Introduction: Welcome to Engage 360, Denver Seminary's podcast. Join us as we explore the redemptive power of the Gospel and the life-changing truth of scripture at work in our culture today.

Dr. Don Payne: Hey, everybody, welcome again, to Engage 360 from Denver Seminary, glad you're with us. And we are here to have conversations about all kinds of issues that help us put legs on our mission, which is to engage the needs of the world with the redemptive power of the Gospel and the life changing truth of scripture. So among the settings where we see some of the most acute and disturbing struggles these days is our school system. I know lots of parents and others in student ministry who are often apparently in kind of panic mode, just scrambling for resources to help their kids who in many cases seem to hover on really precarious footing these days. And we've taken this very seriously at Denver Seminary. And as many of you probably know we have a robust counseling program that has several different facets to it. But today I'm joined by Dr. Adam Wilson, who is a return guest, I think maybe a three timer. Yeah. Welcome Adam.

Dr. Adam Wilson: Thank you. Welcome.

Dr. Don Payne: Adam is a professor in our counseling program and Liz Meier Thornton, who also works with us in our counseling program, does some adjunct teaching for us. And the two of them are involved in a recent grant project. You may have to correct me on the name of this, this school counseling, mental health initiative. Did I get that right?

Dr. Adam Wilson: It is correct. Yes. Counseling mental health initiative. We call it the SCMHI.

Dr. Don Payne: Okay. That will help me. Welcome.

Dr. Elizabeth Thornton: That Nickname there. Makes us distinct.

Dr. Don Payne: It's not at all schmaltzy or schmoozy, but the SCMHI. School counseling mental health initiative. So Adam and Liz are gonna interact with us about what this is and what generated it and what we have to learn from that. So, first of all, tell us a little bit about the initiative itself, the grant project, and that'll get us out of the gate.

Dr. Adam Wilson: Sure. First thing I would say is wonderfully actually, it's not a grant funded project. We actually are donation funded, which is actually, it might not seem like an important distinctive, but it is because what it enabled is we are a research initiative based out of the seminary here seeking to study student mental health. That's kind of our broad umbrella. But the perspective is student mental health within the school system. And in doing so we initially, when we were developing the master's program for our school counseling program used to be a certificate and the State of Colorado changed its requirements. And so we developed a master's program, and in doing so we here at the seminary got

really excited because this, this field is exploding. The field of school counseling and mental health within schools is exploding because as you said, the unfortunate needs have been exploding over the past decades. And so as we were seeking to develop this, there was a lot of excitement growing around, what else can we do? Because the seminary is working very hard to, like you said, engage the needs of the world.

Well, what does that mean practically? And so ways that we can not just be in some kind of ivory tower, but in fact, just boots on the ground, out there, making differences and engaging. In the relative kind of development of the seminary, the school counseling program was a new thing, a new an arm of that hope to get out into the community around us. And in some ways really unique to be able to dive into the kind of preschool through 12 kind of world. So in doing that, I was asked if I could come up with an idea of what could we do, what else could we do around school counseling that could make a difference that could be helpful. And so in developing this idea, well, I knew as a clinician having worked with kids, my whole career, that there is sometimes this gap between our knowledge based on what the problems were and what it is that worked, or what was effective, what was helping or what could help. And so that was the ideas is let's get into schools and let's just study what works, let's study, what kids are facing, what families are facing and what schools and professionals are doing to affect that.

Dr. Don Payne: When we got out of the gate on this conversation I made reference to the acute needs that seem to be there in our student population, our school system these days. And from what I can tell that really spreads across the spectrum of school settings, private, parochial, public. Let's dig into those needs. Put some legs on those needs that generate this kind of, that generate the need for this kind of initiative. What do you see happening in schools that might be different from what we might've seen a generation or so ago, for whatever reason?

