



young adult ministry Trend Report



TOPICAL NEWS, RELIABLE DATA &
ACTIONABLE INSIGHTS FOR MINISTRY TODAY



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WHO WE ARE

We are a team of seminary faculty and church practitioners seeking to support and encourage church leaders as they engage youth and young adults (13–39-year-olds) in their ministries. We hope to provide an accessible overview of current trends in North American society that can help to inform youth and young adult ministries across church traditions. We believe that a careful analysis and engagement with cultural and social trends is crucial to ministry with young people and we aim to support practitioners by making that analysis “short and sweet” for the busy pastor and church leader.



Mental Health and the Young

The last few years have been particularly difficult for young people as the Coronavirus pandemic disrupted their transitional milestones to adulthood, severely curtailed their social lives, and diminished potential employment opportunities (especially in the service sector). According to a recent report from the Center for Disease Control (CDC), **42% of high schoolers “experienced persistent feelings of sadness or hopelessness” in 2021, an increase of 5% since 2019 and 14% since 2011.** Even more alarming, **22% of high schoolers “seriously considered attempting suicide,”** with **18% having made a suicide plan.** It is crucial for the church to reflect upon how we can respond to this ongoing crisis, and especially how we can care for those experiencing such lostness and brokenness among us.

The Percentage of High School Students Who:*



*For the complete wording of YRBS questions, refer to the appendix.



Theology of Mental Health

As a community that follows the One who came to seek and save the broken and the lost, we believe that Christ's ministry of care, love, and healing to those who are suffering physically and mentally is one in which we are called to participate. **Those who suffer mental or physical illness *do not* suffer because they lack faith or have not prayed hard enough—no, their suffering is a tragic manifestation of the fallenness of our world, the same suffering that Christ took upon himself in his life and death.** Christ's resurrection and the outpouring of his Spirit together point toward God's ongoing ministry of healing and renewing the world. We can join in this work as we pursue ministries of healing love towards those who struggle and suffer. As a church, we need not restrict our understanding of how Christ's love works in the world. Instead, we can avail ourselves of these and many other methods and interventions as we seek to live and embody that love in and for the world.

MENTAL HEALTH AND YOUTH CULTURE



Young people are generally much more open to discussions about mental health and neurodivergence than previous generations. They are also much more open to seeking professional support to combat stress and anxiety. According to a recent report from YPulse, “Gen Z [13-21 year-olds] and Millennials [22-39 year-olds] have normalized speaking up for mental health because they say it is just as important as physical health.” The use of social media among young people has greatly impacted this trend and made such conversations seem not just normal but necessary for well-being.

