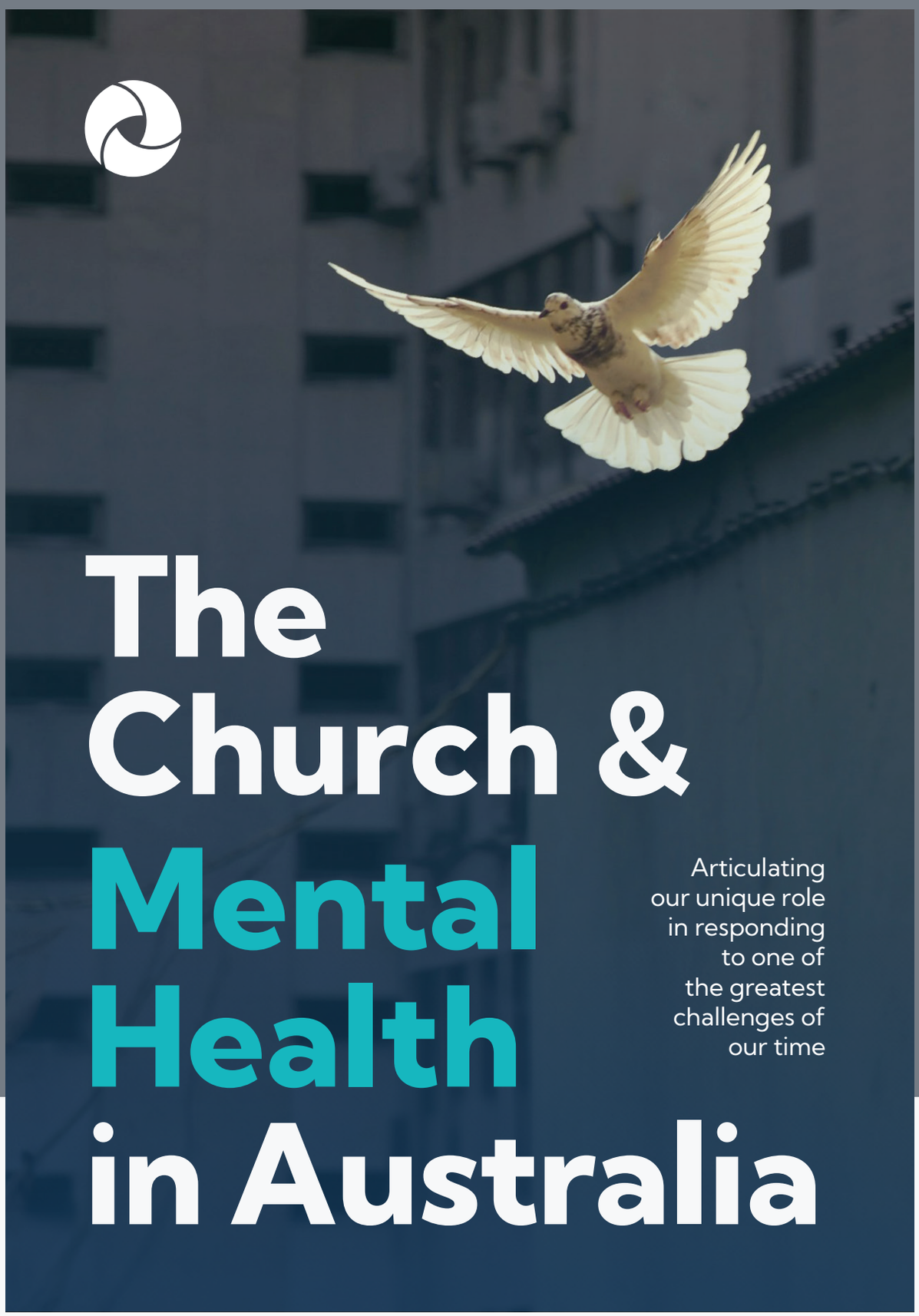


The Church & Mental Health in Australia

Articulating our unique role in responding to one of the greatest challenges of our time

A report by NAYBA Australia

NAYBA

From one man he made all the nations, that they should inhabit the whole earth; and he marked out their appointed times in history and the boundaries of their lands.

– Acts 17:26

NAYBA Australia would like to acknowledge the Traditional Custodians across all the lands that make up this country we call Australia, and the Aboriginal and Torres Strait Islander peoples' continued connections to Country, language and tradition. We also acknowledge Elders past and present, emerging leaders, and those Aboriginal and Torres Strait Islander Christian leaders who have ministered across these lands for generations.

Preface
The story of Geel

The longest standing mental health ministry in the world has a unique backstory, starting in the 7th century with a young Irish princess named **Dymphna**. As a teenager, she had set herself apart to serve Christ. Her father, a feudal King, became increasingly unstable and decided he wanted to marry her. Dymphna caught wind of his plans and fled Ireland, ending up in a small Belgian town called **Geel (pronounced "Hail")**. There, she dedicated herself to serving people on the margins and is recorded to have performed many prayerful healing miracles. Eventually, however, her father tracked her down, and she was tragically martyred.

Dymphna's story continued to be passed down orally, until the 13th century, when she was canonised as the patron Saint of "those suffering with mental illness". In the Christian tradition of pilgrimage, people who were mentally unwell began to travel to Geel from all over Europe to pray in the Church of Saint Dymphna. Also in the pilgrimage tradition, local people started opening their homes and their dinner tables to show hospitality and accommodate these pilgrims.

For seven centuries, this unconditional love and radical hospitality for people seeking God's help with their mental health has never ceased. Today, the Geel approach to mental health care is fully integrated with the public health system. Pilgrims arrive and are placed with a family as a 'boarder'. Some stay a matter of weeks. Many stay for years. The family is not told the person's diagnosis; they simply know that the person needs love, care and community.

According to renowned neurologist, **Oliver Sacks**:

> *Geel proves that even those who could seem to be incurably afflicted can, potentially, live full, dignified, loved and secure lives.*[1]

We believe the example of Geel provides the perfect foundation from which to understand the unique role of the Church in responding to the issue of mental health. It invites us to join in a longstanding practice of Christian service and, even more so, to embrace a powerful paradigm...

One in which we are called to care for people, not cure them.

One in which we are called to do less, not more; slowing ourselves so we can be present with the Spirit and with others.

One in which we let God be God and the professionals be the professionals, so we can simply walk alongside those in need: nothing more and nothing less.

