

Wisdom Tips for talking about Mental Health

Be a Friend:

“A friend loves at all times...” (Proverbs 17:17a).

Listen without judgment. Provide companionship. Offer a ride or a meal. Respect confidentiality. Avoid shame and guilt.

Remember that we all have and we all are impacted by mental health.

Remember that Words can Hurt:

“Rash words are like sword thrusts...” (Proverbs 12:18a).

Pay attention to the words you use and how they affect the people around you. Avoid labelling and stereotyping people.

Stop the Stigma:

“We, who are many, are one body in Christ” (Romans 12:5).

Challenge negative attitudes toward mental health and neurodiversity whenever you encounter it. Question your assumptions. Correct misinformation about mental health challenges, substance use disorders, trauma, and brain differences.

Educate Yourself:

“Does not wisdom call, and does not understanding raise her voice?” (Proverbs 8:1).

Learn the facts about the various challenges that can affect mental health, including substance use disorders, neurodevelopmental difference, trauma, and brain disorders. Realize that mental health is physical health.

Thank God for Neurodiversity:

“Wonderful are your works” (Psalm 139:14)

Be aware that we all process the world around us differently.

Celebrate and affirm neurodiversity and the many gifts that each person brings.

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LOCAL RESOURCES FOR MENTAL HEALTH

Warm Line Wave handout- how to help, what not to say

- Illinois Warm Line 866-359-7953, www.illinoismentalhealthcollaborative.com
- M-F 8am-5pm, free phone support for anyone living in IL (interpreters available) emotional support, recovery education, self-advocacy support, referrals
- Suicide Prevention Lifeline 800-273-8255
- Crisis Text Line- text help to 741741

NAMI support groups

- National Alliance on Mental Illness Southwestern IL- group for family members, caregivers
- 2nd Thurs. of the month, 7-8:30 pm (Kelly Jefferson, 530-8558)
- Heights Church, 106 W. Main, Collinsville (parking is on street)

Grief support groups

- Grief Share www.griefshare.org
- Weekly groups meet in various churches- see website for latest info

- Hospice of Southern IL- monthly support group 2nd Wed. of the month 3-4:30 at St. John's UMC, Edwardsville (RSVP 235-1703)

Anderson Hospital <https://www.andersonhospital.org/community-programs/support-groups>

- Grief- 2nd Tues. of the mo., 7 pm in the Chapel (391-6456)
- Share (pregnancy and infant loss) 391-5984
- Breast cancer 391-5900
- Stroke 391-6256

Faith in Action

- Edwardsville/Glen Carbon 692-0480, <https://fiaecc.org> (for ages 60+ within school district 7)
 - Volunteer rides, companionship, respite relief, more
 - Collinsville 344-8080, <https://fiacollinsville.org> (for Caseyville, Collinsville, Maryville, State Park)
 - Volunteer caregivers, Answers on Aging, Elder Connection
- St. John's Community Care** 344-5008, <https://stjohnscc.org> Free support groups and ed. programs
- Adult care assistance for veterans, mentally/physically disabled (centers in Collins. & Edwards.)

Agemart Community Resources www.agemart.org For adults 60+ & caregivers in southwestern IL

AA and Al-Anon groups

<https://al-anon.org/al-anon-meetings/find-an-al-anon-meeting/>

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St. John



CELEBRATING 160 YEARS

In Christ we live, celebrate, and serve.

This is the reservation form for the anniversary dinner on **June 26, 2022**. The dinner will begin at 11:45 a.m. and is catered by Jerry's Cafeteria in Granite City, IL. No payment is required to attend, but reservations are mandatory. Please fill out and return this reservation form to the church office no later than **June 12, 2022**. If you have any questions, please call the church office at 618-877-6060. We look forward to seeing you there!

Your Name: _____

Phone Number: _____

Number of People Attending: _____

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Your Name: _____

Phone Number: _____

Number of People Attending: _____

Please complete the registration form(s) below to enroll students in VBS and/or volunteer to help with VBS.

All volunteers must agree to submit to a background check.

Please return completed forms to the office or email to jlcurran78@gmail.com

2022 VBS Registration

Child's Name _____

Birthdate _____ Grade Completed _____

Parent / Guardian Name _____

Parent/Guardian Phone # _____ Secondary Phone _____

Food Allergies _____

Medical Concerns _____

Days Able to Attend Sun _____ Mon _____ Tue _____ Wed _____ Thu _____

2022 VBS Volunteer Registration

Name _____

Phone _____ Secondary Phone _____

Email _____

I would like to help with _____

Days Able to Attend Sun _____ Mon _____ Tue _____ Wed _____ Thu _____