

Mental Health Matters



WORKSHOP ACTIVITIES

Serving the Health of our Community

Enhancing our understanding, to provide care and support for those who need it.

an initiative of the SCWA Coalition

Edition 2021-01b

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Day 1 of Workshop

MENTAL HEALTH MATTERS

Overall aim of the series: All training resources in *the Heart of the Matter* series aim to provide a meaningful response to the phenomenon of accusations of witchcraft made against children with a view to bringing about changes in culture and behaviour in local communities.

Objective of this workshop: By the end of this workshop, the participants will recognise that mental health problems can affect anyone at any time in their lives, and that people experiencing them need our loving care and support.

Before the Workshop

Gather and prepare the following:

- Materials — flipchart, marker pens, paper, scotch tape.
- Copies of questions for group discussions (to be given to each group before the relevant activity).
- For Activity 5, write out the references to the Bible passages on pieces of paper in readiness for the group work.

You should also ensure you have someone to help with pastoral counselling in case any participants need to talk or pray with someone because they are personally experiencing or have experienced mental health problems.

Opening (no more than 30 minutes)

Prayer and worship

Invite a participant to lead a song of worship.

Ask another participant to pray and commit the day to God, and to ask God to speak to everyone through the teaching.

Introductions

If this *Mental Health Matters* training is used as stand-alone course, rather than as part of *The Heart of the Matter* training, then introduce yourself and ask the participants to briefly introduce themselves.

Respectful rules

Ask the participants what 'rules' they would like to set for the workshop, such as: turning off mobile phones; allowing everyone to voice their opinions; not speaking when others are speaking; keeping to time; and keeping confidential anything personal that is shared during the course of the workshop.

Activity 1: Introduction (45 minutes)

Aim — To introduce what the *Mental Health Matters* 2-day workshop is about. To get the participants to recall a time when they experienced mental health problems and how loving care and support helped them, or continues to help them if they are still experiencing mental illness. To help participants to realise that anyone can experience a mental health problem.

Setting the context

If participants have done the *Sickness, Health, and Healing* workshop, remind them of this.

Explain: Over the next couple of days we are going to explore the topic of mental health.

Introduce the theme as follows:

As humans, we all have a mind, body, and spirit. King David writes in Psalm 139:14 '*I praise you because I am fearfully and wonderfully made.*' Our mind, body, and spirit are all linked and connected. If we experience a problem in one part of our beings, all the other parts may be affected. Just as there are times when we may experience a physical illness or spiritual problem, so there are times when we may develop a

mental illness or mental health problem, such as extreme anxiety or depression. At these times we need the love, care, and support of those around us to help us to cope with the illness and to improve in our mental health and wellbeing.

Good mental health means we can think, feel, and react to situations in such a way that we can function well in all aspects of our lives. But if we go through a period of poor mental health, it may affect our wellbeing to the point where we feel overwhelmed, helpless, and unable to cope with life and its demands. It may affect our relationships and daily activities. This can feel just as bad as a physical illness, or even worse.

No matter what our background, mental health problems are a common part of our experience as human beings. It is estimated that around 792 million people worldwide¹ are affected by mental health problems. So mental health matters! Talking about it matters, which is why we are here today. It is probable that we all know someone who has had or who is experiencing mild or severe, acute or chronic mental health problems. Today we will read about people in the Bible who were devoted to God who experienced mental health problems from time to time. Everyone in this meeting may go through a period of poor mental health at some stage in life. Some of us here may already have experienced it or be experiencing it now.

During this 2-day workshop, we will learn about a range of mental health problems from those that are common, such as depression, to those that are less common, such as schizophrenia.

We will explore what happens when we develop mental health problems. How do people respond to us? What do they say is the cause of mental health problems? As Christians, do we respond to people with mental health problems as Jesus would? As we learn together, we will remove some of the misunderstandings and false beliefs that exist about mental health problems by bringing them into the open. We will seek to examine and replace them with greater understanding that comes from discussion, teaching, study of the Bible and openness to what God may say to us. By doing this, we will create an environment where we can then learn how to care for individual people and their families affected by mental health problems. In such an environment, we can ask and expect the Holy Spirit of Christ to shape our hearts and thinking and to fill us with his love and compassion for all who are mentally ill.

As we set out on this journey of learning together, some of us may be willing to share with the rest of the group what our experience of mental health problems has been like or what the experiences of others in our families or communities have been like. Whatever is shared during our time together is to be respected and treated with confidentiality.

¹ Hannah Ritchie and Max Roser (2018): "Mental Health". Published online at « [OurWorldInData.org](https://ourworldindata.org) ». Retrieved from: « <https://ourworldindata.org/mental-health> »

Terms used

Explain that in this training, we will use the following terms interchangeably:

- People living with mental health problems;
- People living with mental health conditions; and
- People living with mental health disorders or mental illness.

All of these terms relate to people who are experiencing poor mental health, whether acute or chronic, to a degree that it is significantly impacting their wellbeing and their ability to cope with daily life.

Personal reflection

Explain to the group that we are going to have a brief time of personal reflection.

Say to the group: I want us all to shut our eyes and to think of a time when we or someone we know experienced mental health problems. Perhaps it was a time of extreme anxiety because of a stressful situation. Perhaps there has been a time in our lives when we felt in a very low mood and depressed because of a difficult situation, or for no reason that we could identify. Or perhaps there was a time when we were mentally traumatised because of something that happened to us. Perhaps there was a time when we felt so deeply sad that it affected our mental wellbeing and all other aspects of our lives. Let's think to ourselves:

- How did we feel?
- How did our mental health problems affect our physical and spiritual health and wellbeing?
- How did our mental health problems affect our relationships with others?
- How did our mental health problems affect our ability to do our daily activities?
- How did our mental health problems affect our prayer life and our ability to connect with God, and with those in our church?

Note: If possible, you may want to play some gentle worship music (from your phone or tablet for instance), while the participants reflect on their past or present experience.

Draw this time of personal reflection to a close with the following prayer:

*Loving Lord Jesus,
While you were in your human body during your time here on earth, the Bible tells us that as well as love and joy, there were also times when you experienced great mental pain and distress. We thank you that you understand what it's like when we go through periods of mental pain and difficulty. We thank you that you can 'sit in our shoes' because you experienced mental pain and difficulty yourself. Thank you that in the book of Hebrews, your word says that we can approach your throne of grace*

... *with confidence, so that we may receive mercy and find grace to help us in our time of need. Minister your peace and presence to each one of us now we pray.*

... *In your name. Amen.*

Explain: Just as all of us experience physical problems and sickness from time to time, we may also experience mental health problems. If anyone here feels that they would like someone to talk to and pray with about a mental health problem you are experiencing, or have experienced in the past, then please come and speak to me afterwards.

Note to facilitator: You will need to have organised the availability and help of another person who is experienced in pastoral support and empathetic to the needs of those experiencing mental health problems. If you are male, you will need the help of a female counsellor, or if you are female, you will need the help of a male counsellor, so that you are able to offer pastoral support to a person of either gender.

Questions

Ask the whole group the following questions. **Invite** the participants to put up their hands and share their responses. **Write** their responses on a flipchart and **encourage** discussion.

- What situations can make us anxious?
- What situations can make us sad or low in mood?

Explain the following:

Some Christians think that we should never feel anxious, sad, or low in mood, because of the mistaken belief that by feeling these emotions we are lacking in faith in Jesus Christ. But as we will learn later, Jesus also experienced these emotions while here on earth. They are an essential part of normal life and of the way our brains were designed to work. All of us feel anxious or in a low mood from time to time, because of the stresses of our lives. At such times we need the love, support, and understanding of those in our family and communities to help us to recover.

But just imagine what it would be like if your anxiety and feeling low in spirit became so profound and intense that it was as though you were shrouded in a deep darkness so that you could not find your way out. A deep, debilitating sense of helplessness and hopelessness that prevented you from being able to function normally. This is clinical depression. It is a common, disabling mental health problem experienced by more than 264 million people globally. It is caused by a complex mix of social, psychological, and biological factors. Imagine how much more people living with this condition and other mental health problems need our love, our understanding, and our support!

Throughout the next couple of days, we will explore how we as Christ's followers can show his love to people living with mental health problems, and give them the support that they need and deserve.

Activity 2: Story and Discussion (60 minutes)

Aim — To learn about the attitudes of participants and people in their local communities towards people with mental health problems and about how they respond to them. To find out about some of the local beliefs about mental health problems.

Our story begins...

Read out loud this story to the whole group.

As daylight began to dispel the darkness of night, Pastor Kasongo lay on his bed staring at the ceiling. His wife Sarah was sleeping beside him and yet he had barely slept. He felt exhausted. Negative and anxious thoughts went around and around in his head, and although he was desperate to sleep, he was unable to. It had been like this for several weeks now, ever since the attempted burglary when masked men with knives had broken into his home. He shuddered at the memory.

He used to sleep so well at the end of a busy day working in the church and community. He had loved the work that he knew God had called him to do and had a good relationship with his staff and church members. Yes, the work was hard and never-ending. He worked very long hours and it seemed everyone wanted to give him their problems. He rarely had time to himself or even for his family. There were so many people making demands on him he felt at times that he would break under the pressure. But what could a leader expect?

He had a beautiful wife and four lovely children. Although the family was not rich, there was always food on the table, and they were able to pay for the children's school fees. His home was simple but comfortable. He was blessed. Why then did he feel so deeply unhappy? He used to laugh so much, but now he felt numb all the time. He had always had a good appetite, but now he had to force himself to eat. He had no energy or motivation. Feelings of hopelessness and helplessness made him feel as though he was drowning. These days, he could barely write his Sunday sermons and wanted to hide away rather than face other people. He avoided visiting his parishioners and would stay indoors as much as possible, barely speaking to his wife and children. All his energy went into hiding just how desperate and lonely he felt.

He dreaded getting up. All he wanted to do was to stay in bed with a blanket over his head. 'As a church leader I should have more faith', he

... thought to himself. But even praying or reading his Bible had become difficult for him recently. He felt so guilty and at times wished he could die.

Pause the story.

Group discussions

Organise the participants into small groups with **no more than 8 people** in each group. Then ask the groups to discuss the following questions and to choose a 'scribe' to write up their responses.

- List some of the feelings that Pastor Kasongo is experiencing, and their impact on his life.
- What do you think is wrong with Pastor Kasongo?
- What do you think is causing Pastor Kasongo's problems?
- What do you think Pastor Kasongo's family, friends, or church colleagues should do next?
- What do you think is most likely to happen to Pastor Kasongo?

After 25 minutes, ask a spokesperson from each group to report their group's answers back to everyone.

Note the answers on a flipchart. Save these responses to these questions.

Explain that we will come back to look at these responses again at the end of today.

Activity 3: Story and Discussion (120 minutes)

Aim — To help participants reflect on some of the responses to mental health problems by people in their communities and their consequences.

Our story continues...

Read out loud the next part of the story to the whole group.

Pastor Kasongo's wife Sarah is sitting at the sitting room table with her brother-in-law Jacob, his wife Mary and Pastor Ilunga who has worked with Pastor Kasongo for many years. Each person is holding a cup of tea. They are in deep conversation. Pastor Kasongo is still lying in bed, his face turned towards the wall.