So whether you are a church or ministry leader, a practitioner, a believer struggling with your own mental health, or all of the above, may this research serve to remind us of the words of our Lord and Saviour:

> *Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light.* (Matt 11:28-30)

James Harris
Director of Strategic Projects
& Mental Health Research Lead
NAYBA Australia

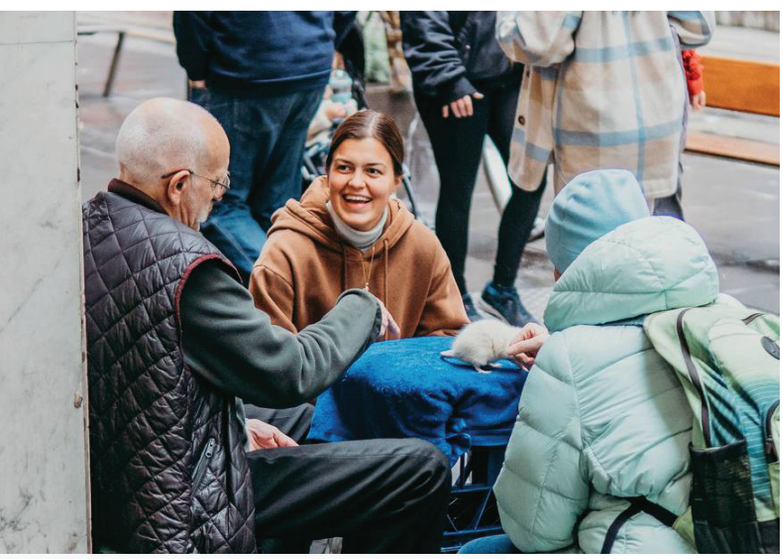
Background to this research

Who is NAYBA?

As the name suggests, **NAYBA** (pronounced "neighbour") is a Christian ministry that exists to help churches love their neighbour and transform neighbourhoods. Established in Australia in June of 2020 and part of a global network that now includes 10 nations, our desire is to be a *gift to the local church*.

More specifically, we seek to:

- **measure** the collective social impact of churches and faith groups, primarily through the NAYBA Impact Audit
- offer a **menu** of best-practice community service projects that can be replicated by churches of all types; and
- **mobilise** the Australian Church to more effectively respond to some of the key social issues of our time.



Why mental health?

Over the past four years, we have conducted eight **NAYBA Impact Audits** across four states, engaging over 600 churches and faith groups, and capturing the impact of more than 1,000 faith-based community service activities.

One of the key audit questions asks respondents to indicate the social issues they are seeking to address through their various community services. In every location we have conducted an audit thus far, at least one of *mental health* and *social isolation* appears in the top three issues being addressed and, in many cases, these issues occupy the top two spots.

This should come as no surprise.

According to the **ABS National Study of Mental Health and Wellbeing**, released in 2022, more than two in five Australians will experience a mental health issue at some point in their lifetime and, in 2020-21, more than 3.4 million Australians sought help from a mental health professional.[2] The extent of mental ill-health among Australian youth is particularly concerning, with almost 40% of young people aged 16 to 24 years being found to have experienced a mental disorder in the previous 12 months alone.

The reality is that for most of us, we don't have to look far into society, or into ourselves, to know there is a problem.

In our opinion, mental health is both a symptom and a cause of almost every social issue facing our nation – including financial instability, domestic violence, homelessness, unemployment, and substance abuse. In response, NAYBA has been working to better equip and mobilise the Australian Church, beginning with the online Church Mental Health Summit in October 2022 and culminating in this piece of research.

How was the research conducted?

The initial intention of this report was internal. It emerged out of a desire to connect with church and ministry leaders already working in the area of mental health in diverse settings across Australia, in order to gain an understanding of what is already happening, identify gaps, and make recommendations on how NAYBA might engage. Central to this exploration was fully grasping the unique role of the Church in responding to mental health.

We quickly realised, however, that this qualitative research process and its findings could be a gift to the wider Church. **Through detailed interviews and contributions from over 40 church leaders, mental health experts, theologians, and individuals with lived experience** – where one-third disclosed their own mental health journeys – we unearthed a diversity of perspectives and insights. While there was significant consensus on many of the findings outlined in this report, they should not be assumed to represent every interviewee's personal view nor the view of their organisation.

For the purpose of the research, we chose to embrace a broad definition of "Church" that includes local congregations, Christian agencies/ministries, and everyday followers of Jesus. Put another way: the Body of Christ.

What do the findings show?

What this research presents is not a silver bullet, a quick-fix, or a list of programs to run. While NAYBA recognises the role of high-quality, replicable projects in addressing the issue of mental health – some of which are featured in the final section of this report – the key insights outlined herein are focused on the role of culture, both within and beyond the four walls of our churches.

Put another way, **this report encourages us to better understand and embody *who we are* as the Church rather than offering a prescription of *what to do*.**

While the response of churches and Christians may differ at various stages along the mental health spectrum, our contention is that, at each point, we are called to a different expression of the same role – *to walk alongside people*. **Section One** paints a brief picture of what these different expressions might look like. **Section Two** explores the unique role of the Church in depth, with a focus on the cultural barriers that we can and must overcome together. **Section Three** outlines how we might outwork this role of walking alongside others at both a programmatic and systemic level.

Our prayer is that this research would encourage and challenge us as the Body of Christ. Above all, we pray that it would remind us of the power of our common humanity.

As global church mental health expert, **Laura Howe**, put it:

> "... just being human beings with other human beings. If we can simply do that, we will transform communities.
>
> – **Laura Howe**, global church mental health expert and Founder of Hope Made Strong

> **For just as each of us has one body with many members, and these members do not all have the same function, so in Christ we, though many, form one body, and each member belongs to all the others.**
>
> - Romans 12:4-5 (NIV)

Section 1

Understanding the context

The mental health spectrum

At any point in time, all people sit somewhere along the mental health spectrum – from significant mental wellbeing to severe mental distress. Where exactly on the spectrum a person finds themselves is fluid and may change based on age, stage, life circumstance, and the impact of trauma.[3]

National research suggests that the majority of Australians are in a place of mental wellbeing.[4] These people may still face challenges and experience times of sadness, stress or worry, but, for the most part, they have the resilience and capacity to bounce back.

In contrast, at least one-in-five Australians are currently suffering from a diagnosed mental health condition.[5] The extent of this condition will vary from person to person, with some experiencing "severe anxiety, depression, or suffering so intense that it becomes difficult to get through the day."[6]

As people move back and forth along the spectrum of mental health, they will likely require differing levels of support – from **prevention** to **treatment** to **continuing care** – as represented in the below diagram:

Figure 1. Spectrum of mental health intervention[7]

The role of the Church

While the quality of people's mental health and the level of support they require may change over time, our research suggests that the Church can and should remain consistent.

More specifically, almost everyone we spoke with articulated our unique role as *walking (or journeying) alongside those in need* – offering a sure foundation in an ever-changing world and a constant presence through the ups and downs of life.

Speaking from her own lived experience of distress and subsequent vocation as a Community Worker and Anglican Deacon, **Amber Leanord** stated:

> *The main thing people doing it tough need is not another program. They need people who will walk alongside them, creating memories that they hold together, and who will hold onto dreams and hopes for their future, even when they don't.*

But what does it mean for the Church to *walk alongside* in every season and how might this compliment the work of mental health professionals? The diagram on the following page offers a model for consideration and discussion.

