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## When "Independence" Becomes Abandonment

The 1999 **Olmstead Decision** affirmed that people with disabilities should be served in the least restrictive setting. While intended to protect civil rights, it's often misused to discharge people into unsafe conditions, like shelters or the streets. Even Justice Ginsburg cautioned against this, but the warning went unheeded.<sup>11</sup>

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<sup>9</sup> <https://www.hhs.gov/press-room/hhs-restructuring-doge.html>

<sup>10</sup> <https://www.amazon.com/Insane-Consequences-Mental-Industry-Mentally/dp/1633882918>

<sup>11</sup> <https://www.law.cornell.edu/supct/html/98-536.ZS.html>

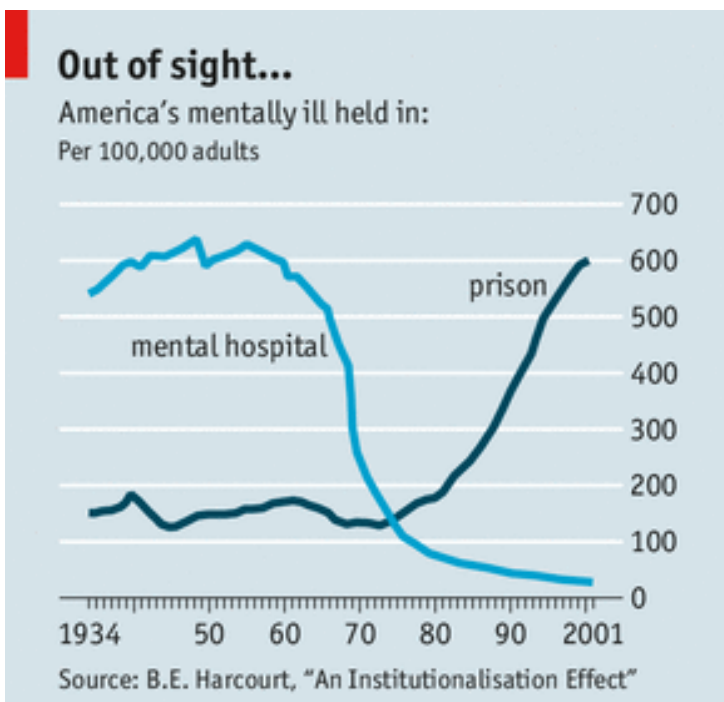
## When “Independence” Becomes Abandonment, *continued*

In Arizona, our son, who needed intensive psychiatric care, was offered a placement in an apartment with another person struggling with serious mental illness. On a different occasion, we were told boot camp might help. These weren't just misguided suggestions. They were **derelections of care**. The result? A tragic cycle: Treat — Street — Repeat. Families are left helpless while the system quietly checks the box.

## From State Hospitals to Jail Cells

We didn't end institutions—we just changed their addresses. Today, jails are the largest psychiatric providers in the country.

Billions are spent each year on homelessness and incarceration, two of the most expensive and least compassionate responses. Meanwhile, psychiatric beds vanish, and “independent living” becomes code for “you're on your own.”



<sup>8</sup> <https://mentalillnesspolicy.org/>

## Temporary Beds, Permanent Problems

Even when someone with SMI is admitted to a Behavioral Health Residential Facility (BHRF), for example, the stay is often short and shallow. In Arizona, decisions to discharge are sometimes made without ever meeting the person. It's no wonder we see a 61% readmission rate, not because recovery is impossible, but because the system doesn't offer the time, structure, or support to make it sustainable.<sup>12</sup>

Arizona has one state hospital, ASH, sitting on 90 acres. Yet due to old legal limits in the Arnold v. Sarn case, only 55 beds are available to the largest county in the state. An entire floor remains unused. The barrier isn't space, it's will.

Although each state structures its resources differently, the challenges encountered remain consistent across the nation.

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## Medicaid's Little Secret: The IMD Exclusion

Then there's the IMD Exclusion, a quiet but devastating Medicaid rule from 1965. It blocks federal funds from being used for psychiatric care in facilities with more than 16 beds for adults ages 21–64. Yes, that's real.

We would never accept this kind of arbitrary cap for cancer or heart disease patients. But for schizophrenia or bipolar disorder? We look away. The rule was meant to promote community care. That care never materialized. And families have been paying the price ever since.

*Why hasn't it been fixed?*

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<sup>12</sup> <https://www.hhs.gov/press-room/hhs-restructuring-doge.html>

## Medicaid's Little Secret: The IMD Exclusion, *continued*

Because the sickest among us don't have a lobby. No voting bloc. No voice.

