

PSYCHE AND SPIRIT: connecting psychiatry and spirituality

Newsletter of the Section on Religion, Spirituality & Psychiatry (SRSP)

Special Issue for the World Mental Health Day, 10 October 2023

Guest contributor: Dr. Mwai Makoka

Editorial Board: Dr. Peter J. Verhagen and Dr. Alan Fung

www.religionandpsychiatry.org



WORLD PSYCHIATRIC ASSOCIATION

Contents	Page
Editorial	1
Remarks from SRSP Chair	2
Health-promoting Churches - a model for churches to promote (mental) health in the congregation and community.	3

Editorial

Peter J. Verhagen

Recently, we, the editors of the Newsletter, had an online introduction to Dr Mwai Makoka, Programme Executive for Health and Healing, World Council of Churches (WCC). Peter Verhagen had long participated in the consultations that the WCC, chaired by Dr Makoka, regularly holds with experts related to church and health. The WPA Section on Religion, Spirituality and Psychiatry (SRSP) has been actively engaging with faith communities and their leaders for some time. So, it seemed time to establish this contact between WCC and the WPA SRSP, get acquainted to learn from each other's work and see where we can be of service to each other. On that occasion, we invited Dr Makoka to give text and explanation of his views on Health-promoting Churches.

We are very grateful to him for his contribution. For Section members and Newsletter readers, his text offers important insights.

Dr Makoka's programme helps WCC members (350 churches in 110 countries) to see health issues through the lens of the Christian faith and mobilises them into positive action. The programme supports member churches and Christian health networks to contribute to the Health for All agenda. He serves on various working groups of the World Health Organisation (WHO), and on boards of Africa Christian Health Associations' Platform, Ecumenical Pharmaceutical Network and the Christian Connections for International Health.

Dr. Makoka is a medical doctor and has been in the ecumenical circles for many years. He also worked in the University of Malawi medical school, Malawi Ministry of Health and National AIDS Commission and was Executive Director of the Christian Health Association of Malawi. He graduated in medicine from the University of Malawi and was a John E. Fogarty post-doctoral fellow in medical and public health microbiology and infectious diseases at the University of North Carolina at Chapel Hill.

His latest publications are *Health-Promoting Churches: Reflections on health and healing for churches on commemorative world health days* (WCC 2020) and *Health-Promoting Churches Vol II: A handbook to accompany churches in establishing and running sustainable health promotion ministries* (WCC 2021). *Health-Promoting Churches Volume III: Contextual Bible Studies on Health and Healing* (WCC 2022).

This Newsletter is published on World Mental Health Day, 10 October 2023. The WHO states:

‘World Mental Health Day 2023 is an opportunity for people and communities to unite behind the theme ‘**Mental health is a universal human right**’ to improve knowledge, raise awareness and drive actions that promote and protect everyone’s mental health as a universal human right.

Mental health is a basic human right for all people. Everyone, whoever and wherever they are, has a right to the highest attainable standard of mental health. This includes the right to be protected from mental health risks, the right to available, accessible, acceptable, and good quality care, and the right to liberty, independence and inclusion in the community.

Good mental health is vital to our overall health and well-being. Yet one in eight people globally are living with mental health conditions, which can impact their physical health, their well-being, how they connect with others, and their livelihoods. Mental health conditions are also affecting an increasing number of adolescents and young people.

Having a mental health condition should never be a reason to deprive a person of their human rights or to exclude them from decisions about their own health. Yet all over the world, people with mental health conditions continue to experience a wide range of human rights violations. Many are excluded from community life and discriminated

against, while many more cannot access the mental health care they need or can only access care that violates their human rights.