> **"Understanding the unique role of the Church starts with asking the question "What can churches do that other organisations can't?"**
>
> – **Phill Pickering**, Senior Leader of Mission Development, Christians Against Poverty (CAP)

‘Walking alongside’ in every season

Role of Mental Health Professionals	Stages & Symptoms	Role of the Church: ‘walking alongside’ by…
• Information • Education • Screening	**Prevention** A state of overall mental wellbeing, regardless of circumstances	• Increasing mental health literacy & reducing stigma • Building genuine community • Addressing causative factors • Prayer
• Therapy • Diagnoses • Medication	**Treatment** Extended periods of mental ill-health (eg. depression, anxiety)	• Early detection & intervention • Increasing access to professional support • Ongoing relational connections • Prayer
• Clinical/crisis intervention • In-patient programs • Ongoing therapy/rehab	**Continuing Care** Acute or chronic conditions requiring immediate/ ongoing attention	• Providing safe spaces of belonging • Ongoing relational connections • Support for carers & loved ones • Prayer

The example of 'John'

Let's imagine for a moment the story of 'John', a 35 year-old man with a decade-long journey of mental ill-health…

At the age of 25, John lost his mother following an extended battle with cancer. Struggling to deal with her loss, he was referred to a grief counsellor. Though helpful in processing some of the raw emotions, his mother's death triggered a number of deeper issues. As time went on, these issues began to manifest as prolonged bouts of sadness. On visiting his GP, John received a diagnosis of depression and was referred to a psychologist. John and his psychologist worked through the complexity of John's family history and the ways his upbringing had shaped much of his thinking, for better and worse. Though they were making great progress, John had to stop seeing the psychologist after 6 months when the Medicare rebate for his subsidised sessions ran out.

Believing that everything was fine and he was 'fixed', John never returned to the psychologist. Instead, he threw himself into his job, gaining several promotions and earning a reputation as a top employee. Unfortunately, on the 5th anniversary of John's mother's death, he received news that his company was being taken over and he was being made redundant. Unable to find new employment and with his savings quickly running out, John was forced to move into a shared house. Though he received great support from a financial counselling organisation, John's depression resurfaced and he began to lose all hope that things would ever turn around.

Relying on government benefits just to get by, he began drinking to excess and experimenting with drugs. What started as a coping mechanism quickly became a dependence, and then, an addiction. On the cusp of his 35th birthday, John checked himself into a local rehab facility. After just a few weeks, he is showing positive signs of recovery and beginning to feel more like himself, though he recognises there may be a long road ahead.

In the ups and downs of John's story, there has been one constant: the Church.

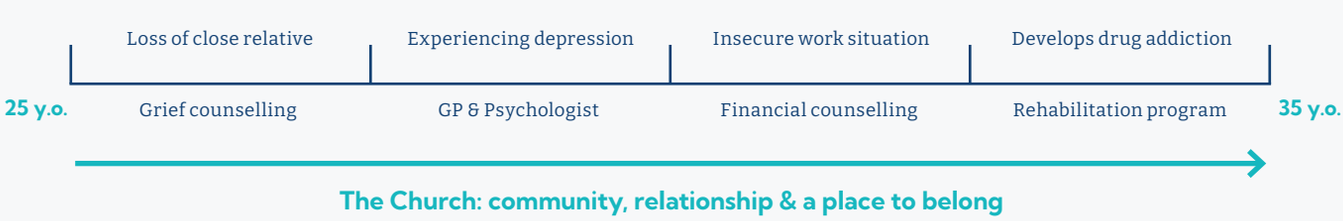
It was his local Baptist church that hosted the funeral service for John's mum. John connected with the church's Alpha program and got along well with his group leader. They started to regularly catch up and John soon began attending Sunday services. It was this leader who first recognised the extent of John's grief and put him in touch with a counsellor, and that same leader who encouraged him to see his GP when he was showing signs of depression. When John didn't want to go by himself, the leader attended the appointment alongside him. It was a Christian ministry that provided John with free financial counselling, and a friend from an Anglican church that offered John a room in her shared house when he could no longer afford to stay by himself. And it is members of his local church community who are praying daily for John during his time in rehab. They visit when the program allows and will be waiting to welcome him back when he is discharged.

In the above example, the role of professional support – from grief counselling through to drug and alcohol rehab – is crucial and should not be understated. However, what professionals cannot offer, and which powerfully compliments their work, is **a community of stable relationships** that are consistent over time; **people to walk alongside one another** in the highs and the lows, who notice when things are not going well and can refer professionals in; **a place to belong**, where individuals are genuinely missed when they are not there.

As **Sam Hearn**, CEO of COACH Network puts it:

> *The Church can play a leading and best practice role in the space of non-professional care. What we have to offer is a place where we say: "Here with us, we are alongside you – no matter what."*

John's Journey



> **Be joyful in hope, patient in affliction, faithful in prayer. Share with the Lord's people who are in need. Practice hospitality… Rejoice with those who rejoice; mourn with those who mourn. Live in harmony with one another.**
>
> - Romans 12:12-13 & 15 (NIV)

Section 2

Embracing who we are

Having identified that the unique role of the Church is to walk alongside those in need in every season, we now turn to *how* we should do this. Based on the interviews conducted for this research, we believe the answer starts and ends with **culture** – i.e. the ideas, traditions, and practices that shape our identity as the Church and the way in which we engage with issues like mental health.

More specifically, we assert that if churches can be **places of belonging**, where people can come as their authentic selves and experience the **love of Christ in community**, then it enables us to form **genuine relationships of care** for one another and opens up the **missional potential** of a church to impact the wider community.

However, there are a range of barriers that currently prevent us from doing this and which we must overcome if we are to embrace all that God has called us to be.

Barrier 1

One-dimensional understandings of mental health

Several interviewees talked about the theological gap that existed in many churches – and still exists in some cases – that can lead Christians to over-spiritualise mental health conditions and their symptoms. For example, a belief that depression, anxiety or more acute conditions are the result of demonic influence and can simply be prayed away.