"I just don't know what to do", says Sarah in deep distress, "that's why I asked you to come here today. I need your advice and help. My husband has changed so much over the past few weeks. He has lost all joy and motivation. He has even lost his appetite and doesn't want to come out of the bedroom. I must force him to wash and dress. He seems to walk in a dark cloud that I can't get through. I have asked myself whether my

husband has sinned in some way. Perhaps God is punishing him. We used to be so close, but now he tries to avoid me and refuses to talk. I've told him again and again to pull himself together.

"I know we went through that bad time when burglars broke into our house and threatened us with knives. It was a miracle that they fled when neighbours came running in response to our screams. None of us were hurt, and that happened weeks ago. We've all had to get on with our lives. I keep on telling my husband that as a pastor, he should set an example and give all his worries to God, not to put them on me. I've kept quiet up to now. But his attitude and behaviour are shameful, and I don't want others to know what's happening. I've had enough. I just can't cope with my husband. What should I do?"

Jacob puts down his mug of tea. "This is bad", he says, shaking his head. "It seems obvious to me that witchcraft is involved. Just think about it. First the attempted burglary and now this. A witch has afflicted him with a curse, and we must find out who the witch is. It could be one of your neighbours, or even one of your children. If we deal with the witch, we can rid the family of this shameful situation. We must also take your husband to the local traditional healer so that he can give him a cure as he has special knowledge and powers. But be careful not to touch your husband or to eat from his bowl or his spoon! If you do, you may be infected with the same condition!"

"No!" exclaims Mary. "Surely this is not the work of a witch? If you ask me, Pastor Kasongo has a demon that is causing the darkness in his mind and spirit. If we deliver him of the demon, then the dark moods will go, and he will recover. We should take him to a prayer camp and leave him in the hands of a priest until he has been delivered from the demon."

Sarah looks horrified and begins to weep.

Pause the story.

Group discussions

Organise the participants into small groups with **no more than 8 people** in each group. Then ask the groups to discuss the following questions and to choose a 'scribe' to write up their responses.

Only give the questions **one at a time** to the groups. (Have the questions written up on pieces of paper that you have already prepared before the workshop).

1. Sarah keeps on telling Pastor Kasongo to 'pull himself together' and to 'give God his worries and to have more faith.'
 - a. How helpful is this advice to Pastor Kasongo?

- b. How would this advice make you feel if you were clinically depressed like Pastor Kasongo?
 - c. What would you say to Pastor Kasongo that might be more helpful?
- 2. Sarah says that Pastor Kasongo's attitude and behaviour is shameful and Jacob says the situation is shameful.
 - a. Why do you think that is?
 - b. How is mental illness seen in your community? Why?
 - c. What do people in your community say is the cause of mental illness? Why?
 - d. What words do people use for people who have mental health problems in your community? What do those words mean?
 - e. Jacob says that Sarah should not touch Pastor Kasongo or anything that he has touched, because his condition is infectious, and she may 'catch' it. Have you heard of this belief? What other beliefs about people with mental health problems exist?
- 3. Which response to Pastor Kasongo's mental illness is most likely in your community?
- 4. What would be the impact of Jacob's advice on...
 - a. Pastor Kasongo?
 - b. the family as a whole?
 - c. the wider community?
- 5. What would be the impact of Mary's advice on...
 - a. Pastor Kasongo?
 - b. the family as a whole?
 - c. the wider community?
- 6. What advice would *you personally* give to Sarah?

After 60 minutes, ask a spokesperson from each group to report their group's answers back to everyone.

Write up the answers on a flipchart and then fix the sheet to the wall.

Activity 4: Story and Discussion (60 minutes)

Aim — To help participants reflect on positive, biblical responses to mental health problems.

Our story continues...

Read out loud the next part of the story to the whole group.

After hearing what Jacob and Mary have to say, Pastor Ilunga raises his hand and stands up. "Sister Sarah, please don't be distressed. I know your dear husband Pastor Kasongo very well indeed. It has been good to hear the thoughts of our friends Jacob and Mary. But with the greatest respect, I would warn you against attributing Pastor Kasongo's depression to demons or witchcraft. Neither is his condition something that can be passed on to others like an infectious disease. As you know, I often visit people on the wards in our district hospital. I have visited many people in this situation before, both in the hospital and in the community and have never been affected. I believe your husband is suffering from a common mental health problem called depression. When you are truly depressed, it's not like having a low mood or a bad day which we all have from time to time. You can feel total hopelessness and in deep despair. It affects you physically as well as mentally. Telling people who are depressed to pull themselves together, or to have more faith, or to trust more in God makes them feel even more helpless. Even Christian leaders may become depressed, because they are human and mental ill health can affect any one of us at some stage in our lives.

"I don't think it is a coincidence that Pastor Kasongo's depression started after the attempted burglary. Depression can be triggered by a distressing event or situation. It can also be caused by a chemical imbalance in the brain. It certainly is NOT a punishment from God and rarely the result of sin, although some people may become depressed through a spiritual cause such as struggling to accept forgiveness. But I am sure the trauma of the burglary is what triggered your husband's depression. That does not mean he is weak. Throughout the Bible, there are stories of people who became depressed — even those who were great prophets and leaders. Think of the prophet Elijah for instance. God used him in mighty and miraculous ways, and he is one of the most honoured prophets in the Bible. But after Queen Jezebel threatened to kill him, he fell into a deep depression as we can read in 1 Kings 19:4. He even wanted to die. God had to send an angel to minister to him. There is no shame in having a mental illness such as depression.

"I also think that Pastor Kasongo has been working far too hard and carrying everyone else's problems. I should have seen what was happening. We need to make changes in our church and form pastoral groups where people with problems can be supported by others in their group, rather than just the church leader. We need to give Pastor Kasongo a proper break and then let him come back to work gradually.

"Despite what our brother Jacob says, I would strongly advise that we do not take Pastor Kasongo to a traditional healer, because some of them turn to the occult for their power. Even those who do not do so and who have a good and helpful knowledge of herbs for physical problems are not trained and experienced in handling mental health problems. Instead, I will

ask your husband to come with me to the hospital to have a proper assessment by the doctor. He may respond well to drugs that help to combat the depression. Let us not forget that just as with physical illness, God has given us the gift of medications that help us to recover from some forms of mental illness or to keep them under control. If it is appropriate, the doctor may give your husband medication which would be God's grace for him. You will need to encourage him to take it regularly, even if he begins to feel better, until the doctor says he can stop the drugs.

"Of course, we can sensitively pray for your husband if he is willing, but we will not take him to a prayer camp where people are often forced to fast for days and sometimes treated in a way that is abusive. That is not Christ's way of helping people in distress and it would make Pastor Kasongo's condition even worse! We can simply be praying for him in our personal times of prayer. If he personally requests prayer, then just one or two of us that he trusts will pray for him with loving kindness and gentleness."

Pastor Ilunga invites those around the table to pray for Pastor Kasongo. He then turns to Sarah. "Let us go now and see Pastor Kasongo, to give him the opportunity to share with us how he is feeling. He needs to know that we love him as he is and that we are willing to 'sit in his shoes.' Jesus said in Matthew 5:5, 'Blessed are those who mourn, for they will be comforted.' If your husband is willing, I and another brother from the church will take it in turns to visit him every few days to give him counselling, comfort, and practical support and to pray with him. If you wish, we can also get volunteer women from the church to come and give you some practical, emotional, and spiritual support, because you need loving care too. As Christians, we are all members of one family and one body. As it says in 1 Corinthians 13: 26, 'If one part of the body suffers, we all suffer'. Therefore, we are here to love and support you all."

Our story ends here.

Open discussion

Ask the following questions **one at a time** with the whole group. **Encourage** several people to respond to each question.

Write up their responses on flipchart paper for all to see.

Encourage a discussion around each point raised.

1. What did you learn from this part of the story?
2. How did Pastor Ilunga's advice and opinions differ from the advice and opinions of Jacob and Mary?
3. Whose advice and opinions do you think are most likely to help to bring support, healing and wholeness not only to Pastor Kasongo but also to his wife and family? Why?

4. Whose advice and opinions are most biblical? Why?
5. What would be the impact of Pastor Ilunga's advice and response on...
 - a. Pastor Kasongo?
 - b. the family as a whole?

Note to facilitator: If nobody mentions the following important points, then highlight them at the appropriate moments during the discussion:

- Everyone can experience depression or other mental health problems — including Christians and church leaders. Many characters in the Bible experienced mental health problems. (Note: We will look at this more closely in our next activity.)
- Depression is common. It is not shameful and someone experiencing depression is not weak or lacking in faith.
- We need to 'sit in the shoes' of those with mental health problems and respond to them with empathy and compassion. Imagine what it would be like if you were experiencing a mental health problem. How would you like people to respond to you? How would you like to be supported?
- Telling a person with depression or any other mental health problem to 'pull themselves together' or to 'trust more in God' or 'have more faith' is very unhelpful and will make the person feel worse. When we experience mental health problems, we may feel guilty, frightened, lonely and that we should be 'stronger.' We may be scared that we are 'losing our minds.' This is largely because of the stigma associated with mental health problems in our societies. If we break a leg or develop malaria, we receive sympathy from those around us. However, if we become mentally ill, people may respond negatively, which makes our mental pain even worse.
- We need to respond to the needs of a person experiencing mental health problems with practical help and support as well as sensitive prayer. We need to support not only the person with mental health problems but also their family.
- Depression is very rarely a punishment from God or a result of unresolved guilt and sin in a person's life, although in the Bible, the latter is the reason given for King Saul's mental health problems. (Note: We will look at the example of Saul in day 2 of this workshop.) Although depression may occasionally be associated with demonic influence, we cannot presume this and there would need to be other, very clear indications that this was so. To accuse a person of being demonised would only increase their depression and sense of hopelessness. We will explore this more deeply in day 2 of this workshop.
- Depression can be triggered by a distressing event or chemical imbalance in the brain.
- Depression (and any other mental health illness) is not infectious. It cannot be 'caught.' It cannot be transferred through touch or any other way to another person.

- Encouraging a person with depression or any other mental health problem to visit a trained medical doctor for assessment is helpful, as is going with them to see the doctor.
- Anti-depressant drugs may help a person with depression. Such drugs are a gift from God. They should be taken regularly until a trained medical doctor says that they can be stopped.

Activity 5: Bible study (60 minutes)

Looking at examples of people in the Bible who experienced mental pain and distress and how God treats those with mental health problems.

Aim — To help participants to learn that even great characters in the Bible experienced mental pain and distress from time to time. To show that God treats those with mental health problems with compassion, respect, and love.

Explain: The Bible has many examples of people who suffered extreme mental pain, distress and mental illness. We are now going to look at what the Bible says about this.

Study in groups

Organise the participants into small groups. Each group will need to choose a scribe to write up their responses.

Divide out the following Bible passages among the groups, giving two or more to each group to study. (In your preparation, you will have written out the references to the Bible passages on pieces of paper.)

- Numbers 11:14–17
- 1 Kings 19:1–8 and 19:15
- Genesis 37:31–35
- Matthew 12:20; and Isaiah 42:3
- Matthew 26:37–38
- John 11: 33–35
- Jeremiah 20:14–18; and Job 3:1–6 and 3:24–26
- Psalm 34:18
- Psalm 31:9–10
- Psalm 143:3–8

Ask each group to read the Bible passages that they have been given and then discuss and answer the following questions after each passage. The scribe in each small group should note down their responses to share later.