WHO continues to work with its partners to ensure mental health is valued, promoted, and protected, and that urgent action is taken so that everyone can exercise their human rights and access the quality mental health care they need. Join the World Mental Health Day 2023 campaign to learn more about your basic right to mental health as well as how to protect the rights of others.’ [World Mental Health Day 2023 - Mental health is a universal human right \(who.int\)](https://www.who.int/news/2023/10/10-world-mental-health-day-2023-mental-health-is-a-universal-human-right)

Remarks from SRSP Chair – Alan Fung

On the World Mental Health Day, it is especially important for us to reflect on innovative and/or underutilized ways in enhancing mental health and care. Collaborations between psychiatrists and faith communities with the goal of enhancing person-centred care for patients may be one such example – and is a recommendation in the WPA Position Statement on Spirituality and Religion in Psychiatry. As such, while different members of the WPA SRSP may identify with different faith traditions – or no particular faith tradition at all – we have featured the work of the WCC in this special edition of the newsletter as an example of collaborations between psychiatrists/mental health professionals and faith communities. It is not our intention to promote a particular faith tradition (Christianity in this case). We also recognize that such collaborations may take different forms for different faith traditions – and it is hoped that such collaborative models for different faith traditions could be featured in future issues of the Newsletter. On behalf of the SRSP, I would like to express my gratitude to Dr. Makoka for the featured article, and to Dr. Verhagen for connecting the SRSP with the WCC. Stay tuned – more updates on this collaboration to come in future issues of the Newsletter!

Health-Promoting Churches – a model for promoting (mental) health in the congregation and community

Mwai Makoka

Programme Executive for Health and Healing,
World Council of Churches (WCC)

Background

Health and healing have always been important in the work of the World Council of Churches since its inception in 1948. This is unsurprising because, firstly, there was already a legacy of medical missions that easily found continuity in the WCC. Secondly, and most importantly, health has always been central to churches and to the interaction of man and God. In Bible times, the power of evil was often manifested through sickness, ill health and disease, while the saving power of God was manifest in healing and deliverance from the same.

The WCC, through its Christian Medical Commission, was an early proponent of the Primary Health Care model (1977), which has strong ethical principles of holistic health, community empowerment, multisectoral collaboration, among others. Later, the Ottawa Charter for Health Promotion (1986) was agreed, which subsequently ushered in the “healthy settings approach” based on the fact that health is made or broken in settings where people live and not necessarily in the hospitals, and it included “Health Promoting Schools” and “Healthy Cities”.

For reasons best described elsewhereⁱ, the WHO did not get to recognise places of worship and faith communities as settings where the healthy



settings approach could also be championed. Health-Promoting Churches is the WCC attempt to highlight the undeniable fact that churches, as faith communities, have something to contribute to health promotion, and to reach them with this healthy settings approach.

Health-Promoting Churches also emerged from a different, though related, set of considerations: that the health work of churches has often progressed in a parallel track to, and without being integral to, the “life and witness” of the churchesⁱⁱ. So, as early as 1967 efforts were made for rapprochement of the fields of theology and medicine through joint studies, reflections and actions, albeit to varying degrees of success. Health-promoting Churches is an attempt to recast those efforts into a practical fashion, amenable to modern public health programming.

Key interventions in Health-Promoting Churches model

Health-Promoting Churches model hinges on four complementary intervention areas:

Health education: Knowledge is power, and churches are safe and effective spaces to provide critical health education from medical, social, and

biblical perspectives. Health and medical conditions are often surrounded by myths and misinformation, which limits healing, practical holistic responses, and the possibility of addressing their root causes. Health-promoting churches provide health education using diverse creative ways.

Practical action: Information and awareness may create intention, but intention does not always translate into action. Health-promoting churches take concrete actions together toward healthy lifestyles as individuals, families, and communities, hence bridging the knowledge-action gap.

Advocacy and care for creation: The theology of health and healing calls the church to act beyond individual and family health concerns, and to step into the political, social, environmental, and economic arenas. Health-promoting churches prophetically denounce root causes of suffering, and call for transformation of policy, system, and environmental structures of injustice.

Empowerment for public witness: Every person has a sphere of influence, and Christians are called to be “salt and light to the world”. Health-promoting churches empower people to be salt and light so that, whether occupying the highest office or the lowest, they should make decisions that promote life.

Organising Health-Promoting Churches

Health-Promoting Churches hinges on a church health committee that leads in planning, organising, implementing, reporting and monitoring the activities. The committee is not restricted to health professionals, but include a diversity of skills, age, ethnicity, etc. In particular, people with lived experiences are called upon to contribute as appropriate. The committee identifies experts and material resources from within and without the church, and arranges for them to contribute to the activities accordingly. Health committees may equally be constituted at

higher levels of church structures, e.g., at a synod, diocese or headquarters.

