**Providing pastoral care to people with emotional or mental health needs**

 *By Peter Wakeley – Chaplain at Wyong Hospital, compiled November, 2018, updated July, 2019.*

My hope is that these notes will be helpful as we seek to meet the needs of people with the love, grace and comfort of God. As Paul says in 2 Corinthians 1:3,4 *“All praise to God, the Father of our Lord Jesus Christ. God is our merciful Father and the source of all comfort. He comforts us in all our troubles so that we can comfort others. When they are troubled, we will be able to give them the same comfort God has given us.”* (NLT)

As we come alongside people offering to care:

* **We seek to be a non-anxious, non-judgmental, calm presence**

Being a non-anxious, calm presence is an important personal quality as we seek to provide pastoral care to any person, especially to people who may be suffering from a mental health illness. Being calm in a crisis is a great help and support to people whose life may be in turmoil with feelings of distress, anxiety, worry, confusion, despair, etc. The opposite to that posture or appearance of being calm and quiet is a posture of fear, anxiety and apprehension and this may only make things worse for those we are seeking to care for.

Having a non-judgmental attitude towards people suffering from mental health illnesses is also very important as they often experience being stereotyped, judged, stigmatised and labelled along with other unhelpful and demeaning attitudes and responses.

As one mental health Clinical Nurse Specialist said, *“There are a lot of misconceptions around mental illness. There is a lot of fear linked to it – fear of the unknown, and the misunderstanding of what it actually means. I think of (mental illness) like any other illness that needs to be supported and managed in some way. (Furthermore), it doesn’t discriminate: no matter who you are or where you’re from, mental illness touches all of us in some way.”*

As pastoral carers, our duty of care requires that we seek further assistance when a person needs professional help or be ready to call emergency services if someone is making threats of self-harm or harm to others. We should also care for ourselves – and part of this is being aware of what’s going on around us and maintaining safe boundaries.

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As we provide pastoral care, it's also vital for us to be aware of what is happening *within us internally* as we visit with a person. What does this ‘self-monitoring’ include? It’s asking:

* What is happening within me emotionally and what is that about?
* Are my attitudes preventing me from meeting the other’s needs?
* Am I having a physical response in my body to this situation? If so, what may that be about?
* Do I have any spiritual reactions or questions during the pastoral conversation with this person?

After a pastoral visit, it may also be appropriate for us to take time personally to reflect on:

* What was going on for me during the visit?
* What was being triggered internally for me and where was that coming from?
* What have I learnt about myself?
* What new awareness and learning will I take into similar visits in the future?

This personal awareness highlights the need for us to not only connect emotionally and personally with the one we’re visiting, but also for us to stay ‘different from them’ at the same time. This vital and learned skill ensures that we *don’t* take on another person’s “stuff” or “baggage” and make it our own (even unconsciously). This self-differentiation comes as we increase our pastoral care and awareness skills, practice them and reflect and learn from our experiences.

* **The essential key in pastoral care - Listen, Listen, Listen**

Visiting with someone requires an “attentive presence” and listening is a key to this important quality. Listening carefully is one beautiful ‘gift’ we bring as pastoral cares to others. Developing skills in listening and using reflective responses is vital. Many people don't realise that genuine, generous listening requires concentration and discipline - it is a skill that can be learnt and honed. The *reward* is that people feel both ‘seen’ and ‘heard’ and as a result they feel encouraged and supported to share their real concerns and needs with us.

We listen with our:

* ***ears*** (the words, the tone of voice, pauses and silence, etc.), our
* ***eyes*** (the body language), our
* ***heart*** (the feelings), our
* ***mind*** (the story, idioms, meaning, congruency, etc.) and our
* ***spirit*** (listening with empathy, being aware of our own emotional responses, checking our bias or prejudice, listening for the God story in their words, etc.)

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As we listen, seek to listen without judgement, without making assumptions, without butting in and without telling our story. *Listen for understanding*. One temptation when caring for a person is we may feel we have to *fix them, solve their problem or give advice*. Please don't! We probably all know how frustrating it is when we are telling our story to someone and they keep butting-in or wanting to give advice. Internally we may be saying to ourselves, *“Would you just listen!”*

As pastoral carers, our role is to listen empathetically, reflect carefully and empower the person gently. This may also include enabling them to assess their choices and then give *appropriate* support so ***they***may make healthy and wise decisions and take appropriate responsibility for what they are facing. Remember, we are there to listen to them and empower them, not to rescue them from their problems.

* **We listen for feelings as we hear their story**

In pastoral care, we reflect back to the person the feelings we hear from their story using our reflective listening skills. This includes using *‘the three R’s’* –

* **repeat** back some of the key words we have heard, or
* **rephrase** what the person has said into our own words, or (most importantly)
* **reflect** back the feelings we have heard and/or seen from the person sharing with us.

