

Alejandro Parada Taibo
Acuña de Figueroa 1771
Montevideo, Uruguay
+598 94 736724 | pigalle.aparada@gmail.com
Church Member ID: 014-0174-2635

To the First Presidency

The Church of Jesus Christ of Latter-day Saints
50 East North Temple Street
Salt Lake City, UT 84150-1200
United States

Date: october 27th, 2025

Dear Presidents,

My name is Alejandro Parada. I am a member of the Church in Montevideo, Uruguay, and work as a programmer analyst with a focus on ethical artificial intelligence research. With deep respect for your inspired ministry, I respectfully submit a proposal aimed at strengthening the inclusion of brothers and sisters who face mental health challenges and neurodivergent conditions within our congregations.

This proposal arises from years of study, personal experience, and a sincere desire that the Church be a refuge for all of God's children, as taught by the Savior. I do not seek to dictate policy, but humbly ask that clearer institutional guidance be considered—one that protects both individual dignity and community unity.

Attached is the full document titled **“Proposal for Institutional Inclusion Regarding Mental Health and Neurological Conditions”** for your prayerful consideration.

With gratitude and testimony of the Gospel of Jesus Christ,

Sincerely,

Alejandro Parada Taibo

PROPOSAL FOR INSTITUTIONAL INCLUSION REGARDING MENTAL HEALTH AND NEUROLOGICAL CONDITIONS

Submitted to: The First Presidency

From: Alejandro Parada, Programmer Analyst and AI Ethics Researcher

Date: october 27th, 2025

Executive Summary

This proposal addresses a growing need within The Church of Jesus Christ of Latter-day Saints: clear guidance to include and support members with mental health conditions and neurological differences who require nonconventional emotional regulation strategies. The current lack of institutional direction causes unnecessary suffering, family conflict, and potential loss of faithful members.

Scope of the Need

Recent studies indicate that:

- 1 in 5 adults experiences mental health conditions in a given year (NIMH, 2023)
- Autism spectrum disorder affects approximately 1 in 36 children (CDC, 2023)
- Tourette Syndrome affects about 1 in 160 children
- Two out of three adults report at least one significant adverse childhood experience

In an average stake of 3,000 members, hundreds may require specific accommodations. Globally, millions of faithful members are affected. This is not a “rare exception,” but a common reality requiring institutional readiness.

Identified Need

Members with conditions requiring uncommon self-regulation strategies—such as trauma responses, Tourette Syndrome, autism, or other neurodivergent traits—often face confusion, stigma, or even exclusion, despite their spiritual worthiness and desire to serve.

Proposed Solution

A clear institutional statement affirming that:

- Mental health and neurological needs do not affect priesthood worthiness
- Nonconventional regulation methods are medical or neurological needs, not moral issues
- Communities should provide accommodation and support—not correction or exclusion
- These principles fully align with *The Family: A Proclamation to the World*

Expected Benefits

- Reduced stigma and increased inclusion
- Clear guidance for local leaders
- Retention of faithful members who might otherwise feel marginalized
- A powerful testimony of Christlike love

Section I: Scientific and Doctrinal Foundation

Emotional regulation is an essential neurological process. Individuals with early trauma or neurological differences develop adaptive strategies that, while unconventional, are functionally necessary. For example:

- In Tourette Syndrome, tics regulate neurological tension; suppression leads to accumulated distress.
- In autism, self-regulatory behaviors (“stimming”) are scientifically validated sensory responses.
- In trauma, certain behaviors are automatic nervous system responses—not conscious choices.

These strategies differ from arbitrary preferences because they are consistent, resistant to willpower, non-harmful, and enable effective social functioning.

Section II: Doctrinal Harmony

Church doctrine fully supports this inclusion:

- **“The Lord looketh on the heart”** (1 Samuel 16:7): Spiritual worthiness does not depend on mental health status.
- **The Family Proclamation** states that *“disability, death, or other circumstances may require individual adaptation.”* Mental health and neurological needs clearly fall under “other circumstances.”
- **The Atonement of Christ** encompasses *“infirmities”* and *“sicknesses”* (Isaiah 53:4; Alma 7:11–12), including psychological suffering.
- **Priesthood worthiness** is based on moral rectitude, testimony, and willingness to serve—not on methods of self-regulation.

The Savior never demanded explanations before healing. On the contrary, He consistently reached out to those society marginalized.

Current Church leaders have reinforced this approach:

“Another truth evident here is the instruments the Creator of heaven and earth and all that in them are used to provide this miracle [giving sight to the blind]: spit and a handful of dirt! These very unlikely ingredients declare that God can bless us by whatever method He chooses... how easily it is for us to dismiss the source of our redemption because the ingredients and the instruments seem embarrassingly plain.”
— Elder Jeffrey R. Holland, General Conference, October 2025, *“And Now I See”*

“The Savior excludes no one. He reaches out to all, especially those who feel marginalized.”
— Elder Dale G. Renlund, April 2021, *“The Healing Power of the Savior”*

“If your journey involves mental or emotional conditions, know this: there is no shame in seeking help.”
— Elder Jeffrey R. Holland, October 2013, *“Like a Broken Vessel”*

“Stop judging. Stop criticizing. Stop condemning. Start ministering!”
— Elder Dieter F. Uchtdorf, October 2019

“We never know what someone is facing. That’s why we must be compassionate.”
— Sister Reyna I. Aburto, April 2019

The fact that “other circumstances may require individual adaptation” (*The Family: A Proclamation to the World*)—and that, though we do not understand everything, refusing to accept it with humility and heartfelt empathy denies that “...the tender mercies of the Lord are over all...” His children (1 Nephi 8:20). Let us remember the Savior’s teaching: “Blessed are the merciful, for they shall obtain mercy” (Matthew 5:7).

