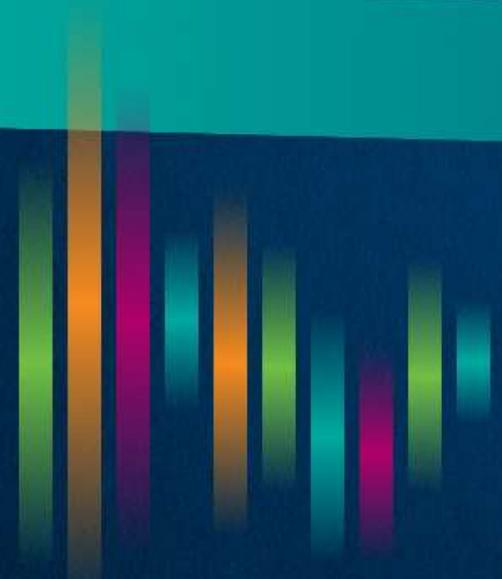




INTERVARSITY
URBANA 15



#urbana15

Global Mental Health and Trauma: The Church's Next Great Challenge

The Institute for International Care and Counsel
Bradford M. Smith, Ph.D., Director
Email: bmsmith@belhaven.edu
Belhaven University
1500 Peachtree Street
Jackson, MS 39202



**NEW
PARADIGM
AHEAD**

2007: Two events...

...a stepping stone
and
a milestone

The 3 Circle Paradigm of Care and Counsel*



#urbana15

*Smith, Collins, & Gingrich
(2007)

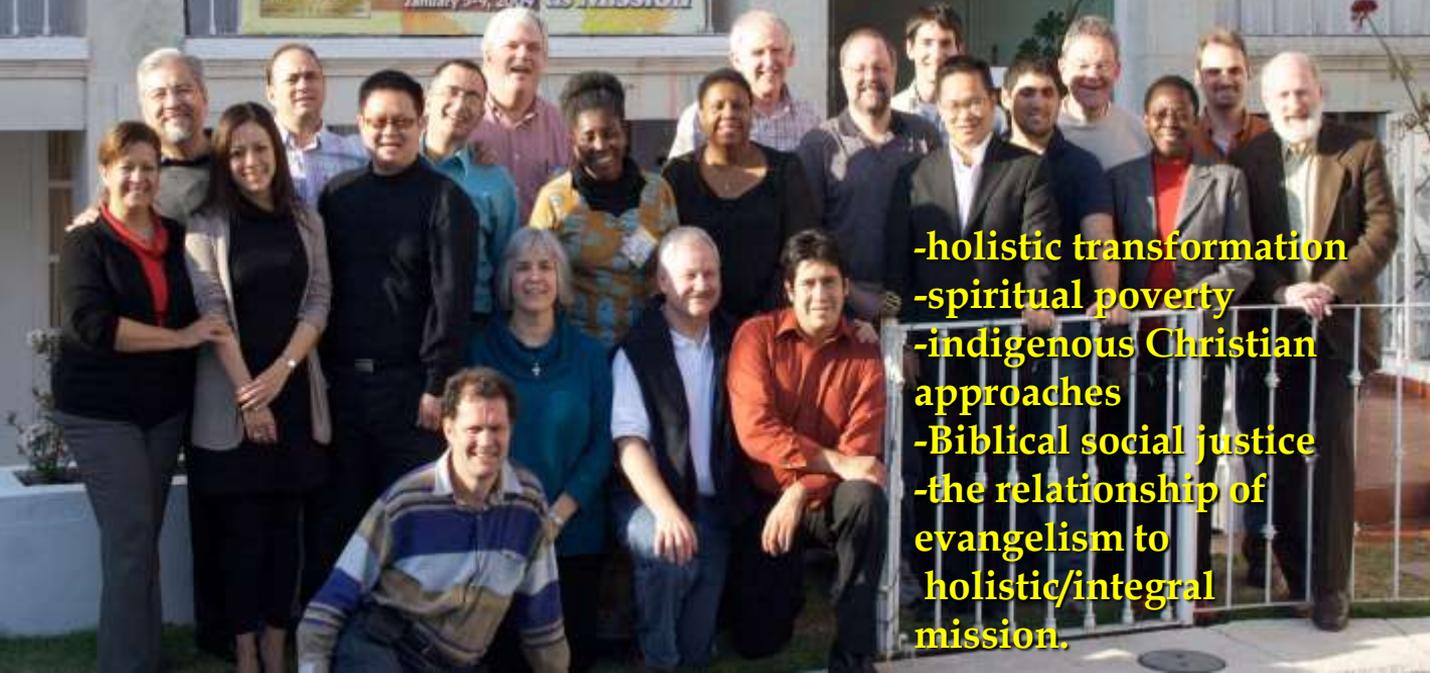


CARE &
COUNSEL
International

Gary Collins

- “Working in the big circle is difficult and complicated theologically, culturally, and clinically. It is work that is not well understood and may be controversial. Perhaps that is why it is the circle that is talked about the least. It is the “counseling as missions” circle where few have dared to go but where a growing generation of younger counselors appears eager to penetrate.”

