

Catholic Bishops' Conference of England and Wales



Christian Churches and their contributions to good mental health: A discussion paper

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1. Background

The Catholic Mental Health Project and the Catholic Bishops' Conference of England and Wales will be convening an inter-denominational Round Table at national level on October 8th 2018 to share current work and perspectives, and identify areas for collaboration. This background paper is written to inform that discussion. It is not intended to be exhaustive but to stimulate discussion.

The Bishops agreed in 2017 to be signatories to the national Prevention Concordat for Mental Health, and through their lead Bishop for Mental Health, Rt Revd Richard Moth, felt it would be important to work with other Churches to join efforts on approaches to mental health.

2. The nature of Mental Health

After a history of much misunderstanding and stigmatisation of mental ill-health, there is an understandable move to destigmatise people who experience mental ill-health whether transient or long term. But this itself has resulted in some confusion. Mental health is too often conceptualised as either entirely organic (eg genetic, biological or brain chemistry factors contributing to aetiology) or entirely social (the result of stressors such as work stress, poverty or discrimination). This is an oversimplification. Social determinants and stressors and organic causes can work together in different ways to bring about or sustain mental health challenges.

Mental ill-health (sometimes called mental disorder) is very common, Prevalence is about 23% of the UK population who will experience a diagnosable condition at some point and lifetime risk is estimated at about 44% by age 40 and up to 70% over a lifetime. Research suggests 50% of all mental health across the lifecourse is determined by the age of 15. But diagnosis itself is reliant on consensus of clinicians

which is partly biological and partly social. For example, same-sex attraction was historically regarded as a mental disorder and in 2018 addiction to online gaming was added to the list of behavioural addictions. This should reinforce that social change and social factors interplay with organic and genetic factors to make mental health a complex area.

Mental health problems play a part in chronic physical conditions (eg Cancer, HIV, heart disease, diabetes) and in the development of healthy or unhealthy lifestyles.

Poor mental health also has an important connection to worklessness. Mental health problems which are unresolved can be the cause of people needing to leave work or finding it difficult to get into work, and worklessness itself can bring about depression and other problems. Ensuring good mental health for all across the lifecourse, especially in the workplace, is good for the economy.

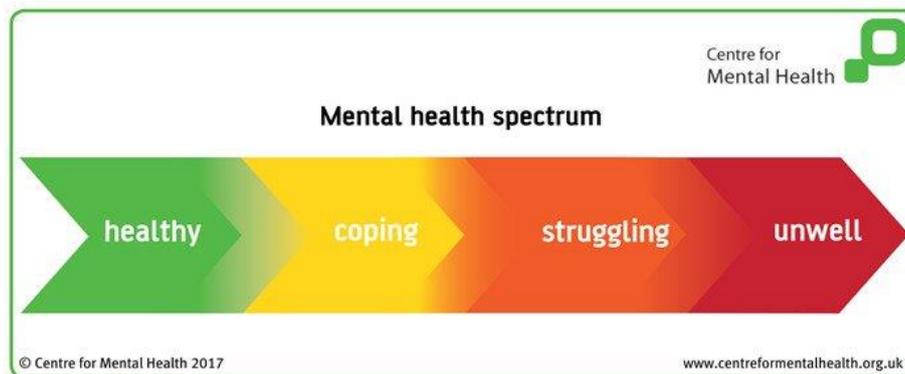
There is a large and growing evidence-base demonstrating effective approaches to the promotion of mental health and the prevention of mental illness.

More recently, the rise of concepts such as mental wellbeing, resilience and recovery, with increasing bodies of knowledge behind them, have meant that it is time to revise significantly our common views of what mental health is made up of. This paper will suggest there are significant implications of this for Christians and Christian response.

