

Mental Health

May 2011



Mental Health

What makes a church a good one to belong to if you are struggling with your mental health? Is it the fact they have a Counsellor on staff or have an annual Depression Awareness Day? Or is it that they are aware enough to care, small enough to notice and moving slowly enough to actually deliver? How can we assist those who wish to take that first perilous step of crossing the threshold one Sunday morning to see if the Peace really is shared!¹

This report grew out of issues raised at the General Assembly in May 2009, and will touch on a number of topics - in particular, questions around how congregations can be more welcoming to those who struggle with mental health problems. In addition, the views and assistance of young people have specifically been sought.

In exploring issues around developing 'mental health friendly churches', we have been working with 'Mind and Soul' [www.mindandsoul.info], a national organisation looking at Christianity and Mental Health. One of their Directors is Dr Rob Waller, Consultant Psychiatrist in St Johns Hospital, Livingston, who has been very helpful. Along with his colleagues, Dr Waller has been helping to develop strategies to help churches become more mental health friendly. A draft statement, described as being 'aspirational' is commended to the General Assembly:

Churches are friendly to issues of mental health and disability as measured by the extent to which:

- *People with difficulties feel they 'belong' whether or not they are able to take part in or attend meetings (although it is of course a good sign if they do feel able to attend and be part of meetings).*
- *A contact / team is available to consult with who 'champion' issues around disability and health and are able to signpost local services.*
- *Information is available in alternative formats appropriate for different needs [e.g. large print, audio, electronic].*
- *Physical adjustments are willingly made to help those with different needs and the style of individual services is relatively predictable.*
- *Church activities welcome, accept and are positive environments that are flexible to people's needs.*
- *People give their time sacrificially to listen and respond to pastoral issues, ideally described by a Pastoral Care Policy/Strategy.*
- *The culture/ethos of the church is one of an on-going journey of valuing all, addressing their needs and enabling them to use their gifts and contribute.²*

One of the problems in seeking to address this topic is the very diversity of what would be covered by the term 'mental health issues'. The term, 'mental health problem', covers a wide range of problems which affect a person's ability to get on with their daily life. Mental health problems can affect anyone, of any age and background, and have an impact on the people around them such as their family,

¹ Mental Health and the Friendly Church. Waller, R, Seedall, S and T Wood. Accord (Magazine of the Association of Christian Counsellors) January 2011

² www.mindandsoul.info

friends and carers. They take many different forms and affect people in different ways. There is no single cause of mental health problems and the reasons they develop are complex.³

Some forms of mental illness present as an exaggeration of the normal emotions and moods which we all experience. However, it is when this interferes with a person's ability to cope with every-day life that they may be experiencing a mental health problem or illness. Some people experience debilitating anxiety and panic attacks, while others may have disorders of mood, either serious depression or inappropriate elation and euphoria that is often accompanied by frenzied hyperactivity. There is no universally agreed demarcation between normal behaviour and behaviour associated with mental illness.

Schizophrenia and personality disorders are also types of mental health problem. Diseases such as dementia generally develop in old age, whereas eating disorders are more common in young people. Mental health problems can develop as a result of difficult life events, such as moving house, losing a job or the death of someone close. Drinking too much alcohol over a long period of time and using illegal drugs can contribute to mental health problems, particularly in people who are already vulnerable.⁴

It is generally accepted that, on average, 1 in 4 people experience some kind of mental health problem. Of these, however, only a relatively small number experience a serious and enduring mental health problem. The label 'mental health illness' is highly stigmatising, encouraging people to think of 'the mentally ill' as different.² There can therefore be few congregations which do not include parishioners and members who daily face issues such as depression, addictions, and dementia, as well as many less debilitating situations. Many of these issues are of such complexity and depth that to address them specifically would be beyond the scope of this report. Nor should we imagine that people of faith are somehow immune from these issues: however, the church should be a place where care, support and understanding are always at the forefront of our thoughts. After all, Jesus reminded his disciples that the characteristic by which they will be recognised is their love for one another.⁵

In addition to the fact that many mental health problems can be hidden from view is the fact that they carry a degree of social stigma. Many who have not experienced depression, for example, may believe that 'we've all felt down at some stage' and that the affected person need only 'pull themselves together and stop feeling sorry for themselves'. There is also a lot of 'spiritual stigma' attached to mental health: churches in general are not seen as being good at addressing mental health issues. There is a perception of Christianity among some which perpetuates a pressure to appear 'fine': a sense that if you reveal your mental health issue, your faith is judged, because as Christians we should be relying on God.

³ Mental Health Foundation. <http://www.mentalhealth.org.uk/information/mental-health-overview/mental-health-problems/> accessed 18/01/2011.

⁴ National Health Service <http://www.nhs.uk/Conditions/Mental-health/Pages/Introduction.aspx> accessed 18/01/2011

⁵ John 13: 35

Among the issues which must be addressed are those of practicalities, pastoral care and prognosis. While many problems which affect our physical health can be successfully treated by medical or surgical means, many mental health problems are not amenable to 'permanent fixes'. Thus the burden which must be carried by those affected by these issues (and those who care for them) is not only heavy, but can be life-long. How do we support people through dark times when we can't offer prospect of effective change?