- What can we learn from this passage of scripture?
- What is God saying to us through it?

- What does it teach us (if anything) about how we should treat people with acute or chronic mental health problems and severe mental distress?

After 30 minutes, ask the small groups to come back together to share their responses with the whole group. **Encourage** the whole group to discuss each response.

Bring out the following points from the Bible passages if they are not mentioned:

Numbers 11:14–17

God permits us to speak to him honestly and openly. Moses doesn't hide anything from God but shares exactly what is in his heart. Moses feels overwhelmed. Even Christian leaders can feel overwhelmed and unable to carry on. In fact, the responsibility that comes with leadership can make people more susceptible to being mentally overwhelmed. Stress, overwork, and carrying too much responsibility without allowing others to help us, as in the case of Moses, can cause us to completely collapse mentally, physically, and emotionally. Note that God did not treat Moses like a failure or reject him. Instead, God responded practically, giving Moses some people who would help carry his burdens and responsibilities. In verse 17 it says that God came down to talk with Moses. God cares and helps to carry our burdens and we are to help carry the burdens of others. (See 1 Peter 5:7, and Galatians 6:2.) In this story, there is no mention that Moses's mental health problems are a result of witchcraft, or demonic influence, or that of ancestral spirits.

1 Kings 19:1–8 and 19:15

Even people like Elijah who are devoted to God and actively serving him can experience depression and mental anguish. We can even become low after great achievements and victories such as Elijah had just experienced. God's response is to care for him, treat him gently and help him to recover. God doesn't reject him. He commissions Elijah for further service. God uses people with or without mental health problems to do his work, because we are all dependant on him to give us strength and to enable us to accomplish what he has called us to do. In this story, there is no mention that Elijah's mental health problems are a result of witchcraft, or demonic influence, or that of ancestral spirits.

Genesis 37:31–35

Jacob was a great patriarch and servant of God, but he was inconsolable after believing that his son Joseph had died. His grief was extreme. Extreme and prolonged grief can lead to mental health problems, no matter who a person is. They need our care and support to help them through their grief. In this story, there is no mention that Jacob's mental health problems are a result of witchcraft, or demonic influence, or that of ancestral spirits.

Matthew 12:20; and Isaiah 42:3

These verses speak of the Messiah, Jesus Christ. He treats those who are crushed in mind and spirit with tenderness and gentleness. He protects. He will not dismiss them or treat them harshly. He will bring justice to them if they have been wronged. Rather than rejecting people with mental health problems and treating them harshly, unkindly, with impatience, and stigmatising them, we should treat them as Christ would – with loving kindness and care. We should ensure that they are treated justly, and advocate for them and with them.

Matthew 26:37–38

Our Lord Jesus experienced great mental pain and anguish in the garden of Gethsemane. He described his soul as being crushed with grief. He wanted his friends Peter, James, and John to stay with him to give him comfort and strength and to stand with him in his suffering. Mental pain, extreme anxiety, and distress are not a sign of weakness but are a natural reaction to distressing events or circumstances. Experiencing mental pain and problems is not shameful. Even our Saviour Jesus Christ experienced them. He can identify with us in our mental pain and suffering because he has also experienced them while here on earth. We too should stand with and support those who are going through mental distress and mental health problems and give them comfort and support.

John 11: 33–35

Jesus showed deep grief at the death of his friend Lazarus and at the profound sorrow of Lazarus's friends and family. He was also angry at the reality of death. Some Christians believe that they should never feel emotions perceived to be negative such as sadness or anger, but Christ himself expressed them. Experiencing sorrow, anger, and grief are part of our human condition. As a human, Jesus even wept. Heartfelt mourning and grief in the face of death does not show a lack of faith but rather, honest sorrow. Christ's example shows that it is right for both men and women to weep.

Jeremiah 20:14–18; and Job 3:1–6 and 3:24–26

The harsh circumstances and situations that Jeremiah faced in his ministry as a leading prophet led him to feel deep depression and sorrow at times. He is even known as the 'weeping prophet'. This is not a sign of weakness or lack of faith. God used Jeremiah to confront Judah with its sin – which he faithfully did and with great perseverance. Likewise, Job also experienced deep depression because of his great suffering. And yet he too remained faithful to God and God restored his fortunes, blessing him even more in the second part of his life than in the first. Experiencing deep mental anguish, or depression, or sorrow is not a sign of weakness, sin, or lack of faith.

Psalms 34:18

God is close to those who are broken-hearted and crushed in spirit because of a deep sense of repentance, or because of the brokenness of the world around them. He is also close to those who are crushed by mental pain, anguish, and illness. He does not distance himself from them but draws near. We too should draw close to those who are experiencing deep mental pain, anguish, and mental health problems.

Psalms 31:9–10 and 143:3–8

Even King David — who pursued God with all his heart — experienced deep depression because of a profound sense of guilt caused by his sin of adultery with Bathsheeba. At other times in the Psalms as in Psalm 143:3–8, he expresses depression not because of guilt and sin, but because of great stress caused by the fact that his enemies are chasing him. Physical and mental health problems are not all the result of guilt or sin in a person's life, though at times they may be. If a person's mental suffering and anguish relates to sin in their lives, then we must not judge them. Instead we must show compassion, share with them the grace of Christ, and help them to a point where they can repent of their sin to receive the love, grace, forgiveness, and healing of God. During the times David experienced depression because of guilt, and the times when he experienced depression because of great stress and danger, God loved him just the same and continued to protect him and carry out his purposes for David's life. He did not reject him but continued to use him as a great king.

More examples

Ask the whole group: We have looked at some examples of people who experienced mental health problems in the Bible. Can you think of anyone else in the Bible who experienced mental health problems?

Invite the participants to call out examples (or to read out the relevant Bible passages, if known), and to explain why they think that person experienced mental health problems.

Participants may think of:

- **Job:** who experienced depression because of the extreme suffering he experienced. — see Job 17:1 and Job 4:5.
- **John the Baptist:** who, while in prison, understandably expresses doubt and anxiety. Jesus doesn't call him weak but rather honours him for who he is. — see Luke 7:18–20.
- **Habakkuk:** who, on hearing of God's coming judgements, experiences what sounds like an episode of severe anxiety or a panic attack. — see Habakkuk 3:16.
- **Naomi:** who sounds very low and depressed due to her multiple bereavements and the sufferings she has experienced, although by the end of the story her joy is restored. — see Ruth 1:19–21.

Explain: We can see that many people in the Bible experienced mental health problems and that even our Lord Jesus experienced extreme anxiety and mental pain and distress. Nowhere in the Bible is there any mention of mental health problems being associated with witchcraft, or of people with mental health problems being witches. Neither is it said that mental health problems are caused by ancestral spirits. People with mental health problems in the Bible are not said to be 'infectious'. Rather, we learn that those who are affected by mental health problems are to be treated with loving care and respect.

Activity 6: Review (15 minutes)

Looking back at the participants' responses to Activity 2.

Aim — To see whether the understanding of the participants has changed as a result of the learning so far.

Reviewing our responses

Explain: we are now going to look back and reconsider our initial responses to the story of Pastor Kasongo.

Remind the participants:

We discussed the following questions...

- What do you think is wrong with Pastor Kasongo?
- What do you think is causing Pastor Kasongo's problems?
- What do you think Pastor Kasongo's family, friends, or church colleagues should do next?

Show the sheet of flipchart paper with the responses to the questions from Activity 2.

Ask: Let's look at our responses to these questions. After all that we have learned today, would you change any of the responses to these questions? If yes, how would you change them?

Note the changes on the flipchart paper.

Looking forward

Explain: As followers of Christ, it is important that we create environments in our families, churches, and communities where people with mental health problems can be loved, supported, respected, and included, as Christ would have us do. This means that we need to take time to learn about different mental health issues; to discuss how they impact individuals and their families; and to look at how we as God's people can give them practical and spiritual care and support. So tomorrow, on the second day of our workshop we will learn about the following:

Mental Health Matters

- different mental health problems;
- how the Church can give sensitive and appropriate practical and spiritual support to those experiencing mental health problems, and how we can include them in our churches and community life; and
- how the Church can address the stigma associated with mental health problems.

Activity 7: Closing (10 minutes)

Remind participants that if anyone would like to have an opportunity to privately talk and pray about a mental health problem that they are experiencing, then to come and see you confidentially afterwards.

End this day's session by **organising with the participants**:

- the date and time of the next *Mental Health Matters* training session;
- the place to meet.

Invite any questions.

Worship and prayer

Invite a participant to lead in a song of worship to God.

Invite another participant to close in prayer.



Day 2 of Workshop

MENTAL HEALTH MATTERS

Overall aim of the series: All training resources in *the Heart of the Matter* series aim to provide a meaningful response to the phenomenon of accusations of witchcraft made against children with a view to bringing about changes in culture and behaviour in local communities.

Objective of this workshop: By the end of this workshop, the participants will recognise that mental health problems can affect anyone at any time in their lives, and that people experiencing them need our loving care and support.

Before the Workshop

Gather and prepare the following:

- Materials — flipchart, marker pens, paper, scotch tape.
- Copies of questions for group discussions (to be given to each group before the relevant activity).
- Copies of stories for Activity 3 — four copies each of the four mental health stories found in Annex 1.
- For Activity 3, write up on separate flipchart sheets the names of the different mental health conditions covered during this activity, along with a brief explanation of the condition, and its signs and symptoms.

You should also ensure you have someone to help with pastoral counselling in case any participants need to talk or pray with someone because they are personally experiencing or have experienced mental health problems.

And Finally...

For participants as a record of their attendance at the workshop, you will need:

- Participant Certificates — these will need to be printed off, have names of attendees added, and be signed by the facilitator. A sample certificate template is provided with the resources for this course.
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Opening (15 minutes)

Welcome

Welcome the participants.

Explain: Welcome to our second day of the *Mental Health Matters* workshop. We are learning together about how we as humans sometimes experience mental health problems, just as we may also experience physical health problems. We are going to continue exploring this important subject today, but first we will read a passage from the Bible and worship God together.

Read out loud the following Bible passage:

1 John 3:16–18

This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers. If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him? Dear children, let us not love with words or tongue but with actions and truth.

Ask the participants:

- What do we learn from these verses?
- How should we respond to them?

List the responses and lead a brief discussion.

Explain: We are to put love into action if we are true followers of Christ. People in need require more than just words. They also need practical help. We are to help meet the needs of others when it is within our ability to do so. When it comes to helping someone with mental health problems, we are to show them the love of Christ in action. We will be looking at how we can do that in a practical way in today's session.

Prayer and worship

Invite a participant to lead the group in a song of praise to God.

Invite a participant to open the meeting in prayer.

Activity 1: Review (15–20 minutes)

Aim — To remind participants what they learned during the first day of the workshop.

Setting the context

Explain: In the first day of our *Mental Health Matters* workshop, we learned that mental health problems can affect the way we think, feel, and react to situations. Poor mental health can affect all areas of our daily lives. It can also affect our relationships. Poor mental health can affect our physical and spiritual health and wellbeing in the same way that poor physical health can affect our mental and spiritual health and wellbeing. Yesterday we learned that there are many examples in the Bible of godly people who experienced mental health problems.

Ask: Can you remember who some of these people were?

Encourage the participants to call out names of characters in the Bible and if possible, what sort of mental health issue they experienced.

