



The Next Health Crisis?

Mental Health Issues Among Millennials and Gen Z—Part 2

This article was written by Dr. David Ferguson of Intimacy Therapy Network. To view more from Intimacy Therapy Network, go to: intimacytherapy.net

COVID-19 and mental health

In a recent survey by Benenson Strategy Group, a split sample of 775 adults over 18 were asked questions specific to COVID-19 and mental health. From this data, several trends emerge that provide more support for the need to prioritize mental health—every lawmaker at every level should understand that by not prioritizing mental health, we may yet again be adding a problem on top of a problem.

—Benjamin F. Miller

Hundreds of studies over the past 50 years have documented a strong correlation between loneliness and bad health outcomes, including cardiovascular disease, Alzheimer's disease, depression, anxiety, and premature death.

1. Biomedical researchers have found that loneliness interferes with the body's inflammatory response.
2. Loneliness even prompts [brain cravings similar to hunger](#).
3. Perhaps the most poignant finding comes from [Holt-Lunstad's landmark 2010 meta-analysis](#): loneliness is associated with an increased risk of early death comparable to that of smoking 15 cigarettes per day.
4. It's not far-fetched to imagine that we may be headed toward this follow-on, more latent impact on **global** health issues PLUS the possibility of a complete overload of our **mental health system**, much like we have experienced with our hospital systems in several communities.

In this article, support initiatives are suggested for consideration, refinement, and expansion, with the hope that we might "understand the times and know what to do," provide courageous and faith-filled leadership, then DO IT! Our legacy of next generations may depend on it!





Social isolation and loneliness are linked to a variety of mental and physical health problems. From depression to heart disease, these health conditions often get worse when we are alone. Some have even claimed the impact of loneliness on our health is the same as smoking or obesity—in some cases **worse** when we consider all the social and economic factors.

—Benjamin F. Miller

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Possible *strategic initiatives* for the **faith community**:

1. The Barna/Gloo platform and its free digital tools can be engaged to provide a national mapping of available **counseling/care-giving resources** and services across the **faith community**, complementing **community-based** services and other private practice offerings.
 2. The creative solutions and expansive reach of the American Association of Christian Counselors (AACC) and similar **state/local** networks could be enlisted to build a national referral/support database of available **faith-based** support in local communities all across the country along with virtual and online support offerings.
 3. Denominations and **networks of churches** can be encouraged, equipped, and supported as they identify their available **caregivers** for ease of access within familiar **faith** “streams” and “tribes.”
 4. Local churches and pastors may access the Care4Pastors collaborative of national ministries engaged in both **pastoral care** and **equipping resources**. Pastors can learn how to best triage, support, and refer to provide mentoring and resources for additional care across a continuum of mental health services.
 5. **NextGen** and **children’s leaders** such as Student Leadership University, and One Hope can be positioned and equipped as the “front-line” champions for care-giving support and referral. The trust levels and relational connecting between **parents** and **NextGen faith leaders** with the children, youth, and young adults they serve may be engaged and strengthened specific equipping in topics such as building resiliency, emotional responding, along with practicing hope-filled thinking, and conversations.
- Engaging various “care-line networks” and organizations such as Focus on the Family, Suicide Prevention Lifeline (suicidepreventionlifeline.org), BillyGraham.org, Josh.org, and Family Life Today could constitute a core network of established and trusted leaders.

Lastly, for our nation’s leaders, the Surgeon General might possibly form a Mental Health Commission of leaders across the clinical, academic, and faith communities along with representatives from various national, state, and local mental health agencies. Similar mental health commissions at state and local levels could be engaged to assess the capacities of various delivery systems, ease of access, cost factors, monitoring of significant mental health events, and related issues.