Dr. Elizabeth Thornton: Sure. So as a current school counselor, I see a lot of this lived out in my students, but the research has reinforced what we've seen. And re-established some of those ideas. One of the big things with social media in the past 10 years is that a lot of students have had access to social media within their grade school years, middle school years, their formative development years. And rather than forming an identity or a persona of themselves like we did, however many years ago when we were kids, that identity is very externalized on Facebook or Instagram, and they're posting their identities for people to see. And it's created a disconnect in our students and also an impersonality in their relationships in authenticity. That's one of the big things that we've seen. We've seen other issues like lower distress tolerance.

Dr. Adam Wilson: Yeah, high levels of anxiety in general, if we look at, I mean, broader research, even apart from our own research, but if you look at the broader research, there's significantly higher levels of reported anxiety among not just kids. This is all of us, but kids in particular.

Dr. Don Payne: By kids, give us a general age range.

Dr. Adam Wilson: 18 down. Okay. Yeah. And so, there's research to show that this is a general trend among youth society in general is more anxious. And we want to be careful that we're not just saying more anxiety disorders necessarily, you know, pathology, but more anxiety symptoms, meaning that people are more stressed. Kids are more stressed, they're experiencing, and walking around with more pressure internally, and externally in some ways. And so one of the things we've looked at as the pressures there connect to like, Liz was saying this distress tolerance or discomfort tolerance is what we've called it in our research, a lower discomfort. And you think about this from an adult perspective, if you're standing in the grocery line and you've got maybe three minutes, five minutes to wait, what do you do? Most people pull out their phone, right. And when you look at it, just kind of anecdotally you say, what is it that that phone is doing in that moment? Well, it is managing an uncomfortable feeling, boredom, impatience, whatever it was they might be feeling we very quickly sooth.

We seek things to avoid that discomfort. And so what we've found is, and again, our research isn't looking quantitatively yet at the effect of social media, on fill in the blank it's instead, just what are the general experiences of students and around their mental health and educators around student mental health? What the trends that we see in the literature we read and in our own research is that generally speaking, the mental health of our society and our kids is more pressured. There is less tolerance for discomfort, but there's also more of a sense of requirements. So it could be around sports performance. It could be around academic performance. It could be around like the identity factors. Like Liz was saying this, I have to, like, people are literally watching me and I can count the number of people that like me on my social.

Dr. Don Payne: Yeah. And I'm really intrigued by that because when, when a sense of personal identity is externalized, that means that it's as insecure or as tenuous as the feedback that I'm getting from that externalized identity, is that a fair way to say it?

Dr. Elizabeth Thornton: That's right. And when we think about it, when we were kids, we had our classmates or our peers above us, or below us that were shaping some of our identity and our teachers, but now students have hundreds of thousands of other individuals, influencing them via social media, liking or disliking or commenting on their posts. And I have students that are involved in Tik-Toc or Facebook or Instagram, and there's more self-esteem issues that stem from that as well as mental health issues, bullying. And we see a lot of mental health issues on the rise, even in our recent data with suicide rates in Colorado. It's almost tripled in the past 10 years for students ages 14 to 19. And that's a pretty significant number to look at.

Dr. Adam Wilson: So, in a lot of ways, when we look at the overall trends, it's the scariest things or things like that, statistic things that are terrifying that like none of us want to see happen. Seeing youth killing themselves or, or more suicidal or, you know,

obviously the horrific things of school shootings, these extremely violent or extremely destructive issues. What we also see, or this is part of what our hope is in our research is to understand what are the things underlying those trends? We can say that kids and people in general are more anxious or there's more suicidality the question being, why, why is that? What is it that underlies that that would lead to a kiddo or more kiddos being less hopeful and more suicidal? So some of what we've been trying to do in our research through, with our partners, what our partners have been trying to do is to see it in some ways kind of reverse engineering that to say, well, what is working?