Section III: Proposed Institutional Statement

To priesthood leaders and auxiliary organizations worldwide:

As followers of Jesus Christ, we minister to all of our Heavenly Father’s children without exception. This includes members facing mental health challenges and neurological differences that require uncommon forms of emotional regulation.

Access to Priesthood and Ordinances

Mental health conditions and neurological differences—including those requiring nonconventional self-regulation methods—**do not affect a worthy member’s access to the priesthood, ordinances, or service opportunities.**

This includes individuals who require:

- Therapeutic or medical devices
- Sensory accommodations
- Personal care items for emotional regulation
- Management of involuntary movements or behaviors
- Other medically indicated adaptations

When these needs are professionally supervised or inherent to a neurological condition, they must be respected in all Church settings.

Elder Jeffrey R. Holland:

“Another truth evident here is the instruments the Creator of heaven and earth and all that in them are used to provide this miracle [giving sight to the blind]: spit and a handful of dirt! These very unlikely ingredients declare that God can bless us by whatever method He chooses... how easily it is for us to dismiss the source of our redemption because the ingredients and the instruments seem embarrassingly plain.”
— General Conference, October 2025, “*And Now I See*”

Principles of Understanding

- **Do not judge:** Remember that “the Lord looketh on the heart.”
- **Do not exclude:** No behavior related to mental health should lead to exclusion.
- **Do not misinterpret:** Approach the unfamiliar with humility, not assumptions.
- **Do not coerce:** No one should use emotional pressure or spiritual manipulation to demand the abandonment of a legitimate emotional regulation resource. It is also inappropriate to use children as shields to force such abandonment.

- It **does not come from above to force someone** to choose between a legitimate emotional regulation resource and their family—much less to prefer family separation by assuming it is a mere whim over having a compassionate heart. Gospel principles operate 'by persuasion, by long-suffering, by gentleness' (D&C 121:41).
- The fact that “other circumstances may require individual adaptation” (*The Family: A Proclamation to the World*)—and that, though we do not understand everything, refusing to accept it with humility and heartfelt empathy denies that “...the tender mercies of the Lord are over all...” His children (1 Nephi 8:20). Let us remember the Savior’s teaching: “**Blessed are the merciful, for they shall obtain mercy**” (Matthew 5:7).

Guidance for Leaders

Local leaders should:

- Welcome all members with love
- Recognize that these circumstances require individual adaptation
- Consult professionals when appropriate
- Make necessary physical and procedural accommodations
- Educate congregations about inclusion
- Facilitate family and community support

Full information available at: <https://inner-clarity.github.io/InnerSight/>

Help for individuals and Church leader at: <https://inner-clarity.github.io/ClearPath/>

Message of Hope

The Atonement of Christ encompasses all human suffering. Every person is precious to God. Every healing path pursued in faith is sacred.

We invite all families, wards, and stakes to become refuges of understanding. In doing so, we demonstrate Christlike love.

“Receive ye one another, as Christ also hath received us, to the glory of God.” (Romans 15:7)

Sincerely,
The First Presidency.

Suggested Gradual Implementation

For effective and sustainable adoption, we propose:

Phase 1 (0–6 months):

- First Presidency statement reaffirming love and adaptation
- Training for General and Area Authorities

Phase 2 (6–12 months):

- Online training for bishops and stake leaders
- Updates to official handbooks
- Publication of resources on ChurchofJesusChrist.org

Phase 3 (1–2 years):

- Integration into new leader training
- Evaluation via surveys and pilot stakes

Phase 4 (Ongoing):

- Periodic updates based on science and revelation
- Sharing success stories (with consent)

Conclusion

This proposal seeks clear institutional guidance that protects both individual dignity and community unity. The scientific evidence is robust, the doctrinal foundation is solid, and the need is genuine.

I respectfully ask the First Presidency to consider this proposal and provide inspired direction on how to support members with mental health and neurological needs.

I know the Lord loves each of His children, regardless of how their struggles manifest. May His Church be a refuge where all feel seen, valued, and loved.

Selected References

- Van der Kolk, B.A. (2014). *The Body Keeps the Score*
- CDC (2023). Autism data
- NIMH (2023). Mental health statistics
- General Conference addresses (2013–2025)
- *The Family: A Proclamation to the World*

Contact: Alejandro Parada, Montevideo, Uruguay

Full document available at: <https://inner-clarity.github.io/InnerSight/>

Help for individuals and Church leader at: <https://inner-clarity.github.io/ClearPath/>

Rte: Alejandro Parada Taibo

Acuña de Figueroa 1771

Montevideo, Uruguay

+598 94 736724 | pigalle.aparada@gmail.com

Church Member ID: 014-0174-2635

The First Presidency

The Church of Jesus Christ of Latter-day Saints

50 East North Temple Street

Salt Lake City, UT 84150-1200

United States