Remind the participants: Even Jesus Christ experienced times of great mental anguish and anxiety – especially just before he was crucified.

Ask: What else did we learn yesterday?

Invite the participants to call out what they learned. **List their responses** and briefly discuss them.

Remind the participants of the following key points if they don't mention them:

- Everyone can experience mental health problems – including committed Christians and Christian leaders.
- It is not shameful to have a mental health problem. Someone experiencing a mental health problem is not weak or lacking in faith.
- We need to 'sit in the shoes' of those with mental health problems and respond to them with empathy and compassion.
- Telling a person with depression or any other mental health problem to 'pull themselves together' or to 'trust more in God' or 'have more faith' is very unhelpful and will make the person feel worse.
- Mental health problems are not a result of witchcraft and neither is someone with mental health problems a witch. Mental health problems are part of the human experience while we are here on earth, just like physical health problems.
- We need to respond to the needs of a person experiencing mental health problems with practical help and support as well as sensitive prayer. We need to support not only the person with mental health problems but also their family.
- Encouraging a person with a mental health problem to visit a trained medical doctor for assessment is helpful, as is going with them to see the doctor.

Activity 2: Story and Discussion (60 minutes)

Aim – To help participants to learn that those affected by mental health problems are to be treated with loving care and respect and to be supported with practical help.

Say to the participants: We are going to continue the story of Pastor Kasongo, but before we do so, can anyone briefly summarise the story so far for us?

If no-one volunteers, then summarise it for the participants.

Story context

Share the background to this part of the story: I want you to imagine that nine months have passed since Sarah, the wife of Pastor Kasongo had a meeting with her brother-in-law Jacob, his wife Mary and Pastor Ilunga who has worked with Pastor Kasongo for many years. During the past nine months, Pastor Kasongo's depression has greatly improved with medication and the help of medical doctors at the clinic. Above all, it has improved with the loving help and support of Pastor Ilunga and other men and women in his church congregation. We return to the story now.

Our story continues...

Read out loud the story to the whole group.

Pastor Kasongo is sitting at his desk in his office at the church. He is writing a talk for the Sunday morning service but is having a short break. He looks out of the window and smiles to himself as he watches two boys playing football with a ball made of banana leaves. He did the same when he was a child. He enjoys seeing the Jacaranda trees in full bloom and thinks to himself how good it is to be able to enjoy life once again after the long period of dark depression he experienced nine months earlier. There is a knock at the door and Pastor Ilunga enters. "Good morning Pastor Kasongo," he says, while shaking Pastor Kasongo by the hand, "it is good to see you looking so well."

"Thank you," replies Pastor Kasongo, "I am thriving by God's grace, as is my dear wife Sarah and our children. I was just thanking God that I have greatly recovered from the depression I experienced all those months ago. I thought I would never come out of it, but I am getting better day by day. As you know, I occasionally have a dark day still, but now I know that it won't last and that I will get through it. I'm still on the anti-depressant tablets that the doctor at the clinic gave me, but he says that next week I can start to reduce them and eventually stop them. Some people have said I should have faith that God has healed me, but they are the same people who know it would not be good to stop a course of anti-malarial

tablets if they had malaria. So, it's the same with mental health problems. I must continue with the medication that God has graciously provided me with until I am able to do without them. The medications have made a big difference to me. So has the support of the medical team at the hospital. But the thing that has meant the most to me has been your pastoral counselling and your gentle prayer support. You listened to me. You loved and accepted me. You did not judge me. I would never have got to the clinic without you coming with me. You included me in decisions about the church, even though I was unable to work for the first three months. And since then, you have helped me to gradually return to work, one step at a time. You encouraged me and have walked on the journey towards recovery with me. I will always be grateful to you for that."

Pastor Ilunga smiles and thanks Pastor Kasongo. "It wasn't just me," he reminds Pastor Kasongo, "remember how Fred used to visit you to share the local news and to encourage you to get up and work with him in your garden? Starting with short, simple activities, he encouraged you to gradually do more and more. Together you managed to grow tomatoes, beans and pumpkins. He was a true friend."

"You're right," agrees Pastor Kasongo, "just being with him in the fresh air and growing things helped me to feel more alive. He too showed me loving kindness and support. He too accepted me and did not judge me. He too would encourage and pray with me. He even encouraged me to worship God in song as we dug the garden together. I was able to connect with God again with his help. But it wasn't just Fred. There were all those women from the church who took the time to come and visit Sarah. They helped her with the housework and occasionally brought her cooked vegetables and other simple meals. They too listened to her, giving her the opportunity to talk about how she was feeling, and they prayed with her. They helped look after the children and sang and prayed with them too. We felt loved and supported as a family."

Pastor Ilunga nods his head, "I agree. The women of the church did a great job. They too were true friends. That's what we all need when we are going through tough times. True friends who will love us, not judge us, accept us however we are feeling, and walk hand in hand with us. True friends don't just talk about loving us — they show it in action, which is what it says we are to do in 1 John 3:18."

Pause the story.

Open discussion

Ask the participants the following questions, and **encourage an open discussion** around each point raised. **Note the responses.**

1. What did you learn from this part of the story?

2. How did the medical doctors help Pastor Kasongo to recover?
3. How did Pastor Ilunga help Pastor Kasongo to recover? What practical help and support did he give to him? Was the support he gave difficult or complicated? Could you give this kind of support to someone in your family, church, or neighbourhood who has a mental health problem?
4. How did Fred help Pastor Kasongo to recover? What practical help and support did he give to him? Was the support he gave difficult or complicated? Could you give this kind of support to someone in your family, church, or neighbourhood who has a mental health problem?
5. How did the women from the church help Pastor Kasongo's wife Sarah and their children? What practical help and support did they give? Was the support they gave difficult or complicated? Could you, your family and the women in your church give this kind of support to the family of someone in your church or neighbourhood who has a mental health problem?

Bring out the following points if no-one mentions them during the open discussion:

- Recovery from depression may be slow and gradual. A person with depression may greatly improve but still have 'bad days' when the depression comes back again. This does not mean that they are a failure and neither does it mean that they have sinned or are not trying hard enough to get better. For some people it's just a normal pattern of the condition. Some people may fully recover, and others may have recurring bouts of depression which they learn to manage with support from others.
- With medical care and loving family and community support, it is possible for people with mental health problems to manage their condition and to have a fulfilling life.
- People with depression (or any other mental health problem) who are taking medications that have been prescribed by a qualified medical doctor must not be told to stop taking the medications, as this could cause greater problems. Taking medications does not show lack of faith in God's power to heal that person, just as taking anti-malarial tablets when we have malaria does not mean that we do not trust God to heal us. We thank God for the medical advances that mean that medications are available to help those with physical and mental health problems.
- Supporting people with mental health problems does not require special skills and training and neither does it need money. It just requires our time and love. Simple things like going for a walk with someone with mental health problems or doing the gardening with them may be a great help, as is offering to help with housework or child-care or just sitting and listening to them and sensitively praying for them.

Our story continues...

Continue to **read out loud** the story.

Pastor Ilunga continues speaking. "I was very happy when your brother Jacob started to visit you to go for walks with you. His wife Mary has also given lots of help to Sarah and the children. It must have meant a lot to you when Jacob apologised for saying that you had been cursed and suggested that one of your neighbours or children may be a witch. It was also a blessing when Mary apologised for thinking you were demonised. Jacob also now realises that he cannot 'catch' a mental health condition from someone who is experiencing mental health problems. They both realised how wrong they were and that they were speaking out of ignorance."

Pastor Kasongo nods. "You're right. I thank God that as a family we have been able to learn more about what depression is and about mental health problems in general. We now talk openly about the issue and support each other. It has drawn us closer together. I am thankful to God for that."

Pause the story.

Open discussion

Ask the participants the following questions, and **encourage an open discussion** around each point raised. **Note the responses.**

1. What did you learn from this part of the story?
2. Describe the change in attitude and understanding of Pastor Kasongo's brother Jacob and his sister-in-law Mary towards Pastor Kasongo and his mental health problems. How did they demonstrate that their understanding had changed? What changes in understanding do we need to have towards people with mental health problems if we are to help them?

Read out the following Bible verses from 2 Corinthians 1:3-4:

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God.

3. What can we learn from this passage?

Bring out the following points if no-one mentions them during the open discussion:

- People with mental health problems are not cursed by a witch and neither are they witches. Neither are they 'infectious'. A mental health problem cannot be transferred from one person to another. We cannot 'catch' a mental health

condition from another person. In this world, mental health problems are a common part of our experience as human beings.

Our story continues...

Continue to **read out loud** the story.

Suddenly, Sarah appears at the window. She smiles and waves to the two men before walking into the office. "Good morning Pastor Ilunga! How are you? I was just bringing my husband some freshly cooked sweet potatoes for his lunch. There's enough for you too." She places a small basket covered with a brightly coloured cloth on the table and then turns to Pastor Kasongo. "How are you getting on with your talk for Sunday? I am so proud of you. The talk you gave in church last Sunday was one of your best. Let me try and remember the key verse!" Sarah thinks for a while and then laughs. "Yes, I remember now! It was 2 Corinthians 1:3-4: 'Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles so that we can comfort those in any trouble with the comfort we ourselves have received from God.' The truth in those verses is very real to me now. After all that we have been through together with your depression, and the marvellous help and support that we have received, I now want to help other people with mental health problems and comfort them the way that we were comforted. I want to advocate with and for people with mental health problems and share the experience of what we went through, so that those who are going through the same thing can know that they are not alone. Any one of us could experience mental illness and so many people do. It's interesting that since you became ill, others with depression and other forms of mental health problems have had the courage to speak up and say that they too are experiencing similar problems. They feel isolated just as we did until we turned to Pastor Ilunga for help. I am thinking about running a series of teaching sessions in the church on mental health problems, so that we can start a conversation about the issue and raise awareness of the simple things that can be done to give support to people experiencing poor mental health. The sort of things that people did for us."

"That's a marvellous idea!" exclaims Pastor Kasongo, jumping up with excitement. "We could even invite those from our sister churches in the local district. We could get Pastor Ilunga and Fred and others to share their experience of helping us, and perhaps even get my clinic doctor to come and do some simple teaching about mental health problems. Let's talk more about that this weekend. But the most important thing to do now is to eat those lovely sweet potatoes together! Let us pray and give thanks to God for His goodness."

Our story ends here.

Open discussion

Ask the participants:

1. After all they had been through, how did Pastor Kasongo and Sarah want to help other people with mental health problems?
2. What action did they want to take?
3. Could we take similar action in our churches and community? How? What do you think the impact would be?

Encourage several people to respond to each question. **Write up their responses** on flipchart paper for all to see. **Encourage a discussion** around each point raised.

Bring out the following points if no-one mentions them during the open discussion:

4. When we bring the issue of mental health problems into the open, it means that we can talk about it. This helps to reduce the stigma often associated with it, and misunderstandings. When we bring the issue into the open, we raise awareness. People with mental health problems are then more likely to have the trust and confidence to openly share their experience or to seek help. People with mental health problems are experts in what it is like to live with mental health conditions. We can listen to them and learn from them. As we do this, we become a more caring and loving community.

Activity 3: Learning about... (150 minutes)

Learning about different mental health conditions.

Aim — To help participants to learn about a few mental health problems that may be experienced at some stage by themselves or people in their family or community and to help them to discuss some of the practical ways they can support people who are living with these problems.