What do we see that helps kiddos? Or what do we see that is addressing the needs of these kids and families effectively? Some of that trying to figure out, like, where do we need to intervene? For example, like suicide risk assessments, like being able to catch kiddos who are struggling and then be able to intervene. Some of it, looking on the preventative side of things, like what do we need to be teaching our families and our kids and ourselves all the time, apart from crisis that helps to build us as humans to help build our wellness and our resiliency and our emotional regulation skills. And the things that will help us to maintain mental health as opposed to struggle towards mental illness. These are the kinds of things that we've been trying to, and our partners have been working on. Again, these are the boots on the ground, and we're trying to understand that.

Dr. Don Payne: Yeah. And I really want to get some insight from both of you on that, because I assume that a lot of people like myself can look at the look at the phenomena socially and be overwhelmed by the complexity of it. And all you have to do is listen to a few podcasts where, where these things get diagnosed and analyzed by people who are paid to study these kinds of things. And the complexity of it seems to increase such that for the average lay person or the person in student ministry who doesn't have a specialization in this, we wonder, well, what in the world can we do that's going to make any kind of substantial difference? And I expect a lot of listeners will be asking that kind of a question. So that's, that's what excites me about this initiative that you're leading is that you're really looking toward what makes a difference. Both well, preventatively as well as catching things just in time. Yeah. So what are you finding?

Dr. Elizabeth Thornton: We're finding a lot of fascinating information about what's building into that distress tolerance, whether it's parents rescuing children before they even have a chance to address a problem, or if we are looking at, in authentic relationships on social media, or if that child doesn't have an adult that cares for them, that they have a really good relationship with, those are all factors that are kind of building into that negative view of self or mental health. But there are also factors on the flip side of that, that we are finding, whether it's an authentic relationship with a teacher or healthy coaching that they receive from sports teams, things like that are all investing into the mental well-being of a student. And we're excited about that information and looking more into that with our partners.

Dr. Adam Wilson: One of the other things that we found, if you, if you look at it and you can see people very quickly these days, at least I do. And I think others do. We quickly want to blame something. So social media is a prime target for like, it's clearly social media that has led to all this. And I think it's hard to deny that social media has that potential has the characteristics of how it functions, make it kind of fertile ground for some of these issues to grow. So for example, the externalizing, my identity, it, I mean, it's unbelievably potent because if I put a picture of myself out there as a teenager, you know, I do some selfie and I put that out there. I will get feedback immediately. And the human brain just loves that kind of feedback. Sure. Yeah. It's just like gambling, right. And you get this like hit back, like, whoa, that was amazing. Or like, oh no, I've got to change something fast. I've got to get a better response.

But one of the things that is maybe a by-product of that among other things is this lack of functional communication has been one of those fascinating ones for me is so functional communication is a developmental skill. Like all humans develop it. And it's a kind of communication, a style of communication that achieves a goal. So if I say, Don, I need a raise. Right. I'm functionally communicating that I need more money from you, Don. So just as an example, hypothetically clearly, clearly just to have a friend who, but no, the idea here is I communicate something directly versus like, yeah, man, it's hard to make ends meet these days. Yeah. It's tough. I'm communicating something, but I'm not doing it functionally. I am not directing my words in a way that lets you know, what my need is. So I say, Don, I need a raise. You will say, no. You can say no or yes, but probably no. So that allows for an interaction where you can see my need and make a choice in how you can engage my needs.

And what we're seeing is that kids and this is reporting from the students themselves as well as parents and teachers, that kids are not very good at this. Now they're struggling more to communicate needs. So they might post something of like, I'd be better off dead. And what do you do with that? Right. Even if you're a friend of a, you know, another teenager, like what do you do with that? And it'll get an emotional response. No, we love you. Dah, dah, dah. And that seems like that would be good, but it doesn't actually help the need. What's the need. I feel lonely. I feel hopeless. I need a friend. I need someone to encourage me. If I say that I need to talk to somebody or I need a hug. Right. I am functional. They can do something with that. And so part of the problem is families have become more disjointed in a lot of ways, whether that's multiple working parents or divorce or just as good old Americans we're constantly overworking over busy. And so the ability to just sit and engage with each other in these communications where it's very direct, has decreased in our society.

