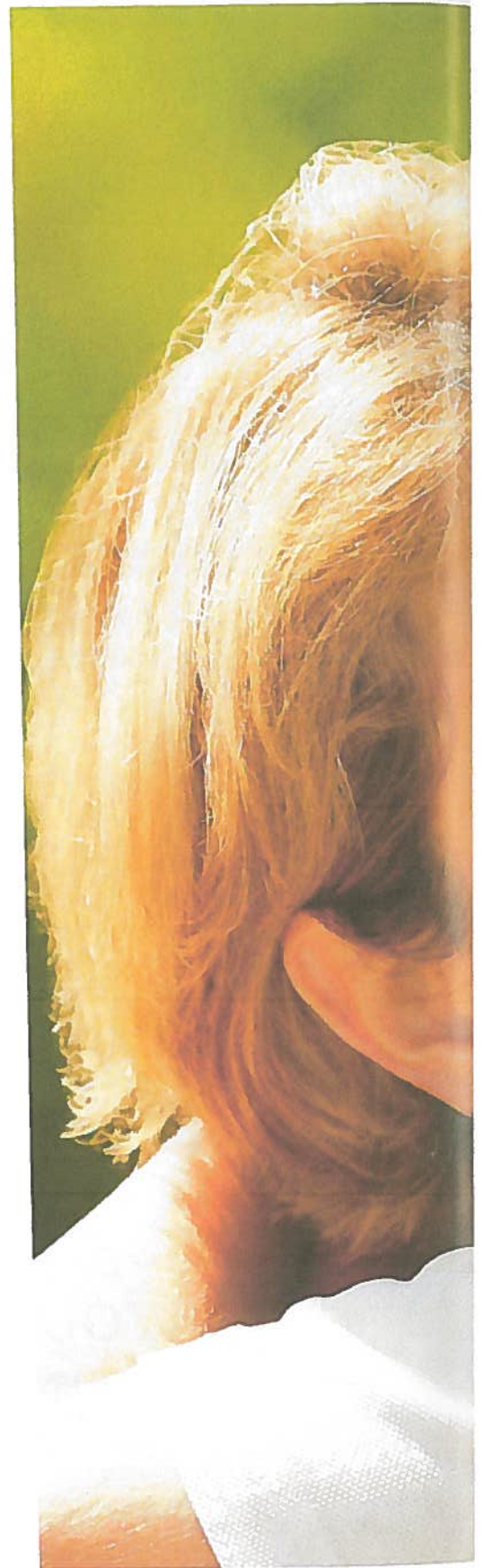


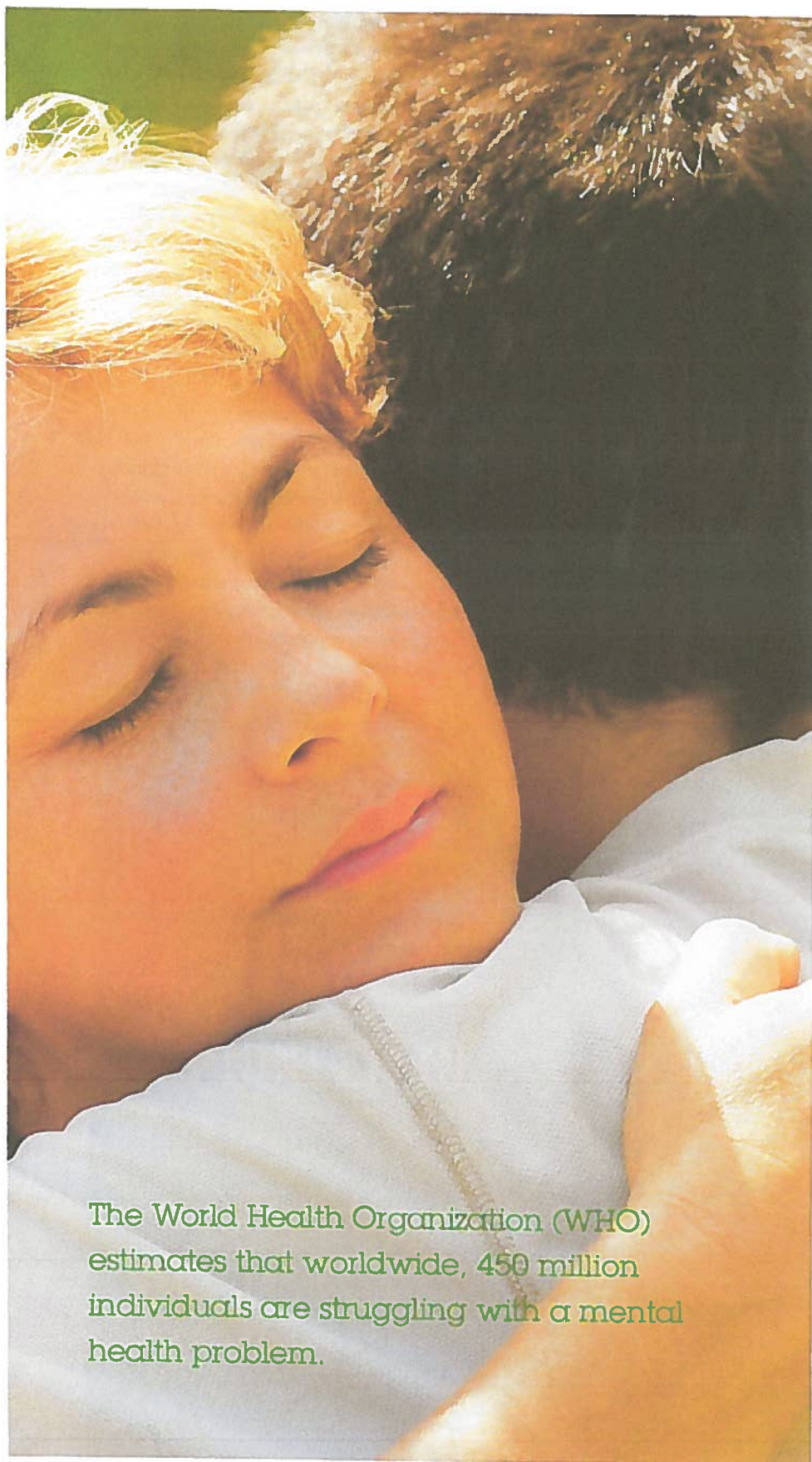
# Rethinking Mental Healthcare

## HOW THE CHURCH CAN TRANSFORM A BROKEN SYSTEM

Since its very beginning, the Church has been involved in social justice movements to serve and comfort the "least of these." It has always stepped up to be the hands and feet of Jesus here on earth, whether the problem was orphans, widows, slavery, poverty or disease. Many of these causes were popularized within the Church through broad movements. Often these movements began out of necessity because a particular need was so great. Hundreds of millions of people have been served through these church movements and, even more importantly, hundreds of millions around the world have heard the Gospel. Presently, active social justice movements within the Church include HIV/AIDS, homelessness, human trafficking, access to clean water, and hunger. All of these are important and significant issues, but I have often wondered why there has never been a movement focusing on mental illness.

MATTHEW S. STANFORD





The World Health Organization (WHO) estimates that worldwide, 450 million individuals are struggling with a mental health problem.

The statistics are truly overwhelming. The World Health Organization (WHO) estimates that worldwide, 450 million individuals are struggling with a mental health problem. In the United States, nearly one out of every five adults (18.6%) struggles with a mental disorder in a given year.<sup>1</sup> The annual prevalence of mental illness in adolescents 13-18 years old is even greater, at 21.4%.<sup>2</sup> More disturbing is the fact that 60% of adults and 50% of children/adolescents diagnosed with a mental disorder receive no treatment at all.<sup>3</sup> This last statistic is perhaps the most significant evidence of our broken mental healthcare system.

For those wrestling with a mental health disorder, even in one of the world's richest and most developed countries, obtaining proper care can be hindered by a wide range of barriers that are difficult and, oftentimes, impossible to overcome. Too few mental healthcare professionals, a shortage of psychiatric facilities, no transportation, limited financial resources, a lack of knowledge and education, stigma and shame, and misguided cultural beliefs all serve as significant barriers to individuals trying to access critical services. This inability to obtain proper care frequently leaves the afflicted and their families confused, frustrated, and hopeless.

The problems associated with accessing mental healthcare is one of the reasons individuals in psychological distress are more likely to seek out a member of the clergy *before any other professional group*. Clergy members are more readily available and do not charge for their services. Psychologists have long viewed clergy as "mental health gatekeepers," meaning... pastors serve as our first responders and the front door to the mental healthcare system.