54%

Of young people have spoken to a mental health professional

68%

Have or are interested in individual therapy

81%

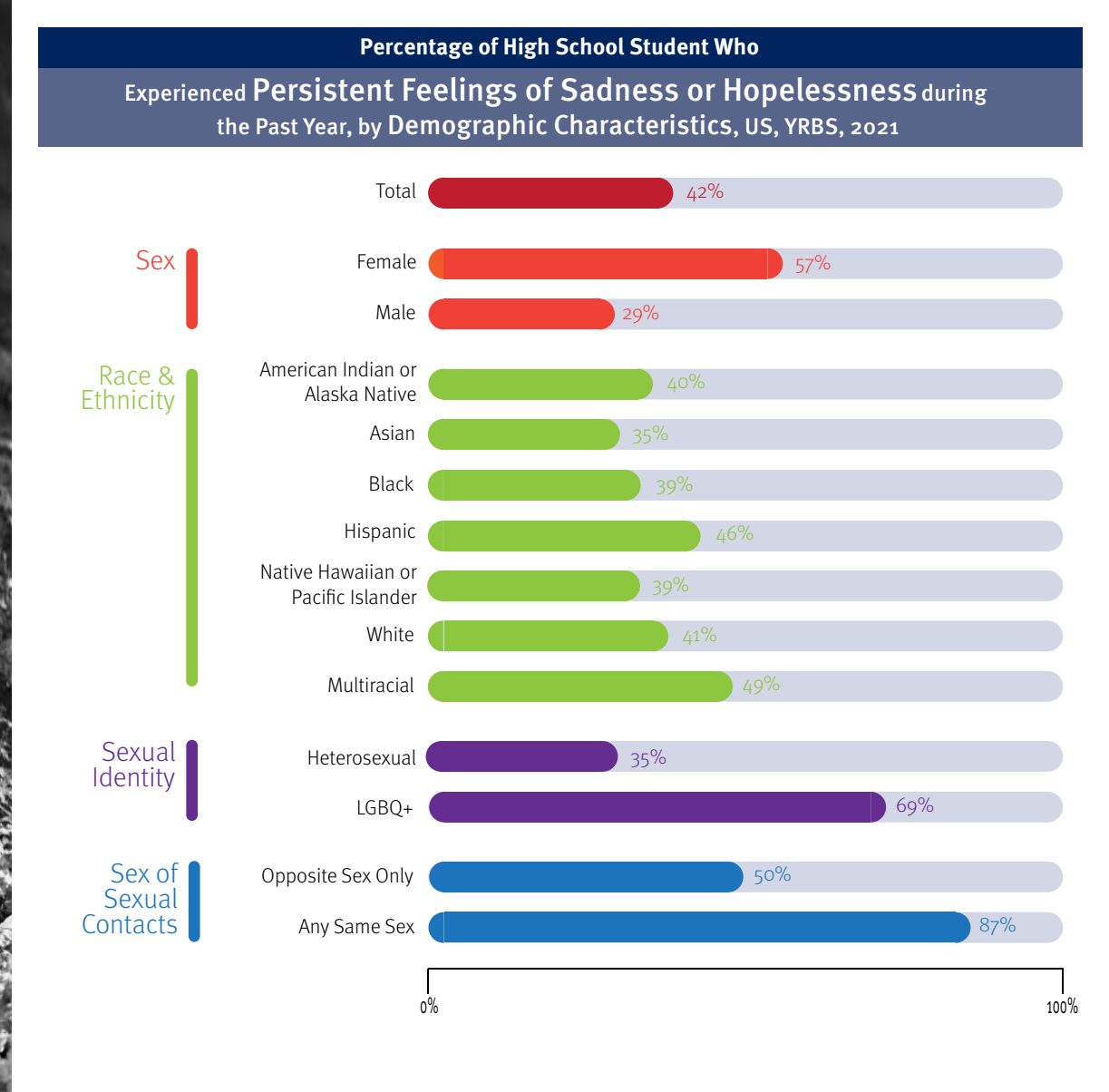
Agree with the statement, “I believe no one should be ashamed of asking for help, but I have a hard time doing it myself.”

Creating spaces for such difficult conversations in the church can be a crucial way for us to support young people in our faith communities in a lasting and meaningful way.

Varied Mental Health Reporting among Minority Populations

The above CDC report also cites important differences in mental health among different minority groups. “Female students, LGBTQ+ students, and students who had any same-sex partners were more likely than their peers to experience poor mental health and suicidal thoughts and behaviors.” Additionally, “10% of female students and more than 20% of LGBTQ+ students attempted suicide.” Furthermore, racial minorities had significant reported differences. While “Hispanic and multiracial students were more likely than Asian, Black and White students to have persistent feelings of sadness or hopelessness. . . . Black students were more likely than Asian, Hispanic and White students to attempt suicide.”

Black, Indigenous and People of Color (BIPOC) young people show significant differences in mental health—while 49% say that they have spoken to a mental health professional, a majority of those who have not (60%) say that they are concerned about the stigma around mental health that was present in their childhood homes (see: YPulse January 2023 Mental Health Report). Though less likely to speak openly about their feelings, young BIPOC people report that they are more likely than other demographics to participate in group therapy and try alternative mental health treatments (e.g., mindfulness exercises, tai chi, acupuncture, etc.).



WHY?

Why is there such an increase in mental health struggles amongst young people? Though each individual case must be considered on its own terms, there are some general trends that the church should consider. The first such trend is the **social isolation of the pandemic and psychosocial problems emanating from social media** (online bullying, body-image concerns, FOMO [‘Fear of missing out’ when seeing all the fun things your friends are doing online], etc.). Beyond this, however, are some larger existential concerns: both Millennials and Gen Zers cite **worries about their futures and the world around them** as a major source of stress, including worries about “the economy, inflation, and climate control.” The information age and increased access to world affairs through the newfound appendage of young people (i.e., smartphones) adds to both these stresses and anxieties emanating from social media. Though the story of young people and mental health is complex and multi-layered, these are some of the most significant causes of the increase in poor mental health among Gen Z and Millennials.

