

GUIDELINES FOR DEALING WITH MENTAL HEALTH ISSUES As Adopted by the General Assembly in 2011

INTRODUCTION

Good health is a gift that enhances life and makes even the steepest obstacles appear surmountable. Its absence yields the opposite effect and is keenly felt. Whenever poor health extends to the mental and psychological aspects of a person's being, the challenges are compounded by the stigma society frequently attaches to mental illness.

The church is no stranger to these realities. Because its members are human, they experience the whole spectrum of health. They bring to the church's life all of who they are – body, mind and spirit.

While the church is a community of human persons, its true nature is something quite different. In the words of *Living Faith*, "The church is Christ together with his people called both to worship and serve him in all of life."¹ The apostle Paul called the church the body of Christ, "the fullness of him who fills all in all" (Ephesians 1:22-23).

One of the hallmarks of this divine-human community is love. Jesus commanded his disciples to love one another as he had loved them (John 13:34). The New Testament anticipates Christian love finding expression within Christ's body in a variety of "one another" ministries. We are to pray for one another, to carry one another's burdens and to admonish one another. In Christ we are as inter-dependent as the different parts of our human bodies: all rejoice when one rejoices and all suffer when one suffers (1 Corinthians 12:26).

The gospel mandate to love one another has clear implications for the church whenever one of its people is experiencing mental health issues. We are to provide appropriate care for all who are involved – the individual, the individual's family, the individual's congregation – while at the same time maintaining the integrity of the church's witness to the wider community.

However, while the mandate to love is clear, the way forward is less so. What constitutes appropriate care? If the individual refuses professional help or rejects diagnosis or treatment, what can and should the church do? Mental health issues, if untreated, may become disabling for the individual. If untreated, they are also almost always highly problematic for the individual's family and congregation and for the wider church. Moreover, many of these conditions cause problems for the individual, and for the family and congregation, before the individual is willing and able to acknowledge experiencing a mental health issue. What can the church do to foster positive outcomes? The courts of the church have an obligation to act for the good of the body of Christ, while holding it accountable for its responsibilities, even as the courts have an obligation to act for the good of individual members and hold them appropriately accountable. How does the church honour these obligations faithfully?

The Guidelines for Dealing with Mental Health Issues have been developed to give guidance to the church in addressing these questions. From the foundational understanding of the church as the body of Christ in the world, the policy discusses guiding principles and measures to promote good mental health. It then outlines procedures for church responses when a person asks for help with mental health issues he or she is experiencing or when the observable behaviour of the person indicates possible mental health issues. In cases when the person refuses the pastoral intervention of the appropriate church court, possible next steps are outlined.

NATURE AND SCOPE OF THE GUIDELINES

The guidelines are intended to provide guidance to the church as a caring community in relationship with individuals who may be dealing with mental health issues. They also strive to stimulate discussion and education within the church that will help foster healthy, affirming environments.

The term “mental health issues” is used to refer to a broad constellation of problems affecting mental, emotional and psychological health. These include but are not limited to mental disorders due to general medical conditions (e.g. certain types of dementia, stroke), personality disorders, psychotic disorders, mood disorders (e.g. anxiety, depression, bipolar), alcohol and other drug abuse or dependence, stress and burnout, and major anxiety disorders like posttraumatic stress disorder.

It is imperative to note that the church’s role is never to offer a diagnosis. That task remains the purview of qualified health care professionals. For this reason, the church avoids all use of diagnostic language. In a similar way, the church does not itself attempt to offer professional support, but rather directs the person to a health care professional when needed. The church understands that its proper role is to offer pastoral care, guidance and support.

The guidelines describe some of the forms that pastoral intervention by an individual, group or court within the church might take. Such intervention is initiated in two different ways. An individual, who may be referred to as the “person of concern”, asks for help with problems he or she is experiencing. Alternatively, the person’s behaviour is observed by others who become concerned that the person may be experiencing a mental health issue. While the impetus for the development of these guidelines was a concern for the leaders of the church, both clergy and lay, they could be used in dealing with any member of The Presbyterian Church in Canada who might be experiencing a mental health issue.