Viewed through the eyes of faith, it is obvious that this is not an accident, but a heavenly orchestrated, divine opportunity for the Church. Unfortunately, few pastors have the necessary training and expertise to

In the United States, nearly **ONE OUT OF EVERY FIVE ADULTS (18.6%)** struggles with a mental disorder in a given year. The annual prevalence of mental illness in adolescents 13-18 years old is even greater, at 21.4%.



recognize a mental health problem in a congregant, and even fewer have relationships with mental healthcare providers within their communities to which they are willing to make a referral.<sup>4</sup> Thus, when presented with a mentally ill congregant, pastors provide temporary comfort and spiritual guidance, but fail to recognize the more significant and complex underlying mental health issues. As a result, treatment is often delayed, perpetuating suffering and shame both for the individual and his or her family.

Because of the power of Christ within His people, our churches can be sanctuaries for the suffering. 1 Peter 3:8 says, *"Finally, all of you, be like-minded, be sympathetic, love one another, be compassionate and humble."* God is sending those broken by mental illness to us so they might receive hope and healing. Mental health is the great mission field of the 21st century, and it is time the Church recognized its God-given role. The involvement of the Church in mental health is the missing piece necessary to transform our broken system, making it accessible and even more effective.

Faith communities offer the mental healthcare system four elements it presently lacks: 1) a hope that transcends circumstances; 2) a holistic perspective; 3) accessibility; and 4) the support of a caring community. Hope is the fuel that drives the engine of mental health recovery. As long as one has hope, there is motivation and opportunity for change. Hopeless people too often just give up. Historically, severe mental illness has been conceptualized as a chronic medical condition in which stability is the best possible outcome for treatment. The hope offered by the mental healthcare system is symptom reduction and illness management. The Church, however, understands that hope is more than a feeling; hope is a person, Jesus Christ. Hope in Christ transcends circumstances and sustains us when the world around us sees the situation as hopeless.

Second, the person struggling with a mental health problem needs a holistic approach to "treatment" that takes into account all aspects of his or her being: physical, mental, emotional, spiritual and relational. Treatments and interventions that focus solely on a single aspect of a person's being can bring limited relief at best. A holistic mental health approach, however, is comprehensive, addressing the whole individual: physical needs (e.g., sleeping well, medication, relaxation, nutrition, and exercise), mental needs (e.g., healthy thinking, coping with

problems/stress, mindfulness, cycles and triggers, and mental activities), emotional needs (e.g., love, encouragement, joy, and peace), spiritual needs (e.g., hope, knowing your identity, finding purpose, spiritual growth, and living in community), and relational needs (e.g., family and friends, resolving conflict, overcoming stigma, opportunities to serve, and forgiveness). The Church's holistic view of man offers those struggling with a mental health problem a more complete framework for recovery and transformation.

Third, accessibility is, perhaps, the biggest problem with our present mental healthcare system... but imagine what could happen if churches were equipped to effectively serve in the gatekeeper role that the system expects of them. This would mean individuals in psychological distress who seek out assistance from the Church would be quickly identified and appropriately referred for professional care. In rethinking mental healthcare, what if churches were equipped not only to be

effective gatekeepers, but also places where peer-led mental health services were available onsite? These services would not replace professional mental healthcare but, instead, serve as an adjunct to those resources. Basic helping, such as crisis intervention, psychoeducation, mental health coaching and support groups, are ideal for implementation in a church setting. Services such as these, led by non-professionals, have been shown to be effective in managing symptoms and maintaining stability, as well as the added benefits of minimal cost and maximum accessibility.

Finally, a supportive community is a necessary factor in successful mental health recovery. Churches can offer individuals and their families an accepting and supportive environment where they can pursue healing and wholeness. The call of the Church is to "bear one another's burdens" and "love one another." This makes available to the afflicted and their families a community of care and respite from the struggles associated with



More disturbing is the fact that 60% of adults and 50% of children/adolescents diagnosed with a mental disorder receive no treatment at all.