Note to facilitator: For this activity, first **organise the participants** into four groups of up to a **maximum of eight people** in each group.

Setting the context

Introduce this activity by providing this context to **all of the participants in plenary:**

So far, we have been following the story of Pastor Kasongo who was experiencing depression. However, just as there are many kinds of physical health problems that we may experience at some stage in our lives, there are also many kinds of mental health problems. We are now going to learn about four of these mental health problems and explore how to support someone who is experiencing them.

You may never have heard of some of these mental health problems or be aware that they exist. But that does not mean that people in your community are not experiencing them. Very often, because of the influence of our cultural norms and the negative attitudes of our societies towards mental health problems, those living with mental health problems try to hide them. They suffer in silence. Our communities remain silent about mental health problems because they perceive them as being shameful or they are afraid to talk about them.

So, we may be ignorant of the different mental health conditions that exist or of what it is like to experience them. But we will learn that children, youth, young adults and older people, both men and women may experience mental health problems. No matter what their age, people with mental health problems need and deserve our care, and to experience the compassion, grace, kindness and hope of Jesus Christ through us. We also need to learn from them.

Four stories

Explain: We are now going to look at four stories. Each story tells of one or two people who are living with or affected by a particular mental health condition. We will learn together the signs and symptoms, and then consider some practical ways we can help them and their families.

Instruction: During this time, the participants can remain seated in their groups as we will share some information in plenary, but they will also need to engage in small group discussion when indicated.

Learning about... Post-Natal Depression

Reading the story

Explain: We will now read a story about a woman with PND and discuss it together.

Give out copies of Story 1 about Esther and baby Moses (from Annex 1), one copy to each small group, so they can refer to it during their discussions.

Invite a volunteer to read out loud Story 1 about Esther who is suffering from PND. All the groups of participants should listen attentively.

Put up on the wall or board, or hold up the flipchart paper you have prepared about Post-Natal Depression. (This should have the title: Post-Natal Depression, followed by the explanation of the condition at the top, and the signs and symptoms below.)

Explanation of the condition of PND

Read out loud to all the participants in plenary the following explanation of the condition of Post-Natal Depression (as written up in advance on your flipchart paper).

- Post-Natal Depression (shortened to PND) can affect women after childbirth. It is common for some women to feel sad, anxious and fearful about how they will cope as a mother, but these feelings usually pass within a few weeks. With good support from family and friends, the woman will recover and grow in confidence as a mother.
- However, for some women, these feelings may persist and increase over time and turn into PND. PND can occur at any time in the first year after childbirth. It can occur after the birth of a first baby or subsequent births.

Signs and symptoms of PND

Ask all the participants:

- What are some of the signs and symptoms that a person has PND? Think about the story we've just heard. How was Esther feeling and behaving?

Invite participants to call out their answers, and note which symptoms they identify.

Highlight to all the participants in plenary all the following signs and symptoms of Post-Natal Depression (as written up in advance on your flipchart paper).

A woman may suddenly or gradually develop some of the following signs and symptoms which may be mild or severe:

- Overwhelming anxiety.
- Feeling guilty about not coping or not loving her baby enough.
- Feeling tired, irritable and disinterested in what's going on around her.
- Feeling hostile towards her husband or partner.
- Difficulty sleeping.
- Loss of appetite.
- Difficulty in concentrating or making decisions.
- Lack of motivation to do anything.
- Feeling very low and helpless.
- Feeling physical symptoms like stomach pains and headaches.
- Lack of desire for her husband or partner.
- Having sudden panic attacks which cause rapid heartbeat and feelings of faintness or sickness.
- An overwhelming fear that her baby may become ill or die or a lack of interest in her baby.

- Rarely, a woman may go on to have delusions and hallucinations and severe mental disturbance.

Explain also the following points:

The suggested causes of PND vary. Some say it is a result of the hormonal changes caused by pregnancy and others that it is caused by the shock of childbirth.

Young teenage mothers may be more likely to experience PND.

It is important to note that women who give birth as a result of rape may have similar signs and symptoms to PND, but they may in fact be suffering from Post-Traumatic Stress Disorder (PTSD), which is another mental health problem that we will look at next. In the case of PTSD, the mother may show signs of mental health problems before as well as after the birth and will need long-term, loving care and support.

Most women will gradually recover from PND with loving support and practical help, but others who develop extreme depression or psychosis will need help and support to go to hospital for an assessment and appropriate care and medication.

Open discussion

Ask all the participants:

- Whether they have ever heard of PND. If they have, what is it called locally and what does the local community say is the cause of it?
- If they haven't heard of this before, can they recall women they have met who seem to have had these symptoms?
- Does this new information about PND shed light on what they have seen in the lives of some women?
- What happens to women and girls with PND?

Note: Perhaps there might even be a woman in the group who has experienced these symptoms but didn't know at the time what she was going through.

Exploring ways to respond

Pose the following questions:

- What we can do to help someone with PND?
- What practical support could we and our churches give to help Esther and her husband, and others like them in our communities who are affected with PND?

Allow five minutes in their small groups for the participants to consider their answers. They should aim to identify at least three practical ways to respond.

After five minutes ask the participants to finish their discussions.

Beginning with the first group, ask participants to put up their hands and **call out their ideas** one at a time and **list their responses**.

After the first group called out all their thoughts and ideas, then **invite the rest of the participants** to add any thoughts that they might have that have not yet been mentioned.

If the following points are not mentioned, then **raise these important points** and **discuss them** with all the participants.

Support of Esther and others like her...

- A woman from the church or community could regularly visit and listen to Esther and others like her in a non-judgemental way. Giving someone with PND the chance to talk about how they are feeling is of great help. Explain to Esther how PND affects some women and reassure her that she is not alone. With loving support, she will eventually recover.
- A man from the church could offer to visit and support Esther's husband as he too is affected by her PND. By listening to him and explaining about PND to him, it may help him to be more understanding of the change in Esther. A couple from the church could meet with Esther and her husband together as well as separately. Bringing them together to talk about PND and how they can work together to help each other through this difficult time could be of benefit.
- Practical help, such as offering to help with the housework.
- Esther does not have any other children, but if she did, women from the church and community could offer to help her with childcare.
- An older woman could offer to help with the care of Moses until Esther feels better able to cope. Offer her guidance and support in how to practically care for the baby until she has increased in confidence and feels less anxious or depressed. Gently teach Esther what to do rather than taking Moses away from her to care for him.
- Offer to go with Esther for a walk or to the marketplace to get her out the house and exercising, which helps mental wellbeing. Going to the market to buy goods may feel overwhelming for her, so by going with her you will motivate her and give her greater confidence.
- Offer to pray and share encouraging scripture with Esther and her husband. Pray gently and sensitively for them and for baby Moses.
- Show people like Esther and her husband that there is a place for them in the church and a loving community to help to support them. God welcomes people like Esther and her husband into his presence just as they are.

- Encourage Esther to meet with other mothers in the church or community and their babies and children.
- If Esther's PND becomes more severe or she demonstrates signs of extreme mental disturbance (hallucinations, delusions or mania) then persuade her to go to the hospital for a proper assessment by a trained doctor. Accompany her to the hospital.
- We can raise awareness in our families, churches and communities about PND and teach others about the condition, so that women like Esther do not have to suffer.
- We can advocate in our communities for an end to child marriage. Young teenage girls often experience traumatic childbirth and are not ready to carry the responsibilities of being wives and parents.
- Raise awareness in our families, churches and communities that women with PND are not cursed, demonised or under attack by witches, but rather people that God loves, and who need and deserve our love and care.

Sadly, in some of our cultures, women with PND suffer in silence because there is so much ignorance, stigma and misunderstanding about the condition. Some women are accused of being cursed by a witch or of being witches themselves. Others are accused of being demonised and forced to go to prayer camps. Some husbands and other family members may treat their wives with contempt or even be violent towards them if they show 'weakness.' They may be accused of being poor mothers, which makes their sense of guilt, anxiety and helplessness even worse.

As followers of Jesus Christ, we are to demonstrate his love and care towards women experiencing PND, to the baby and to their family members, and to change the attitudes in our societies that increase the suffering of women with PND.

Learning about... Post-Traumatic Stress Disorder

Reading the story

Explain: We will now read a story about a child and mother with PTSD and then discuss it together.

Give out copies of Story 2 about Eddie and his mother (from Annex 1), one copy to each small group, so they can refer to it during their discussions.

Invite a volunteer to read out loud Story 2 about Eddie and his mother, who are both suffering from PTSD. All the groups of participants should listen attentively.

Put up on the wall or board, or hold up the flipchart paper you have prepared about Post-Traumatic Stress Disorder. (This should have the title: Post-Traumatic Stress Disorder, followed by the explanation of the condition at the top, and the signs and symptoms below.)

Explanation of the condition of PTSD

Read out loud to all the participants in plenary the following explanation of the condition of Post-Traumatic Stress Disorder (as written up in advance on your flipchart paper).

- Post-Traumatic Stress Disorder (shortened to PTSD) is an anxiety disorder caused by experiencing a single, very frightening and traumatic event, or frequent traumatic events (for instance, like those that may be experienced during war). children and adults of any age can experience PTSD.

Signs and symptoms of PTSD

Ask all the participants:

- What are some of the signs and symptoms that a person has PTSD? Think about the story we've just heard. How were Eddie and his mother feeling and behaving?

Invite participants to call out their answers, and note which symptoms they identify.

Highlight to all the participants in plenary all the following signs and symptoms of Post-Traumatic Stress Disorder (as written up in advance on your flipchart paper).

Someone with PTSD often relives the traumatic event through nightmares and sudden vivid memories about what happened. They may also experience:

- Difficulty sleeping.
- Nightmares.
- Difficulty concentrating.
- Intense panic and distress at things that remind them of the situation, for instance a noise, a smell, or an image.
- Depression.
- Unfounded feelings of guilt.
- Using drugs or alcohol to try to stop the painful memories.
- Inability to express affection or feeling emotionally numb.
- A traumatised child may start wetting the bed.
- Physical symptoms such as headaches, nausea, or a racing heartbeat.
- Extreme vigilance and alertness.
- Overwhelming grief.

Open discussion

Ask all the participants:

- Whether they have ever heard of PTSD. If they have, what is it called locally and what does the local community say is the cause of it?
- What happens to people with PTSD?
- **Ask the participants** if they can now, with hindsight and considering this new information, identify people they have known who may possibly have suffered from PTSD.
- What was done, or what might have been done differently to make a difference?

Note: Perhaps someone in the group will have experienced a mild form of PTSD and can relate to what is described here because of their own experience.

Exploring ways to respond

Pose the following questions:

- What we can do to help a child or adult with PTSD?
- What practical support could we and our churches give to help to help Eddie and his mother, and others like them in our communities who are affected with PTSD?

Allow five minutes in their small groups for the participants to consider their answers. They should aim to identify at least three practical ways to respond.

After five minutes ask the participants to finish their discussions.

Beginning with the second group, ask participants to put up their hands and **call out their ideas** one at a time and **list their responses**.

After the second group called out all their thoughts and ideas, then **invite the rest of the participants** to add any thoughts that they might have that have not yet been mentioned.

If the following points are not mentioned, then **raise these important points** and **discuss them** with all the participants.

Support of Eddie's mother and people like her...