Dr. Don Payne: What's made it decrease?

Dr. Adam Wilson: Well, part of it, I think is just the rate, the pace of our society's activity level. You look at for youth the idea of sports. You have three, four practices a week in games on a weekend, and then you have church maybe in a Christian context or a faith-based context, you have church. And then the kids themselves, aren't

going to want to just hang out with mom and dad and their free time then, you know, as an adolescent, especially. They're going to want to be out, hanging out with their friends, which is normal and healthy. And so the sheer just amount of time available to connect as a family has decreased. Right? And then when we are together as families, as modern creatures, what do we usually doing? Right? we, we've got our little glowing rectangles in front of us, right. Or we're watching a show or watching Netflix or something. So, that personal social skill development there's, that's a skill or those skills I should say, only develop when we are in situations where we use them. You cannot teach social skills without using social skills. If that makes sense.

Dr. Don Payne: It sounds like, you're talking about the art of conversation in an old-fashioned way, the art of conversation as a lost art societally because of all these converging factors that have sort of kind of refracted or spread out the settings in which humans naturally learn the art of conversation. So, we become very indirect in how we interact with each other, which means we don't get the kind of healthy interaction that we need as human beings is that?

Dr. Adam Wilson: And what's remarkable is we heard this most from the students. It wasn't even the adults.

Dr. Elizabeth Thornton: And I think it also goes to show that piece of the parenting that's going on right now, parents want their students or their children to have something better than they've had. And so they're constantly looking ahead to that next problem and removing the roadblock, removing the problem. Think of my niece. My sister's always trying to think ahead of her next need. So when she needs a bottle or when it's nap time, she's queued up so that if she gets uncomfortable or if she gets hungry, she actually doesn't feel that for very long because my sister's answering that for her right away. And a lot of parenting has come down to like, let me take that problem out of the way, while not allowing the student or the child to struggle and express, Hey mom, Hey dad, I need help on this math homework. They already are helping them, or they're already solving the problems with them, without helping them learn that communication skill that we need our students and our children to know about.

Dr. Don Payne: Now, that sounds like what you were mentioning earlier, Liz, about this lack of tolerance for distress now. And if I'm hearing you a lot of this may be rolling downhill from us as parents where we don't want our children to feel distress or have a problem that they have to resolve on their own. So we're going to resolve it for them.

Dr. Adam Wilson: It's very much the same thing, again, there's, there's an idea of distress tolerance out there and it's not exactly like pain tolerance, but you could think of it that way. Like maybe emotional pain tolerance, but discomfort, tolerances. That's the term we've been using within our research to explain what we've been hearing from our school partners is it has to do with negative emotions. Like if I feel negative emotions, I just, I can't handle feeling uncomfortable. And when you look at a parenting perspective and I see my kids struggling, like my

son is this, I don't know, Lego master. Like, he's amazing with Legos, and he's doing like a 16 plus Lego, like 16-year-old plus Lego and he's six and he's rocking it. He's doing great, but he'll get places where he gets kind of stuck, and I'll see the frustration building in him. And he just gets so mad that he can't figure it out. And I'm just waiting. I so bad want to go in and like, it goes there, buddy. Like I want to fix it. But being the dork that I am, I'm like waiting for him. Come on, buddy, ask, ask, ask. Right. And then he is dad, how do I do this? And it's like, okay, cool. Then I can step in because that's him functionally communicating the need. But you just see his frustration and his like, he's disappointed that he can't do it. Cause he's so proud of the fact that he's doing this big old hard Lego. And so I think as parents, whether it's when they're babies, we don't want them to be uncomfortable, whether it's as they get older, but then you look at us as adults. Like what is that? That's the exact same thing. Our kids can't tolerate being uncomfortable. Right. oh man. Do you remember dial up internet?

Dr. Don Payne: Yeah. You're asking the wrong, of course. I remember. I remember dial up phones.