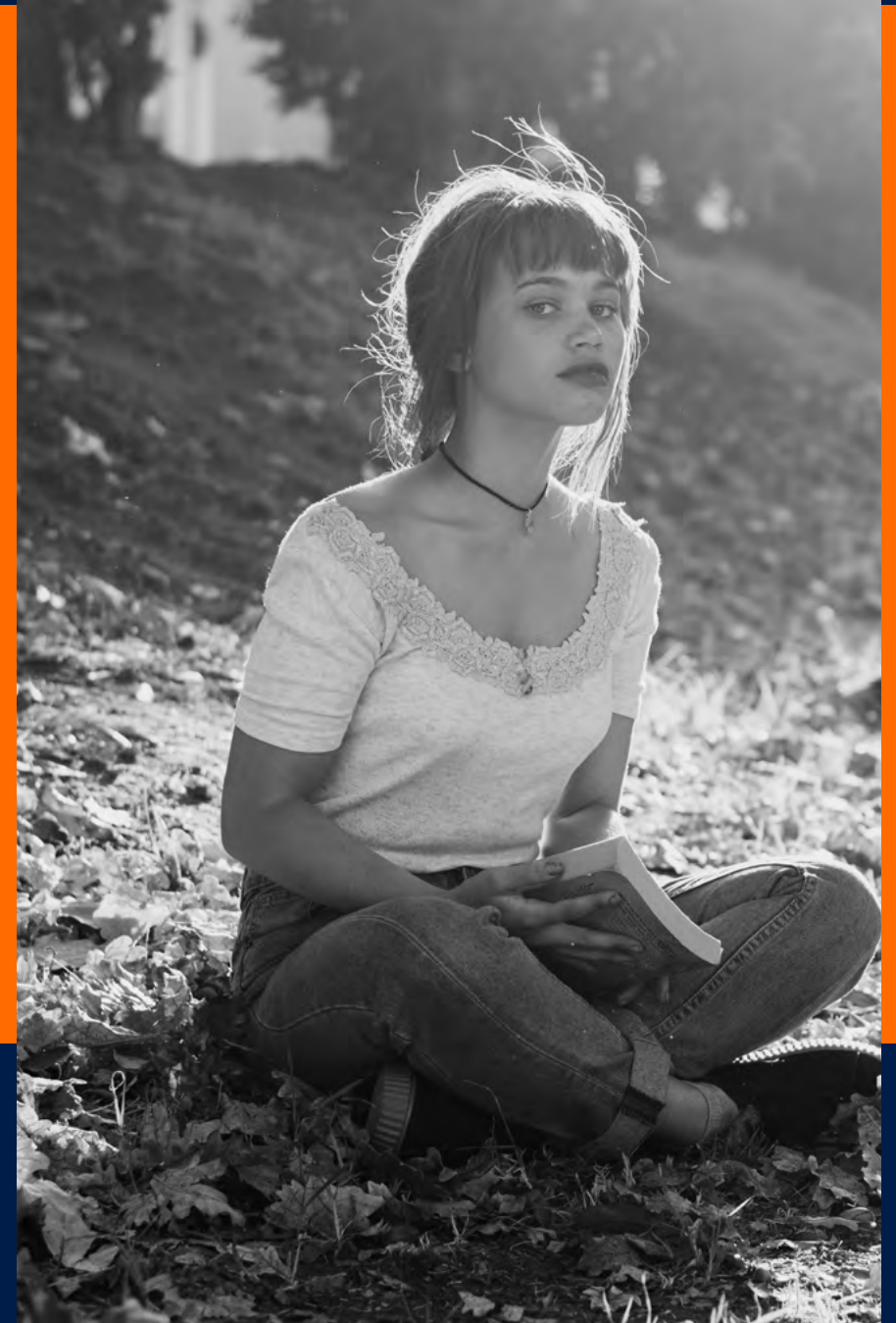
There remains considerable debate about the connection between teen mental health and the digital technology revolution of the past two decades. David Leonhardt, writing at the *New York Times*, discusses this debate and the overly-rosy picture some paint of the positive influence of digital technology developments: **“Even the positive trends in teen health point to technology: pregnancies, vehicle deaths and bullying are down partly because teenagers are spending more time by themselves and less time together.”** Despite such supposed benefits, Leonhardt argues that there is a **clear connection between increased digital technology use and the rise in poor mental health indicators** amongst young people: the introduction of the iPhone to the market and the explosive popularity of Facebook are closely connected to surging rates of mental health difficulties. This connection also implies that the social, political and ecological crises of recent years may be less of a causal factor than we’ve supposed.

The kids are not alright. So what can the church do about it?

Part One

Talking about mental health openly is not a norm among older generations, and so the intensity and passion of young people in addressing it can be alarming to some Gen Xers and Baby Boomers. In our parishes, this can create some odd dynamics—young adults begging parish leadership to do more to address it and older parishioners begging them to stop talking about it. The first thing we can do on a parish-wide level, then, is to discuss this dynamic openly:

acknowledging the legitimate discomfort of Gen X and Baby Boomer parishioners when it comes to these discussions of mental health, the legitimate importance of mental health conversations to younger generations, and how these contrasting perspectives can make such conversations especially fraught in a communal context. It is important to remind older parishioners that listening well does not require them to have all the answers.