January 5-9, 2009 Mexico City



-holistic transformation
-spiritual poverty
-indigenous Christian approaches
-Biblical social justice
-the relationship of evangelism to holistic/integral mission.

Lausanne's emphasis on holistic mission

- “The claim that Jesus is the truth must be demonstrated in the Christian praxis of attending to human pain and meeting human needs.”
 - The Lausanne Movement (www.lausanne.org)
Lausanne Committee for World Evangelization
Theology Working Group



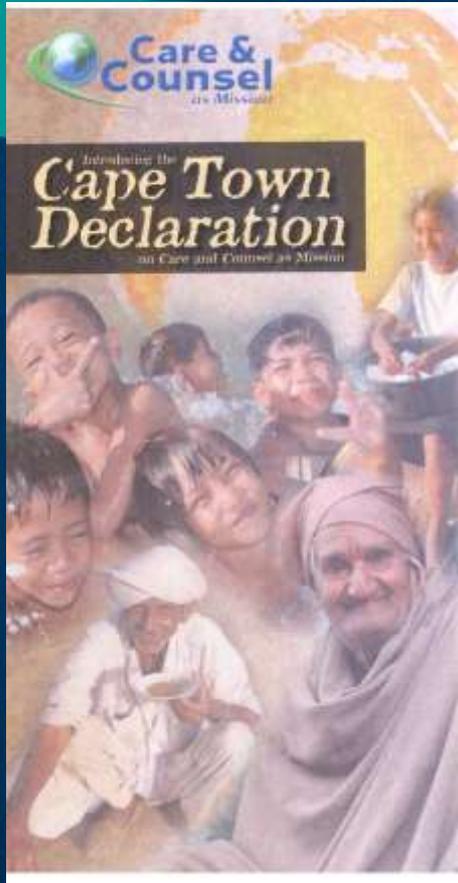
When Jesus saw the crowds, he...

- Proclaimed the good news
- Healed every disease and sickness
- Had compassion on the harassed and helpless.
- “The harvest is plentiful, the workers few. Ask the Lord of the harvest, to send out workers into his harvest field.”

Matthew 9: 35-38

Cape Town 2010 Lausanne Congress

- Christian counselors intentionally included for first time
- Strong response to workshops
- Day visit to HIV/AIDS ministry highly attended
- Cape Town Declaration on Care and Counsel as Mission drafted



- 1. Christian**
- 2. Holistic and Systemic**
- 3. Indigenous**
- 4. Collaborative**

...and the 2007 milestone

Mental Health for All by Involving All

TED Talk/Vikram Patel, MD*

- Key points:
 - DALY's – Disability-Adjusted Life Years
 - Treatment Gap
 - Task-shifting
 - Video shown in workshop

Consequences of Mental Illness

- People die younger
- Have more health problems
- Get worse medical care
- They suffer
- Less productive
- Are poorer
- Relationships are less fulfilling
- Their children are impacted

Global Mental Health: The Treatment Gap

- The gap between the number of people with disorders and the number who actually receive evidence-based care — is as high as 70% to 80% in many developing countries.

“The biggest challenge is that most mental health professionals in the developing world (psychiatrists, clinical psychologists, psychiatric nurses and social workers) seem uninterested in responding to the treatment gap.”

--Vikram Patel

An Unpopular Message



Developing nations must stop aping the North's mental health services and use strategies tailored to their own needs,

--Vikram Patel, psychiatrist and senior lecturer at the London School of Hygiene & Tropical Medicine

<http://www.scidev.net/global/health/opinion/mental-health-in-the-developing-world-time-for-inn.html>

Task-shifting



Developing countries are already advocating and evaluating this sort of task-shifting strategy for a wide range of other health concerns, such as maternal and child health.

“Non-specialist healthcare workers should become the front-line of mental health services in poor countries and be incorporated into the core of mental health provision.”