Dr. Adam Wilson: Yeah. The satellite, the Zack Morris phones. So when you, when you look at that idea of how long you have to wait for your internet to start working, right. Well now if your website takes more than like three seconds to load, it's like, ah, what's going on with the connection? So, Wi-Fi is horrible, right? The impatience of this, this instant gratification, well, that's not just our kids. Right. And I think we have this perspective. All of these kids are so, you know, ungrateful they're so entitled, turn the mirror around, right. Where's that coming from? They're entitled because we've entitled them or the technology's entitled them or whatever it is. And this is, again, this is context specific.

Dr. Don Payne: We're all part of an ecology, a social ecology that has entitled them.

Dr. Adam Wilson: Absolutely. And again, we're talking a very Western context and specifically we're talking probably a upper-class middle-class context. This is different for different socioeconomic classes. What the experience of discomfort is and how much tolerance there is there. But it is key for us to understand that that much of the anxiety and the pressure that kids are feeling is coming from this difficulty. Like I shouldn't be unhappy. I shouldn't feel sad. I shouldn't feel anxious. I shouldn't feel down. I shouldn't feel lonely. I should never feel lonely. Right. And when we think our negative emotions are dangerous to us, when we feel them, we immediately think that something's wrong and it's just not true. It's just not true. But that's a hard lesson to let your kids struggle, let ourselves struggle.

Dr. Don Payne: Well, I'm glad you brought up the fact that this is perhaps more true of certain socioeconomic demographic strata, not necessarily true or as true or not necessarily true in the same ways once you get into other demographics. So I'm curious about that. What kinds of struggles are different when you get outside a more resourced, middle to upper middle class demographic?

Dr. Adam Wilson: Well, this kind of strikes us right where we are as an initiative. What we know currently would be more out of the literature because what we, the partners we've had have been in more of in a suburban context overall, from the beginning. What our next phase, what we're really hoping to do is start to push out into more rural and urban contexts to understand this. We know that it's not that there's a lack of pressure because of the differences. So for example, if we were to go up to say five points in Denver, there should be a much more urban context, lower SES, kind of a context. We would be delusional if we thought there aren't pressures there, in fact, profound pressures there, but in some ways those pressures might be different. It's more pressures around adequate resources, having enough educational resources, having enough daycare resources, having enough you know, financial resources or even sometimes food, unfortunately like having those, those resources so that the anxiety and the stress and the pressure, unfortunately, economically in recent decades, there's been a greater gap in resources where there's more on the upper end and even less on the lower end. And so what we have to look at there and what we would be interested to know is the student mental health within those contexts, how is it similar and how is it different from these more suburban contexts there's diversity of need within the suburban context? It's not that it's all uniformed there either. But that's a part of where we want to go next. That's what we're excited to kind of dive into next.

Dr. Don Payne: Good, good. So a couple of things want to hear from you about before we wrap this up one is to kind of put all of this somehow in the context of the Gospel. And that's not to spiritualize things, and pretend that if we just, you know, throw the gospel at something, we don't have to ask these other hard questions that that's not the point. I think we all would agree on that. But as we put this set of problems, the struggles, which we're learning, how we ought to think differently about it, how does the gospel help reshape our thinking about any of this?

Dr. Elizabeth Thornton: I would honestly say that mental health is a pervasive problem in both our faith-based partners and in our public-school partners. And so rethinking it as it's not a separate issue, it's a pervasive issue that needs to be addressed in all contexts is an important recognition as well as there's a layer of a different approach that we might have with a faith-based partner versus a public school partner. And one of the cool things that I've really seen SCMHI do is build relationships. It has been a lot of meetings and a lot of relational building into our partnerships with big school districts with small private schools. And sometimes those produce fruit, sometimes they don't, but those relationships have been really key in shifting kind of our focus, not only in our research, but also in investing in addressing student mental health in these schools.

