HIV AND MENTAL HEALTH

What Can the Church Do?

Dr Sue Parry

oikoumene World Council of Churches

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Preface

Acknowledgements

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Cover

The illustration is a symbolic representation of how mental health is perceived by young people today. Typically depicted in tattoos, the image represents not a trend but rather a statement of courage and solidarity.

- The semi-colon represents the point where the author could have ended their sentence, but chose not to. The author is you, and the sentence is your life.
- The monarch butterfly has a difficult struggle to emerge from its chrysalis. The struggle is what strengthens the wings, allowing it to emerge in all its beauty and ability to play a part in sustaining life through pollination.
- The colour green is the colour of ribbons worn on World Mental Health Day. In Australia, it is not uncommon to find green ribbons tied around trees as a symbol of solidarity with those suffering from mental health challenges, particularly in the more rural, isolated areas.

The title uses a block letter font to depict a long-established condition. This different and more modern font asking the question of what the church can do, represents the uniqueness of the churches' contributions, which supplement the secular response but do much more; they address the gaps with love and compassion, respect and dignity, seeing every person as worthy.

Painting by Peter Purcell-Gilpin. Used with permission.

Introduction

As the world is determined to "End AIDS by 2030,"[1] there is a concerted effort to identify barriers to achieving this and gaps in the current response.

The COVID-19 pandemic highlighted mental health issues even among those with no history of mental health concerns and especially among the most vulnerable, which included people living with HIV (PLHIV). It also resulted in increased levels of gender-based violence and, for PLHIV, interrupted access to treatment and disturbing levels of stigma and discrimination.

There is much ignorance and stigma surrounding mental health challenges, including among the faith community, and for PLHIV who experience mental health challenges, this may represent a double stigma.

As Dr Tedros Adhanom Ghebreyesus said: "There is no health without mental health."[2] In more than 40 years of the HIV response, we also learned this means we cannot end AIDS without ensuring mental wellbeing throughout the life course, especially amongst the most vulnerable.

The magnitude of the mental health problem, where one in eight people are affected globally,[3] including PLHIV, highlights the need to acknowledge this reality and identify where we as the church see our role in accompaniment, solidarity, and appropriate support.

This manual aims to fill an identified gap in practical resources for people of faith by examining mental health issues through the lens of theology, recognising that every person is of value and worthy of dignity. It is not meant to be an academic treatise or a technical resource book, but rather a practical manual and toolkit aiming to:

- Assist the church to widen its social commitment and healing role by purposefully including mental health (wellbeing) and psychosocial support in its various responses to those among us who are facing these challenges, especially those living with HIV;
- Contribute to a greater understanding of the mental health challenges faced by people among us and recognize opportunities to show leadership in raising awareness; eradicating stigma, which might also exist within ourselves and our actions; and reaching out empathetically, appropriately, and in a spirit of solidarity;
- Recognize that more than 20 percent of religious leaders are also suffering from mental health issues[4] and may not be seeking help.

The manual offers an opportunity to explore the "Why not me?" question and face the myths and misconceptions that create such a barrier. This includes the laity—many of whom may be personally affected or have a family member, neighbour, friend, or someone they know who is in need—and who want to know what they can do personally and collectively without doing harm.

The manual is neither prescriptive nor claims to be the complete answer. Responding to HIV and its many challenges has always been a journey and, as such, we learn along the way, always seeking to be more relevant, more effective, more inclusive, and above all more caring, helping those among us reclaim their dignity and hope.

May this be part of a continued journey.

Make me to know your ways, O Lord
Teach me your paths.
Lead me in your truth, and teach me,
for you are the God of my salvation;
for you I wait all day long.
Psalm 25: 4–5

1. UNAIDS, *The Path that Ends AIDS: UNAIDS Global AIDS Update 2023* (UNAIDS, 2023).

2. Tedros Adhanom Ghebreyesus (@DrTedros), "There is no health without mental health," X, June 23, 2022, https://x.com/DrTedros/status/1537772411868823553.

3. World Health Organization, "Mental Disorders," fact sheet, accessed September 16, 2025, https://www.who.int/news-room/fact-sheets/detail/mental-disorders.

4. "13 Stats on Mental Health and the Church," Lifeway Research website, 1 May 2018, https://research.lifeway.com/2018/05/01/13-stats-on-mental-health-and-the-church/.

Mental Health Issues: A Reality from Earliest Times

Mental health issues have been a reality for humankind since the earliest of days, although it is only more recently that the world has started to take greater note of the consequences and sought to find ways to acknowledge this reality and alleviate the symptoms.

Mental health raises existential questions. People of faith have responded for generations, helping answer questions such as "Who am I?," "What is the value of my life?," and "Why do I even exist?"

Churches can offer more than theological support; they can also provide practical support. Throughout history, faith communities have not only prayed and preached but also acted—creating spaces of belonging, offering counselling, accompanying those in grief, and mobilizing resources for care. The following examples, spanning three millennia, demonstrate that mental health issues have always existed.