One pastor we interviewed spoke directly to this, stating that within their context:

> *There are definitely pockets where it [mental ill-health] is considered something spiritual that needs to be prayed off. And you also still get it, where people say things like, "If you have the Holy Spirit in you, you actually can't be depressed".*

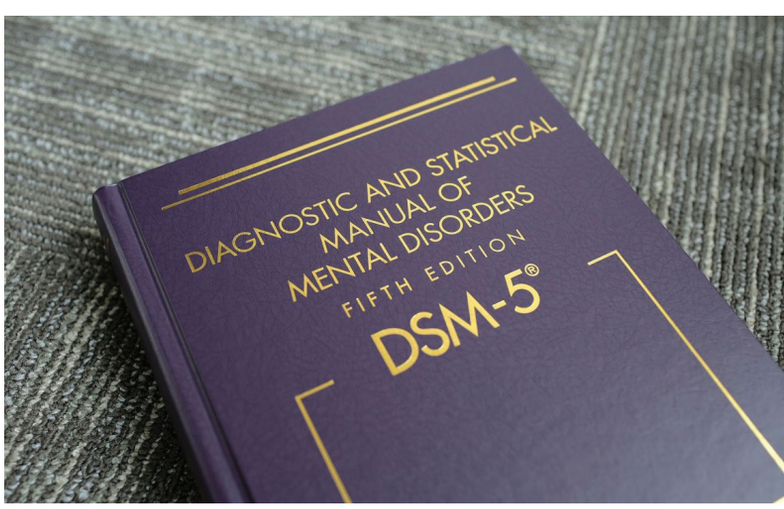
However, some interviewees with lived experience of mental ill-health highlighted the opposite problem, where they received limited support from within their churches because mental health concerns were seen as psychological challenges to be treated in purely clinical spaces. In these circumstances, the church referred the person out to mental health professionals and their pastoral support mostly ceased.

These interviewees spoke of feeling disillusioned with and alienated from their church communities as a result. As one person put it:

> *The effect of feeling like you need to be referred to somebody who can deal with "a problem as complicated as yours" is quite an alienating experience. As opposed to the idea that my pain can't just be waved away, and what I really need, alongside clinical support, is a sort of unconditional love demonstrated through trust and relational intimacy.*

Moreover, both the over-spiritualisation and the over-medicalisation of mental health overlooks the relational dimension of mental health. As **Dr. Gavin Brown**, psychologist at Rapha Health, shared:

> *If you go through the DSM V [Diagnostic and Statistical Manual of Mental Disorders], so many of our mental health diagnoses either originate from a relational problem or a consequence of that illness is a relational issue.*



The invitation:

To view mental health in the context of our full, complex humanity

Our research findings remind us of the critical importance that we, as the Church, embrace a holistic understanding of mental health that holds multiple truths in tension. We believe humans are inherently spiritual and that prayer is powerful. Likewise, we are biological and psychological beings who can often benefit from professional mental health support. We are also social beings that are wired for belonging in community.

Just as mental health is not a siloed part of ourselves, it cannot be treated by prayer nor professionals alone, and must be understood in the context of our social need for connection and belonging.

> *We are always biological; we are always psychological; we are always social; we are always spiritual; and we are always all of those things. All of those things impact and shape every part of ourselves… and the Church has a unique role in recognising this messy integrated whole and helping people acknowledge those realities.*
>
> **– Daniel Whitehead**, CEO of Sanctuary Mental Health Ministries

Barrier 2

Not recognising what we already have

> **The offer of friendship is something that is profoundly important for people who are stigmatised and marginalised, who find it difficult to find relationships. The fact that the Church is a community of friends is profoundly important.**

– Dr. John Swinton, Professor of Practical Theology at Aberdeen University

Mental health professionals understand the integrated nature of human beings and our need for social connection. In fact, extensive research has highlighted that the most significant difference between individuals facing mental health issues and those who are not is their level of social engagement.[8]

For counsellors, psychologists and other mental health professionals to play their crucial role, they must maintain clear, boundaried relationships with their clients. They can *refer people to social supports* and places of belonging – but *they cannot be them*. This has led to the development of 'social prescribing' in places like the UK, where clinicians prescribe various social activities, many of them run by faith communities, alongside medical prescriptions. (Social prescribing and the role of the Church is covered in detail in Section Three.)

As the Church, we can miss what is right in front of us; the very essence of Christian community, which most of us take for granted but which is missing in the lives of so many people. As **Annette Bartlett**, former ACC Pastor and Professional Supervisor at Tend Leaders, said:

> *Often when we look at things that the church does, we don't really recognise the value that we have in the church already, such as having a community to connect with.*

Laura Howe shared with us how her 15 years in community-based mental health practice led her to found Hope Made Strong, which is now helping to resource the global Church:

> *I started noticing that, in the community sector, there was a shift to seeing lived experience and peer supporters as something of great value in recovery. While still holding the value of the clinical support, there was really heavy investment into peer support. Where in the church, it was as if we were wanting to professionalise our pastoral care. The community is desperate for what the church has: an entire room full of peers.*

The invitation:

To embrace the sense of community that should be at the centre of every church

The findings of this report are not a call to do more. In fact, in many cases they are an invitation to do less. This starts with realising the gift that our church communities already are to those who are a part of them, and calls us to ask the question: *How might we share this gift of community with others?*

As we embrace the role of being a supportive community, we begin to understand how our role relates to mental health professionals. As **Phill Pickering** from Christians Against Poverty (CAP) shared, the Church often talks about "referring people out" to professionals, when instead we should talk about "referring professionals in" as we continue to help care for people. He went on:

> *Churches have an opportunity to be a connected part of the community that actually stays stable, while people access all sorts of help that they need. But in order to do that, the Church needs to view itself and its primary offering as one of friendship, and grace and forgiveness.*

Barrier 3

An incomplete theology of suffering

Our interviews with church leaders, practitioners and those with lived experience helped clarify that the unique role of the Church is our ability to walk alongside people. As interviewees articulated this in their own context, a clear theological framework began to emerge – one based not just in an understanding of mental health but in suffering in general.

It was perhaps best summarised by the insights of **Dr. Katherine Thompson**, a Senior Lecturer in Mental Health and Wellbeing at Melbourne School of Theology. She pointed to the work of Dr. Andrew Root who, referencing 20th century German theologian Dietrich Bonhoeffer, states that relational ministry should be modelled on Jesus – the incarnate God, who suffered, and rose again.

More specifically, Root argues that it is our role to be present with people, just as Jesus was present among us, to walk alongside others in their suffering, and to offer the hope of the resurrection.[9]

In his interview with us, psychologist and TV host, **Dr. Justin Coulson**, spoke to this same concept, stating that both the latest psychological research and the Biblical mandate calls us to step into compassion with those struggling with their mental health:

> *If you translate the Ancient Latin of 'compassion' back into English, you've got 'com' and 'passion'. With 'com' you've got commune, community and communicate. All these things relate to togetherness. Then the word 'passion'. Anyone with a strong Christian sensibility knows the word passion does not mean Tony Robbins telling you to get excited about something. Passion literally means suffering. That's why we talk about the passion of Christ as the suffering Christ. That is what it means to show compassion.*

If we're honest with ourselves, this Christ-like compassion can be unpredictable and intimidating, especially when it comes to those struggling with acute mental ill-health. As a result, we may be inclined to focus our efforts on the area of prevention and refer people on to professionals when their mental health needs become more serious.

