SELF-STUDY

Pastoral Care and Mental Illness

Adapted from a NAC position paper published June 3, 2015

INTRODUCTION

As ministers, you are often entrusted with people at their most vulnerable moments. Encounters with members who live with mental illness can feel challenging, uncertain, and at times overwhelming. This guide is meant to support you in that sacred responsibility. Its purpose is to help you feel more confident and secure in your interactions with members who have mental disorders, while also strengthening their trust in professional psychotherapy.

This document offers general information about mental health conditions and treatment options. It also explores how mental illness and psychotherapy may affect faith, and it highlights both the differences and the shared ground between psychotherapy and pastoral care. Finally, it provides practical, compassionate guidance for offering pastoral care to affected members and their families.

Throughout all of this, one message remains central: **you are not expected to heal - only to accompany, support, and point to God's abiding love.**

GENERAL INFORMATION ON MENTAL HEALTH CONDITIONS

Mental health challenges exist along a broad spectrum. Many different factors can influence how the brain functions, and a variety of scientific models suggest that mental illnesses may arise through a combination of life experiences and genetic predispositions.

Mental disorders can be temporary or chronic and affect people of all ages. They influence the individual as a whole - shaping how a person thinks, feels, and acts - and can sometimes also cause physical symptoms. At times, the behaviors or reactions of a person living with mental health conditions may be difficult for others to understand.

Examples of mental disorders include:

- **Anxiety disorders**, such as unfounded anxiety, intense fear, or panic attacks
- **Depressive disorders**, including sadness, despair, feelings of worthlessness, mood swings, or suicidal thoughts

- **Obsessive-compulsive disorders**, marked by compulsive thoughts or actions

For many who are affected, these changes are painful and distressing. In some cases, individuals may not even be aware of their condition, while those around them notice the changes first.

Mental health challenges often place a heavy strain on social life - within families, friendships, and the workplace - and can sometimes lead to social isolation. In severe cases, individuals may no longer be able to cope with everyday life. The gravest consequence can be suicide.

It is important to remember that feelings such as sadness, anxiety, or fatigue are part of the normal human emotional spectrum. However, when these states persist over time and interfere with daily functioning, professional treatment becomes necessary.

TREATMENT OF MENTAL ILLNESSES

Treatment approaches vary across cultures, but mental illnesses are typically treated by psychotherapists or psychologists. Treatment may involve therapeutic conversations and, depending on the diagnosis, medication. Care can be provided on an outpatient or inpatient basis.

Psychotherapy is a scientifically validated treatment. Common forms include cognitive behavioral therapy (CBT), psychoanalysis, and depth psychology–based psychotherapy.

A Christian therapist is not required; modern psychotherapy is generally value-neutral. However, faith, as part of a person's identity, does not need to be excluded from therapy.

Across all methods, the relationship between patient and therapist is central. Reliability, empathy, and authenticity on the therapist's part - and trust, openness, and willingness to change on the patient's - are essential.

When all parties agree, including caregivers in the treatment plan can be very beneficial.

CHANCES OF RECOVERY

With professional psychotherapy and appropriate medication, many people experience significant improvement or recovery. Pastoral care can support this process. However, recovery is not always possible. In such cases, pastoral care may help individuals bear what, in faith, we understand as "what God has permitted." God's wisdom and love stand above all, and His desire for our salvation remains constant.

MENTAL ILLNESSES AND FAITH

Mental illnesses must be clearly distinguished from what sermons may refer to as "illnesses of the soul."

Changes in perception, thinking, feeling, or behavior caused by mental health conditions can make it difficult - or temporarily impossible - to experience faith, hope, or joy. For example:

- Anxiety may prevent attendance at divine services.
- Delusions may attach themselves to faith content.
- Feelings of guilt may lead to hopelessness about forgiveness or salvation.
- Depression may make prayer or concentration difficult.
- Behavioral disorders may lead to withdrawal from congregational life.

Mental disorders must never be associated with sin or guilt.

PSYCHOTHERAPY AND PASTORAL CARE

In earlier times, psychotherapy and the church often viewed one another with suspicion. These concerns are largely outdated today.

Qualified psychotherapists respect the whole person, including faith. Many therapeutic approaches recognize religiosity as a valuable resource. Today, there is broad agreement that belonging to a faith community can be beneficial to mental health.

Psychotherapy and Christian faith share common ground: both rely on trust and aim to strengthen coping skills and life orientation. Faith offers salvation and a perspective beyond this life; psychotherapy helps individuals understand themselves, heal wounds, and regain stability.

Rather than competing, psychotherapy and pastoral care **complement one another.**

Caution is warranted only when therapists lack clear qualifications or promote ideological or spiritual views as the focus of treatment.

In crisis situations, and with the member's consent, short-term emergency pastoral care may offer support until professional help is available. You must maintain appropriate boundaries, as crisis situations carry a high risk of overstepping.

SUICIDE RISK

Individuals with severe mental illness may feel overwhelmed and hopeless. If a member expresses suicidal thoughts - or if you strongly suspect them - ask openly whether there is immediate danger. If in doubt, do not leave the person alone. Seek professional help immediately.