The kids are not alright. So what can the church do about it?

Part Two

Creating spaces for young people to openly discuss their own mental health struggles can be an important first step on the path to healing and wholeness. Youth group and young adult gatherings can do this naturally, but more intentional work from pastoral caregivers and volunteer leaders can make these spaces even more profound places of support and connection over shared struggles. Not every young adult group needs to become a 12-step meeting; however, the connections built over shared struggles and suffering is something the church can use in how it supports social connections with youth and young adult groups. Simply **verbalizing complex emotional problems** can be a powerful step on the road towards healing. Understanding more about neurodiversity will help too.



The kids are not alright. So what can the church do about it?

Part Three

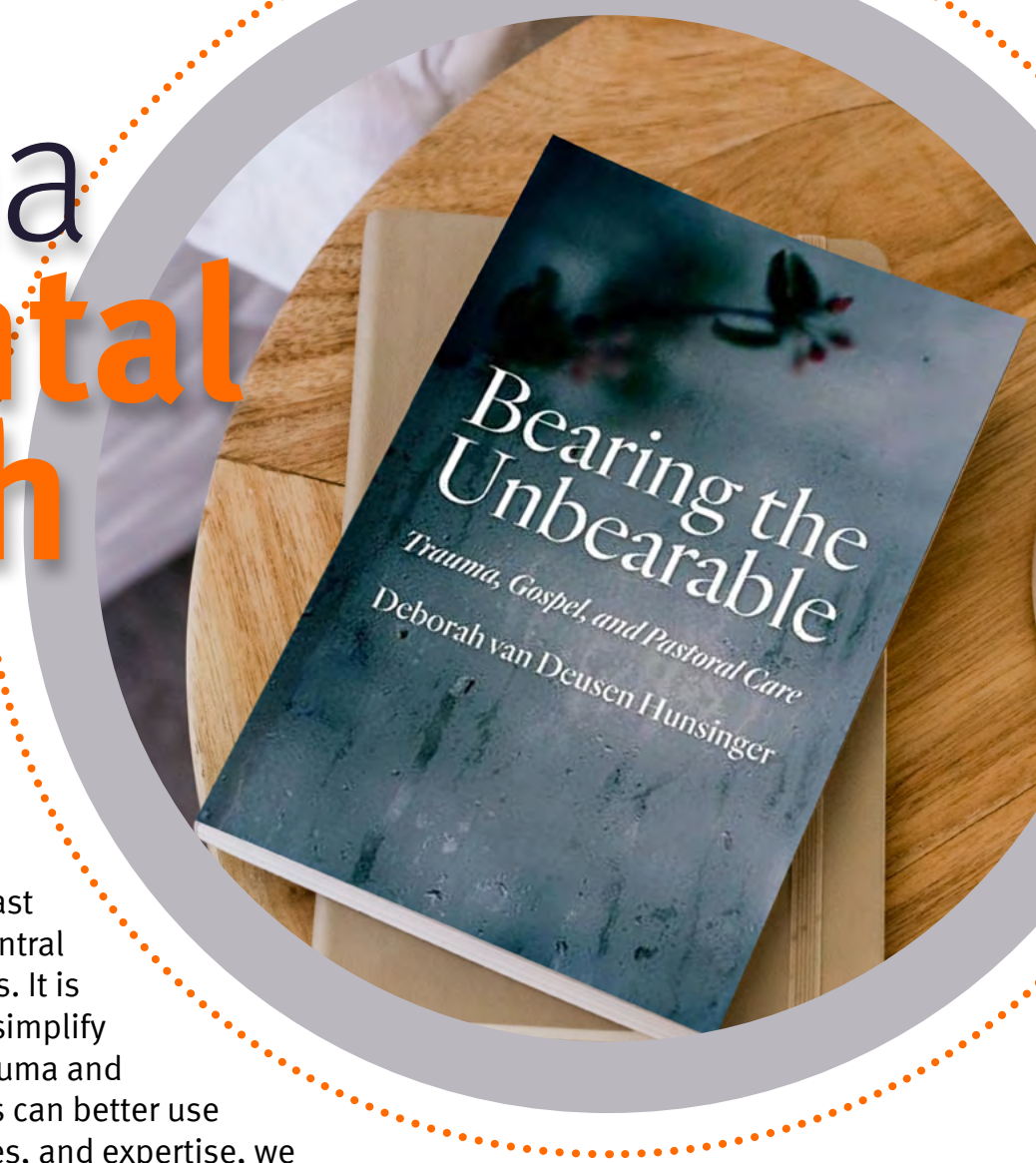
Coaching Gen X and Baby Boomer adults as to how they might support young adults in this regard can have important effects. Pastoral coaching may help older demographics to process their own discomfort around mental health conversations, especially as they discuss such discomfort more openly with their peers (see, for example, the work done with Vibrant Faith and also that of Stephen Ministries). Furthermore, by focusing on the mental health struggles of young people, pastoral caregivers can create a nonthreatening environment in which older parishioners may discuss their own struggles with mental health. With the

