


Guidelines for talking about



Mental Health & Christian Faith

David J Channon



 www.djchannon.me.uk

 david@djchannon.me.uk

 February 2024

The World Health Organization (WHO) offers significant reliable information.

<https://www.who.int/health-topics/mental-health>

Mental Health in the words of the WHO

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

Key facts

- Affordable, effective and feasible strategies exist to promote, protect and restore mental health.
- The need for action on mental health is indisputable and urgent.
- Mental health has intrinsic and instrumental value and is integral to our well-being.
- Mental health is determined by a complex interplay of individual, social and structural stresses and vulnerabilities.

World Health Organization (2022, June 17) Mental Health Fact Sheet.

Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

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Further reading:

Numerous reflections for personal resilience.
Themes: *Suicide, Disability, Mental Health, Mindfulness, Healing and Church.*

<https://dichannon.me.uk/themes/>

Introduction

I was reticent to write this guidance. Everyone is different. I write from my own experience, understanding and awareness. I know enough to know that I don't know enough.

Valuable guidance is available.

Mind: www.mind.org.uk

St John Ambulance: www.sja.org.uk

Mental Health First Aid England: mhfaengland.org

These are just a few. I've engaged with training from all the above three.

Mental Health & Christian Faith

Personal experience together with significant online and face-to-face feedback, highlights that faith issues and awareness of sin can add to mental health difficulties. This has also been noted by highly regarded secular organisations.

I must acknowledge that Christian involvement has been a huge benefit, blessing and source of support. But, I too have been hurt by well-meaning Christians who may not be aware of the damage they are doing. Some things said have caused concern, confusion and hurt.

This guidance may help Christians to reflect on their support for others in church and beyond. It has not been written for those with current difficulties.

Three areas of consideration:

1. Autopilot communication.
2. Questioning the questions.
3. Shotgun theology.

I offer intent and impact statements to provoke thinking.

- Positive intent? (Supporter)
- Potential impact. (Supported)
- Informed approaches.

Compassion:

Empathy builds relationship. It's the ability to relate to another person's thinking and feelings from their point of view. When we see human need and empathise powerfully; we are driven to offer physical, emotional, spiritual, selfless support. (Matthew 9:36)

Sympathy is our own perspective on how others feel. People can end up in a group and be treated by the label of that group. Empathy may be lost. Pity. Relieved, we are different.

"Finally, all of you, be like-minded, be sympathetic, love one another, be compassionate and humble." 1 Peter 3:8 (NIV)

Autopilot communication.

There seems to be a pre-defined list of church comments for those with mental health challenges. When you have heard them more than once, they don't feel sincere. Misplaced they cause significant harm. Don't directly or indirectly judge! (Romans 14:1-12)

Positive Intent? (Supporter)	Interpreted Responses (Supported)
You just need more faith. God can heal you.	<i>The problem is me. I am not a real Christian. God only heals the deserving. I'll stop taking medication to show faith.</i>
Maybe God is teaching you something.	<i>I hope someone tells me what I'm supposed to be learning and what to do about it.</i>
Perhaps God needed you to make some changes.	<i>I'm not good enough to be a Christian. I don't know what I should change.</i>
In heaven you get a new body.	<i>I am better off dead. The future looks good, the present is a waste of time. I don't fit in anymore. I don't want to attend church if I can't contribute with my health.</i>
You need to pray more about it. God answers prayer.	<i>They think I have not tried to pray about it. I did. It didn't work. God does not listen to me. I have tried again and again. I'm not good enough. Not had an answer. God can't love me.</i>
You'll get better soon and able to join in again.	<i>I'm not a full church member right now. My doctor told me I can't grow a new leg or manage anxiety, stress and fatigue... in the same way as before. I don't know what 'better' means. The medics tell me I'll never get back to how I was. Medics are making more sense to me than church currently.</i>
God is there with you.	<i>I don't know his presence around me. I'm not the person you think I am. You must be a better Christian than me.</i>
Perhaps you are being punished...	<i>I need to work out what to say sorry for. Could be lots of different things. I'll make a list and feel even more hopeless.</i>
What you say is confidential. What you say stays with me in church. (Confidentiality clarification on next page.)	<i>Oh, so you aren't going to talk to someone who may be able to help me. I can say anything at all. I'll tell you about my plans. People may get hurt and I am not sure they are legal. But you won't tell.</i>
We have a group for people like you. You get coffee and sometimes there's cake.	<i>Great. It is exceptionally helpful to meet with people who 'get it.' I'm still the same me. I'd still like to come to normal events as I used to, but I may need some reasonable adjustment. Can you accommodate me?</i>

Informed approaches: Autopilot communication.