--Vikram Patel

WHO Pyramid of Mental Health Services

Figure 1. Optimal mix of mental health services: the WHO pyramid framework



WHO has developed a framework for an optimal mix of mental health services.

A Christian Perspective

Moving from Two Way to Three Way

Integration
Christianity

Culture

Psychology



Global Mental Health: Integration & Culture

JPC, 2014, Summer, 33(2)

#urbana15

Journal of Psychology Christianity

CONTENTS

- 88 **Global Realities, Cultural Diversity and Christian Responses: Introductions to a Special Issue**
Fred Gingrich and Bradford M. Smith
- 101 **Psychology in the Context of Holistic Mission: The Challenges of Witness, Worldview and Poverty**
Bradford M. Smith and Fred Gingrich
- 114 **Integral Mission and the Practitioner's Perspective**
Saul Cruz-Ramos and Pilar Vakkilino de Cruz
- 121 **Bringing Psychology to the Marginalized: Exploring the Role of Community-based Counseling**
Aeribel Marzanilla-Maculis and Ferrn P. Marala, Jr.
- 127 **The Social Justice Debates in Psychology and Theology: Thoughts on "Turning the World Upside Down"**
John Mostert
- 138 **Culture and Ethnicity in Christianity/Psychology Integration: Review and Future Directions**
Fred Gingrich and Bradford M. Smith
- 158 **Cross-Cultural Psychology and Counseling: A Middle Eastern Perspective**
Nad Abi-Hachem
- 164 **A Systems-Based Training Program for Cross-Cultural Workers in Germany**
Ulrich Grieskus
- 168 **Issues Being Discussed by Christian Therapists in the United Kingdom**
Debbie M. Hawker and David S. J. Hawker
- 171 **African Indigenous Psychotherapy**
Glady Mwati
- 178 **Atheism and Christian Counseling in the Czech Culture**
Pavel Rákos
- 184 **Mental Health and Psychosocial Support in Emergencies: Exploring the Potential of Faith to Enhance Response and Recovery**
Alison Schafer and Lincoln Ndogeni

Special Issue
Psychology in the Global
Context



Published

quarterly by

the Christian

Association for

Psychological

Studies

Culture left out of Christianity/Psychology Integration in Leading Journals

- Journal of Psychology and Christianity
- Journal of Psychology and Theology
- 1993-2013
- 4% of over 1200 articles related to non-US populations or issues of culture/ethnicity

Christian Counselling

An African Indigenous Perspective



GLADYS MWITI & AL DUECK

Global Mental Health and Trauma

DSM-V Definition of a traumatic event

- Actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:
 - directly experiences the traumatic event;
 - witnesses the traumatic event in person;
 - learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
 - experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related)

What is trauma?

- Trauma refers to the effects on human beings of disruptive events like war, genocide, criminal activity, sexual abuse, human trafficking, inner-city violence and natural disasters. People are traumatized when they are overwhelmed with intense fear, helplessness and horror in the face of death or the threat of death.
 - American Bible Society

How common are traumatic events?

- US: 89.7% among a national sample of adults. (Kilpatrick et. al., 2013)
- Canada: 74% women, 81% men (Stein et. al., 1997)
- Across numerous countries: 20-90%. (Perrin, et. al., 2014).

Trauma exposure in four post-conflict, low-income countries

- Torture: 8% Algeria to 26% Ethiopia
- Youth domestic stress: 29% Ethiopia to 55% Algeria
- Death or separation with family before age 12: 5% Gaza to 18% Cambodia
- Conflict after age 12: 59% Gaza to 92% Algeria.
 - De Jong et. al., 2001

Conclusion: Majority of people worldwide experience a traumatic event some time in their life.

How many develop PTSD?

- 10% men, 20% women
- 6.8% lifetime prevalence in the US

How many develop PTSD?

- After 1 month: 28.8% (3.1-87.5%)
- After 1 year: 17% (.6-43.8%)
 - Santiago, et al., 2013

Rwanda 14 years after the Genocide

- In 100 days, 1 million murdered, 1 in 7 of country population
- 14 years later, 26.1% of population has PTSD.

Rwanda

- Major factors for PTSD, 14 years later:
 - Age: 24-36
 - Extreme poverty
 - Murder of close relative
 - Being widowed or remarried
 - Losing both parents
 - Living in the South province
 - Munyandamutsa et al, 2012

Trauma and comorbidity

- Many who do not have PTSD, have some symptoms.
- PTSD has high co-morbidity with other disorders like major depression and substance abuse.