GUIDING PRINCIPLES

Timely self-referral is a central goal of the church’s initiatives concerning mental health issues. As with other health matters, early assessment and intervention are more likely to lead to optimum outcomes.

A good understanding of mental health is essential to creating a climate where mental health issues can be disclosed without fear of criticism or ostracism.

The courts of the church have responsibility to care for the well-being of the individuals, congregations and other groups under their jurisdiction, and to maintain the integrity of the church's witness.

The safety of all persons is a priority.

Confidentiality is respected as much as possible within the limits of the law.

The basis for pastoral intervention is either a request for help from the person of concern or observed behaviour of that person that raises reasonable concern about the possible existence of a mental health issue.

Pastoral intervention may be appropriate even when the person of concern does not acknowledge experiencing any difficulty.

Before formal action affecting the reputation or employment of a church leader is taken, the due process of the church court is followed.

The church is called to implement this policy in the spirit of prayerfulness, love, affection and humility, under the continual illumination of the Holy Spirit.

PROMOTING GOOD MENTAL HEALTH

The church's primary task is to be who Christ has called it to be – the embodiment of Christ's presence in the world by the power of God's Holy Spirit. This means living in ways so that all who are touched by the church may experience the transforming grace and love of God.

When it comes to mental health, the church longs for people to be whole, to get the treatment they need, to experience healing, and to recover their place in society and in the community of faith as fully as possible. The church's desire is to offer appropriate support.

The church offers support through intercessory prayer for others. The church also prays for itself, recognizing that it needs the promised guidance of the Holy Spirit to be conformed to the mind of Christ and to see others as he does, longing for them to know the healing, restorative power of the love of God.

The church offers support by offering a worshipping, learning, serving community where spiritual growth can be nurtured. Spiritual life is an essential and necessary part of good mental health.

The church offers support by fostering a community where mental health issues can be disclosed in a spirit of openness. In doing so, the church resists the prevalent stigma against mental illness. Instead, it allows its beliefs and behaviour to be formed by biblical principles, such as the gospel mandate to love, and to be informed by the best available scientific research. The Canadian Mental Health Association teaches that recovery from mental illness is possible.² With treatment, in many instances individuals can resume a good quality of life. People living with mental illness on a daily basis can achieve good mental health – striking a balance in the spiritual, social, physical, economic and mental aspects of their lives.

The church offers support by partnering with other institutions whose primary task is education about mental health, or advocacy, or justice ministries addressing the needs of individuals or related, underlying issues (such as poverty). For instance, in its desire to educate its people about mental health issues, the church invites qualified people to lead seminars and retreats for the congregation, session or presbytery. One important educational goal is equipping church courts and leaders to make good referrals.

The church offers support by nurturing healthy church courts. Sessions, presbyteries and synods that understand and accept their roles, and whose members know and care about one another and share a commitment to their work – these are least likely to contribute to a leader's burnout track and most likely to recognize early the mental health issues of one of their number. They are also best equipped to guide the individuals, congregations, and other groups under their care when mental health issues require difficult decisions.

The church offers covenant groups may help ministers seeking such support.³

PROCEDURES FOR PASTORAL INTERVENTION

Pastoral intervention by the church takes the form of pastoral care, guidance and support, which at times may include referral to others.

Two types of situations provide the context for a pastoral intervention:

- A – the person of concern asks for help.
- B – the observed behaviour of the person causes concern.

A – The Person of Concern Asks for Help

A person in the church acknowledges to an individual, group or court within the church that he or she is experiencing a mental health issue. The church responds by providing support in ways that might include the following:

- Prayers for healing, strength and confidence in the abiding presence of God.
- Caring, compassionate company on the journey.
- Respect for confidentiality.
- Referral as necessary to appropriate professionals, who are provincially credentialed or licensed medical or mental health professionals.