Mental Wellbeing and resilience

A relatively new concept of mental wellbeing has been the subject of much research and discussion. It is not just the absence of mental ill-health but is a manifold of both states (which includes happiness/satisfaction) and attributes which may be partly attitudinal and partly skill based. This range of psychological attributes includes confidence, optimism, agency - the ability to look after and manage oneself, and to be able to have and make meaningful choices for oneself and manage ones emotions. Key to wellbeing is resilience - the ability to address and manage stressors and situations which may affect our sense of wellbeing and stay well during times of challenge. Mental Health is therefore best seen as something which comprises a spectrum from healthy to coping to unwell. People may move along that spectrum in both directions across their life. The Centre for Mental Health has a good visualisation of this, below.¹

¹ Reproduced by kind permission of the Centre for Mental Health
<https://www.centreformentalhealth.org.uk/mental-health-among-children-and-young-people>



Good mental wellbeing, not just the absence of mental ill-health or the ability to cope with mental ill-health, is important to healthy and productive lives. Positive psychological functioning including resilience underpins academic achievement in education, workplace and personal relationship success and the ability to cope with life stressors. There is also a very strong link between social isolation and poor mental health.

Bullying, victimisation and denying people the value and integrity of their identity can all have seriously deleterious impacts on mental wellbeing.

Living in good relationship to self, others and (in an ecological perspective of mental health) creation can all be conceptualised as crucial to, and outcomes of, positive mental wellbeing. This is a dynamic, not a static state.

Recovery

Recently, an increasing focus on recovery has developed in mental health services and movements, comprising both clinical recovery (the resolution of symptoms, and their underlying causes where possible and the ability to function well) and personal recovery which can mean anything from living independently to flourishing as much as possible over the lifecourse, despite knowing that intermittent crises or long term life with a mental health condition may occur. Recovery signifies the commitment to be as whole as possible, to adjust to the reality of one's health and to live meaningfully and hopefully. As such, there is significant overlap between Christian concepts of life journey and health and mental health recovery.

The state of mental health and services in British society today

It is clear that we face a significant set of challenges in Britain today. Financial austerity in mental health services, a growing set of stressors across the lifecourse from education through workplace to retirement, the increasing loneliness of many and constant social tensions between various populations mean that a commitment to create the conditions where people and populations can be whole remains a major challenge. For those in mental health systems, the fragmentation of the system may serve to keep people dependent on services rather than support their journey to flourishing.

The impact of this on people has led some churches to act publicly, and politically, to campaign for the human rights of people with mental health conditions, for example as members of the *Mental Health Alliance* and *Care Not Custody*. For them, this part of a spectrum of scripturally and theologically grounded activity from the individual to

the society all of which should add up to more than the individual parts. The voice of the churches can bring a common message and approach and an obvious area to do this in would be around inequalities and particularly the needs of the most marginalised.

[A population approach to mental health²](#)

Our mental health is not, as once believed, a function of purely individual characteristics or 'character' in a moral sense; rather it is determined by a whole range of influences almost all of which are out of our control including but not limited to genetics, parenting, schooling, social position, discrimination and so on.

It should follow from all of this that a purely individual focused and illness-focused concept of mental health is inadequate given what we now know.

This population approach, increasingly being known as Public Mental Health, can be described as Public mental health as "the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals."³

Core to public mental health will be the idea that mental health and mental wellbeing should be at the heart of all we do, and that there can be 'no health without mental health.

[3. Starting points for a Christian response](#)

For too long it has been assumed Christian concepts of mental health have focused on brokenness and deficit models, sometimes explicitly making connections with sin or lack of grace, and often being stigmatising. This is not a helpful position. The right action and the right support should start from the right disposition and attitude, and that attitude, following the example of Jesus, is one of welcome, inclusion, support, healing, and a commitment to justice for those marginalised because of their experience, or the attitudes of society towards them.