But, as Section 1 shows, the role of 'walking alongside' can and should exist at all points along the mental health spectrum, whether people are exhibiting complete wellbeing or intense distress. Indeed, the Church may represent the only constant amidst the ups and downs of someone's mental health journey.

Moreover, the uncomfortable truth is that some people who are suffering from acute diagnoses may live with their mental ill-health for a lifetime. This is why, in our paradigm of walking alongside, we need to let go of any compulsion to fix people. Our role is simply to be a companion in the valley.

Viewing our relationship with those suffering as a means to cure their illness risks putting ourselves in the place of God, taking on the role that should be played by professionals, and leaving us worn out and disappointed if we don't see the outcome we desire.

Instead, we should seek to view our relationship with those who are mentally unwell as an end in itself. Jesus' healing miracles often resulted in people being accepted back into community. We have the ability to offer that sense of community for all people, regardless of where they may be on their mental health journey.

The invitation:

To see suffering through the eyes of Jesus and offer ourselves as a faithful presence

Just as Jesus endured the most extreme of suffering in order to reconcile a lost world with our Heavenly Father, so too we, as His followers, will experience suffering (John 16:33, 1 Peter 2:21). Not only that, but we are called to help carry the burdens of others and to use our own experience of suffering to comfort those who suffer (Galatians 6:2, 2 Corinthians 1:4).

Walking alongside someone with mental ill-health can be incredibly hard, especially when it continues over several years and the person doesn't seem to be getting better. But it can also be a privilege, because it reminds us of the suffering of Christ; it invites us into deeper, more authentic relationships; it increases our compassion for others and ourselves; it teaches us how to hold on to hope even when things seem hopeless; and it empowers us to be a faithful presence in every season.

Speaking from her own lived experience of mental ill-health and discovering a welcoming Christian community, **Aleisha King** had this to say:

> *As churches, the more we see people as people to love and to do life together with, not to fix and send on their way, the more we create places of trust and of hope, where people are able to find freedom in Christ.*

Barrier 4

Diminishing the power of prayer

Something the Church can offer that other spaces cannot is the ability to engage with the spiritual dimension of people's humanity through prayer.

As Christians, we have come a long way in how we speak and pray about the issue of mental health. Exorcism is no longer the primary method by which 'spiritual warriors' within the Church seek to respond to people with depression or anxiety – and we believe this is a good thing! However, a number of interviewees expressed that the Church may be diminishing the power of prayer as a component of how we walk alongside those with mental ill-health.

Interviewees mentioned the power of lament for people who are struggling with their mental health. Despite the prominence of lament in the Psalms and other parts of the Bible, it does not feature prominently in Western Church culture. Creating space for and normalising lament is an important step in cultivating a prayer-life that can deal with the valleys, as well as the mountaintops.

It was also suggested that the current approach of many churches is to pray solely for those who are experiencing mental ill-health. In so doing, we could be missing the opportunity to pray for and with the loved ones of those with mental ill-health, who often carry the biggest burden of support, as well as the members of our church communities who have taken on the role of walking alongside and the medical professionals whose expertise can be so critical to recovery.

We could also be missing the opportunity to pray for endurance for those who don't receive healing, divine insight for their clinicians, and Spirit-led wisdom for their friends and family. And we could be forgetting that God can move at any time, in any way, and in anyone – even and especially when we least expect it.

Above all else, we pray to connect with the God who knows what it is to suffer, and who walks alongside us in the darkest of seasons, even if the reason we are there makes no sense at all.

The invitation:

To pray at all times, in all ways, for all people

On the topic of prayer, **Nic Mackay**, National Director of NAYBA Australia, who speaks candidly about his own mental health journey, shared the following thoughts:

> *As Christians, we should never lose faith in the power of prayer. It should be both our last resort and our first response. We should pray for supernatural intervention and for the wonder of modern medicine. We should pray for people struggling with mental ill-health and all those affected by their journey. We should pray for ourselves as the Church to know how to best come alongside those needing support, what to say, and when to say nothing at all. And we should pray to our Father in heaven, that He would take our seemingly small efforts and use them to do something truly remarkable.*

If we need encouragement to pray for God to act in wonderful and mysterious ways, then the following story from **Coz Crosscombe**, Project Director of The Well Training, is just that:

> *We had a guy call up and say he was literally at Mount Druitt train station about to jump in front of a train to kill himself. He said that the clouds opened up and he saw the sun. And, at that moment, he remembers that he got a flyer in the mail that said 'Somebody Loves You'. And so he called up the church and said "Is this real? Like, does somebody actually love me?" Now he is a part of our community. He has a sense that he belongs. He's found a home.*

Barrier 5

Churches aren't always seen as places of welcome

Whether in perception or reality, churches are not always seen as welcoming places. This is particularly pronounced for groups who already experience marginalisation and mental distress. Two such groups are the LGBTIQA+ community and Aboriginal and Torres Strait Islander peoples.

Recent national research indicates that same-sex attracted people are three times more likely to have suffered from the symptoms of a mental disorder within the last twelve months compared to heterosexual people.[10] Multiple interviewees shared their lament that churches are not often places where same-sex attracted people can find a sense of belonging.

Anthony Venn-Brown OAM, former megachurch pastor and Founder of Ambassadors and Bridge Builders International, shared of his own suicidal ideation as he tried to resolve his faith and sexuality. Another interviewee shared that two of her sons had come out as gay, and although they had been actively involved in church community up until that point, they were excluded from participating in key parts of church-life as a result.

According to the 2018 **National Church Life Survey**, 69% of church respondents had not "built intentional direct relationships with local indigenous Australians"[11] in the previous year. NAYBA's more recent Impact Audits in places such as Tasmania and the Gold Coast suggest this figure may now be closer to 50%. While certainly encouraging, we still have a long way to go as the Church in helping to heal the scars of our nation's history and coming to a place of deep reconciliation with our First Peoples.

To inform our own Indigenous engagement strategy, in 2024, NAYBA commissioned Burra Burra woman **Jenna Harris** to consult with Aboriginal and Torres Strait Islander Christian leaders around the country. Drawing from this consultation process, Jenna shared:

> *When we talk about walking alongside other, it implies a sense of 'right relationship'. This comes with a layer of complexity for Indigenous Australians, as the Australian nation was birthed out of a fundamentally broken relationship between settlers and Traditional Custodians. Terra Nullius was declared, and Aboriginal and Torres Strait Islander people, who had lived for millenia in these lands, were dispossessed, massacred and excluded from public life. Sadly, in many places, the Church was complicit. The lack of acknowledgement of previous harm and its ongoing effects, and the unwillingness of some to understand or accept that traditional Aboriginal Torres Strait Islander worldviews are compatible with our Christian faith, are major barriers for mob finding places of belonging in church spaces.*

The invitation:

To consider what 'right relationship' with groups experiencing marginalisation should look like in your context

The insights shared in this section offer no fixed conclusions and intentionally so. With that said, we hope they might serve to open a generous and respectful dialogue, anchored in God's deep love for all people, and that, no matter what our theological position, we might create more spaces where people can come as they are and experience the love of Christ in community.