- For professional church leaders, ensuring that the church's benefit plans are known and understood, including financial assistance with the costs of pulpit supply for congregations whose minister is on a health leave.
- Practical assistance (which may include financial) with accessing health care, travelling to appointments, and managing financial and other affairs.
- Pastoral care for the family of the person, including assistance with the relationships between the family members and the person, as requested and as appropriate.
- Relief from church roles and responsibilities as necessary for recovery.
- Pastoral care and appropriate replacement leadership for the congregation, as necessary.
- Education of the church community about mental health issues to foster acceptance and welcome rather than criticism and ostracism.

B – The Observed Behaviour of the Person Causes Concern

1. A person in the church becomes concerned that the observed behaviour of another indicates the possible existence of a mental health issue. The observer may be a family member, a member of the congregation or a ministry colleague. In a setting that protects the privacy of the other, the observer gently asks the person of concern about what he or she is experiencing. In some cases, the observer chooses to have a companion present for this conversation. The person of concern may also wish to have a companion present for any consultations.

A word about meeting privately:

The Presbyterian Church in Canada takes seriously the process for reconciliation that Jesus teaches (Matthew 18:15-18). This process involves first dealing directly and privately with the other person, one-to-one, and then as the process continues, keeping the circle of involvement as small as possible until enlarging it at the next step becomes necessary. Following these instructions, the Book of Forms requires members to attempt to resolve their differences before they ask the church courts to help through judicial process (sections 314, 314.1, 325, 328.1, 350).

Jesus' teaching provides the framework for healthy communication within the church generally across a broad range of contexts and not just when reconciliation is needed. For this reason, it might be helpful when confronting suspected mental health issues. Nevertheless, exceptions to the "meet privately first" rule may be warranted when dealing with possible mental health issues. At times, the wisest course is for the observer to have a companion present when approaching the person of concern.

2. If the person of concern does not acknowledge experiencing a mental health issue and the observers remain concerned that there are problems, the observers consult with the moderator and clerk of the church court responsible for the person of concern.

References to the “responsible church court” in this document denote the church body that is responsible pastorally for the person of concern and to which the person of concern is accountable. Except for certain employment contexts as noted below, the “responsible church court” is the session, for lay employees, members or adherents of the congregation, and the presbytery, for ordained or diaconal ministers or certified candidates for ministry or for ordination. The church employment contexts that give rise to exceptions to this general rule are as follows:

- Employees of the synod are accountable for their employment to the synod.
- Employees of the colleges or other institutions of The Presbyterian Church in Canada are accountable for their employment to the governing board of the college or institution.
- Employees of the national Presbyterian church offices are accountable for their employment to the Assembly Council.

3. This initial inquiry and consultation will lead to one of the following courses of action:

- No further action is taken.
- There is another meeting with the person of concern.
- The observers consult with an appropriate medical or mental health professional for educational purposes.

In these consultations, it is important not to libel, nor to appear to libel, the person of concern, for example by using diagnostic labels. Instead, the focus is on the observed behavior, the possible issues of mental health that such behaviour might indicate, and the need to have a professional assessment to determine the cause.

In consultations with a health professional, the name of the person of concern is not made known. The observers seek information for educational purposes to help clarify which option to choose.

Persons who take the role of observers in these situations are enjoined to do so prayerfully, pastorally, and with humility – and in a way that ensures that they are not acting out of personal bias.