Despite the sometimes too readily assumed view of mental health for Christians is a tradition of Christian witness which has accepted the social nature of mental health and its complexities. For Christians who have this view it is a simple step from affirming the claim of Jesus that he "came that all should have life, and have it in all its fullness." (John 10:10) to a reflection on our increasing knowledge that should make us affirm positive mental wellbeing as a private and public good, while supporting and upholding those with mental ill-health in solidarity and love. Both of these derive from analysis of Jesus' commitment to healing physical, mental and social dis-ease in his ministry. A part of this has to be replacing dehumanising stigma with truth. This truth needs to include scientific knowledge, and recognise the stream

² Foresight Mental Capital and Wellbeing Project (2008). [Final project report - Executive summary. The Government Office for Science, London:](#)

³ Faculty of Public Health (2008)

in Christianity since the early Church, spurred on by St Thomas Aquinas, that science and Christian faith mutually elucidate for good.

A Christian concept of mental wellbeing as part of human ecology of flourishing

For some Christians, the idea that mental health and mental wellbeing should be at the heart of all we do, and that there can be 'no health without mental health, is taken as read from their understanding of the mission of Christ and the work of the Church.

Moreover, many Christian denominations have concepts which can elucidate an approach to health. Catholics have the concept of “human ecology” an implicit concept in Catholic Social Teaching made explicit by Pope John Paul II when he talks of the need to order society so that the flourishing of the human person becomes and remains central, in harmony with others and, as Pope Francis has recently re-affirmed, with Creation. This has a range of implications for human wellbeing – physical, social, economic and mental – and should cause us to reflect on the fact Christians believe the human person is a unity of body, mind, spirit and relationship; and to be made “whole”, all these things need to be in balance or “right relationship.” It could be argued that medical science is really just beginning to come to the conclusion of the human person as a unity after centuries of separating body and mind. There is a developing movement within Christian engagement with health which is seeking to help us recover insights such as this.

It follows that a Christian perspective on mental health which begins and ends at illness and ignores both the issues of human ecology and the issues of social justice in mental wellbeing and health is an impoverished one which is not an accurate reflection of the Christian tradition of witness in health and social justice stemming from the mission of Jesus.

For too long we have conceptualised mental health by its absence, by mental *ill-health* at a clinical level, and based our responses often on mental illness, and pastoral care or social responsibility leading to charity projects. Similarly many theologies of mental health have started from a deficit approach, the person with mental health issues as somehow lacking something. This pattern ignores a much more complex scientific, social and theological reality.

Part of this complex reality can be seen in those who may have learning disabilities, autism, Asperger's or a range of other conditions with diverse aetiologies and expressions. A church which values the dignity of every human person regardless of how they function neurologically or mentally, should value this diversity and find ways of positively including people living with this range of diverse conditions within it.

Flourishing: Common ground between science and Christian faith

Jonathan Pennington's recent book *The Sermon on the Mount and Human Flourishing*⁴ deserves close reading and prayerful reflection. I believe it is a book which has come just when we need it. Pennington shares six key insights with us

⁴ Pennington, J. A (2017) *The Sermon on the Mount and Human Flourishing*. Grand Rapids: Baker Academic

which seem to chime strongly with our growing scientific and social scientific understanding of the nature of health and flourishing (pp 289-310). I quote these (with his capitalisation), and my summary of and reflection on what he says, below:

1. *The Bible is About Human Flourishing*. I take this to mean as Christians we need to be about Human Flourishing and this is public as much as internal.
2. *The Bible's Vision for this is God-Centred and Eschatological* – for a Christian full flourishing can only come about in relationship with God and this is a work in progress. Flourishing is something we work continually towards, not an ideology of perfection now.
3. *The Moral View of the Bible is a Revelatory Virtue Ethic* – I take this as saying God reveals to us what we should be like, and Christian Tradition is an attempt to embody that. Being humans, we need to constantly be recalled to that because we fall away.
4. *Salvation is Inextricably Entailed with Discipleship/Virtuous Transformation* – transformation of heart, faith in Christ and service to God's creation are all inextricably linked. So in order to flourish we must help others flourish. In other words, loving care for others brings about its own outcomes and rewards in ourselves.
5. *Virtue and Grace are Compatible, Not Opposites* – grace and human ability must work together for good.
6. *Biblical Human Flourishing Provides Crucial Insight into the Meaning and Shape of God's Saving Work* – reflecting on this shapes our engagement with the Bible, God and God's world.