Dr. Adam Wilson: I would put in there too from the Gospel perspective. If we think about the way we engage the world I historically, I think at least there's the reputation, if not the reality of Christians engaging the world with an agenda, a very specific agenda towards everything we do is kind of Trojan horsed. For if that's a term, I'm not sure that's the term, but it's Trojan horsed with, we're going to sneak

the gospel in to this context where they don't want the gospel. And I think there's something very inauthentic about that, that prevents true, genuine relationship and engagement. And one of the things that we've tried to do in our initiative is to engage very authentically saying, this is who we are. This is why we do what we do. Here's what we want to engage with you in a collaborative process. It's not about seeking to push a particular agenda. Our goal is to help the health of students and to engage in a collaborative process with these partners.

And I think in that, even if you look at how Christ met people's needs, he clearly was who he was, and didn't try to hide who he was and didn't alter who he was. And yet he engaged the needs of people in a very real, direct, physical, emotional manner. And that changed them or that created the opportunity for change for them. And I think in a lot of ways as in some ways as the church has become more and more irrelevant to the larger culture is they have viewed Christianity and as less and less relevant. And we statistically that would be the case. The question of how relevant are we, are we really, truly engaged in the needs of the world? Are we truly engaged in what is going on in people's lives or are we engaging just to promote a particular agenda? And I think that that authenticity is core to people engaging.

Dr. Don Payne: Yeah. And the Gospel is certainly propelling that or compelling that. Think in terms more specifically of, of church communities because even though your work is in formal educational settings, the ripple effects of this are pretty obvious. I think for those who are working in student ministry, working with students within faith-based or, and I'm thinking particularly Christian contexts, and they're wondering, what's my role. What do I bring to the table as a student pastor, perhaps or a parent who's a sponsor, and a volunteer within their churches, student ministry, and they're looking at all this, and they're looking at intolerance for distress, and they're looking at externalization of identity and these various symptoms that you've mentioned, and they're asking the questions, what do we do from a Gospel? What does the Gospel bring to the table that helps us help these students preventatively?

Dr. Elizabeth Thornton: I would say that the students themselves, and some of the staff advocated for authentic relationships. That was one of the key pieces of data that stood out to me in that they were craving the ability to be seen by someone and known. And the ability to feel safe with that person and have a solid relationship where they were cared about. And I think student pastors ministry leaders are doing that. They're, they're building those relationships, but it's not just like a text here and there. How are you doing? It's a, Hey, let's go hang out at the skate park or let's go talk about your breakup with your girlfriend or your boyfriend, and actually have a good conversation about relationships, person to person. And I think that's one of the things that the students were asking for.

Dr. Adam Wilson: And I think if you look at, I'm not trying to make a profound theological statement here necessarily or stance. But I think if you look at the core of the Gospel in its bedrock is empathy. Even from God towards us.

Dr. Don Payne: Through the incarnation. Ultimate empathy.

Dr. Adam Wilson: Yeah. Just a recognition, ultimate empathy. And so I think when you look at the basis, and this doesn't matter, if you look from a faith based theological, or just from the larger scientific data, one of the absolute most potent things that you can do to increase health, mental health and emotional health is empathy to experience it or to give it. And when we look at the basis of what makes counseling work, it doesn't necessarily matter the style or the approach. It is whether there is a authentic, empathetic relationship established. That's the basis. Now there's tools and there's resources and there's effective skills to be had thus counseling programs. But the reality is ultimately if you want to help, it begins with simple engagement, empathetic engagement. And in the phrase, I'll tell some of our counseling students is like, take your Cape off. You're not a superhero. You can't fix it. You can't, we can't change these trends through our, oh, I'm going to come up with the one idea that no one else has ever come up with. It is going to alter the course of mental health in our head. It's not going to happen. What happens is engaging in the empathetic relationship with that student or with that class or with that youth group or whatever it is when we engage authentically empathetically, you, again, you take off your hero Cape, and instead you just sit with that person.

