

HOW COULD CHURCHES HELP REDUCE MENTAL HEALTH SUFFERING?

Executive Summary:

What is the '80/20' thing to do here?

Simply for church leaders to accept mental illness, and to encourage mentally unwell people to recognise, and to seek to improve, their mental health.

WHAT COULD CHURCHES POSSIBLY DO?

Clearly most church teams face low resources and a wide range of thoroughly good things they could do (the challenge is working out which to do). However some of the below are very low resource and could have a major impact in reducing suffering.

LOW RESOURCE – HIGH IMPACT

1. Give open and accepting messages from leadership and peers on mental ill-health.

Church leaders mentioning mental illness in open, positive, accepting and supporting ways¹ will (a) reduce stigma, which causes great distress in itself, and (b) 'validate' and 'normalise' people's own experiences, which can be very important in enabling them to move forward.

This could include recovered people talking in services about their experience, and teaching on the humanity of people God has used (e.g. Elijah), with linkage to current personal experiences.

Personal narratives of 'normal' (e.g. paying taxes, having jobs, being married, parenting) people who are successfully managing and/or have overcome a mental illness are particularly powerful in reducing stigma.

2. Encourage mentally unwell people to recognise, and seek to improve, their wellbeing.

80% of people with common mental disorders (e.g. depression, anxieties and substance abuse) and up to 50% of those with serious mental disorders (e.g. schizophrenia, bipolar) do not receive any treatment.² Stigma may prevent people seeking help, or they may not be aware or accepting of their condition.

Church pastoral and counselling teams, and peers, may be well positioned to spot and explore whether someone may be experiencing mental ill-health, and if so to encourage them to seek self-help or external help.³

Basic education on mental health may be appropriate for church leadership, pastoral and counselling teams.⁴

¹ Possible messages; the 3 core messages of Shekhar Saxena, who leads mental health for the WHO,

² www.oecd-ilibrary.org/social-issues-migration-health/mental-health-and-work_9789264124523-en

³ There may be a danger of encouraging imaginary problems, but this can be limited by maintaining a cultural balance between sympathetic counselling and positive 'let's fix this' attitudes.

A particular point here is the value of early intervention. If a person (child or adult) is encouraged to seek help after their first mental illness episode (particularly psychosis), this can strongly improve their long-term outlook.

3. Help prevent future mental health suffering by teaching and modelling good self-management and parenting skills.

Self-management⁵ and parenting attitudes⁶ are 'modelled' by church leadership in everyday life.

Particular learning points here are

- setting only reasonable expectations (some Christians set very high demands and expectations for themselves and/or their children), and
- the value of early intervention (see later).

Poor parenting is a major risk factor for future mental illness (e.g.

http://en.wikipedia.org/wiki/Mental_Illness_-_Prevention).

Some large churches offer parenting skills classes, and for many the community of young families offer an informal sharing of skills and knowledge.

⁴ e.g. spotting early signs, enquiring on genetic likelihood, separating stressful life from mental illness. This article helps on this;

http://www.mindandsoul.info/Articles/304271/Mind_and_Soul/Resources/Blogs/Wills_Blog/Responding_to_Emotional.aspx

⁵ Possible messages: Have non-excessive self-expectations, think about your physiology: beware drugs (caffeine, alcohol, etc) especially if you find you're sensitive to them, sleep hygiene, exercise will probably help).

⁶ Possible messages: Love (and hug) your children. Treat your children equally (no non-favourites). Do not load high expectations on them. No emotional, physical or sexual abuse. Beware cannabis or other drug (alcohol, caffeine (i.e. coke, coffee etc)) use.

LOW RESOURCE – POSSIBLY GOOD IMPACT

4. Enable people to easily find existing church mental health support, by making resources clear, coherent and visible on church websites and information.

Some churches provide support and groups for mental illness, but on an informal basis. In lists of church activities or on websites these may not be mentioned, or only in an unstructured way. Thus many people may not be aware of them. Mentally-ill people may find it difficult to ask about services personally, and may be operating below their best in internet searching capability. Thus making information easy available could be very helpful. (Have you looked for “mental illness” or “anxiety” on your church website?)

5. Enable access to someone competent to assess whether the sufferer should seek external help.

Gold Hill Baptist (Chalfont St Peter) have a professional therapist in the ‘first contact and assessment’ role in their counselling team, who would be able if appropriate to guide people to external mental health services. Some church may have counsellors or psychiatrists available to advise on particular cases.

(In my view we may need to enable sufferers to be passed from spiritual counsellors to medical ones and/or vice versa as appropriate on their journey. E.g. someone may approach a church counselling team because they feel ‘a long way from God’, but may transpire to have false thinking issues (e.g. ‘life always goes badly for me’) that could be helped by e.g. CBT.)

6. Make Samaritans visible

Have a Samaritans poster on prominent display, (and maybe have a member of the congregation who speaks for Samaritans in services); so any who are suicidal are able and ‘validated’ to call Samaritans. This may sound extreme; I know two adult, well-established Christians who have suicided in the last few months.

HIGH RESOURCE – POSSIBLY HIGH IMPACT

7. Provide places of support and peer contact, both

- **for mentally-ill people and**
- **for their families**

Such groups can be very successful, providing a supportive environment where people can receive compassion, and feel unique and valued in an environment of freedom, mercy and patience, with an expectation that God loves to heal and restore, working with whatever works, on an holistic basis.

8. Encourage mentally-ill people to reach out to other sufferers.

Mentally ill people benefit from having purpose and roles. Some mentally ill people would find attending a support group very difficult. It might be a win-win for some mentally-ill people to reach out (visit, bring to support group) to other sufferers, perhaps in a structured way within the support group.

9. Help mentally unwell people find and stay in 'work' roles if possible – including in church.

Work (paid or unpaid) is very helpful for mental health recovery, offering social contact, social role, self-respect and regular activity.

'Work' may include volunteering roles in church – including helping run activities for the mentally ill.

Church members may be able to act as mentors/coaches/friends to help suffering people to continue in their work.

10. Ask mentally-ill people and their families what they would like/need.

Potentially very valuable, not least because mentally-ill people gain significantly from being treated as valuable, capable and with something to contribute. (Note: some mentally-ill people may not be able to be very clear on what they need.)

11. Care for the mental wellbeing of the church leaders (and missionaries and missionary children).

Key factors may be not expecting leaders to be supermen/superwomen, and protecting them from endless non-critical parishioner concerns. Interhealth run a 'Christian ministry medical' that leaders can take every few years.

12. Have the church experience be positive, hopeful and uplifting!

These factors support mental wellbeing.

BACKGROUND:

High prevalence

Research shows that mental ill-health prevalence is high, with 1 in 4 people experiencing this in every year (see appendix).

Reducing stigma leading to rising demand from congregations?

In our view stigma may have reached a stage where people are still unwilling to be totally 'public' about their poor mental wellbeing, but do feel able to raise it with a particular person e.g. partner, house group leader, pastor.

Sadly stigma remains a major issue in general, and in my view affects many vicars. The best hope on this front seems to be to use personal narratives; if vicars can get involved with individual sufferers, they will soon realise these poor people are, indeed, human just like the rest...

What are churches doing?

Most churches hope to provide counselling, prayer and support in some form to people in difficulty. Counselling is typically aimed at general life difficulties (e.g. unemployment, relationship issues, faith issues). In cases of mental ill-health limits of competence are recognised (although the church team may work with mental health professionals such as community based mental health nurses.)⁷

Some larger churches offer support groups for various conditions.

Saddleback, USA (Rick Warren):

- *Counseling Ministry is designed to assist individuals by providing biblical counsel in the following areas: marital and family relationships, communication and intimacy, parenting, grief and loss, anger and bitterness, inner personal struggles, and spiritual discouragement.*
- *Celebrate Recovery ministry - freedom from addictive, compulsive and dysfunctional behaviors. Friday night large and small group meetings.*
<http://saddleback.com/lakeforest/carehelp/celebraterecovery/>
- *Group meetings;*
 - *Family & Friends of those with Mental Illness*
<http://www.saddleback.com/lakeforest/carehelp/supportgroups/medical/familyofmentallyill/>
 - *Asperger's Syndrome - Parent support group,*
 - *Bipolar - education for sufferers and others,*
 - *Depression - sufferers and family members -*
 - *Sex addiction group (70 attendees, weekly)*
- *Parenting workshops.*
<http://saddleback.com/lakeforest/carehelp/supportgroups/training/>

⁷ The Gold Hill Baptist (Chalfont St Peter) counselling team seeks to "support the work of church leaders, doctors and other caring professionals."
http://www.goldhill.org/Articles/258663/Gold_Hill_Baptist/Church_Life/Pastoral_Care/Counselling_Service.aspx

There may also be other ministries with a mental health component, e.g. prison visiting, social work and 'life challenges' help. For instance St Luke's, Norwich in 2012 held 'Problems with sex, money and power' meetings attended by c.35 people.

Note: Some church groups propose particular therapies (e.g. Adventist: http://www.adventistinfo.org.uk/departments/healthministries/mentalwellness/Complete_Mental_Wellness_Handbook.pdf)

In our view this is probably not helpful as it is good for sufferers to be able to access a wide range of potential therapies to see what works for their situation, and/or to receive advice from professionals.