Dominican Friar and Theologian, **Gustavo Guiterrez** once said: '*You say you care for the poor. Then tell me, what are their names?*'[12] When considering either inclusion or exclusion of people experiencing marginalisation, may we seek to have conversations with those affected rather than simply about them, and look for how God might be inviting us to move forward together.

Barrier 6

Internalising the external pressure to be busy

A US-based study of 23,340 adults by **Dr. Michael Zigarelli** found pastors to be the busiest profession, even more than lawyers and doctors. While the Australian context may not be quite so extreme, many interviewees spoke about the challenge of busyness in ministry.

One pastor described their experience like being on a "hamster wheel". Others spoke of their inability to keep up with the sheer volume of phone calls. Zigarelli added in the research findings that:

> *... about two out of every three pastors say that their busyness gets in the way of their life with God. It's tragic. And ironic. The very people who could best help us escape the bondage of busyness are themselves in chains.*[13]

In many cases, slowing down goes against the cultural expectations placed on church leaders. Regional Engagement Partner for Churches of Christ, **A.J. Heijns** used the analogy that people expect leaders to be the captain of a speedboat, taking the church fast in one direction. He continued:

> *... or we do a rowboat thing where it's like, "Let's get interns" and "Let's get all these people" and then there'll be a guy sitting at the front shouting out "Row!"*

To make matters worse, in some parts of the Church it appears we have internalised the pressure of pace, to the point where anything else seems undesirable.

> **"The problem we have is the Church wants to be large and fast – but in order to truly disciple people we will have to be small and slow – and we don't like it that way.**
>
> – **Paul Bartlett**, National Lead, ACC Community Engagement

The invitation:

To move at a Christ-led pace and usher others into it

Daniel Whitehead, CEO of Sanctuary Mental Health Ministries, stated that in order to be truly present with others, the call for many leaders is to slow down. Whitehead pointed to Japanese theologian Kosuke Koyama's work *The Three Mile an Hour God*, explaining:

> *[Koyama's] thesis is really simple. That when love was incarnate among us, in Christ, He moved at the average walking speed of a human being, which is three miles an hour. Love has a speed – and it's slow. For many leaders, the invitation to slow down will feel costly, and painful and counterintuitive, and it will require them to listen to their bodies and to embody their faith in a way that is slower than our culture. But in doing that, we become a prophetic statement and a cultural antidote to one of the challenges of our time, which is we are moving too fast to recognise what the problems are.*

This call to slow ourselves – and to invite others into this pace – relies on a shared understanding of the role and expectations of leadership. It also relies on helping church congregants move from a place of consuming Church as an event to active participation in its mission, as we'll see in the next barrier.

Barrier 7
Leaders trying to do it all themselves

> **As an individual, there are only so many people you can truly know, and that you can truly look after, before you lose depth.**
>
> **– Jess Martin**, Area Director, Young Life Australia

Taking on the pastoral responsibility to walk alongside every person in a congregation, let alone every person in the wider community, is an impossible task. Thankfully, the call to walk alongside people is not just the role of clergy.

In his interview, **Keith Condie** from the Mental Health and Pastoral Care Institute shared how caring for those in need can provide lay-people with a sense of agency:

> *We can help [people in our congregations] see that there's something that they can do; and it might seem little, but it is really helpful.*

Mike Sheedy, Head of Mental Health at Anglicare NSW, made a similar point, adding that the journey of walking alongside can be as much a gift to the carer as the person being cared for:

> *Church can be the great leveller. When you think about walking alongside someone experiencing mental ill-health who's already a member of the church, it is not like the person who is well is the one who imparts their knowledge to the other person. It's actually a two way process. The person who's supporting somebody with mental ill-health can learn just as much. It goes both ways.*

With that said, as leaders, we need to provide our people with the necessary skills and support to succeed in their role of walking alongside, or else we risk their own mental health declining. As one local church congregant we spoke with put it:

> *We're currently doing a series on how important it is to 'love your neighbour' and it makes me angry. I know that's not the right thing to say, but I am. Because I'm part of a group of volunteers from my church who are walking alongside someone in our congregation with a really serious mental illness and it's exhausting. I sometimes feel like the person is trying to bring us down with them and I see the way they are using and abusing the health system. And when I go to my pastoral care team for support, all they have to offer is: "We're praying for you guys!"*

The invitation:

To equip the saints for the work of ministry

Church and ministry leaders do not need to take it on themselves to be the sole person walking alongside those in need. Nor do we need to limit who can outwork this ministry to the people in our congregations who seemingly have it all together.

But 'equipping the saints for the work of ministry' (Ephesians 4:12) doesn't just mean releasing our people to come alongside those with mental ill-health, it also means supporting and empowering them to know how to care for themselves, when to draw clear boundaries, and where to go when they need additional help. (One resource to assist with this is the course by Sanctuary Mental Health Ministries, which is outlined further in Section 3.)

By achieving this, we will look more like the Body of Christ, each playing our part. Continuing with his metaphor of the Church as a boat, **A.J. Heijns**, Regional Engagement Partner for Churches of Christ, had this to say:

> *As the Body, we should rather want to be like a sailboat. Then our job isn't to move forward at a huge speed. Our job is to maintain the boat. To do the practical things. Small things. And, everyone has a job. We only move at the pace of the slowest committed one. And if God does blow into the sails, great! Or He pivots us and we have to go against the wind at times, then He will show us how to do that.*

He continued:

> *Limitations are a gift. And if you can embrace that as a leader, it means there's more space for others.*

Barrier 8

Masking the mental health challenges of church leaders

The vast majority of this report has focused on the mental health of people within our congregations and in the wider community, but church and ministry leaders can be just as susceptible to the experience of mental ill-health – sometimes more so. Speaking about the pressure to perform, one former pastor shared with us:

> *The western model of church is detrimental to the health and well being of pastors and leaders.*

Going even further, **Peter Mayrick**, Executive Director of Partners in Ministry, said that, in his experience of coaching leaders across the country:

> *With the many pressures and requirements that exist today, the Church can be a fundamentally unsafe place for pastors.*

A story from one of our interviews reinforces this sad reality…

Struggling with his mental health, one pastor confided in another about what was going on for him. He was told: "Let's keep this amongst ourselves" and "Let's not tell the leadership, because it might not go really well. They are not great with this stuff." He added later that he had seen other pastors lose their job over a similar disclosure before. He felt that his two options were "either talk to leaders that I didn't think I could trust to handle the situation properly… [or] sort of knuckle down and try and push through it, which didn't work either." He subsequently left this role and is in a new space that is much healthier.