Pastoral ministry is filled with challenges, but preparation for pastoral crises can be enhanced by having good policies and pastoral care teams. There are many resources available - see, for example, Dr Marion Carson's book on the pastoral care of people with mental health problems⁶, and the talk by Rev. Will Van Der Hart on pastoral care.⁷ This practical talk emphasises the role of prayer, personal preparedness, good local knowledge and strong policies in difficult times. In addition, the presence of the church, a recognition of our role as a community of carers and people simply 'being there' in times of need can be very important. Many organisations also provide training and assistance in dealing with difficult pastoral situations. Some of these are listed in the report on Suicide among Young Men, which has been produced by the Church and Society Council for the 2011 General Assembly⁸, for example:

- See Me.... (www.seemescotland.org), a national organisation working to challenge the stigma of mental ill- health
- Breathing Space (www.breathingspacescotland.co.uk), a free and confidential helpline targeted at people experiencing low mood, depression or extreme worry
- Samaritans (www.samaritans.org), a confidential emotional support service available 24 hours a day for people who are experiencing feelings of distress or despair

In the view of many, unless it takes place at 11 o'clock on a Sunday morning in a building with pews and a minister holding forth from a pulpit, it's 'not really church'. While this may represent a slight stereotype, much of what goes on in a 'normal' church service can present huge practical problems for those who struggle to cope with mental health problems- for example, being able to sit for 10- 15 minutes, or to participate effectively in congregational responses. Low self esteem and lack of confidence might also be barriers to a person fully engaging in worship and fellowship.

Many congregations are already responding innovatively to such needs: for example, a church in Larbert regularly welcomes 30- 40 people to their half-hour service on a Thursday morning. For a variety of reasons, including mental health issues, many of these worshipers feel unable to attend a full Sunday morning service. Other specialised resources, such as the 'Being with God' series of Bible and prayer guides for people with dementia and those struggling with memory loss, are also

⁶ Carson, M.L.S. (2008): The Pastoral Care of People with Mental Health Problems. SPCK Publishing

⁷ <http://www.mindandsoul.info/Group/Group.aspx?ID=132243>

⁸ A summary is reported below, and the full paper on Suicide Among Young Men is available at www.churchofscotland.org.uk/about_us/general_assembly

becoming available.⁹ Other websites and resources, such as training in mental health first aid are also available.¹⁰

Many agencies of the Church of Scotland, such as CrossReach, are directly involved in working with issues around mental health. For example, the achievement by Allarton in Partick (Glasgow) in helping people of different ages and severities of mental health problem cope on their own in the community deserves recognition. In addition, for a number of years, issues around mental health have been raised in the Church of Scotland National Youth Assembly (NYA). For example, one of deliverances arising out of the debate at NYA 2008 proposed that the NYA:

*'Urges the Church of Scotland to ensure that everyone, and in particular key figures in congregations, are aware of the issues surrounding and resources available to people with mental health difficulties, and encourage these to be used.'*¹¹

As part of the process of preparing this report, in collaboration with the NYA 2010, a small survey into mental well-being of young people was undertaken. This was done using the validated WEMWBS scale, a 14-point self-administered questionnaire. Developed by the Universities of Warwick and Edinburgh on behalf of NHS Scotland, the Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Government's National Programme for Improving Mental Health and Wellbeing.

Conclusions

Many issues around ensuring churches are welcoming to those with different needs will not be resolved quickly or easily. Indeed, while congregations may have been working for many years on the sort of things that make it easy for a physically disabled person to come to church, just because a church has a ramp, lift, hearing aid loop or accessible website doesn't mean that if a physically disabled person turns up they will receive a loving welcome. Issues around making churches accessible for those with mental health problems are often more complex, and progress has often lagged behind provision for those with a physical disability.

Mental health impacts on all aspects of life, including our social status, our employment status, our relationships with those round about us and on our status within the church. One of the best ways of dealing with mental health issues is through healthy relationships: our churches should surely be a place where everybody can be sure of having someone to listen, somebody who cares.

As Paul reminds us in his letter to the church in Galatia:

*"Carry each other's burdens, and in this way you will fulfil the law of Christ."*¹²

⁹ See <http://www.scriptureunion.org.uk/Shop/BeingWithGod/114458.id>

¹⁰ <http://www.smhfa.com/>

¹¹ NYA 2008, Debate 1, Del 2. Deliverances 1,3,4 and 5 are also particularly relevant to mental health issues

¹² Galatians 6: 2

Accepted Deliverances:

- Commend the guidelines on Mental Health to congregations and presbyteries.
- Affirm the work of those congregations already responding to the needs of those affected by mental health issues and encourage all congregations to consider how they could also provide such a positive response.
- Instruct the Church and Society Council to encourage Presbyteries to utilise training in Mental Health First Aid.

Church and Society Council
Church of Scotland
121 George Street, Edinburgh, EH2 4YN
Phone: 0131 225 5722
churchandsociety@cofscotland.org.uk
www.churchofscotland.org.uk
Charity Number: SC011353