So, we need to rediscover and refocus the Christian lens of flourishing to look at health and our healthcare system.

Christian reflection in the public square

As Christians we are sometimes told we have no place in the public square. This is an argument we have allowed to grow. We need to challenge this and there are several reasons why:

1. The concept that non religious discourse is somehow objective is simply not true or philosophically tenable, and we should stop behaving as if this concept were true or tenable. Everyone has a worldview which informs their activity in the public square, the key issue is to be explicit about what it is and what value it brings.
2. As a basic principle of Equity we have a right and duty flowing from citizenship to have a say on how those taxes are spent
3. Christianity as a worldview is inextricably linked with what is best for human flourishing and society. We have a duty, not just a right, for our voices to be heard.

It follows from this that we have a right and an obligation to develop a Christian reading of mental health. This reading needs to include not only the public and social

aspects of mental health (the social conditions for positive mental health and flourishing) but the provision of care, support and recovery for those experiencing mental health issues whether transient or long term. To this extent, a Christian approach to mental health has to reflect on society as a whole and the role of public policy within this. It must also reflect on how the Church acts internally and externally, through pastoral care, mission and social responsibility, and how its actions reflect its convictions. A good theology of mental health is not just internal and church facing, it is also public.

A Christian reading of our health systems and our social systems needs to be geared not only for physical cure and recovery where possible – and supportive care where not – but to help people retain and recover their whole personal authenticity in the face of their experience, to flourish as much as possible including and beyond the physical. It is a commonplace that – for serious matters at least - care must be multidimensional if it is to be effective, the experience of working in end of life care alone confirms this. Pennington's six-fold thesis on flourishing should cause us to situate the Church, mental health, society and the Health system in the Biblical light of flourishing.

Adverse Childhood Experiences and the Life Course

Finally, the Church is naturally drawn to accompany people throughout life, from conception to natural death. This has important implications for mental health, not just because of the challenges of growing, living and ageing but because of recent research on adverse childhood experiences.⁵ A short film on these and their impacts, well grounded in scientific evidence, can be found here <http://www.aces.me.uk/in-wales/>

Children who have witnessed or experienced abuse, domestic violence or other adverse events are much more likely to have major physical health, mental health, worklessness and relationship challenges and are much more likely to perpetuate this cycle in their children.

The witness of the church on positive Christian approaches to nurturing children could be revitalised and strengthened in identifying and working with young families and young adults with many adverse childhood experiences. For many of these one kind of talking therapy can make a very important difference to future life chances and risk taking behaviours.

4. Christian practice in mental health

Despite some confusion in our theological and conceptual approaches to mental health, Christian action in mental health has been present for many centuries, and has usually been focused on a commitment to healing. A recent report by *Theos*, the Public Theology think tank,⁶ identifies a range of response from training and awareness raising to supporting people experiencing challenges or difficulties. The

⁵ <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences>

⁶ <https://www.theosthinktank.co.uk/research/2017/07/03/christianity-and-mental-health-theology-activities-potential>

report also sets out one theological take on mental health and makes important points about a Christian anthropology being central to our conceptualisation of, and action in, mental health.

There has been a long tradition of Christian hospitals, care facilities and therapeutic interventions for people. Many of these have been based on a desire to care and heal. Others (eg the hospitals and research facilities run by Catholic religious orders) are an attempt to blend Christian concern for the person with the best current scientific understandings have to offer. It is important to note in historical context that some of the most significant developments in mental health care had religious roots, for example the Quakers' role in setting up asylums, which were the most progressive option of their time.

But a systematic, thoroughgoing conceptualisation of a human ecology of mental wellbeing dialogued with a Christian anthropology which underpins this has often been conspicuous by its absence.