- **Democrats fear a return to institutions**
- **Republicans worry about spending**
- **Libertarians resist mandated treatment**

And so, the cycle continues. The most vulnerable are left out entirely.<sup>13</sup>

## Why the “Housing First” Model Falls Short

But even if we fixed the IMD Exclusion tomorrow, the problem wouldn't be solved. For a decade, our nation has doubled down on a single approach to homelessness and untreated mental illness—Housing First. It promised dignity, stability, and a fresh start. But for those living with serious mental illness, especially when treatment is refused or unavailable, this model leaves a devastating gap.

Walk the streets of any major city and you'll see the result. This approach assumes people can make informed choices about care, when many cannot. Monthly caseworker visits and apartment keys aren't solutions for someone in the grip of psychosis.<sup>14</sup>

Housing without care isn't restoration. *It's resignation.*

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<sup>13</sup> <https://manhattan.institute/article/us-psychiatric-hospitals-under-medicaids-institutions-for-mental-diseases-exclusion>

<sup>14</sup> [https://substack.com/@truthonthestreets?utm\\_source=global-search](https://substack.com/@truthonthestreets?utm_source=global-search)



## A Model Rooted in Restoration

The failures of Housing First reveal what's missing, **relationship, consistency, and community**. A roof can shelter the body, but it cannot heal the heart or renew the mind. Lasting restoration requires more than policies and programs; it requires people.

We believe recovery happens when safe housing is paired with the daily rhythms of life, meaningful work, discipleship, and belonging within the local church. It's not just about where someone lives, it's about who walks with them. That's where P82's model steps in.

- 1. Meaningful work – Because every person was made to have purpose.**
- 2. Daily structure and consistent care – Because predictability fosters peace.**
- 3. Connection to Jesus and the local church – The cornerstone of lasting hope.**
- 4. Life skills practiced in community – Growth isn't meant to happen alone.**
- 5. Beauty, music, meals, and actual fun – Because joy is a form of dignity.**

## What Housing First Missed

Housing First didn't fail because housing isn't important, it failed because housing alone isn't enough. Without community, structure, and meaningful relationships, a roof can still feel like exile. Case managers aren't community. Monthly med checks aren't discipleship. And four walls aren't a family. Our model doesn't reject Housing First, it extends it. It's about loving people not as problems to manage, but as image-bearers to walk alongside for the long road ahead.

## What Can the Church Do?

You may not be called to open a home, **but you can make room.**

The Church is uniquely equipped to offer what our systems can't: a family within the context of the local church, and the kind of discipleship that meets people where they are. Through prayer, hospitality, mentorship, and simply showing up, churches can reflect the heart of Christ to those who've been forgotten.

This isn't about creating a new ministry program; it's about returning to the basics of what it means to be the Body of Christ and caring for our weakest members. Growth for someone with a serious mental illness is still possible because God is not limited by disability.

## A Call to the Church

Ours is a faith rooted in redemption, in restoration, in remembering those the world forgets. And yet, when it comes to those with serious mental illness, those isolated by delusion, abandoned by systems, or cycling through jails and streets, we have often stepped back when we were meant to step in. But what if that changed?

***It is for freedom that Christ has set us free...***  
***Galatians 5:1***

We rejoice in the freedom we have through Christ, the freedom from sin, from death, from hopelessness. But what if we also remembered those who are not free? Those imprisoned by psychosis. Those trapped in revolving-door hospitals. Those warehoused behind locked doors, out of sight and out of mind.

## **A Call to the Church, *continued***

They, too, are **image bearers**.

They, too, **need the gospel**.

They, too, **need a Church** that will not look away.

This isn't a call to be heroes. It's a call to be faithful.

To use our freedom for the sake of those who've been stripped of theirs.

To bring light into dark places without fear, without fanfare, and without forgetting that we, too, were once lost.

The Church is not powerless in this.

We have the love and power of the gospel.

We have the Word of God.

We have each other.

**And we have a choice.**

**Let's choose to step back in.**

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## **Final Thoughts: Love that Moves Toward the Suffering**

This little booklet covers a lot, from diagnoses and definitions to policy pitfalls and opportunities for the Church. But beneath it all is something simple and sacred: people made in the image of God, suffering in ways we cannot always see or understand.

Serious mental illness doesn't fit neatly into our church programs or Sunday prayers but it's in our pews, on our streets, and behind too many locked doors.