You just settle in with them in their life. Now key is, and this is one of the things in the ministry context that we've seen in our research is just like in the mission's field, a lot of missionaries will burn themselves and their families out through this lack of boundaried caring. They will give, and they will give, and they will give, and they will give until they have nothing left to give. They're kind of a husk there and they fall apart. Their own mental health is depleted. And I'm always brought back to the verse. Jesus is talking about his disciples. He says they'll always have the poor, but they won't always have me. And the point being that there's no end to the need. And so there's a level where Jesus was drawing a boundary saying, yes, there's no end to the need. Yet, they're doing what matters most in this moment, which is they're engaging in rebuilding restorative relationship with their rabbi. Right. And I think that's key. We've noticed that in our ministry context that we've been working with is that having a theology of ministry alongside a theology of mental health, what does that even mean? Like to be healthy in your mind, in your emotions, in your body?

Dr. Don Payne: Well, if I'm hearing you, but both of you, this suggests that those who do not have professional level training and all of this still bring a lot more to the table than they might give themselves credit for, by being willing to enter those kinds of those authentic relationships, those empathetic relationships. And again, if I'm hearing you correctly by themselves having a higher tolerance for distress not feeling the need to jump in and fix somebody and make them feel better instantly that is sending the kinds of signals that I think you're saying need to be sent.

Dr. Adam Wilson: A good example would be a suicidality. If you want to know one of the number one ways to reduce suicidal risk is ask them, are you going to kill yourself? Or

are you thinking about killing yourself? Just asking that question alone will drop their risk level. Interesting, because it shows you care enough about them to ask a very uncomfortable question. They know you probably don't want to ask. And yet when you do ask them, it tells them a couple of things. One you saw me and you saw that I'm not okay. And even if they're not drastically suicidal, the fact that you cared enough to ask, and the fact that you saw them, shows them that you care, it's authentic, it's based in empathy. And they feel seen, they feel known on some level. And that just that simple question and people are scared to ask, they think, I'm going to put it in their head, no, you won't. You will do the opposite. You will reduce their risk, just simply by asking.

Dr. Don Payne: Well, yeah, there's something deeply incarnational about that. And we could spend more time talking about the Gospel character of all this, but we're hitting on some ways in which the gospel of what's embedded in the Gospel does resource our capacity to do these kinds of things, even to have a greater tolerance for distress or uncomfort with people. So we have to grow in those, the same traits that we want to see emerge in the students who are struggling for the lack of them.

Dr. Elizabeth Thornton: I was just going to encourage our partners in the community to also be okay with boundaries. We've seen a lot of engagement, fatigue from staff who have poured out to their students and continue to pour out. And they haven't necessarily invested in their own mental health or their own spiritual health. And it's okay to have a boundary and spend some time with God in order to refill yourself, to continue that authentic, engaged, and empathetic relationship with a student. But sometimes that says no in the moment, so that you can spend some alone time with God or spend some time with your family. So, I just want to reinforce that and reencourage that in the broader community, because it's important that you don't pour everything out, that you don't have enough to kind of keep going. It's a marathon. It's not a sprint. We're not burning out.

Dr. Don Payne: That's a good word. Yeah. Liz Meier Thornton, Adam Wilson. Thank you both for your insight for all the work you're doing with SCMHI school counseling, mental health initiative here at Denver Seminary. And friends, if you'd like to get more information on this broader subject and particularly on our school counseling program within our broader counseling division, check out our website, Denverseminary.edu, and you'll find lots of information there about our degree programs and other ways that we can be of service to you. We certainly want to do that. Thanks for spending some time with us on Engage 360. And thanks again to both of you for carving out some time from your schedules to interact with us and extend the reach of the school counseling, mental health initiative. We're excited about what you're doing and hope to hear more good results from it. Friends want to thank as always for everybody who makes this possible. We're grateful for them. And thanks again to you for spending some time with us. We hope you'll check back with us again soon for another good conversation. Take care.