Are churches just being reactive?

The vast majority of existing church activity appears to be reactive. However
(a) there may be people in the congregation who are suffering but not telling anyone, and
(b) there may be people nearby too ill to face coming to church, or even to leave their home.

Church leaders worried about doing more? - a 'deluge', and/or a brand impact?

Some church leaders seem to sense a high volume of hidden mental ill-health, but to be wary of offering more support very openly because;

- they could be 'buried' by demand. In our view a key point is that churches could help significantly by setting attitudes and enabling referral; the church does not necessarily need to allocate great resources to this.
- there could be a significant and adverse impact on the church image if mental health work became significant (perhaps some large % of churchgoers for some fellowships see their church as part of their 'perfect life'?).

APPENDICES

Comments on counselling / mental ill-health therapy / spiritual warfare

Most mental health therapists working under a 'Christian' banner seem to essentially offer professional (non-Christian) therapy of some form (e.g. CBT), whilst finding that the shared values and worldview of Christians can benefit the client-therapist relationship, particularly in deep depression (e.g. <http://mindandsoul.info/Publisher/File.aspx?ID=54202>).

Christian resources include <http://www.mindandsoul.info> and <http://www.interhealth.org.uk/index.html>.

A note on wording

Many feel 'mentally-ill' is now a dated and possibly threatening term, and that 'mental wellbeing' is an easier term to 'sell'. I understand this, but have a concern that 'mental wellbeing' tends to lead people to focus on lifting the 'many' from 5 to 6/10, whereas Christian compassion leads us to want to ensure focus on those 'few' suffering at 0/10.

Is mental ill-health prevalence relatively higher or lower in churches than in the general population?

(No data available.) Arguments for higher are (i) some mental ill-health sufferers may come to church for support rather than religious purposes, and (ii) some Christians may cause mental ill-health by burdening themselves with very high self-expectations. However having religious beliefs and being part of a church are generally seen as helpful for mental ill-health.

Some potential teaching Bible passages

- Matt 25v36. "*I was in prison and you came to visit me.*"
- Daniel 4v25-37. Nebuchadnezzar's sanity is lost and returns; an example of recovery? (and of mental ill-health having a purpose sometimes??). The healing of realising correct perspective; that God is in control.
- 1 Kings 19.4: Elijah asks to die.
- Gen 25.28 (Jacob), Gen 37.3 (Joseph); Biblical examples of favourite children – impossible to stop? but always causes trouble?
- Isaiah 33:24. "*No one living in Zion will say, 'I am ill'*"; Rev 21v4 "*there will no longer be any mourning, or crying, or pain*" - there will be no mental illness in heaven.

Some mentally-ill Christian comments

CHURCH NOT SUPPORTIVE

1. Gordon :

http://www.mindandsoul.info/Articles/263033/Mind_and_Soul/Resources/Testimonies/Christians_with_depression.aspx

(also at <http://www.ecalpepos.org/2011/02/christian-churches-depression-and.html>)

As a very keen Christian, attending an independent evangelical church, I felt very guilty about being depressed as it appeared to me as a great spiritual failure. The reason I thought like this about my brain chemistry when I wouldn't have about an injured leg is probably down to the bible itself where people with symptoms of mental health problems are quite literally demonised, but I digress. As a Christian I thought that the church might be part of my recovery so I went to see my minister, told him that I was being treated for depression and that I really needing to feel involved with other people as part of my recovery. I had become quite distant from things and a bit unwilling to mix with people so I hoped he might be able to help me get more involved again. Instead of this, he told me that I must have no contact with anyone else in the church in case they caught the depression from me. I was permitted to come into the church service and sit at the back, but that was as far as it was to go. I was not to mix with anyone else socially until I was well again.

As it turned out, this sort of attitude is not unique amongst ministers, and undoubtedly this type of treatment has led to me being iller for longer during my lifetime.

After moving house and changing church to a Baptist church the new minister's preaching was very much of the "you must try harder" variety which made me feel really guilty as I was already running at full capacity just trying to function as a human being. He only had one sermon regardless of the text which was "look at what God has done for you, so how much are you going to do in return". For a long time I thought I might have misinterpreted what he was saying due to the poor reasoning caused by my depression, but I met someone recently who had attended the same church shortly after I stopped going. He mentioned the same thing with no prompting from me so it seems that my understanding of what the minister was saying was correct.

Sad to say, if I had stayed away from that church I would have got better quicker.