Scope of operation

Health-Promoting Churches model provides that activities in each of the four intervention areas range from basic to advanced. The reason is that when they initiate their programme, churches should not try to do everything all at once, but that they should be guided to start at a level that is challenging but manageable, register growth, acquire lessons and then deepen and broaden their programmes.

For example, education interventions on mental health can range from basic information about the various mental health conditions to training on mental health first aid. Equally, practical actions can range from physical exercises (which promote mental health) to operating a suicide prevention telephone hotline.

In terms of targeting, the church starts by reaching its members and then as it grows reaches out to the community and beyond.

Health-Promoting Churches resources

Reflections on Health and Healing for churches on commemorative World Health Days: This set of 15 reflections aims at raising awareness and generating interest on various health topics; demonstrating the relevance to health of Christian teachings and practices; and inviting church leaders to put health matters high on their agenda. In particular, there is a reflection for the World Mental Health Day.

Handbook to accompany churches in establishing and running sustainable health promotion ministries: This provides tools and resources for churches to implement a programmatically sound and contextually relevant ministry, including conducting baseline assessment, needs and resource mapping, and monitoring and evaluation tools. There is a chapter dedicated to mental health, an intervention area in which churches can

do a lot – holistic health ministry naturally includes mental health.

Contextual Bible studies on health and healing: Using the three-fold process of See (contextual analysis) – Judge (discerning from scripture) – Act (transforming the contextual realities), this resource equips churches to use biblical resources to transform their prevailing health realities. Notable, five of the 27 Bible studies are on mental health, addressing issues like fear, marginalisation, stigma, trauma, etc.

Summary

Health-Promoting Churches model does not provide ready-made solutions to health problems; rather it provides a framework with which churches can harness their “religious health assets”ⁱⁱⁱ to address their health priorities. The model is applicable to mental health, an area where unique contributions of churches are desperately needed.

Links to the resources

Health-Promoting Churches: Reflections on Health and Healing for Churches on Commemorative World Health Days
<https://www.oikoumene.org/resources/publications/health-promoting-churches>

Health-Promoting Churches Volume II: A handbook to accompany churches in establishing and running sustainable health promotion ministries

ⁱ Peng-Keller S., Winiger F and Rauch R. *The Spirit of Global Health: The World Health Organisation and the ‘Spiritual Dimension’ of Health, 1964-2021*. Oxford 2022.

ⁱⁱ *The Healing Church*, World Council Studies No. 3. Geneva 1965.

ⁱⁱⁱ Gweneth Berge, “Recognising the role of religion in development cooperation: experiences and examples from Norwegian Church Aid”, *Ecumenical Review* 68:4 (2016), 423-432.

<https://www.oikoumene.org/resources/publications/health-promoting-churches-volume-ii>

Health-Promoting Churches Volume III: Contextual Bible Studies on Health and Healing
<https://www.oikoumene.org/resources/publications/health-promoting-churches-volume-iii>

Networking

In keeping with its mandate of strengthening the fellowship and witness of churches globally, the WCC, convenes the Global Ecumenical Health Network comprising Christian health associations/networks, Christian health organisations and facilities, desk officers or focal persons for churches on health, and regional ecumenical organisations, to share experiences and to explore possibilities for joint actions. It is exciting for our network to collaborate with such eminent professional associations as the WPA.

Contact: mma@wcc-coe.org

The Section has an informative website!

[World Psychiatric Association – Religion, Spirituality & Psychiatric \(religionandpsychiatry.org\)](http://religionandpsychiatry.org)

You will find a lot of interesting material on the section's website, including the newsletter, discussion papers, videos!

Membership of the Section

If you are a member of a psychiatric society that is one of the WPA Member Societies, you are an individual member by de facto and you may join one of the WPA Sections.

If you are an individual in a country without a member society, you may be eligible for a Special Individual Membership.

If you are a member of the WPA and would like to join the section, you can complete and submit the form you will find on the section's website. The secretary for the section will contact with you soon.