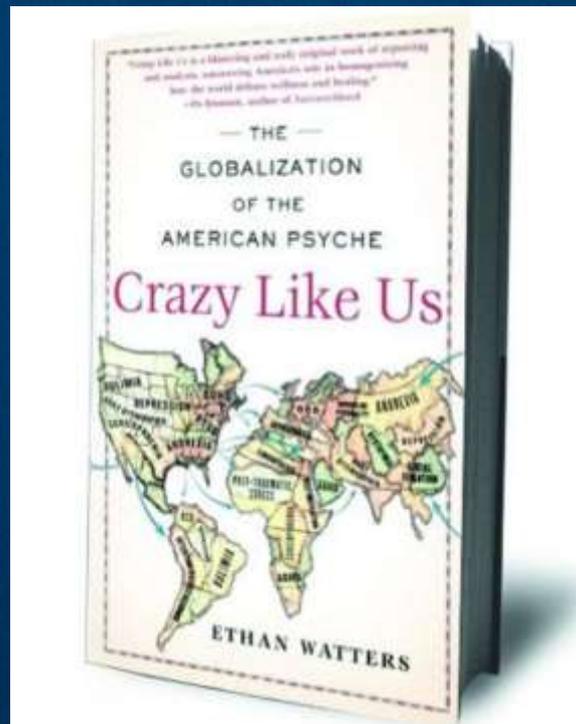
IASC
Inter-Agency Standing Committee

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings



IASC Guidelines do not focus on traumatic and posttraumatic stress

- Why do the guidelines not focus on traumatic stress and post-traumatic stress disorder (PtSd)?
- The types of social and psychological problems that people may experience in emergencies are extremely diverse (see the section on 'Problems' on page 2).
- An exclusive focus on traumatic stress may lead to neglect of many other key mental health and psychosocial issues. There is a wide range of opinion among agencies and experts on the positive and negative aspects of focusing on traumatic stress.
- The present guidelines aim to provide a balanced approach of recommended minimum actions in the midst of emergencies. The guidelines include (a) psychological first aid for people in acute trauma-induced distress by a variety of community workers and (b) care for people with severe mental disorders, including severe PTSD, by trained and supervised health staff only



Summarizing the relationship between Global Mental Health and Trauma

- Most in the world have experienced a potentially traumatic event but usually a small proportion develops PTSD.
- Even in extreme circumstances not all develop PTSD.
- It's imperative to diagnose and treat properly i.e. not assume all are traumatized. Provide adequate and culturally appropriate treatment for those who are.
- Resilience is powerful and evidence of God's grace.
- Any one interested in working in mental health should have some level of expertise in trauma.
- Any one interested in working in trauma will need as a foundation, general training in mental health.

Saddleback's mental health ministry

C – Care and support for individuals and families

H – Help for practical needs

U – Utilize volunteers

R – Remove stigma

C – Collaborate in community resources

H – Offer hope

- The church has responded to crisis needs, but not so well to chronic mental health needs

- don't fix them, friend them ("I have called you friends" (John 15:15))

Living Hope & King of Kings Baptist Church, Cape Town, SA

- John V Thomas founded Living Hope (non-profit) in 2000, and has been Senior Pastor of King of Kings Baptist Church in Fish Hoek since 1987.
(www.livinghope.co.za)
 - Living Care (health care)
 - Living Grace (homelessness & addiction)
 - Living Right (HIV/AIDS education & prevention)
 - Living Way (economic empowerment)



Where from here?

1. ***Reduce stigma*** by educating pastors, church leaders, congregations, and communities
2. ***Integrate mental health into church health ministries*** or include both when starting up.
3. ***Advocate*** for the just allocation of resources for mental health at all levels.

4. Use ***comprehensive strategies*** that include a continuum of care: education, prevention, screening, support and group approaches
5. Offer services to the community as ***a witness to Christ***
6. ***Collaborate*** with other community groups and agencies.

7. Utilize ***task-shifting*** to increase resources by training laypeople and volunteers for appropriate work while providing supervision
8. Address ***social factors*** impacting mental health like poverty and racism
9. Include ***indigenous approaches*** to healing
10. Consider using ***available technology integrated with personal contact***

11. ***Broaden training*** for counselors to include program development, community approaches, supervision.

12. Develop forums, networks, and partnerships for mutual learning and collaboration.

Next steps

- Volunteer/internships – Belhaven's Institute serves as informal clearinghouse.
- Training: Programs in social work, psychology, counseling, nursing, missions, ministry that have training in culture, systems, wholistic ministry, public health available.