***What will we do about that?***

## **Final Thoughts: Love that Moves Toward the Suffering, *continued***

Psalm 82 calls us to defend and care for the weak. Our motivation to do so is rooted in what God has already done for us. As the apostle Paul writes,

***For while we were still weak, at the right time Christ died for the ungodly. For one will scarcely die for a righteous person—though perhaps for a good person one would dare even to die—but God shows his love for us in that while we were still sinners, Christ died for us.***

***Romans 5:6-8***

This truth, God's love demonstrated toward us in our weakness, forms the foundation of our own call to action:

***Give justice to the weak and the fatherless;  
maintain the right of the afflicted and the destitute.***

***Psalm 82:3***

If something here has stirred your heart, don't ignore it. Ask God what part you might play. You don't have to do everything or have all the answers. But you can do something.

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## **Next Steps**

If you made it to this final page, thank you. If you are confronted by the weightiness of this topic and you're not quite sure how to respond, I would say that you read it well.

But not to worry, I have a few tangible action items to suggest:

## Next Steps, *continued*

1. Take a moment to **reflect on the questions** at the end of this booklet, either on your own or with a group. Let them help you process what you've learned and consider what faithful next steps might look like.
2. **Join us in praying** for the Church to awaken to this gospel opportunity to minister to those affected by serious mental illness. Pray for Christians to reflect Christ's heart of compassion and wisdom, bringing Him glory. Pray for leaders to enact just laws for the most vulnerable. And pray for our organization that we would be bold in gospel proclamation as we seek to serve families and individuals affected by serious mental illness.
3. For a deeper dive, **listen to our 3-part story** on The Center Church Podcast, "Fixed on Jesus" available on Spotify and Apple.
4. **Give "Mama Bear Diaries" a follow** on Substack to stay informed.

Let's be the kind of Church that responds to the grace of Christ by moving toward the suffering, carrying the burdens of the weak, and living out the gospel in both word and deed.

With hope and resolve,

*Deborah Geesling*

**Founder, P82 Project Restoration**

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## ***Discussion Questions***

### **1. Personal Awareness & Reflection**

- Before reading this primer, how would you have defined serious mental illness? Has that definition changed for you?
  - Have you encountered someone with SMI in your life, church, or community? How did you respond, and how might you respond differently now?
  - What emotions did this booklet stir in you (e.g., grief, conviction, confusion, hope)? Why?
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### **2. Theology & Compassion**

- How does the gospel inform our understanding of suffering, including suffering caused by serious mental illness?
  - Read James 1:27 and Psalm 82:3–4. How do these verses speak to our responsibility as Christians toward the seriously mentally ill?
  - In what ways can we reflect Jesus' love to those who are afflicted by psychosis, despair, or deep confusion?
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### **3. Church Culture & Opportunity**

- Why do you think serious mental illness is often absent from church conversations, ministries, or prayer lists?
  - What might it look like for a church to “move toward the suffering” instead of away from it?
  - Are there ways your local church could be more welcoming or supportive of individuals and families affected by SMI?
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## ***Discussion Questions***

### **4. Discipleship & Action**

- The primer mentions that monthly caseworker visits are not the same as community and that discipleship is still possible for those with SMI. What might discipleship look like in this context?
  - What practical steps could your church take to equip leaders, deacons, or small group members to care for those impacted by SMI?
  - How might your church create a space for caregiver support, hospitality, or advocacy on behalf of the voiceless?
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### **5. Systems, Policy & Advocacy**

- What part of the mental health policy failures (e.g., IMD Exclusion, Housing First limitations, involuntary treatment) stood out to you most? Why?
  - Does learning about these systemic issues affect the way you view advocacy for the seriously mentally ill?
  - What role can Christians play in advocating for better laws and systems that serve the most vulnerable?
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### **6. Personal Next Steps**

- What is one thing you feel God might be calling you to do after reading this?
  - Who in your life might need your friendship, compassion, or advocacy today?
  - Are there ways you could use your gifts; teaching, hospitality, intercession, administration, to serve this mission?
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Website: [p82homes.org](https://p82homes.org)

Attend the Support Group: [p82homes.org/caregiver-support](https://p82homes.org/caregiver-support)

Request Prayer: [p82homes.org/request-prayer](https://p82homes.org/request-prayer)

Support Financially: [p82homes.org/donate](https://p82homes.org/donate)



Get a general overview of what we believe and what we do by scanning the QR code above.