In conversation use ears more than mouth. Listen to understand and not just reply.

Show that their pain is real and worthy of your attention. Jesus focused on those in need, from his first sermon. (Luke 4:16-21)

Provide information and facts. Avoid advice and opinion. It's about them, not you. Similar symptoms result from multiple causes. There is power behind things you can't see.

Giving time to one person is not strategically sensible. It's an act of pure love. Worth it when you are the one who is lost. Offer your time. (Luke 15:1-31)

Don't reveal any judgements. Leave that to God. Primary disability is the actual restricting impairment. Physical or mental. Subsequent disability is the restrictions added by the attitude, approach, and expectations of others. Focus on what a person can do and not what they can't.

Even the most faithful Christians are not exempt from pain and suffering. Poor mental health does not make people less valuable to God. The reverse can be true. God does not answer prayers in the way we might hope or expect. (2 Corinthians 12:8-10)

Ensure support helps the individual. Avoid revealing thinking derived from your belief that it wouldn't happen to you. Your belief that you can manage life and faith better.

People often don't remember what you say or do. Just how you made them feel. Over 70% of communication is non-verbal. Engage with God. Pray before you say.

Signpost support. Have contact numbers for the professional mental health support available locally.

Offer to pray **for** them and find out what they would like you to ask for. Things that would help at this time. Offer to pray **with** them.

Empathetic starting points for discussion might be:

- ***I'm really pleased** you've chosen to be here this morning.*
- ***It is so good** to see you and have a chance to talk.*
- ***It sounds like** you've been having a tough time of it.*
- ***I was sorry to hear** that you have not been feeling well.*

Confidentiality.

Don't put yourself in an ethical or legal dilemma. Be honest. Tell people that you will need to talk to others about anything that causes harm or is not legal. Say that you will seek professional help if needed. Keep yourself safe when seeking a quiet place for discussion.

Warning: This page is about Suicide. Go to the next page to avoid.

Suicide. Death by self-inflicted, intentional action.

Keeping self-safe is an absolute priority. Assess risk before offering support. Emotion is more powerful than reason at crisis point.

It is a common misconception that talking about suicide makes it more likely. Talking to those in need does provide an opportunity to signpost support and get professional help. Seek help urgently if people start to share their suicidal strategy.

Discussion needs to be well timed. Friends and family are enormously affected by the suicide, and attempted suicide, of those known to them. The topic should not come without warning. It should be possible to avoid hearing about it.

Suicide is often considered selfish. The suicidal may genuinely believe that their friends and family are better off without them. I did after traumatic brain injury, despite evidence to the contrary. I am now not in that place. I'm now more able to reason. I didn't feel able to ask church for help at that time. Hospital staff and family were aware.

The word 'commit' reveals judgment and adds to the baggage. Leave the word out during discussion.

Questioning the questions

Questions are often asked on the move, at a bustling busy doorway or in front of a group. In these contexts, you often get very brief answers.

I sometimes gave a score out of ten, so it looked like we'd both done our bit.

I've heard questions asked to all, from the platform at the front of the congregation. Sadly, the speaker may have wanted applause.

Empathy is required when questioning.

Positive Intent? (Supporter)	Interpreted Responses (Supported)
Are you OK? How are you feeling?	<p><i>If you don't want to know, stick with, Hello. It would be great to have a chat somewhere quiet with someone I trust. Not here, not now and not in public. Do you really want to know or just look like you care?</i></p> <p>OR</p> <p><i>I just got here, and I have already had to explain myself and revisit my health challenges repeatedly. No more self-talk, please. Can I get back to chatting about normal things? I'd like to escape my problems for a while.</i></p>
Do you still pray?	<p><i>A closed question so you get me to say what you really want to say. I'm supposed to say yes, so I will. Job done. Got nowhere.</i></p>
What is God teaching you?	<p><i>OK I get it. You know I must have done something wrong. I deserve my punishment and should deal with it. I should just snap myself out of it. I've caused my own problems. You'd give yourself a shake and snap yourself out of mental health illness.</i></p>

Informed approaches: Questioning the questions.