In emergencies, confidentiality becomes secondary to preserving life.

INSTRUCTIONS FOR MINISTERS PROVIDING PASTORAL CARE

Congregational life should be shaped by the gospel. Fellowship, loving attention, and individual pastoral care can create a sense of safety and belonging. For individuals living with mental health challenges, this atmosphere can be stabilizing and contribute meaningfully to their wellbeing.

Just as with physical illnesses, we must not overestimate the role faith alone can play in healing mental illness. Encouraging members to pray more intensely, believe more strongly, or increase offerings and sacrifices can become overwhelming and may even worsen their condition.

Severe mental disorders require treatment by qualified mental health professionals. Therapy itself belongs exclusively in the hands of the therapist. Your role as a minister is supportive: offering words from the gospel as sources of strength, hope, and comfort, and thereby complementing the therapeutic process.

When offering pastoral care, you are encouraged to draw on the strengths of our faith with great sensitivity:

- Let **Jesus' love, dignity, and care for every human being** be your example in all situations.
- Help those affected experience that **God's care remains present, even in times of illness.**
- **Listen attentively and build trust,** and gently ask how the individual is feeling and what they may need pastorally.
- Use **biblical passages or thoughts from divine services** thoughtfully, as sources of encouragement and hope.
- Offer the proclamation of the **forgiveness of sins** as a sign of God's mercy, easing guilt and fear and helping individuals accept their limitations.
- **Holy Communion** can strengthen the assurance of being accepted and loved by God.
- Hope rooted in faith can **give courage** for the changes required in therapy.
- In prayer, place what is burdensome or difficult to understand into God's hands and **ask for His help.**

When you offer unbiased, accepting care - even when behaviors are challenging – you set a powerful example for the congregation. Feeling accepted within the Church community can greatly help members cope with their illness.

At times, illness-related behaviors may lead to tension or conflict within the congregation. These situations should be addressed calmly and, where possible, resolved with understanding.

Confidentiality is essential. You must strictly adhere to your pledge of confidentiality when providing pastoral care.

Because pastoral care in these situations can be time-consuming and emotionally demanding, you should be honest about your limits. If necessary, care may need to be shared or transferred to another minister.

You and other ministers may also experience mental health challenges. Decisions about your ability to continue serving should be made on a case-by-case basis, and when appropriate, with professional guidance.

Above all, it must be clear to everyone: **salvation in Jesus Christ is open to all people - healthy or ill.**

As expressed in English Hymnal No. 262:

"Though I cannot perceive Thee in all Thy might,

Thou to the goal will lead me, though dark the night."

PRACTICAL ADVICE FOR PASTORAL CARE

Individuals with mental health conditions are neither "bad" nor "abnormal."

- Pastoral care in these situations is challenging, and mistakes can happen. Offer care with love, patience, and great sensitivity.
- Inspiring hope and courage can be helpful, but may also be exhausting for individuals who have struggled for a long time.
- Avoid giving advice based on your own personal experiences.
- Some illnesses involve thoughts or feelings that are difficult to comprehend. Arguing or reasoning is usually unhelpful; acknowledging such statements without comment is often best. Accusations or negative statements toward you or the Church should not be taken personally.
- Do not ask traumatized individuals to forgive while they are still suffering from unresolved trauma.

- Some members may feel stigmatized by therapy or medication. Encourage them to discuss concerns with their therapist - not with you as the minister - and support them in continuing treatment.
- Even when members appear unresponsive, discreet and heartfelt care - coordinated with treatment professionals - can still be meaningful.
- Anxiety or delusional thoughts may make attending services or receiving visits impossible. Accept this while keeping gentle contact. Friendly connections within the congregation may help.
- When guilt or feelings of sin dominate, talking openly about these burdens may be freeing.

It is always the member's decision whether therapeutic issues are discussed during pastoral conversations.

PASTORAL CARE FOR FAMILIES

Families caring for a loved one with mental illness often carry heavy burdens. Conflicts, exhaustion, and emotional strain are common. Pastoral care should therefore extend to the entire family.

In addition to the illness itself, families may suffer from misunderstanding, unhelpful advice, or hurtful comments from others. Loving support and practical encouragement are often deeply needed.

When possible, allow affected members to speak with a minister they trust, while also ensuring that ministers are not overburdened.

Self-help groups for family members can provide valuable understanding and mutual support.

CONCLUSION

Pastoral care for individuals and families affected by mental health conditions call for humility, patience, and compassion. You are not expected to have all the answers or to resolve every situation. Your presence, your listening, your prayers, and your willingness to walk alongside others already reflect Christ's love.

By respecting professional boundaries, honoring human dignity, and grounding your care in the gospel, you offer something profoundly meaningful: **hope, acceptance, and the assurance that no one is ever beyond God's care.**

QUESTIONS FOR INTROSPECTION AND DISCUSSION:

1. How do your assumptions, experiences, or fears influence the way you respond to members living with mental illness, and where might you need greater patience or openness?

2. In your pastoral care, how can you better balance offering spiritual comfort while honoring the role and boundaries of professional mental health treatment?

3. How will you care for your own emotional and spiritual well-being as you accompany members and families through long-term or challenging situations?