opening of such spaces, Gen Xers and Baby Boomers can better empathize with younger groups who want to intentionally create these “safe spaces” in the community (whether physical or virtual spaces). A common criticism from 40+ adults is that young people are generally not very resilient—unwilling to do hard things and persevere like they had to. **Creating a space in the community where people of all generations can process through their struggles and hardships**, and even share about lessons learned, can be a great jumping-off point both for supporting mental health generally and developing more intergenerational cohesion in the parish.



Trauma & Mental Health

Not all mental health problems are the direct result of trauma, and not all who suffer adverse mental health outcomes are suffering from PTSD. Trauma awareness has grown over the past decade and rightly occupies a central place in our social consciousness. It is important, however, not to over-simplify such complex phenomena as trauma and PTSD. Though pastoral caregivers can better use mental health trainings, resources, and expertise, we should be careful not to overestimate our own knowledge and capacity to handle such complex psychological problems. **Knowing when to refer pastoral care-seekers to appropriate mental health and medical experts** is a crucial aspect of providing support. In a future edition of this newsletter we will further explore some of the literature around trauma and trauma-informed ministry, and the ways in which the church can be a support to those “walking in the valley of the shadow of death” (Ps. 23).





Summary Take-Aways

The mental health crisis confronting young people and the church shows no signs of diminishing in the near term. This crisis is one our younger parishioners and family members confront daily—whether for themselves or among their friends and peers. As a community called to love and care for the lost and broken, **our churches can become important centers of social and psychological support.** Doing so, however, requires a level of intentionality and awareness: intentionality regarding the fact that we want

to engage young people and their mental health struggles in a nurturing and supportive environment, and awareness both of our own limitations in this regard as well as the difficult social dynamics such engagement might create in our specific church communities. Let us strive to follow Christ and faithfully love and support those experiencing lostness and brokenness in our midst. **Attending to the mental health of young people in our individual faith communities may very well determine the future vitality of the church.**

ADDITIONAL RESOURCES

- **Psychology Today** has an easy way to find mental health counseling support near you (or virtually): <https://www.psychologytoday.com/us/therapists>
- Consider participating in a **Mental Health First Aid for Youth training**: <https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>. There are additional modules for teens and adults that are also great.
- **The Youth Mental Health Project** has a database of some excellent resources that can be used by practitioners in a variety of contexts: <https://ymhproject.org/resources/>
- Learning about the mental health of young people (children): <https://www.cdc.gov/ChildrensMentalHealth/>
- Consider checking out the resources here at the **Society for Adolescent Health and Medicine**: <https://www.adolescenthealth.org/Resources/Clinical-Care-Resources/Mental-Health/Mental-Health-Resources-For-Adolesc.aspx>
- **The National Alliance on Mental Illness**: <https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults>
- Visit the **Substance Abuse and Mental Health Administration** website: <https://www.samhsa.gov/school-campus-health/behavioral-health-resources-youth>
- **National Institute of Mental Health**: <https://www.nimh.nih.gov/get-involved/digital-shareables/shareable-resources-on-child-and-adolescent-mental-health>
- **Soulshopmovement.org** is dedicated to “equipping faith community leaders to minister to those impacted by suicide” <https://www.soulshopmovement.org/>
- The **Rev. Dr. Sarah Griffith Lund (UCC)** has written extensively on mental illness and ministry, with a focus on mental illness and young people in her most recent book, *Blessed Youth* (<https://sarahgriffithlund.com/>)
- The **Rev. Dr. Deborah Hunsinger (PCUSA)** has also written extensively about mental health, trauma and ministry (see especially *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care*)
- <https://buildfaith.org/mental-health-awareness-month-the-role-of-church-leaders/> a post from **Building Faith at Lifelong Learning, VTS**

The American Foundation for Suicide Prevention has an abundance of resources for those in crisis, those who know someone considering suicide, and for those who need to process loss and grief after suicide. <https://afsp.org/>