Movements to make churches and places of worship friendly and inclusive to those with mental health issues and to provide response and support are all increasing. But they could benefit from a thoroughgoing analysis of current social and scientific challenges, a theological reflection on this and a renewal of engagement.

5. An Ecclesiology for good mental health: communion of saints, community of the hurting

What is sometimes not always apparent, however, is a clear, consistent and coherent narrative from scripture and theology of why the Church should take mental health seriously from prevention to recovery, for society as a whole and for the church as a community.

There is a rich vein for the Church to explore in theological reflection which spurs it into pastoral action and witness, stemming from how it sees its own identity as both a communion of saints and a field hospital for us, because we are all in one sense not whole, hurting, and in need of that. A place where stigma can be challenged and neutralised can be a powerful place for mental wellbeing, and our theologies and pastoral practice need to reflect that.

The Church needs to think through what its theological and practical response to mental health is. A good exercise in this is the work developed by Helen Cameron and Catherine Duce on *Theology in Four Voices*.⁷ They identify four voices in theology from Authoritative (what the church officially says) to Operant (what we actually do). A brief time in a workshop or group or on one's own looking at what we say, believe and do can often reveal radical contradictions between what we believe and what we do. This kind of contradiction can actually exclude people further when they perceive the disjoint between what we say, and what we do.

⁷ Cameron, Helen and Duce, Catherine (2014) *Researching Practice in Ministry and Mission: A companion* Helen Cameron and Catherine Duce. London: SCM Press

THEOLOGY IN FOUR VOICES ON MENTAL HEALTH

The Authoritative Voice	The Formal Voice
<i>What the church officially says it believes in its statements</i>	<i>What theologians say when they write books and talks</i>
<p>The Church welcomes and affirms the dignity and value of everyone with mental health issues.</p>	<p>Mental Health is an opportunity for the Church to embody its beliefs and values.</p>
The Professed Voice	The Operant Voice
<i>What you say you believe</i>	<i>What you actually do</i>
<p>Here in <i>anytown church</i> we welcome everyone, just as Jesus would welcome you.</p>	<p>If you come to us and have mental health problems none of us have been trained, none of us know what to do, we might pray for you but we probably won't make the effort of talking to you after church over coffee and you'll need to make the first move.</p> <p>And the only images of mental health you'll hear in our preaching are negative ones.</p>

Images remain important to most people, as do the examples of those who people can identify with. The church could do more to show and reflect the example of its many members, saints among them, who have experienced mental ill-health and yet achieved something wonderful, whether it be simply offering a place of refreshment (Henri Nouwen) or radically showing a way to find and affirm the value in people society would exclude because they are different or their mental health issues frighten us. Seen in this light, the Church should critique stigmatising attitudes to mental health, not copy or embody them in its theology and practice.

Equally, there is the witness and example of those like St John of God, who radically included and served people with mental health issues, and modelled the best of their time in how to include and love people. For them, nothing could separate us from the love of God. They lived the commitment to human dignity.

From this facet of the Church's witness there are several immediate actions which need prayer, thought and planning on how the Church's contribution could be made more powerful:

1. Seeking to find, welcome and include people who are socially isolated, and see this as a public mental health task;
2. Provide a supportive community to alleviate isolation and hardship;
3. Providing supportive liturgies.

4. Educate ourselves on stigma. In particular be aware what we are praying about when we pray “for” people with mental ill health – prayer for healing of another may say more about our discomfort with their condition that what is in their best interests. And it is not enough to pray for people, but to act and include them.⁸

As part of this the Church needs to reflect on how its behaviour and ways of relating to others can fulfil this imperative or hinder it. Jesus says in Matthew 7:3-5 (Jerusalem Bible):

"Why do you observe the splinter in your brother's eye and never notice the great log in your own? And how dare you say to your brother, "Let me take that splinter out of your eye," when, look, there is a great log in your own? Hypocrite! Take the log out of your own eye first, and then you will see clearly enough to take the splinter out of your brother's eye."