The main point in all of this is to assure the person or people we are visiting that they know they have been heard and we won’t run away when confronted by their feelings. Again, a key in all of this is to try and hear the emotion/s in the story the person shares with us, and reflect that back so we can understand as much as we can about what’s happening for them, and this may also give them some more clarity and insight. For example, *"It sounds like you have suffered deep loss and now you are feeling all on your own.”*

Be alert to making assumptions as we listen and also be alert that we don’t get caught up in the details of the story they share (the head) and so may miss the feelings in their story (the heart). Stay with the feelings.

It can be very helpful at times to use an image or metaphor to reflect back those feelings. For example, if we are listening to someone who is really angry, instead of saying “You sound angry”, we may say *“I sense you are like a volcano that is about to explode.”*

Listening and reflective skills don't come automatically and they take practise to develop. However, as we have already said, pastoral care is *really listening* so we can understand as much as possible what the person is saying and feeling. Our responses show the person they have been heard, valued and respected and that we are seeking to understand.

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* **We make sensitive use of open-ended questions**

Reflective listening skills and sensitive, appropriate open-ended questions keeps the conversation focused on the one we are visiting with. Again, our intention in asking questions is to help us understand someone. If we ask a question, ensure we use *open* questions that are sensitive and not judgemental. *Closed* questions tend to get a ‘yes’ or ‘no’ type response, whereas *open* questions invite deeper sharing and often start with ‘what’ and ‘how’.

As stated above, people suffering from mental health illnesses often experience judgement and prejudice, so before we ask a question, put ourselves in *their* shoes as much as we can. How would *we* feel if someone asked *us* the same question?

After having built some rapport and trust with the person, some questionsthat could be helpful in a pastoral visit may be -

* *“So how are things going for you today (name)?”*
* *“That sounds like a really tough / painful / good / hopeful …… situation?*

* *“Wow, I'm wondering how you feel about that.......? “*
* *“So, what do you want to do next?”*
* *“How can I support and help you at the moment?”*

Be aware that a person may feel we are being intrusive or rude if we ask questions out of our own curiosity (i.e. just being nosy) or if we keep opening up new topics rather than stay with the topic or theme they have already opened up in a visit. A sign of inappropriate questioning will be the shutting down of the conversation by the person as they may feel unheard, judged or even manipulated in some way.

Note - asking inappropriate questions often indicates that *we* are feeling anxious about the visit or about what the person is talking about, so again be aware of what it happening for us.

The ***experience cube*** is a really helpful tool for healthy communication. It uses four headings to help open up or prompt a pastoral conversation:

***O****bservations,* ***T****houghts,* ***F****eelings and* ***W****ants*.

Using this approach removes blame and minimizes defensiveness. Go to - <https://bookclubnotes.wordpress.com/tag/experience-cube>

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* **We show empathy and compassion and we let the *person* set the agenda, not us**

While we can't *walk in someone else's shoes*, with God’s help, we will do our best to be understanding and empathic. Remember, everyone has a story, and we will seek to listen to their story with respect and an open, caring heart. As part of showing empathy and compassion, we will accept the person even if we don't accept their behaviour.

We will also let the *person* we are visiting set the agenda - not *us*. If they want to talk about the weather, that's what we will do. If they want to talk about their illness, their mother, Centrelink, etc., that's OK. As a result, we will be listening to what is important for *them*. However, if we come with our *agenda*, then the focus will be on us and not on them.

* **We ask God for discernment in what’s happening for a person emotionally, physically, spiritually and relationally**

*‘If any of you lacks wisdom, you should ask God, who gives generously to all without finding fault, and it will be given to you.’* [James 1:5]

As we are a calm, non-anxious, non-judgemental person and listen to the person and to God, we’ll get insights about the real issues of those we are visiting.

From my experience of visiting with people with a mental health illness, there is often an openness and directness about spirituality and faith when the person feels they are being cared for and listened too with respect. Let us seek to use godly wisdom and our common sense in our visiting and resist again the temptation to bring in our agenda.

* **We seek to have a basic knowledge of mental health illnesses**

This isn’t so that we can diagnose someone else’s mental health illness, rather, it is to help us to have a greater level of understanding and insight about such illnesses as depression, anxiety, schizophrenia, bipolar, etc. This then will help us to have more empathy and compassion. It will also prepare us for some potential behaviour’s that we may witness. As well, it may also help us if people want to talk about their struggles with medications, thoughts of suicide and other deeply personal issues.

Some resources for information or help on mental health include –

* **Care Force Life Keys** – An Australian program with a 20-year history of helping people at a ‘grassroots’ level. This *Christian* program identifies the cause of many human tensions and introduces participants to the healing power of truth and love in a caring and safe environment – [www.careforcelifekeys.org](http://www.careforcelifekeys.org/)

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* **Clinical Research Unit for Anxiety and Depression –** A joint facility of the University of NSW and St Vincent’s Hospital. Combines clinical and research expertise in the recognition and treatment of anxiety and depression – <https://crufad.org/>
* **Beyond Blue** – is devoted to increasing understanding of depression in Australia. Its website contains depression resources and personal experiences of depression. Information on current initiatives - [www.beyondblue.org.au](http://www.beyondblue.org.au/)
* **Black Dog Institute** – excellent practical resources; treatment options and assistance for various age ranges - www.blackdoginstitute.org.au
* **Mental Health Association of NSW** - helps people with depression and mood disorders, their families and friends - [https://wayahead.org.au](https://wayahead.org.au/)
* **Mood GYM Training Program** - free cognitive behaviour therapy program provided by the Centre for Mental Health Research - [www.moodgym.com.au](http://www.moodgym.com.au/)
* **Headspace** – National Youth Mental Health Foundation. This website is set up to provide “tailored and holistic mental health support to 12 - 25 year olds. With a focus on early intervention, we work with young people to provide support at a crucial time in their lives – to help get them back on track and strengthen their ability to manage their mental health in the future.”