- A woman from the church or community could regularly visit Eddie's mum to offer caring support and a listening ear. They could explain to her how PTSD affects a person and reassure her that she's not alone. She may not immediately want to talk about what happened. Be sensitive to this and build trust one step at a time through consistent friendship and support. Trauma causes wounds to the heart and takes a long time to heal.
- Offer to help with the housework or the gardening.

- Offer to help with the care of Eddie.
- Offer to accompany her for walks or on shopping trips.
- Be sensitive to the fact that there may be places that she cannot face going to – even being in her own living room and garden because that's where the traumatic event happened. She may even need to be helped to move to a new home where she and Eddie can have a fresh start.
- Encourage her to establish a daily routine so that there is a familiar structure to each day and life begins to feel more predictable and secure.
- Gently and sensitively pray with her for healing of the painful memories and for God's love and peace to restore hope. Share relevant scriptures with her that speak of God's love. Be prepared for her to be angry at God because of what happened. Give her the opportunity to express that, while also giving her the hope that our Lord Jesus who suffered, died and rose again is there to comfort and carry her through the pain.
- Show people like Eddie and his mother that there is a place for them in the church and a loving community to help to support them. God welcomes people like Eddie and his mother into his presence just as they are.
- If counselling is locally available from a qualified counsellor, offer to accompany her for counselling. (It is recognised that for many people this will be unaffordable or simply not available. Sometimes there are locally available support groups run by churches or NGO's for survivors of trauma. See what counselling or support services might be available in your area.)
- We can raise awareness in our families, churches and communities about PTSD and teach others about the condition, so that people like Eddie and his mum are understood, cared for and supported.
- We can raise awareness in our families and communities that people living with PTSD are not cursed, demonised, or witches, but rather people that God loves, and who need and deserve our love and care.

Support of Eddie and children like him...

Emphasise: Traumatized children need as much care and support as traumatized adults, but the support should be appropriate to their age and stage of development. Children with PTSD may display negative feelings and aggressive behaviour. Or they may be withdrawn and silent. Tragically, all too often, we accuse a child who shows some of these signs and symptoms of being a 'bad child.' We need to change our understanding and the way we treat these children. They are not 'bad children.' They are children who have had bad things happen to them.

Some of the practical things you can do to support children like Eddie are:

- Ensure the child is removed from the source of trauma. In this case, do not remove Eddie from his mother. Only remove a child from their parent if they are abusive. Rather, discuss with a child like Eddie and his mother whether it may help their healing if they move to the home of another relative temporarily or move home for good, to get away from the terrible memories of what happened.
- When communicating with a traumatised child, it is vital that we 'listen with our eyes' and be sensitive to not only what they say, but the way that they say it. We need to listen well.
- Don't force a child to talk. Don't immediately ask them to say what happened to them. Allow them to express themselves in their own time. Use examples of another child. 'I knew a child who felt sad like you. It's okay to feel sad. Can you describe why you feel sad?'
- Provide them with the means of expressing how they feel through pictures or games. 'Would you like to draw a picture? What would you like to draw? Can you draw me a picture that shows how you are feeling today?', or 'Can you tell your doll how you are feeling today?'
- Be prepared to listen to them and allow them the time to express themselves over many weeks – maybe even months.
- Certain cultures frown on adults or children expressing their emotions, but this is a vital part of the healing process, and throughout the Bible people expressed their sorrow, pain, and anger.
- Help the family to give structure to the child's day, regular routines, a safe and caring environment, and the consistent and regular nurture of a key and loving adult. If, as in Eddie's case, the key carer is also traumatised, you may need to look for another close family member who can be there for Eddie and help to care for his needs.
- If it is possible for Eddie to return to school, it may help him to have a routine and to be with other children, but do not force him. Be sure that he is ready. Make sure that his teacher knows that the child is suffering from trauma because of the awful events he has witnessed and ask the teacher to be patient, sensitive, and supportive.
- Give children like Eddie time to play and to be with friends. But do not force them to be with others until they are ready.
- Do not shout at a child with PTSD if they wet their bed or show negative behaviour. It is not something they do on purpose but rather a sign of deep trauma. With loving care and support these things will improve.
- Even if the key caregiver is not traumatised and did not share the traumatic experience, then teach them about trauma so that they can understand and better

support the child. Help them to understand that even a small infant needs extra care, attention, and support if they have gone through trauma.

- With the child's permission, sensitively, gently, quietly, and lovingly pray for them and invite the child to talk to God too.
- Remember: we can raise awareness in our families and communities that children living with PTSD are not cursed, demonised or witches, but rather children that God loves, and who need and deserve our love and care..

Learning about... Dementia

Reading the story

Explain: We will now read a story about a person with dementia and discuss it together.

Give out copies of Story 3 about Josiah (from Annex 1), one copy to each small group, so they can refer to it during their discussions.

Invite a volunteer to read out loud Story 3 about Josiah, who is living with dementia. All the groups of participants should listen attentively.

Put up on the wall or board, or hold up the flipchart paper you have prepared about dementia. (This should have the title: Dementia, followed by the explanation of the condition at the top, and the signs and symptoms below.)

Explanation of the condition of dementia

Read out loud to all the participants in plenary the following explanation of the condition of dementia (as written up in advance on your flipchart paper).

- Dementia is the name given to a variety of illnesses that affect the normal working of the brain. It may be caused by certain diseases or small strokes that destroy brain cells, or a general decline of the brain due to ageing. Dementia can lead to a gradual loss of memory, confusion and dramatic changes to an individual's personality. While it often affects older people, younger people may also be affected.

Signs and symptoms of dementia

Ask all the participants:

- What are some of the signs and symptoms that a person has dementia? Think about the story we've just heard. How was Josiah feeling and behaving?

Invite participants to call out their answers, and note which symptoms they identify.

Highlight to all the participants in plenary all the following signs and symptoms of dementia (as written up in advance on your flipchart paper).

Signs and symptoms may be mild to start with and then grow steadily worse:

- Loss of memory.
- Confusion.
- Agitation.
- Getting lost easily, even in familiar surroundings.
- No longer bothered to wash or dress properly.
- Gradual inability to remember the names of familiar objects or people.
- Difficulty in carrying out simple tasks.
- Inability to concentrate.
- Difficulty in planning and organisation.
- Gradual problems in communication – difficulty finding the right words.
- Lack of motivation and apathy.
- Personality changes.
- May lose the ability to be compassionate or to empathise with others.
- May become paranoid – for instance, saying that people are stealing their money.
- Depression.
- Eventually, those with dementia may be unable to recognise or remember their closest family members.
- May become aggressive, often because of fear – as it become hard to make sense of situations and events.

Open discussion

Ask all the participants:

- Whether they have ever previously heard of dementia. If they have, what is it called locally and what does the local community say is the cause of it?
- What happens to people with dementia?

Emphasise the fact that tragically, people with dementia may be accused of being witches and practicing witchcraft because of the changes in their personality and behaviour brought about by the dementia. They may say strange things or be more liable to be agitated or angry because of the disorder in their brain. They may wander from home and get lost, unable to find their way home again. But these symptoms of dementia may be interpreted as being how a witch would act.

- **Ask the participants** whether, in light of what they have learned, they can recall cases of elderly people with symptoms of dementia being accused of being witches. What happened to them?

Explain: It is vital that we raise awareness and teach others in our communities about this common mental health problem in the elderly and protect them from harm. As followers of Christ we are called to care for the most vulnerable including those with dementia. People with dementia are not witches.

Exploring ways to respond

Pose the following questions:

- What we can do to help a person with dementia?
- What practical support could we and our churches give to help to help Josiah, and others like them in our communities who are affected with dementia?

Allow five minutes in their small groups for the participants to consider their answers. They should aim to identify at least three practical ways to respond.

After five minutes ask the participants to finish their discussions.

Beginning with the third group, ask participants to put up their hands and **call out their ideas** one at a time and **list their responses**.

After the third group called out all their thoughts and ideas, then **invite the rest of the participants** to add any thoughts that they might have that have not yet been mentioned.

If the following points are not mentioned, then **raise these important points** and **discuss them** with all the participants.

Support of Josiah and people like him...

- Visit and sit with people like Josiah, to give their family members a chance to get on with other things.
- Offer to help the family with the housework or washing clothes.
- Listen and talk with the person with dementia.
- People with dementia respond well to song and music, so sing songs or hymns in their language that would be familiar to them or play them music. Play the radio if there is one available.
- Read to the person with dementia or recount stories and local news to them. Ask them about their happy memories of the past. Often, they can remember things in the past very well. It is recent events and conversations they tend to forget. Stimulating conversation is important.
- Encourage and supervise them to do whatever they can, even if it takes them a long time to do it. For instance, encourage them to help sweep the floor or weed the garden or do the washing up. Keeping them active and stimulated is important. If they once had a particular skill or interest, encourage them to do

activities related to it. For instance, in the story with Josiah, we could encourage Josiah to help in the garden as he was once a farmer.

- Encourage them to drink plenty of fluids as keeping hydrated helps the brain to work better. Drugs, alcohol, and smoking leads to greater deterioration in the brain so advise them to avoid these.
- Be patient with them and be prepared to listen to them repeating the same thing and asking the same questions many times.
- Offer to take them for a walk or to go to the marketplace, as fresh air and regular exercise helps people with dementia.
- Accompany them to church and sit with them. If they become agitated, then walk with them outside or accompany them home again. God welcomes people like Josiah into his presence just as they are.
- Show people like Josiah that there is a place for them in the church and a loving community to help to support them.
- Pray with them and encourage them to pray and sing to God. Assure them of his love.
- Ensure their environment is a safe one. Don't leave them alone and unsupervised in unsafe situations – for instance, near an open fire, or a pot of boiling water or food. Watch out for them.
- We can raise awareness in our families, churches and communities about dementia. As we have already discussed, we can teach others that people like Josiah are not dangerous and neither are they witches. Nor are they cursed or demonised. We need to protect them from such harmful accusations and their consequences. We can raise awareness that they are vulnerable, and that they and their family need loving help and support. We can teach others how to give practical support to people like Josiah and Gladys. Teach them to keep an eye open for people living with dementia so that if they are found in an unsafe situation, they can help them. If they wander away from home and get lost, people in the community can guide them back home again.
- If they live locally, encourage grandchildren to visit them regularly and to play around them or sing to them. People with dementia often respond very well to the company of children.
- The most important thing with people with dementia is to show them loving care and kindness.

Learning about... Schizophrenia

Reading the story

Explain: We will now read a story about a person with schizophrenia and discuss it together.

Give out copies of Story 4 about Caleb and his mother Rose (from Annex 1), one copy to each small group, so they can refer to it during their discussions.

Invite a volunteer to read out loud Story 4 about Caleb and his mother Rose, who are affected by schizophrenia. All the groups of participants should listen attentively.

Put up on the wall or board, or hold up the flipchart paper you have prepared about schizophrenia. (This should have the title: Schizophrenia, followed by the explanation of the condition at the top, and the signs and symptoms below.)

Explanation of the condition of schizophrenia

Read out loud to all the participants in plenary the following explanation of the condition of schizophrenia (as written up in advance on your flipchart paper).

- Schizophrenia is a chronic, disorder of the mind which distorts the way a person thinks, feels and the way they speak, perceive things and behave. According to the World Health Organisation, around 20 million people worldwide live with schizophrenia.¹ There are different ideas as to what may cause schizophrenia such as a genetic disposition, psychosocial, and environmental factors, trauma and extreme stress and drug use, but no single factor has been identified.
- People living with schizophrenia are often greatly stigmatised and marginalised because of the misunderstanding, fear, and ignorance that surround this mental health problem, and the common misconception that people with schizophrenia are dangerous. There is also a common misconception that people with schizophrenia have a 'split personality' that swings from being calm to out of control or violent.
- Schizophrenia can be better managed with drugs, but sadly, many people with schizophrenia (particularly those in low income countries) lack access to mental health services and to the drugs that would be of help to them. Even those who have access to medication may struggle to function at their full capacity and may be liable to periods of time when they have great difficulty coping with daily life.

Signs and symptoms of schizophrenia

Ask all the participants:

¹ source: <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

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- What are some of the signs and symptoms that a person has schizophrenia? Think about the story we've just heard. How was Caleb feeling and behaving?

Invite participants to call out their answers, and note which symptoms they identify.

Highlight to all the participants in plenary all the following signs and symptoms of dementia (as written up in advance on your flipchart paper).

Common experiences of a person living with schizophrenia include:

- Hallucinations: hearing, seeing or feeling things that are not there.
- Delusions: fixed false beliefs or suspicions not shared by others in the person's culture and that are firmly held even when there is evidence to the contrary.
- Paranoid or bizarre thoughts and ideas.
- Obsessive thoughts.
- Abnormal, disorganised behaviour, such as wandering aimlessly, mumbling or laughing to self, strange appearance, self-neglect, or appearing unkempt.
- Disorganised speech: incoherent or irrelevant speech.
- Disturbances of emotions.
- Being apathetic and withdrawn.

Explain also the following points:

Because of some of the symptoms and behaviours associated with schizophrenia, some Christians may jump to the conclusion that the person with schizophrenia is demonised and may want to perform deliverance rites on them. This causes even more stress and distress to the person with schizophrenia and is extremely damaging. Before rushing to the conclusion that a person is demonised, we must be very careful to look at the person's history and life as a whole. We must help the person to get a proper assessment from an experienced medical practitioner and rule out all other possible causes. We must exercise discernment. We will talk more about this issue in our next activity.

We must understand that confusing some of the symptoms and signs of mental health problems such as schizophrenia with the demonic adds to the marginalisation and ill treatment of those who are suffering from them and is very damaging. As Christ's followers, we must exercise wisdom and do everything in love. All people, whether they have a mental or physical health problem are precious and equal in God's sight. All are created in his image and as such our responses to those living with schizophrenia must be those of love, compassion, and respect.

Open discussion

Ask all the participants:

- Whether they have ever previously heard of schizophrenia. If they have, what is it called locally and what does the local community say is the cause of it?

- What happens to people with schizophrenia?
- If they haven't heard of schizophrenia before, can they recall people they have met who showed these kinds of symptoms? How were they treated?

Exploring ways to respond

Pose the following questions:

- What we can do to help a person with schizophrenia?
- What practical support could we and our churches give to help to help those like Caleb and Rose who are affected by schizophrenia?

Allow five minutes in their small groups for the participants to consider their answers. They should aim to identify at least three practical ways to respond.

After five minutes ask the participants to finish their discussions.

Beginning with the fourth group, ask participants to put up their hands and **call out their ideas** one at a time and **list their responses**.

After the fourth group called out all their thoughts and ideas, then **invite the rest of the participants** to add any thoughts that they might have that have not yet been mentioned.

If the following points are not mentioned, then **raise these important points** and **discuss them** with all the participants.

Support of Caleb and people like him...

- Remember that above all, Caleb and those like him are created in God's image and are precious and valuable to him. Treat Caleb and those like him as you would wish to be treated if you had a similar mental health problem.
- Show Caleb loving kindness and respect, no matter what his behaviour.
- Medical care is vital, so assist Rose in getting Caleb to see a qualified doctor who can assess him and give him the appropriate medications to help manage Caleb's condition.
- Give Rose the support that she needs. Just 'being there' for her will help her not to feel so alone. Give her opportunities to talk and to share her concerns. Now and again, sit with Caleb for a morning while Rose goes out, to give her a break. Cook a meal for her occasionally and offer to help with the housework. Practical expressions of love and support go a long way to helping a carer of a person with schizophrenia to cope more.
- Advise Rose to maintain a safe environment for Caleb. Don't leave him alone and unsupervised in an unsafe environment — for instance, near an open fire, or a pot of boiling water or food. Keep a loving, watchful eye on him as much as possible.

- Listen and talk to Caleb in his more lucid moments and encourage him that you are there for him. Encourage him to do things that he enjoys doing and to take exercise. Encourage him to help out in the home and garden on his good days.
- Don't argue with them when a person with schizophrenia says they can hear voices, or they have delusions and hallucinations. Just acknowledge what they are thinking and feeling while saying that you are unable to hear the voices they can hear or to see what they can see. But that you are there for them.
- Gently and sensitively pray with Caleb and Rose, and share encouragement from the scriptures.
- Raise awareness in your local neighbourhood and church that people like Caleb are not dangerous, but that they are vulnerable and that they and their family need loving help and support. Educate local community members and your church members about schizophrenia. Share what you are learning in this training with them! Teach them how to give practical support to people like Caleb and Rose. Teach them to keep an eye open for Caleb so that if he is in a situation that is unsafe, he can receive help. If he wanders away from home, you can guide him back again. If the person's symptoms become very extreme, they may need to be admitted into hospital until their condition is under better control.
- Encourage people in Rose and Caleb's situation to come to church. Assign a man and a woman to sit with and help them. Educate the church members that it doesn't matter if a person like Caleb becomes restless and moves about or talks to himself. God welcomes him into his presence just as he is, in the same way that he welcomes us just as we are.
- A person with schizophrenia is not a witch or cursed. Signs and symptoms of schizophrenia are similar to some of the signs of a person who is demonised. Therefore, do NOT jump to conclusions that just because a person's behaviour is bizarre, or they are speaking rapidly and incoherently, or they hear voices, that they are demonised. They may have schizophrenia or another mental health problem and need the help and support of an experienced medical doctor and appropriate medications as well as loving psychosocial support. (We will explore this issue more in the next activity.)
- Remember above all that a person with schizophrenia wants the same things that we all do, which is to be treated with love and respect, to belong, to be comforted when they are grieving or fearful or feeling low, and to have someone who will listen to them.

Activity 4: Learning about... (60 minutes)

Learning about spiritual causes of mental health problems.

Aim — To help participants to learn that sometimes there may be spiritual causes to mental health illness, and to learn more about how to discern whether a person is affected by a mental health condition or demonisation.

Explain: So far, we have learned that everyone may experience mental health problems at some stage in their lives, and that even some of the key people in the Bible suffered from episodes of mental illness. We have learned that just as there are many physical health problems, there are also many mental health problems. There are many root causes to mental health problems such as trauma, abuse, physical illness, organic problems with the brain, hereditary causes, and long-term drug and alcohol use. We are now going to look at a couple of examples in the Bible that suggest that sometimes there may also be spiritual roots to a mental health condition.

Case 1: King Nebuchadnezzar

Invite a participant to read out loud • Daniel 4:19–37.

Ask the participants:

- What happens to King Nebuchadnezzar? Why?
- What do you think is wrong with King Nebuchadnezzar?
- How was his mental health restored?

Allow different people to respond. **Note the responses.**

Share the following:

King Nebuchadnezzar is humbled by God and robbed by God of his sanity because he thought of himself in god-like terms. We do not know what mental health condition is experienced by King Nebuchadnezzar, but it sounds like a severe mental illness that robbed him of his sense of reality. At the end of God's appointed time of judgement on Nebuchadnezzar, he turns to God, praises and honours him, and his mental health is restored. Not only is his sanity restored, but also his ability to rule as king. In this story, there is no mention that King Nebuchadnezzar's mental health problems are a result of witchcraft or demonic influence. Rather, Nebuchadnezzar is in God's hands and God is working out his purposes in him. While God goes to extreme measures to humble this arrogant king, he also graciously fully restores all that was taken from him. King Nebuchadnezzar is welcomed back by his people and asked to rule them again. He is given even greater honour by them. He was not stigmatized and rejected because of his past mental health problem. This is the only example in the Bible of a person being robbed by God of his sanity and understanding in order to bring him to the point where he could gain true spiritual insight and understanding.

Case 2: King Saul

Invite a participant to read out loud • 1 Samuel 16:14–15 and 16:23.

Ask the participants:

- What happens to King Saul? Why?
- What do you think is wrong with King Saul?

Allow different people to respond, and acknowledge and **note the responses**.

Share the following:

Because King Saul sinned by disobeying God, God sends him a ‘tormenting spirit’ that causes fear, depression, and paranoia. He is afflicted by this tormenting spirit for the rest of his life. However, no-one rejects King Saul or drives him away. No one stigmatizes or mistreats him. David could sooth Saul’s mental distress with the music that he played on the harp. Despite this example in the Bible of God sending Saul a spirit to torment him mentally, we must be very careful not to suggest that all mental health problems are caused by a demon or spirit, or that God has inflicted the condition on a person. As we saw yesterday in other biblical examples, several faithful men and women who loved God experienced mental health problems because of the distressing or overwhelming situations that they were facing. Whatever, the root cause, people experiencing mental health problems need and deserve our love and compassion, and practical support, such as David gave to Saul.

Case 3: the encounter with Jesus

Explain: Now let us look at how Christ managed a situation where a man was clearly demonised. In this situation, the root of the man’s problems was not a mental health illness, but rather demonisation.

Invite a participant to read out loud • Luke 8:26–39.

Ask the participants:

- What happens to the man in this story?
- What do you think is wrong with him?

Allow different people to respond, and **note the responses**.

Share the following:

This story is sometimes wrongly used to justify saying that all people with mental health problems are possessed by demons or cursed. But as we have seen from the other passages we have read, this simply is not true. This story clearly says that the root cause of this man’s problems is not a mental health illness but rather the fact that he is demonised. It is demonic possession that has caused him to behave the way he does. He is obviously tormented — being naked, homeless, marginalised, forced to live

in a cemetery, and greatly distressed and agitated. He has super-natural strength. He shrieks and we learn in the same story in Mark 5:2–20 that under the influence of the demons, he howls and cuts himself. He is restless and wandering. Tragically, people from the local community have tried to chain him up like an animal even though he is a person created in God's image. Then he meets Jesus.

Note the response of Christ to this man. When exorcising the demons, he does not scream and shout at him, or beat him, or force him to fast or to drink concoctions of herbs. He does not try to chain him up and command that he should be locked away. Neither does he say he should be taken to a prayer camp. He does not harm or hurt the man in any way but instead treats him with respect. He does not accuse anyone of witchcraft or of having cursed the man. Instead, without fuss and drama, he uses his authority to command the demons to leave the man, who is then restored to his right mind. Christ addresses the demons, not the person. Jesus not only makes sure that the man is given clothing but also that his dignity is restored. No wonder he sits quietly at the feet of Christ and begs to go with him when Jesus leaves the area.

Note that Christ tells him to go back to his family and to share what He has done for him. He becomes an evangelist in his local town and his social status is restored by Christ! This is a beautiful story of the love and grace of Christ and of his authority over evil powers. It also shows how to treat those who are demonised – with compassion and care.