## A PIONEER IN INTEGRATION

STOP BY OUR AACC BOOTH  
and visit us online at  
[fuller.edu](http://fuller.edu) and [marriagestrong.net](http://marriagestrong.net)

 **FULLER**  
THEOLOGICAL SEMINARY

*For 50 years Fuller's School of Psychology has planted the cross in the heart of psychology with such faculty as Arch Hart, Terry Hargrave, and Shang Yang Tan. Our MSMP programs today in Pasadena, California and Phoenix, Arizona will equip you through*

**INTEGRATION** Cultivate biblically based clinical virtues as a Christian professional

**CLINICAL TRAINING** Get hands-on training with our experienced faculty

**FORMATION** Learn practical strategies through programs like MarriageStrong

mental health problems. Every church is different; each has a specific set of needs and available resources. For the Church to transform the mental healthcare system, it is not necessary for every congregation to be involved at the same level, but only for each congregation to become involved. The first step toward developing an environment within our congregations that promotes hope and healing in those living with mental illness is to break the silence. Here are some simple steps for a congregation to begin:

- As a faith community, pray in a general way each week for anyone who is struggling with a mental or emotional disorder.
- Invite congregants living with mental illness or caring for a mentally ill loved one to write down their particular spiritual and emotional needs. Read these during the weekly prayers (ensuring any needed confidentiality).
- Prepare sermons that acknowledge the realities experienced by those with mental illness.
- Invite a member of the church who has struggled with mental illness to share his or her story with the congregation.
- Place brochures and other sources of information regarding mental illness and available resources in the back of the church or in the pews.
- Invite a mental health professional to speak or offer a seminar to teach that mental illnesses are brain-based disorders.

A number of organizations (e.g., National Alliance for the Mentally Ill and the American Association of Christian Counselors) offer mental health training that clergy and their ministry staff can easily access. If a congregation is interested in going further, a greater level of commitment might include:

**Support Groups.** Allow organizations that offer mental health support groups (e.g., National Alliance for the Mentally Ill, Depression/Bipolar Support Alliance, and Alcoholics/Narcotics Anonymous) to use the church's facility to hold regular weekly meetings. If the faith community is interested in being more directly involved in the delivery of support groups, partner with faith-based organizations such as Mental Health Grace Alliance ([mentalhealthgracealliance.org](http://mentalhealthgracealliance.org)), Celebrate Recovery ([celebraterecovery.com](http://celebraterecovery.com)), or the American Association of Christian Counselors ([aacc.net](http://aacc.net)) to have congregants trained to lead groups.

**Mental Health Coaches.** Faith communities may have a group of congregants trained as mental health coaches. Mental health coaches help individuals find ways to obtain and maintain stability, access resources and services, manage difficult symptoms, rebuild relationships, and find purpose for living. Mental health coaches also help those with whom they work connect with local, professional mental health resources. These individuals would serve in a voluntary capacity, much like

a pastoral care team, available to receive referrals for mental health issues from the pastoral staff.

The ultimate goal is to implement a system of holistic recovery and supportive services in churches using non-professionals working in collaboration with professional mental healthcare providers.

The fact that individuals living with mental illness are seeking assistance and counsel from the Church should prompt us to rise up and be the hands and feet of Christ to suffering people. A biblical response to mental illness relieves physical and psychological suffering while revealing the unconditional love and limitless grace that is available through a personal relationship with Christ. This is done through the application of both biblical truth and mental health resources. God is leading His hurting children to us. It is time the Church stops abdicating its role in mental health and starts leading. ✦



**MATTHEW S. STANFORD, PH.D.**, is CEO of *The Hope and Healing Center & Institute (HHCI)* in Houston, Texas, and adjunct professor in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine and the Department of Psychology at the University of Houston. His research on the interplay between psychology and issues of faith has been featured by the *New York Times*, *USA Today*, *Fox*, *MSNBC*, *Yahoo*, and *U.S. News & World Report*. Dr. Stanford is a fellow of the Association for Psychological Science. As director of HHCI, he writes, conducts training seminars, and serves individuals living with mental illness and their families. He is the author of two books, *Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness* and *The Biology of Sin: Grace, Hope and Healing for Those Who Feel Trapped*.

### Endnotes

- 1 Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved July 13, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>.
- 2 Any Disorder Among Children. (n.d.) Retrieved July 13, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>.
- 3 Use of Mental Health Services and Treatment among Children. (n.d.). Retrieved July 13, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/use-of-mental-health-services-and-treatment-among-children.shtml>; Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: Substance Abuse and Mental Health Services Administration. (2013). Retrieved July 13, 2015, from [http://www.samhsa.gov/data/sites/default/files/2k12MH\\_Findings](http://www.samhsa.gov/data/sites/default/files/2k12MH_Findings).
- 4 Stanford, M.S., & Philpott, D. (2011). Baptist senior pastors' knowledge and perceptions of mental illness. *Mental Health, Religion and Culture*, 14, 281-290.