We need to practice what we hold out to others. Reflecting on how the Church’s relationship with people and communities chimes with the best science on how relationships can engender resilience and growth (build the kingdom) or instil brokenness and dehumanise others (which Christians should recognise as sinful). An honest self-assessment would identify how well we love, include and build up others for wholeness and service.

The Church’s self- understanding has social and public implications. As do our actions. While the wrong actions can have negative consequences the positive implications of inclusion, welcoming, and the affirmation of peoples’ worth and dignity can be powerful forces at civic level as an embodiment of the best we can do and be. This “spiritual capital” can be used to increase pro-social behaviour and social cohesion if we can find a way of making this more visible outside the Church.

6. Discerning theological and pastoral imperatives for Churches

The tasks and opportunities facing the Churches cross scriptural, theological, pastoral and scientific disciplines are neither purely theological nor purely policy nor purely scientific. They are multi-disciplinary, and there is an inescapable public dimension here – our commitment to the common good requires this. As a recent editorial in *Nature*⁹ identified:

The best interdisciplinary science comes from the realization that there are pressing questions or problems that cannot be adequately addressed by people from just one discipline. Witness the gathering of the scientific tribes — and the merging of approaches — for the Manhattan Project to work on the atomic bomb. More recently, *Nature* has reported on ‘implementation science’, which combines medical expertise with local knowledge on how best to carry out programmes to improve public health.

⁸ See the recent discussion by Archbishop Justin Welby on whether he prays for his daughter’s health <https://www.bbc.co.uk/news/disability-44688094>

⁹ Mind Meld, *Nature* 525, 289–290 (17 September 2015)

An interdisciplinary approach should drive people to ask questions and solve problems that have never come up before. But it can also address old problems, especially those that have proved unwilling to yield to conventional approaches.

In light of this I suggest some urgent tasks for us to undertake together:

1. A theological reflection which underpins social and pastoral action and also self-critique and development, not just critique of culture and society.
2. A thorough analysis of the impact of the Churches on the mental health of the populations in which they are present.
3. Pastoral care which supports mental wellbeing and resilience, as well as responding to and supporting people with mental ill-health and their loved ones.
4. The Public Mental Health task of affirming people do not need to be driven by the stressors of consumption and social media and that one's purchasing power does not constitute one's personhood.
5. If Christians have a preferential option for the poor, how are we best serving the most excluded:
 - a. People with multiple complex needs;
 - b. Those most stigmatised or excluded by society;
 - c. Those struggling to live because of social, economic or health conditions.
6. A reflection on how our pastoral and social care programmes reflect best science and evidence:
 - a. An analysis of where our respective faith projects overlap and those working distinctly.
7. Social witness and action for a human ecology in public policy that mitigates for maximum human wellbeing:
 - a. Speaking into the nature of the mental health system, its level of funding, its ability to care for all who need it and its ability to support people on a journey to flourishing.

Author

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Key background reading

Adverse Childhood Experiences

<http://www.aces.me.uk/in-wales/>

Catholic Mental Health Project

<http://www.catholicmentalhealthproject.org.uk/>

Centre for Mental Health

<https://www.centreformentalhealth.org.uk/>

Friendly Places for Mental Health

<http://www.faithaction.net/portal/our-projects/friendly-places/>

Guild of Health and St Raphael

<https://www.gohealth.org.uk/>

Mental Health Access Pack

<http://www.mentalhealthaccesspack.org/>

Prevention Concordat for Better Mental Health

<https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health>

Promoting Mental Health: A resource for spiritual and pastoral care

<http://www.catholicmentalhealthproject.org.uk/new/wp-content/uploads/2016/09/Promoting-Mental-Health-Anglican-resource.pdf>

The role of Public Mental Health in the system

<https://www.centreformentalhealth.org.uk/blog/avoiding-breaking-point-the-role-of-public-mental-health-within-the-nhs>

The Mental Health Foundation has an excellent set of short videos

<https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement>