

## **Mental health stigma in the Church**

'Stigma' is defined as "a mark of disgrace associated with a particular circumstance, quality, or person". With mental health conditions, the stigma is often unseen and unintended. Such stigmatisation makes people who are experiencing mental health challenges feel ashamed and discourages them from seeking help.

Some of the major factors that drive stigma within wider society also perpetuate stigma within the Church. For example, a poor understanding of major mental health conditions (amongst Church leaders and those in positions of authority), their multifactorial causes and the treatment options for them can give rise to myths and misperceptions about the nature of these challenges.

Our language can play a big part in maintaining the stigma about psychiatric conditions. There are countless examples of language that we hear or use in our day-to-day conversations that may be harmful or hurtful to someone experiencing mental ill-health e.g. 'crazy', 'nuts', 'suicidal', 'crackers' etc.

In addition to these, there is a danger that behaviours occurring in the context of mental ill-health are attributed purely to spiritual phenomena e.g. an individual's untreated depression being regarded as a sign of unresolved sin.

Church culture may unwittingly create barriers that prevent Church members from seeking support, either informally within the Church community or from mainstream health care services. When the perception is that everybody around them appears to "have it together", it can be particularly hard to feel able to be vulnerable and bring forth areas of difficulty.

A major development in recent years has been a sustained public health drive to destigmatise mental health conditions, improve society's understanding of mental health problems and encourage people to seek support.

There are a number of reasons why these mental health challenges should be well considered within the Church. Many members of Church congregations, as well as those on staff, will inevitably experience mental health difficulties of some description.

The Church cannot be expected to replicate the provisions of mainstream mental health services, although in some instances there may be an appetite to provide direct support e.g. in the form of psychotherapy, including brief interventions, for which training may be possible within a relatively short timeframe.

Irrespective of this, Churches can play a role in de-stigmatising mental health problems by raising awareness of the issues at hand, creating a compassionate and caring environment for those affected and offering hope to those struggling.

Knowledge about mental health conditions can be improved through mental health first-aid training and through appropriate training both for established staff and those undergoing ordination. This should enable would-be priests to better recognise the

mental health difficulties that will inevitably arise amongst congregants, as well as creating the culture within their Church that will provide the appropriate support for their communities from a mental health perspective.

The mere stance of talking about and acknowledging mental health conditions within formal church services helps to nurture psychological safety amongst people who may want help in addressing mental health difficulties but fear being marginalised or feel disconnected from their Church community (owing to the absence of any discussions about mental illness).

Where appropriate, self-disclosure of mental health challenges faced by senior leaders also helps to break down barriers and change the conversation, normalises the difficulties faced by all sections of society, including within the Church, and may encourage people to come forward to seek both professional and spiritual support when faced with these very difficulties.

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