

Global Mental Health and Missions – toward a Holistic Paradigm of Care and Counsel

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Mission and Mental Health

"Missions involves a significant amount of mental health work done by people who are not well equipped to deal with psychological disorders"

Hesselgrave, D. (1986). Culture-sensitive counseling and the Christian mission. *International Bulletin of Missionary Research*, 10, 109-116



Lausanne Movement

• https://www.lausanne.org/content/care-and-counsel-as-mission

The Cape Town Declaration on Care and Counsel as Mission Available in: English | Deutsch | Français | Русский



Global Situation

- ~ 20% of the worlds population will suffer from a mental disorder in their lifetime
- People with mental health problems die younger (Patel, 2012). In the high income countries, up to 25 years earlier. In the lower and middle income countries, it is even more than that (Patel 2012).



Global Situation

- Depression has become the leading cause of disability worldwide (World Health Organization, 2016)
- Mental health is the "hole in holistic mission" (adapted from Canning, Neal, Fine, & Meese, 2002).
- Many "grassroots" projects in many regions, very little "top down support""





Problems and creative solutions

An important emphasis of helper training is the protection of the helper. Poorly trained helpers don't know their own boundaries as well, make more mistakes and are less successful - a significant burden for the helper. Compassion does not replace competence.

On the other hand, the needs of untrained helpers led to creative new approaches, sometimes based on indigenous methods, some of which were brought back to the Western world. Examples include "Inner Healing" (David Seamands), network therapy, dance- and music therapy, creative approaches, etc.



Online-Survey Smith and Giesekus.

- Personal Data: Area, profession, age, confession
- Which disorders are frequent?
- Who will be asked for help?
- Christian attitudes toward psychology within the region
- Appraisal: what is the regional best practice of counseling / psychotherapy
- · Levels of helper training
- · Need for further training



Online-Survey

- Same core questions in English, German, Ukrainian versions
- 4 themes with multiple choice
- 5 questions with open answers
- The numbers a (still) to small for statistical analysis of regional differences



Online-Survey (LM)

- 44 returns (39 Ger., 5 Engl.)
 - 12 Europe (work with migrant populations), : Germany (3), Spain (3), France (3), Russia (2), Switzerland(1)
 - 3 South America: Ecuador (3)
 - 15 Africa: Zambia (7)*, Malawi (5)*, Burundi (3), Nigeria (1) * 1 Person in two countries
 - 14 Asia: Japan (5), Bangladesch (4), PNG (2), Kirgisistan (2), Pac. Islands (1)



4. How frequent are the following problems?

PROBLEM	ivever	Rarely	Sometimes	Orten	very often
N=44					
Depression	6	12	14	10	2
Anxiety	4	13	15	10	2
Drugs- and alcohol	7	6	10	14	7
Porno / Sex addiction	5	16	9	7	0
Relationship	6	4	10	14	15
Marital problems	3	3	8	15	14
Eating disorders	18	14	10	1	0
Stress / Burnout	5	13	17	9	0
Severe mental disorders (psychotic , paranoid disorders, schizophrenia etc)	12	22	7	2	0
Dometic violence, abuse	9	11	16	9	4
Sexual abuse	11	10	17	1	4
Accidental trauma (n=19)	3	8	6	2	0
Trauma based on violence, war, i.e. caused by human behavior (n=19)	7	3	4	3	1
Others: Africa: Demon posession, (indigenous popula	tion only)/ Infe	riority feelings	/ poor self estee	m	

Others: Africa: Demon posession, (indigenous population only)/ Inferiority feelings / poor self esteem Europe: Poverly, church conflict, Isolation, Suicide, (Spain, Germany, Russia, France, Switzerland)
Adia: Parent relationships, lack of vision, occult
South America: Internationale
Hochschule
Liebenzeil

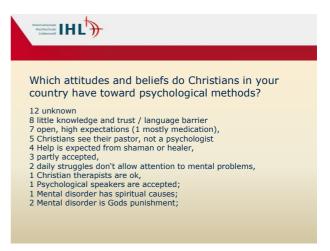
What are the most prominent mental health problems in your country?

Nr. 1: 10 Marriage, 8 Fear, Magic, 8 Depression, 4 Alcohol/ Drugs, 2 Lack of trust, 2 Abuse (1x children) 1 each: Superstition, Unemployment, Poverty civil war, lack of love, mental retardation, Pressure (performance), total retreat

Nr. 2: 6 Relationships (Man – Women) 5 Violence, 5 Addiction, 4 Depression, 3 Lack of trust, 3 Stress, 2 Anxiety, 2 Animism / religious pressure, 2 cultural constraints, 2 Loneliness, 1 Unemployment, 1 Selfishness, 1 Financial problems, 1 Mental retardation

Nr. 3: 8 Marital relationships, 5 Alcohol / Drugs / Addiction, 4 Stress, 3 Anxiety, 3 Helplessness, 2 Unemployment, 2 Poverty / financial needs, 2 societal pressure, 2 Abuse, 2 Envy, 1 ADHD, 1 Depression, 1 Loneliness, 1 Narcissism, 1 Psychotic Disorders, 1 Suicide









Internationale Hockschule IHL	veeu	101	traini	ng	
Type of training	Not interested	Little interest	Some interest	Lot of interest	Extremely interested
Seminars for marriage and education	1	1	12	16	14
Clinical training	1	10	14	12	7
Consultation via Skype etc. in dealing with mental disorder	9	13	13	7	2
On-line training	6	11	10	8	9
Mastercourse "Systemic Counseling" IHL	8	11	9	7	3
Secular academic training	18	12	7	1	2
Christian academic training	6	8	16	10	4
Practicum in Clinic / Institution	8	15	13	5	1
How important is state certification for mental health workers in your country	2	7	13	11	5

Theses

I In many regions of the world there is a urgent need for mental health services
II Mental health is a significant problem in developing countries
III In many regions, people expect help through religious / spiritual sources

Internationale Hochschule Liebenzeil



Theses

IV Faith based counselors in the third world have to be holistic in their approach. The reality of the invisible and visible world must be acknowledged and considered in practice.



Theses

V Relationship counseling is a significant emphasis in the "Third World".

VI Psychopathology, trauma, addiction, violence etc. are frequent problems and require clinical competences



Theses

VII Intercultural counseling requires intercultural competence. Western paradigms of counseling contribute important aspects but are not sufficient.



Theses

VIII Intercultural counseling requires systemic approaches since the context defines most interpersonal processes

IX Intercultural counseling requires good theological competence, since spiritual aspects are more emphasized.



Theses

X Indigenous methods of healing are not all occult or primitive but on the contrary: the resources need to be integrated. Counseling "against the culture" will not be accepted.



Thesen

XI Missions- and church workers are not sufficiently trained in areas of clinical work, mental health counseling or marriage- and family counseling.



Thesen

XII There is little research on the Integration of Western "scientific" psychology with a Christian world view as well as indigenous, traditional methods of healing. Scientific study in these areas is one of the challenges for future mission work.



Conclusion

The synthesis of theological, intercultural, clinical and systemic competences must become a central emphasis in training and continuing education for missions- and church workers in the developing world.