4. These consultations may yield one of the following outcomes:

- No further action is taken by the observers.
- The person of concern seeks professional assessment and, if indicated, treatment, and communicates this fact to the responsible church court or gives others permission to do so. The court ensures that the church provides appropriate support, by such means as are listed above.
- The behaviour is observed to continue and the person of concern does not seek professional assessment and, if indicated, treatment. The observers have the following options open to them:

- If there is immediate danger to the person of concern or to others, the police service is called so that the person of concern might be conveyed to an appropriate facility for assessment and treatment.
 - The observers communicate their concern in writing to the responsible church court.
5. Responsibility for pastoral intervention rests with the responsible church court, once the matter has been referred to it in writing. Courts are reminded that they can call special meetings (sooner than their next regular meeting) to facilitate an expeditious response. The responsible church court has the following options:
- The court, perhaps inviting further involvement of the observers, names individuals to meet with the person of concern, with a view to encouraging the person of concern to seek professional assessment, and, if indicated, treatment.
 - If the person of concern seeks professional assessment and, if indicated, treatment, and communicates this fact to the responsible church court or gives others permission to do so, the court ensures that the church provides appropriate support, by such means as are listed above.
 - If the person of concern does not seek professional assessment, and if indicated, treatment, or when further encouragement to do so is not expected to be effective, the court begins judicial process, using the appropriate established procedures of the church. In engaging in judicial process, the court must adhere to the principle that due process precedes any decision of a court affecting the employment of a church leader.
6. A decision to begin judicial process is directed towards the following goals:
- To enable the responsible church court to ascertain for itself whether the person's observed behaviour merits further concern.
 - On deciding that the person's observed behaviour merits further concern, to facilitate the court using its influence appropriately to help the person of concern to obtain the professional assistance needed.
 - To follow the church's established procedures fairly so as to inspire confidence in the results.
 - To safeguard the integrity of the church's witness.

In engaging in judicial process, the court recognizes that experiencing mental health issues is not a sign of moral weakness. Moreover, denial is often an integral part of the mental health issues people experience, rather than a wrong-doing for which discipline is required.

7. When the decision has been made to begin judicial process, the responsible court follows the procedures for non-disciplinary cases that apply to the particular person of concern. This commences with the laying of a complaint – Book of Forms section 325, in the case of those accountable to the session, and section 329 for those accountable to a presbytery. The church's procedures for judicial process might serve as a helpful resource for other church bodies (e.g. synods, college

governing boards, Assembly Council) as they seek to fulfill their responsibility as employer to act appropriately.

The laying of a complaint in this situation must be carefully undertaken as a pastoral act seeking the welfare of the person of concern and the church they serve.

- For ordained or diaconal ministers employed within the church and not serving in one of the exceptional employment contexts noted in section 2 above, the presbytery conducts an investigation, which may be followed by a review of ministry (Book of Forms sections 334-340).
- For ordained or diaconal ministers not employed within the church and for certified candidates for ministry or for ordination, the presbytery conducts an investigation (Book of Forms sections 334-335).
- For individuals under the care of the session and not serving in one of the exceptional employment contexts noted in section 2 above, the session follows the procedures for complaints against members and office-bearers of the church (Book of Forms sections 325-327).

One possible outcome of such judicial process is that the responsible church court imposes a requirement of professional assessment, and, if indicated, treatment as a condition of continuance in office. Failure to comply may lead to suspension of the person of concern, either with or without a limit of time.

A word about confidentiality:

Church courts are advised of the need to respect the confidentiality of the person of concern, particularly about a diagnosis. The details of a diagnosis are not shared with the church court without the informed written consent of the person of concern.

8. Following any decisions of the responsible court, it decides what part of its proceedings will appear in the public record, and carries out communication with others as necessary.

CONCLUSION

The church's essence as the body of Christ in the world shapes its approach to mental health issues. Responding to the gospel mandate to love, the church strives to promote good mental health and intervenes pastorally in particular cases.

Endnotes

¹ *Living Faith: A Statement of Christian Belief*, 7.1.1.

² Canadian Mental Health Association, www.cmha.ca, FAQ, "What is mental health?"

³ For more information, see www.presbyterian.ca/colleaguecovenantgrant.