A relationship between the pastor and the community mental health center that is characterized by open communication, encouragement, mutual trust, respect, and cooperation will help both grow toward more effective service in their community.

Ventures in Pastoral Care

COMPREHENSIVE Community Mental Health Centers are potentially new and exciting ventures in the development of mental health services. This potential is being realized by "bringing together the services into a new form of Gestalt . . . a new entity with a different philosophy, with different approaches and techniques."1

Helping to shape the developments of these centers are several important principles. First, prevention of illness is viewed as being as important as treatment. This means centers are more than just super clinics offering varieties of services to the mentally ill. Attention is given to the causes and sources of illness within the center's sphere of responsibility. Programs are developed to alter, remove or avoid factors that contribute to illness.

The second guiding principle is that "comprehensive" implies an interdisciplinary approach at all levels and in all facets of the program. In addition to traditional mental health professionals, the centers utilize the resources and assets of many other helping professions and occupations.

A third principle is the importance of "community" in the development of the center. This is a recognition that the community is involved in both health and illness. These do not exist in a vacuum nor can they be confronted without an awareness of community relationships and ideations. Only a reciprocal relation between community and center affords the channels of meaningful communication whereby both may realize their full potential.

These principles are having an impact upon the structures and forms whereby clergymen are relating to centers. In many areas centers are discovering and creatively utilizing the resources which community clergy have to offer. Also, community churches are enjoying the benefits which many health personnel can offer in parish education programs, group seminars, and pastoral concerns.

Since these mutual assistance opportunities exist throughout the total pro-

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gram of the center, it may serve our purpose to view them below as they relate to the five essential services every center must offer.

A. Consultation and Education

The service of consultation and education is of key importance in the growth of Comprehensive Community Mental Health Centers. It represents the means whereby the mental health resources of the center become linked to the mental health resources of the community in a mutually complementary manner.

Prior to the development of this service many community clergy performed their mental health functions in isolation from other concerned professionals. Referrals were usually made in the direction of clergyman to mental health facility and the information accompanying such referrals was often meager in detail. Educational programs were similarly designed so as to be primarily one-way, as if the clergyman had little to offer of practical value to the mental health professional.

As centers develop this service, they are realizing it represents a two-way process. Community clergymen possess a wealth of knowledge about the attitudes, feelings, and organizational structures present in the community because of their involvement in so many community functions. Some centers now include such clergymen on their on-going planning committee which has as its task the responsibility to keep the center relevant.

Consultation also increases the potential value of the clergyman as a caregiver because it affords him professional support. In one center the consultative service was offered each time a clergyman referred a parishioner for treatment. The result was that 80% of these parishioners never became clients of the center but were maintained by their pastors.²

Community clergy are also being contacted when their parishioners are accepted as clients. Usually these men are able to provide additional information about the client’s Sitz in Leben so that the treatment plan may be better geared to meet his needs.

Educational programs in psychology, counseling, sensitivity training, sociology and similarly related areas involve thousands of community clergy each year. Others spend entire summers in clinical pastoral education programs to better serve the mental health needs of their parishioners. The development of these programs in centers is effective, however, only to the degree clergymen are involved in planning the program. Centers have learned that greater effectiveness is achieved when time is given to learn the clergy’s needs.

Another educational opportunity being explored in a few centers is the use of clergymen in staff in-service education programs. Few mental health professionals have had opportunity to take courses in theology, comparative religions, philosophy or ethics.

If consultation and education are done on a reciprocal basis then a mutuality of concern and involvement is established. In this way the uniqueness of both is respected and neither runs the risk of being patronized or misused.

B. Emergency Service

The emergency service facility or unit should enjoy a close working relationship with most community clergy. The pastors have long had to deal with these emergency situations alone and will

² Moyer, Frank S., M.A.; “Shepherd Without a Fold,” The Clergy and Psychiatry, Community Services Division, Nebraska Psychiatric Institute, 1967.