There is no mention that the man had any history of mental health problems. We must be aware that if a person is experiencing extreme mental disturbance due to a mental health problem like schizophrenia for instance, they may manifest very similar behaviour to someone who is being troubled by a demon, even though they are not demonised. So, it is very important that we do not jump to the conclusion that people with mental health problems are demonised. We must exercise wisdom and discernment.

Questions to consider

Explain the following:

It may be helpful to ask the following questions if you are unclear about what is at the root of a person's strange behaviour:²

1. Can the condition be traced back to an event or a physical or genetic source?

Did the mental health problem occur as the result of a stressful situation or trauma? Does the person take drugs or too much alcohol? Is he or she suffering from a medical condition like a brain tumour? Is there a history of mental health problems in the family? If the answer to any of these is yes, then the person needs medical or psychiatric help.

² Hayes Joe, *Depressed or Possessed?* self-published, Cumbria, England: 2006. appendix 4.

2. Is the condition helped with medication or counselling?

If the answer is yes, the person is probably not demonised.

3. If the condition cannot be attributed to any of the above, it may be that the person is demonised and that their symptoms are not due to a mental health problem.

If this appears to be the case, they should be prayed for in a biblical manner. Our model must be that of Christ who never shook the demonised person or shouted at them, or chained them up, or forced them to fast, or made them drink herbal concoctions. Neither did he push them to the floor or lay a hand on them. He simply spoke to the demon and not the person and always treated the person with compassion and respect.

Emphasise that as a rule, assume that anyone with unusual mental or behavioural problems has a mental health problem unless it is clearly evident that there is demonic activity involved.

Theological insights

Explain that when a person acts strangely, a popular question in some Christian circles is whether a person's symptoms and condition can be traced back to involvement with the occult or a particular sinful event.

Theologian, Dr. Timothy Stabell writes the following in response to this question:

In the New Testament, demon possession is never, or at least hardly ever, blamed on the sin of the demonised person. Demonised people generally seem to fall into the same category as people with physical illnesses. They are afflicted. Jesus never tries to trace back in the demonised person's history to see if there was some kind of sinful activity that "opened a door" to the demons. He simply casts out the demons.

As already mentioned, Saul might be an exception to this, but it is strange that more isn't said about it in the New Testament, if indeed sin or involvement in the occult was something that "opened a door" to demon possession. One would think there would be lots of warnings about this possibility if it was a real danger.

Some have raised the question of the girl in Acts 16 who told fortunes under the influence of a demon. But we are not told that it was her prior involvement in the occult that led to the possession. It is possible (maybe even probable, given the lack of any other evidence that sin or occult activity leads to demon possession,) that her involvement in divination only came after she was possessed.

There is a lot here that we just don't know.

In summary

Summarise as follows:

Christ never asked whether a person had sinned or been involved in the occult before casting out demons, and therefore why should we? In addition, mental health problems are an entirely different condition to demonisation, and the two conditions should not be associated or connected.

No matter what the root cause of a person's mental health disorder, the important thing is that they are loved and treated with respect and dignity as Christ would treat them, and that we ensure they get the help and caring support that they need.

Activity 5: Next Steps (70 minutes)

Aim — To enable participants to make simple plans to put into action what they have learned during the 2-day workshop.

Reviewing our learning

Explain: We have now reached the end of our 2-day workshop. Together, we have been on a journey of discovery as we have learned about mental health problems, how they can affect people, and what we can do to help them.

Ask: Who would like to briefly share three key things that they have learned from this training? **Encourage participants** to call out their responses, and **note all the responses** on a flipchart. Make sure that as many people as possible get a chance to share their thoughts.

Making plans

Introduce the planning time as follows:

We have been privileged to have this training in which God has been changing our hearts and understanding towards people with mental health problems. But now we need to share what we have learned with others in our families, churches, and communities, and put our learning into practical action.

As it says in 1 John 4:18...

Dear children, let's not merely say that we love each other; let us show the truth by our actions.

There are people like Pastor Kasongo, Esther, Eddie and his mother, Josiah, and Caleb in our communities who are stigmatised, marginalised, and suffering with mental

health issues. They need our practical help and support and the support of others in our churches and communities. We can be ambassadors for change.

So, in this last part of our training, we are going to create simple plans for what we are going to do to put what we have learned into action. I want you to discuss what three, simple, practical things you and your church can do to:

- support children and adults with mental health problems in your church and community;
- raise awareness of mental health issues in your church and community; and
- get more people in your community involved in supporting those who are experiencing poor mental health.

Organise the participants into their church groups.

Give each group a copy of the Next Steps document (in Annex 2)

Explain the detail of the document and how the groups are to complete it.

Invite any questions.

Allow 45 minutes for the groups to draft their plans.

After 45 minutes, draw the participant back together again.

Invite each group to share:

- what they are going to do;
- when they are going to do it; and
- who will be involved.

Note to facilitator: For reference, take a photo snapshot of each plan, but let the church groups keep the one they have created.

Explain to all that you will follow up with them in three months to see how they are carrying out their plans. Then in nine months time, you will bring them back together as a group for everyone to share what they are doing and to give encouragement.

Activity 6: Closing (5 minutes)

Remind participants that if anyone would like to have an opportunity to privately talk and pray about a mental health problem that they are experiencing, then to come and see you confidentially afterwards.

At the close of this session **present a certificate of attendance** to each participant.

Thank everyone for their attention and their contributions during the workshop.

Prayers

Ask two participants, one female and one male, to close in prayer.



Annex 1: Stories

Note to facilitator: for use in Activity 3.

Story 1: Esther with baby Moses

Post-Natal Depression

Esther is 16 years old. Fifteen months ago, she was given in marriage to a much older man in another village. Her family was poor, and they needed the dowry that the marriage would bring. Esther was very unhappy about moving away from her family and friends and greatly misses her mother and siblings. But she was given no choice in the matter. She tries to be a good wife and to make her husband happy. When she found out she was pregnant, she thought that at last she would be accepted by the other women in her new village. Six months ago, she gave birth to a healthy baby boy called Moses. Nobody had told her about childbirth or how it happened. It was terrible. She had never experienced so much pain and thought she would die. But when she held Moses in her arms, she thought that at last she would be happy.

But since the birth she has felt increasingly anxious and depressed. She has dark thoughts and is constantly afraid that something bad will happen to Moses. She barely eats or sleeps and has terrible headaches. Esther has lost interest in everything and does not want her husband anywhere near her. He loses patience with her and threatens to beat her if she doesn't pull herself together. Despite her love for Moses there are days when she just leaves him lying in his wet nappy, because she feels so helpless and overwhelmed. This increases her feelings of guilt. She misses her mother more than ever and feels desperately alone.

Story 2: Eddie and his mother

Post-Traumatic Stress Disorder

When Eddie was 8 years of age, he saw his father shot dead by some bad men who burst into his home. He had hidden when the same bad men dragged his mother outside and hurt her. He could hear her screams and her begging them to stop. When his father rushed out to try and rescue her, they shot him dead in the doorway. When the bad men left and all was quiet, he crept out to his mother. She was lying there on the ground, silent and still. Her top and skirt had been ripped off. She barely moved when he tried to crawl into her arms.

That was two years ago. Eddie's mother has not been the same after that. Sometimes she is down or withdrawn and just hides away in her room. At other times she shouts and become aggressive towards him for no reason. She no longer expresses affection towards him. He often hears her crying out in her sleep, although on many nights she barely sleeps at all. Sometimes, if a man comes near her, she freezes and becomes defensive. She no longer laughs the way she used to. In fact, she seems emotionally numb and frozen. Before, she never drank alcohol, but now he often sees her drinking large amounts of it. Afterwards, she lies on her mat with her face turned towards the wall.

So, Eddie tries to care for his mum. But he too is suffering. He would never let her know, because he is now the man in the house and wants to protect her. He feels guilty, believing that all the bad things that happened to his mum are his fault. He should never have hidden from the men. He should have saved her. He too has terrible nightmares and wakes up to find himself screaming out. He can never rest or relax but is constantly tense and watchful, in case something else bad happens. He used to enjoy going to school, but now he finds it hard to concentrate on his schoolwork. Anyway, his mum needs him, so he has stopped going to school. Sometimes, when there is an unexpected bang, or scream, he breaks down with extreme panic and terror. His heart races, he feels sick and as if he is going to faint. At night he sobs in the darkness and cries out to God for help.

Story 3: Josiah and his daughter Gladys

Dementia

Josiah is an elderly man who has lived with his daughter Gladys since his wife died ten years ago. He used to be a farmer and regularly went to church. He is now 70 years of age, and although he is still quite fit physically, over the past couple of years his mental health has deteriorated. He gets confused and muddled easily and in the middle of an activity he often forgets what he is supposed to be doing. He sometimes sets out to walk to the market, but then finds himself lost and not knowing where he is or how to get home again. When he is talking to someone, he repeats himself over and over again. At times, he doesn't even remember the name of his own daughter Gladys.

Recently he became agitated and distressed looking for his wife and calling for her. When Gladys tried to calm him and remind him that his wife had died ten years ago, he became even more agitated and angry. "How can you say that to me?" he shouted, "I had breakfast with her this morning." He has started wandering out of the house half-dressed. Gladys loves her father dearly but is beginning to feel that she can't manage to care for him without the help and support of others.

Story 4: Caleb and his mother Rose

Schizophrenia

“Please come back” shouts Rose, as she helplessly watches her son Caleb running barefoot up the road, dodging in and out of the busy traffic while holding his head in his hands. She can hear him shouting, “Stop! Stop! Stop!”

Giving up, she turns back into her house and collapses into her chair. She knows that Caleb will eventually find his way back home again. She feels exhausted. He had been such a happy little boy, but by his teenage years he had become increasingly quiet and withdrawn. At times his behaviour was a little strange, but she put it down to the fact that he was a teenager. She and her husband had scraped all their savings together to send Caleb to university. It was devastating when her husband died just before Caleb left to go to university. Her world had collapsed and so had Caleb’s. But after delaying his entry for a year, he had gone to study engineering. Looking back, she can see that’s when Caleb started to change. He became distant and distracted and spent hours talking to himself in his room. He was emotionally unpredictable and struggled with his studies. In the end he had to stop them altogether and return home.

Now he claims he can hear voices and that he has been given a special mission. At times she just can’t understand what he is talking about. He makes no sense. He no longer bothers with his appearance. His hair is long and dishevelled, and he often doesn’t bother to change his clothes or to wash. Although some days he is more lucid and calmer, on other days like today he is uncontrollable.

The worst thing is the reaction of her neighbours and the rest of her family. They say, “Your son is a madman! We don’t want people like that on our doorstep – he may come and harm us. You should have him locked away.” Rose covers her face and begins to cry. She loves Caleb as only a mother can, but she doesn’t know what to do. If only someone would come and help and advise her.



Annex 2: Next Steps

Date		Church	
Names		Town or Village, Province	

What we commit to do next to help and support people with mental health problems...

Action 1: what will we do?	People: who will do it?
	Time: when will we do it?

Action 2: what will we do?	People: who will do it?
	Time: when will we do it?

Action 3: what will we do?	People: who will do it?
	Time: when will we do it?

Certificate

MENTAL HEALTH MATTERS

Serving the Health of our Community



This is to certify that

.....

has attended the Mental Health Matters course
for enhancing our understanding, to provide care and support
for those who need it.

hosted by:

place: date:

facilitator: *sign*