The irony of church leaders trying to keep their mental health challenges to themselves is that sharing openly can have an incredibly positive impact on church culture.

> *Ministers who have personally struggled with their mental health, whether it's anxiety or depression or something else, say it can be a real blessing to their church…especially those who are willing to be vulnerable because that helps create the sort of culture we need. It's actually really encouraging when you have a significant figure in Christian ministry who comes out and shares of their struggle and experience. We don't have to bear our soul to everyone, but I think a certain level of vulnerability is incredibly helpful and healthy.*
>
> **– Keith Condie**, Co-Director & Founder of the Mental Health & Pastoral Care Institute

The invitation:

To view vulnerability as a gift to our congregations

If we are pursuing a culture where people can come into our churches as their authentic selves and experience the love of Christ in community, then our leaders need to model what it looks like to come as their authentic selves too.

There will, of course, be times and places where it is more or less appropriate for leaders to share their mental health challenges, but a willingness to acknowledge and even celebrate our weakness – as the Apostle Paul himself did in 2 Corinthians 12:9 – may be one of the greatest gifts we can offer those in our flock.

Dr. David Nikkles, CEO of Living Wholeness, had this to say:

> *The Bible and Christianity is all about truth. So having the courage to face the truth, rather than feeling that you have to put up some sort of facade or fake coping strategy, is just so powerful. If the pastor normalises the fact that they are having a bad week this week, and things aren't going great, it can actually be a relief for the congregation.*

“Also, seek the peace and prosperity of the city to which I have carried you into exile. Pray to the Lord for it, because if it prospers, you too will prosper.”

- Jeremiah 29:7 (NIV)

Section 3

Impacting our communities

Once we address the barriers outlined in the previous section and foster a culture within our churches that enables the Body of Christ to walk alongside those in need, with God leading the way, we can begin to look even further beyond our four walls.

In this section, we look at some practical examples of what the Church is already doing to address the issue of mental health, both within our congregations and in the wider community. We also share a vision for what it could look like for the Australian Church to come together in order to reach the entire nation.

As with any desire to impact the community, we encourage you to have a clear understanding of who's in your 'neighbourhood', (however narrowly or widely you might define that), and what is already being done by other organisations. Doing so will help discern the unique role for the Church in your context and how you can best be of service.

One tool that may be of help in this process is the **NAYBA Community Transformation Pathway** – a guided framework of questions that encompasses the areas of community, civic, commerce, and church, in order to arrive at a clearer sense of our calling. To access this framework, please contact the NAYBA team at: australia@nayba.org

Renew Wellbeing

Throughout our research, multiple people pointed to **Renew Wellbeing**, a mental health ministry model started in the United Kingdom, which many churches are adapting to work in their own context. (We also discovered similar approaches being used by *New Mornings* in Tasmania and *Whitehorse Churches Care* in Melbourne.)

The concept is simple: a shared space where it is okay to not be okay.

Based on the *Five Ways to Wellbeing* framework, local church partners run cafe-style spaces known as a "Renew space", where people can show up as they are. These spaces work in partnership with local mental health organisations, connecting the informal social support of the church with a range of professionalised services. Renew spaces also have a separate, dedicated section for prayer, providing people with the opportunity to join in a rhythm of prayer throughout the day if they would like to.

The Renew approach is summed up in three P's – be present, be prayerful, and be in partnership. A participant of Renew Wellbeing had this to say about their experience:

> *I get some relaxation time for myself by socialising with other people who care and understand. It has given me somewhere to go on a regular basis and to make new friends and meet old ones. I am allowed to be who I am. If I'm low I feel better when I have been. Life becomes a better place and it gives my carer a breather.*[14]

renewwellbeing.org.au

COACH Community Mentoring

COACH (which stands for Creating Opportunities And Casting Hope) **equips local churches to help people in tough places flourish by providing one-to-one mentoring.**

According to COACH CEO, **Sam Hearn**, most of the people they encounter who are facing challenging life situations often experience corresponding mental and emotional struggles. That's part of the reason COACH uses a strength-based model to build individuals' confidence and capacity, helping them manage their mental wellbeing and navigate their unique circumstances.

The COACH Network now consists of a wide range of programs, including Family Mentoring, Youth Mentoring, Kids Mentoring, Chinese COACH, Financial COACH, Indigenous COACH and Empowered Faith Communities.

Local churches are provided with the training and materials to enable their volunteers to become effective mentors. **These mentors act as 'friends with purpose', providing relational support and practical guidance** to help their mentees set and achieve key personal goals.

Through these efforts, congregations can profoundly impact their local community, **breaking generational cycles of poverty and family breakdown**.

coachnetwork.org

Sanctuary Mental Health Ministries

Sanctuary Mental Health Ministries was created to equip churches as they seek to become sanctuaries where individuals with mental health challenges feel safe, supported, and a sense of belonging.

The Sanctuary Course is a free eight-session resource designed for small groups. Each session explores key mental health topics, drawing upon the insights of mental health professionals, church leaders, theologians, and people with lived experience of mental health challenges.

The Sanctuary Course prepares communities of faith around the world to raise awareness, reduce stigma, support mental health, and promote mental wellbeing.

Speaking about the development of the course, Sanctuary CEO, **Daniel Whitehead** shared that many churches did not know where to start when it came to addressing mental health literacy within their communities:

> *We figured that if we could synthesise the various perspectives – theology, psychology and personal stories – and root that in robust research, then we could help churches to begin a meaningful conversation about mental health and faith.*

sanctuarymentalhealth.org

Friendly Faces & Friendly Spaces

The Uniting Church in Queensland, through its community service agencies (Wesley Mission and Uniting Care), has provided mental health services to the community for many years. These services are often delivered with government funding, in partnership with primary health networks and staffed with highly qualified professionals.

Whilst these agencies are widely recognised and respected, the 150+ Uniting Church congregations and faith communities in Queensland are often seen very differently or, in many cases, not seen at all.

With funding from the Queensland Synod, **Newlife Church on the Gold Coast has spent the past 2 years overseeing a pilot project to help reposition the local Church as a valued community touch point for mental health support.**

The 'Friendly Faces, Friendly Spaces' project has focused on equipping public-facing staff and volunteers from Newlife's op shop, playgroup and reception team to recognise, respond and refer people in need of support to the services provided by their Uniting sister agencies.

Led by a Senior Social Worker with previous ministry and pastoral experience – whose job has included facilitating dialogue and understanding between key church and agency stakeholders – the project has shown huge potential and is already being implemented by other Uniting Church congregations across the Gold Coast.

A Vision for Australia
Social Prescribing

This report has sought to articulate the unique role of the Church in addressing the issue of mental health in Australia.

Informed by insights from our various interviews, we have outlined the key barriers that need to be overcome in order to walk alongside those in need, and the practical initiatives that are already having a significant impact – both within congregations and in the wider community.