Choose the time and place of questioning empathetically. Value all responses, even those you don't understand. Expressing mental health challenges is not easy, written or aurally.

Pause for answers. Let the person being supported set the pace.

Feelings are infinitely variable and complex (analogue) and can't be effectively described by Yes/No, OK/Not OK (digital) responses.

Don't ask closed questions. These questions are sometimes used to make the hearer think like the speaker, highlight their own faults, and say what the speaker had really wanted to say.

Open questions for example:

What's that like for you? I would love to hear more about that.

(Questions without adding an answer... eg; Does that make you.. sad, angry, frustrated...?)

Is there anybody in church you would like to talk to? Who?

(Similar experiences/challenges, theological applications...)

What would help at this time?

("Reasonable adjustments" such as access to toilet, warning of strobe lighting & noise, unnecessary simultaneous stimuli from multiple people, space on end of row to help you get out if needed, transport and virtual attendance possibilities...)

Is there anything you'd like us to pray for that would help right now? Can we pray with you?

Can we get anything for you?

(Food, Medication, Christian resources, Contacts for professional help...)

Shotgun Theology.

The term 'shotgun theology' came to mind after having small shots of scripture fired at me. Often the same ones. Jeremiah 29:11 is a firm favourite. Take the **text** out of **context** and you are left with a **con**. With care, understanding, and empathy, single bible verses can help.

Nonsensical unhelpful shots of scripture, from the trenches, are illustrated below. Those with mental health challenges don't need another battle to add to their burden.

People in scripture struggled with many things, including their relationship with God. That makes scripture real and relevant. Being a Christian does not make life perfect in worldly ways we might seek.

Positive Intent? (Speaker)	Interpreted Responses (Hearer)
Just ask God. He'll give you what you want. (Matthew 7:7)	<i>Does God answer all prayers for healing as hoped and expected? He hasn't answered mine. He didn't answer apostle Paul as he'd first hoped. We may need to wait (Romans 8:25). He may have a better response I don't yet know I'll need. (2 Cor 12:8-10)</i>
God only hears the prayers of good people. (Proverbs 15:29 John 9:31 Isaiah 1:15)	<i>Good /Bad: The wicked may prosper too. (Psalm 73:3-4) The spirit helps us in our weakness and intercedes for us. (Romans 8:26) God knows what we want before we even ask. He can hear everything. (Psalm 139:4)</i>
You don't receive because you ask wrongly. (James 4:3)	<i>Can't the spirit help us to know what to say when we need help. (Luke 12:11-12) It's foolish to accept good from God, and not trouble. (Job 2:10)</i>
God has plans to prosper and not to harm. (Jeremiah 29:11)	<i>God's work is not easy. There is no promise of an easy life and prosperity. Jeremiah got frustrated with God. (Jeremiah 7:16)</i>
The problem is sin, that is why you don't prosper. (Proverbs 28:13)	<i>Despite good behaviour, Jeremiah knew pain and wounds grievous and incurable. Full of indignation. (Jeremiah 15:16-18) Sin may not be the problem with health. (John 9:2-3)</i>

Informed approaches: Shotgun theology.

Little pellets of scripture can be packed together and fired from a cartridge for substantial impact.

Out of context verses can be used together to make a powerful point the person wanted to make. Consciously or subconsciously. Conclusions may not align with the big picture of God's love for all in scripture.

Look closely at the detail. But also zoom out to see more and get a better perspective.



My checksum for theological thinking.

Does my conclusion help me love God with all my heart, soul, strength, and mind?

Does it help me love my neighbour as myself?

If not, I have got it wrong.

Jesus called these the greatest commandments deliberately!

(Leviticus 19:18 Deuteronomy 6:5 Matthew 22: 34-40 Mark 12:28-34 Luke 10:25-28)

This is essential for mental health support. Those being supported may no longer love self.

