



## Faith at Work – Mental Health

*Dorothea McKeller described Australia as a land of “droughts and flooding rains” in her poem ‘My Country’. How true that observation is! John O’Brien, the Catholic poet noted “...there was not grass at Casey’s enough to feed an ass” but “in God’s good time, down came the rain...” in his poem ‘Around the Boree Log’.*

*Australia is both amazing and challenging. We have been through a sequence of drought, fire, pandemic and now flood and in some parts of the country, we can add mouse plague to that list!*

*Thankfully, we have the promise of the continued presence of God in our lives, to pick us up and take us through all of life’s challenges.*

My perspective on faith and caring has been shaped by being a caregiver to my wife for 12 years. She travels with Borderline Personality Disorder (BPD), Post-Traumatic Stress Disorder (PTSD), Anxiety, Depression, and Dysthymia. Her progress, over the 12 years includes:

- Moving from being socially isolated to becoming a committed line dancer,
- In terms of communication, she has moved from being selectively mute, to receiving an award on my behalf at State Parliament, and
- She has moved from being fearful of family to being assertive with them regarding family relationships.

Mental health can recover and a good life can be lived.

### **Being a carer has provided me with new understandings and opportunities.**

I have:

- Gained lived experience knowledge
- New skills in peer work
- Exercised leadership in the carer field
- Greater knowledge and understanding about mental health in the lives of people, their family and their carers
- Learnt new languages<sup>1</sup> that reflect recovery and hope. For example:
  - ‘suffering from’ becomes ‘travelling with’
  - ‘non-compliant’ becomes ‘has issues with’
  - ‘doing for’ becomes ‘doing with’

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<sup>1</sup> Mental Health Coordinating Council, 2018, Recovery Oriented Language Guide – 2<sup>nd</sup> Edition Revised, viewed 27 March 2021 [https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\\_2019ed\\_v1\\_20190809-Web.pdf](https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf)



As Christians we seek to bring faith into our communities of care so it is vital to grasp the concept of recovery, which is:

“Recovery is commonly defined as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.”<sup>2</sup>

Recovery focused models are person-centred and differ from the medical model which is condition/disease-focused.

Recovery is not linear and there are set-backs, but God wants us to bring His healing into this fallen world, and we can do this through our lens of faith and hearts filled with His love. Alongside a close walk with Him, the practice of prayer, and exercising compassion, there are specific approaches that can be applied that bring light and hope into situations of mental distress.

### Here are some approaches for working alongside mental distress

We can demonstrate empathy, that shows we understand the person's feelings and seek to 'walk in their shoes' to understand their situation.

Our presence should come with a heart that is full of compassion for the person. That means 'suffering with' the person. Consider what it is like to be in their situation. Jesus modeled compassion over and over again with those suffering and we seek to follow His example and teaching.

The view we take of the person who presents with a need will determine how we interact with them. There are four 'Carer Dances'<sup>3</sup> that highlight this notion:

- *Too Bossy* – if we assume the person is lacking skills or lacking competence, we may become 'too bossy' and tell them what to do.
- *Too Busy* – if we are too busy and cannot give full attention and considered responses, we will not be the caring presence God would have us be
- *Too Kind* – we can feel that we want to help and take over some task for the other person. This 'too-kind' approach can unintentionally disempower them and take away their self-chosen responsibility to do what they need to do for themselves. You can offer some assistance but allow them to do what they need to do at their pace and in their time.
- *Good Enough (Strengths-Based)* - when we use a 'good enough' perspective we show that we care. As a care-giver you are there to assist the person to exercise their self-care. You respect their skills and abilities and you acknowledge and utilise their strengths to direct caregiving.

<sup>2</sup> Australian Health Ministers' Advisory Council, 2013, National Framework for Recovery Oriented Practice: Guide for practitioners and providers, Commonwealth of Australia, p 11

<sup>3</sup> Project Air Strategy for Personality Disorders, 2019, Family, Partner and Carer Intervention Manual for Personality Disorders. Wollongong: University of Wollongong, Illawarra Health and Medical Research Institute. Viewed 27 March 2021, <https://ro.uow.edu.au/cgi/viewcontent.cgi?article=1025&context=uowbooks>



## Where does a faith-based approach come in?

First, we keep in mind that we are in fact God's hands and feet to bring and BE Good News with the other person.

Second, we keep in front of us the second great commandment – "Love your neighbour as yourself" and show this in all we do.

We need to exercise faith because a lot of the desired outcomes cannot be immediately seen. We have to trust in God and that His desire is for the other person to experience whole health in every aspect of their life, including their mental health.

Faith Community Nurses hold hope for the person when they cannot or do not, hold hope for themselves. Just as family caregivers do, the FCN also brings the promise of Jesus "I will never leave you or forsake you" (Hebrews 13:5).

We hold to God's promise that we will not be tempted beyond what we can cope with (1 Corinthians 10:13) and we bring this surety to every person we have the opportunity to bring our faith-based care to. Namely, that WITH God we can get through things and that when we do experience trouble we know God has overcome it all in Jesus (John 16:33).

**There are tools that work and things Faith Community Nurses and others who support people by bringing faith-based care should know.**

Continue to provide faith-based care, because you are bringing God's gifts to the person as His servant and His messenger.

Take advantage of specific training re mental health and upskills yourself with:

- Psychological First Aid (PFA)
- Emotional Literacy
- Mental Health First Aid (MHFA)
- Youth Mental Health First Aid (YMHFA)
- Staying connected with your emotions and understanding emotional health. Get training in caring for people who have emotional dysregulation in their lives.
- Learn about moral injury/moral trauma and the effects of trauma and post-traumatic stress disorder (PTSD) on personal health
- Learn skills such as ASIST training so you are able to respond when people express a desire to end their life.

*"I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world"*

(John 16:33, NIV)



## The key messages in delivering faith-based care are:

- You are Jesus' servant and present His living hope to people that you meet, in your work, in your life, your friendships and your ministry
- Whenever you can, you should safely involve the family and carers in all aspects of care. They are the lived experience experts in the lives of the person you are journeying with
- Be curious! Ask "What has happened to you?", "What do you need now?"
- Promote recovery. It works!
- Where you can hold hope for others do it with compassion and authenticity, because there is always hope in Christ.
- Don't be shy to regularly ask a carer or mentally unwell person "How are you going?"

Faith Community Nurses have an important role in facilitating and supporting the recovery of people who travel with mental distress and assisting them to find their way forward to recovery.



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