[https://headspace.org.au](https://headspace.org.au/)

* **Department of Health**

www.health.gov.au/mentalhealth

* **Let’s seek to grow in our understanding and awareness of loss and grief and how to respond to it**

When we hear the word grief, we normally associate it with death, however, as grief educator Doris Zagdanski notes, there are many other circumstances that create grief due to other losses in our lives. This may be:

* *broken relationships* (separation, divorce…)
* *loss of role* (unemployed, retirement….)
* *health issues*
* *loss of possessions* (home, money, personal possessions - sometimes as a result of abuse, addictions, etc.)

* *loss of the future* (unfulfilled hopes, plans and dreams)
* *loss of a sense of self*
* *loss of meaning and hope* (despair, feeling overwhelmed) plus other losses we could add. …/7.

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As one grief counsellor writes, “Grief is something we *experience* as opposed to something we must *overcome*. Every individual reacts to grief and loss differently and the length of the healing process is unique to each one of us. The grieving process does not fit into a precise timetable or follow a set pattern, however, over time the pain and distress will decrease.” (Margaret Welch).

Grief is obviously not a comfortable place to be – along with facing the reality of the loss there is emotional pain, it is very disruptive, there may be unhelpful and unwanted advice, it can leave a huge ‘hole’ in our life, there may be deep questions and a searching for answers, there may be anger, tears - all sorts of emotions, there can be significant personal, relational and financial costs, etc.

Grief is messy. It doesn’t follow a nice set pattern or timeline. It can be chaotic and involves behaviours, emotions, thoughts and ‘spiritual stuff’ that can all be intertwined. Grief can be likened to a ball of string that a cat has played with – it is all messed up. Our life suddenly may feel like a jigsaw puzzle that has been dropped on to the floor – we are shattered.

As we grieve and mourn, grief author Karen Katafiasz puts it well when she says, “Grieve in your own way. The pattern of your grief is unique, shaped by your own particular relationship, specific circumstances and distinctive temperament. Ignore others’ attempts to tell you how to feel or how long to feel.”

People with mental health illnesses often have deep and painful experiences of grief and loss in their own lives and that of their families or close friends, and it’s important that as pastoral carers that we honour and validate this often painful reality by using the suggestions outlined above.

We will be very careful not to give advice or minimise what people are feeling. Instead, we will seek to help people as we listen empathetically and perhaps help them find a way of expressing how they feel – telling their story (sometimes many times), writing about it, creating a poem, drawing a picture, etc.

Remember, “grief is by nature unpredictable and may resurface at any stage of our life triggered by an experience that sparks a memory of the person who has died” (Welch) or whatever that loss may be. Being that caring, compassionate, supportive friend and listener can be an invaluable support to people experiencing loss.

There are many excellent resources on-line for grief and loss. Some suggestions are:

* The Australian Centre for Grief and Bereavement.

[www.grief.org.au](http://www.grief.org.au/)

* The Bereavement Care Centre started by Mal and Dianne McKissock in Eastwood, NSW. See:<https://www.bereavementcare.com.au/>

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* The Red Cross have an excellent Psychological First Aid Book in times of trauma. See:

<https://www.redcross.org.au/.../Psychological-First-Aid-An-Australian-Guide.pdf.aspx>

* My Grief Assist have some good material/factsheets. See:[www.mygriefassist.com.au](http://www.mygriefassist.com.au )
* Ross Wakeley’s *free* website of resources includes a booklet on grief, and another on suffering - <https://wakeley.weebly.com/general-booklets.html>

In closing, let us be very mindful of our words as we visit with others. As it says in Proverbs 18:20, 21 **: “**Words satisfy the mind as much as fruit does the stomach; good talk is as gratifying as a good harvest. Words kill, words give life - they’re either poison or fruit - you choose.” (The Message) Let us be careful that our words ‘give life.’ Let us also be aware that most people need encouragement because often their self-talk may discourage them.

Finally, over all that we seek to do in providing pastoral care, we will pray – pray for God’s wisdom, discernment, love, grace, protection and help for those we visit, for our self and for others that we partner with in this ministry.

Max Lucado puts it well when he says that all the prayers of the Bible can be condensed into a single prayer, and the prayer is a simple one. He calls it *The Pocket Prayer*.

Father,
You are good.
I need help.
So do they.
Thank you.
In Jesus’ name,

Amen.