After withdrawing from church my condition did improve a lot and I made a good recovery followed by a few years of very good health when I was not attending any church. Then another bout of depression set in with quite serious self harm. By this stage I had started going back to church and had chosen the nearest church to my house. This was a pentecostal church. Goodness knows why I was going there. I suppose I went because they were very welcoming, but they had a very clear expectation that the normal Christian life was one of very fast transformation within six months or so of attending. Anything else was a sign of something being wrong with your spiritual life or the result of hidden sin. It was a guaranteed recipe for disaster with regards to my mental health. I didn't spot the signs of depression this time till it was too far advanced, having spent time in prayer rather than seeing a doctor, but finally I forced myself to go to the doctor (and felt a failure in doing so). He was able to get me very good help, including psychological treatment and this has

given me the tools to move forward and prevent future recurrences of my condition. I know that I have already prevented one major recurrence since then and my life is much more stable.

If I had not attended that church would I have had a recurrence of depression? Probably, but I doubt it would have been as severe as I definitely would have sought professional help sooner.

2. Ann

(a comment

on http://www.mindandsoul.info/Articles/263033/Mind_and_Soul/Resources/Testimonies/Christians_with_depression.aspx)

I too have struggled to find a Church that understands MH issues. I'm in the position where I've been with the same church for most of my life, but when sought their help, they said my anxiety/depression was down to a lack of Faith on my part.

CHURCH SUPPORTIVE

1. Anon.

http://www.mindandsoul.info/Articles/325149/Mind_and_Soul/Resources/Testimonies/Faith_and_Recovery.aspx

I am extremely thankful for the wisdom and experience of friends in my church who handled my issue sensitively and cared for me throughout. Many came alongside me, and I know God used all sorts of interventions to help me get better. Those who hovered my house, chatted over tea, hugged me, invited me around for dinner, bought me lunch, looked after my children, texted me bible verses and laid hands on me. God used all of these things in my recovery. I am thankful my experience wasn't overly spiritualised, but that people didn't shy away from the spiritual. The whole person approach is essential, mind, body, soul, at the appropriate times. This is a good balance and we need much wisdom to know which things to concentrate on first, when helping people with mental health issues.

<http://www.internetmonk.com/archive/the-christian-and-mental-illness-iv-is-there-mental-illness-in-the-bible> (Note I have not read or have a view on the theology in the initial blog article here)

<http://www.ecalpepos.org/2011/02/christian-churches-depression-and.html>

Mental ill-health – a draft simplistic categorisation

	% of prevalence ⁸		Can carry on appearances and functioning of normal life	May be in distress and suffering	Suicide risk	Likely to be in contact with health services	Possible church role, if enough resources
Common	75%	Anxiety	Y mostly	Y	N, with some exceptions	Mixed – N for many	Counselling, peer support, potential referral to health services
		Depression	Y mostly	Y	N, with some exceptions	Mixed – N for many	Counselling, peer support, potential referral to health services
		Addiction	Mixed	Y	Mixed	Mixed	Recovery group, potential referral to health services
Serious	25%	Psychosis	N	Y	Y - High	Y	Refer to health services, provide support
		Bipolar	N	Y	Y	Y	Refer to health services, provide support

Note (disclaimer): This is not professional or accredited; please check with experts before using.

⁸ http://www.oecd-ilibrary.org/social-issues-migration-health/mental-health-and-work_9789264124523-en

Some basics on mental ill-health prevalence:

General: 1 in 4 people will experience a mental health problem in any given year.

The breakdown below gives an overview of what treatment those who experience mental health problems are likely to seek and get:

- around 300 people out of 1,000 will experience mental health problems every year in Britain
- 230 of these will visit a GP
- 102 of these will be diagnosed as having a mental health problem
- 24 of these will be referred to a specialist psychiatric service
- 6 will become inpatients in psychiatric hospitals.

Source:

http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

Lifetime mental disorder prevalence has been shown to reach levels up to 50%. 3/4 mentally-ill people suffer common mental disorders (depression, anxiety and substance-abuse are by far the most frequent), 1/4 serious mental disorders (psychosis, bipolar etc).

Source: http://www.oecd-ilibrary.org/social-issues-migration-health/mental-health-and-work_9789264124523-en

GP's: Over one third of GP's time is spent dealing with mental health problems (Source: Together, National GP Survey of Mental Health in Primary Care, London, 1999)

Suicide: "Studies from both developing and developed countries reveal an overall **prevalence of mental disorders of 80-100% in cases of completed suicide.**" (Source: WHO http://www.who.int/mental_health/media/en/56.pdf).

APPENDIX

Useful resources and related views:

http://www.chester.anglican.org/dev/docs/social/110505_1in4_mhfparishresource.pdf

<http://www.mindandsoul.info/>

<http://www.mentalhealthmatters-cofe.org/>