But what if the Australian Church was held in such high regard that the public health system referred people in need of support for their mental wellbeing to church-led spaces of belonging across our nation?

We believe this vision could become a reality through the vehicle of 'social prescribing' – a means of enabling primary care professionals such as GPs to prescribe patients with a range of local, non-clinical services.

This report opened with the story of Saint Dymphna and the Belgian town of Geel, home to the world's longest standing community mental health ministry, which is now fully integrated with the public health system. On this topic, CEO of the COACH Network, **Sam Hearn** stated:

> *Geel is a microcosm of what social prescribing can look like, where you've got professional mental health care alongside everyday communities that have developed a culture and practice of therapeutic relationship with those in need.*

Social prescribing has already been implemented in the UK and the Netherlands with enormous success. The introduction of social prescribing in the Netherlands, for example, saw the number of consultations for psychosocial presentations reduce by 57%.[15]

Social prescribing is now gaining momentum in Australia as a strategic approach to public healthcare. Earlier this year the **Australian Social Prescribing Institute of Research and Education** (ASPIRE) released a Consensus Statement advocating for national policy support and funding for its effective implementation. The statement reads, in part:

> *Social prescribing should be a key part of Australia's health system, available to everyone. It addresses a spectrum of needs – physical, practical, material, environmental, social and emotional.*[16]

Although the future of social prescribing in Australia remains unclear, we see an enormous opportunity for the Church to come together, alongside key social service providers, to build out the preliminarily infrastructure required.

In doing so we could dramatically enhance the support for Australians suffering from mental ill-health by bridging the gap between societal needs and available resources, whilst also restoring community trust in the Church as a credible participant in community care.

So, let's roll up our sleeves, open our hearts, and invite God to illuminate the path ahead.

Interviewees

A.J. Heijns, Regional Engagement Partner, Churches of Christ

Amber Leonard, Community Worker & Deacon, Anglican Diocese of Wellington (New Zealand)

Annette Bartlett, Mentor, Tend Leaders

Anthony Venn-Brown OAM, Founder, Ambassadors and Bridge Builders International

Coz Crosscombe, Project Director, The Well Training

Daniel Whitehead, CEO, Sanctuary Mental Health Ministries (Canada)

David Barter, Campus Pastor, New Hope C3 Church

David Nikles, CEO, Living Wholeness

Dr. Don Easton, Founder and CEO, Verve Lead

Isabel Blackett, Team Member, Whitehorse Churches Care

Jenna Harris, Indigenous Engagement Consultant

John Warlow, Founder, Living Wholeness

Dr. Justin Coulson, Co-Host, Channel 9's Parental Guidance

Dr. Katherine Thompson, Youth Mental Health Expert, Melbourne School of Theology

Keith Condie, Co-Director, Mental Health & Pastoral Care Institute

Kelly Dernehl, CEO, New Mornings

Kerrie Keeling, Regional Representative, Celebrate Recovery

Laura Howe, Founder, Hope Made Strong

Lee Wong, Counselor

Matt Boulton, Program Director, Circuit Breaker

Nic Mackay, National Director, NAYBA Australia

Onida Weir, Pastoral Care Coordinator, Bayside Church

Paul Burke, Founder and Coach, Resilient Minds

Peter Mayrick, Executive Director, Partners in Ministry

Phill Pickering, Senior Leader Mission Development, Christians Against Poverty Australia

Rob Buckingham, Senior Minister, Bayside Church

Sally Agostino, Senior Pastor, Southern Cross Community Church

Sam Hearn, CEO, COACH Network

Sarah Condie, Co-Director, Mental Health & Pastoral Care Institute

Shane St Reynolds, Pastor, Universal Church

Shari Jackson, Health and Wellbeing Leader, Catholic Care Central Queensland

Shelley Ligtermoet, Youth Pastor, Citylife Church

Steve Pederson, Community Development and Inclusion Practice Lead, Baptist Care NSW & ACT

Zoe Stewart, Community Pastor, C3 Carlingford

Additional contributions from NAYBA Australia's 2022 Church Mental Health Summit

Aleisha King, Lived Experience Advocate

Dr. Gavin Brown, Psychologist, Rapha Health

Dr. John Swinton, Professor, University of Aberdeen

Paul Bartlett, National Lead, ACC Community Engagement

Jess Martin, Area Director, Young Life Australia

References

[1] Stevis-Gridneff, M., Ryckewaert, K., & Njiokiktjien, I. (2023, April 21). *A radical experiment in mental health care, tested over centuries*. The New York Times. https://www.nytimes.com/2023/04/21/world/europe/belgium-geel-psychiatric-care.html

[2] Australian Bureau of Statistics. (2020-2022). *National Study of Mental Health and Wellbeing*. ABS. https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.

[3] Center for Substance Abuse Treatment. (2014). *Understanding the impact of trauma*. In Trauma-informed care in behavioral health services (Treatment Improvement Protocol (TIP) Series, No. 57). Substance Abuse and Mental Health Services Administration.

[4] Australian Bureau of Statistics. (2020-2022). *National Study of Mental Health and Wellbeing*. ABS. https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.

[5] Australian Institute of Health and Welfare. (n.d.). *Prevalence and impact of mental illness*. Retrieved from https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness

[6] Take Action for Mental Health. (n.d.). *Understanding the spectrum of mental health.* Retrieved from https://takeaction4mh.com/resources/understanding-the-spectrum-of-mental-health/

[7] Adapted from 'Institute of Medicine (US) Committee on Prevention of Mental Disorders. *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Mrazek PJ, Haggerty RJ, editors'.

[8] Foresight Challenge Report. (2008). *National surveys of psychiatric morbidity in adults aged 16-64*.

[9] Root, A. (2007). *Revisiting relational youth ministry: From a strategy of influence to a theology of incarnation*. InterVarsity Press.

[10] Australian Bureau of Statistics. (2022). *National Study of Mental Health and Wellbeing*.

[11] Bevis, S., Pepper, M., & Powell, R. (2018). Indigenous and Non-Indigenous Relations in Churches, Occasional Paper 33. NCLS Research: Sydney

[12] Gutiérrez, G. (1973). A theology of liberation: History, politics, and salvation. Orbis Books.

[13] Zigarelli, M. (2008). *Distracted from God: A five-year, worldwide study*. Christianity9to5.org. Retrieved from https://web.archive.org/web/20230123220925/http://www.christianity9to5.org/distracted-from-god/

[14] Renew Wellbeing. (n.d.). *Home*. Retrieved April 30 2024, from https://www.renewwellbeing.org.uk/

[15] Australian Medical Students Association. (2024, March 20). *Australia's future doctors call for integrating social prescribing into healthcare delivery*.

[16] Australian Social Prescribing Institute of Research and Education. (2024). *Accelerating social prescribing in Australia: An innovative frontier in the provision of healthcare*. ASPIRE. p.8.

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