1010–930 BCE

> How long, O Lord? Will you forget me for ever? How long will you hide your face from me? How long must I bear pain in my soul, and have sorrow in my heart all day long?[5]

900 BCE

> But [Elijah] himself went a day's journey into the wilderness, and came and sat down under a solitary broom tree. He asked that he might die: 'It is enough; O Lord, take away my life, for I am no better than my ancestors.[6]

170–130 BCE

> When the king heard this news, he was astounded and badly shaken. He took to his bed and became sick from disappointment, because things had not turned out for him as he had planned. He lay there for many days, because deep disappointment continually gripped him, and he realized that he was dying. So, he called all his friends and said to them, "'Sleep has departed from my eyes and I am downhearted with worry. I said to myself, "To what distress I have come! And into what a great flood I now am plunged!'"[7]

November 2023 CE

> Pooja Mishra, a young woman from India, learned she was living with HIV at 19. "My world fell apart," she recalls. For three years, she cried constantly, fearing death "within a week, a month, a year." She abandoned her studies—"why continue if I was not going to live?"—and lost her job. Her first doctor accused her of promiscuity, deepening her despair.
> Everything changed when she visited an HIV clinic and received counselling: "You can take your medicines, eat well, and live." Today, Pooja is married, has two HIV-negative children, and both she and her husband are virally suppressed. She now counsels thousands of youth, addressing the same fears she once had: "When youth get HIV, the first questions are: How will we live? Can we marry? How long will we live? Can I have children?"

Pooja's story shows why mental health support must be integrated into HIV programmes—without counselling and safe spaces to talk, fear and stigma can derail treatment and life plans.

This manual seeks to explore what we now understand about mental health, a reality that has been with us since early times. It expands on what it means to have a mental health issue, why we link psychosocial support with mental health, and how and where the church can fulfil its calling to love our neighbour as ourselves. It also deepens our understanding of why and how we must first learn to love ourselves.

The manual unpacks these issues in three parts. Part 1 reflects on the scope of the problem. The second part analyses the role of faith communities in addressing mental health and providing care, including best practices. The third part contains theological reflections on mental health. A practical toolkit complements these three parts.

5. Psalm 13: 1-2a

6. I Kings 19: 4

7. Set down just after the time of Alexander the Great in an important book of ancient history: 1 Maccabees (6:8–11).

Part 1: Technical Briefing

What is Mental Health?

The need for action on mental health is indisputable and urgent.

Mental health is an integral component of health and wellbeing that determines our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It determines how we handle stress, realize our potential, work productively, relate to others, build relationships, and contribute to our community. It is important at every stage of life, from childhood and adolescence through adulthood. Mental health is a basic human right.

Mental health is more than the absence of mental disorders. It exists on a complex continuum, experienced differently from one person to the next, with varying degrees of struggle and distress and potentially very different social and clinical outcomes.[8]

The term *psychosocial* acknowledges the relationship between psychological factors and the social context of culture, traditions, and relationships.

Mental Health and Psychosocial Support (MHPSS)

The composite term *mental health and psychosocial support* is now widely used among humanitarian agencies and serves as a unifying concept across sectors. It recognizes the interconnectedness between mental health and psychosocial wellbeing and is used to describe any type of local or external support that aims to protect or promote psychosocial wellbeing, prevent mental health disorders, and treat them when they occur.[9]

It is said that the inherent objective of MHPSS is not to "fix" the person affected by problems but to help them resume more functional lives. The aim is to support individuals and families in recovering from and adapting to certain adversities by helping them strengthen their resilience, find some meaning in their upsetting and confusing experiences, and reduce their isolation—essentially to restore social cohesion.

The Scope and Scale of the Problem

Mental health conditions or neurological and substance use disorders affect one in four people over a lifetime and are responsible for more than 10–15 percent of the global burden of disease.[10], [11] More than 800,000 people die by suicide each year, and suicide is the second leading cause of death among 15–29-year-olds.[12] Alarmingly, these trends seem to be increasing worldwide.

The risk for mental health conditions and psychosocial problems among children and adolescents is exacerbated when they are exposed to poverty, violence, disease, or humanitarian crises.

Mental health conditions are common among people living with, at risk of, or affected by HIV, often at higher rates than in the general population. According to a global systematic review, between 28% and 62% of adults living with HIV experience symptoms of common mental health disorders—such as depression, anxiety, or post-traumatic stress—highlighting a significantly greater burden compared to the general population.[13]

Determinants of Mental Health

Mental health is complex and varies considerably from one person to the next, depending on the circumstances in which they are born, raised, and live their lives, as well as their level of vulnerability and the stresses they experience over time.

8. Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support* (Inter-Agency Standing Committee, 2007).

9. Ghebreyesus in World Health Organization. *World Mental Health Report 2022: Transforming Mental Health for All* (WHO, 2022).

10. World Health Organization, "Mental Disorders," fact sheet, updated 29 September 2025. https://www.who.int/news-room/fact-sheets/detail/mental-disorders.

11. Institute for Health Metrics and Evaluation, *2021 Global Burden of Disease Database* (2024). https://vizhub.healthdata.org/gbd-results/.

12. World Health Organization, "Suicide," WHO, updated 29 September, 2025, https://www.who.int/news-room/fact-sheets/detail/suicide.

13. J. Hoare et al., "Global Systematic Review of Common Mental Health Disorders in Adults Living with HIV," *Current HIV/AIDS Reports* 18, no. 6 (2021): 569–80, https://doi.org/10.1007/s11904-021-00583-w.

The quality of care, protection, and affirmation a child receives in their first eight years of life not only impacts their health and mental development but, critically, also shapes their sense of self-worth and how they view and respond to life challenges.

Adolescence is yet another crucial period during which social skills and emotional habits are developed that are important for mental wellbeing—a healthy lifestyle, self-awareness, emotional regulation, coping strategies for dealing with interpersonal relationships and peer pressure. A reliable, supportive, and protective home and school environment makes a considerable difference, and support in the wider community amplifies this impact.

Multiple factors affect mental health: adversity, the quality of home life, harsh parenting, socioeconomic problems, violence, including sexual abuse and bullying, peer pressure, gender norms, and the media, especially social media that "exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future."[14]

Anxiety and depressive disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness. Depression can lead to suicide.

Not everyone exposed to a risk factor will develop mental health problems, and people with no known exposure can develop mental health issues; however, the interaction of such determinants will either enhance or undermine mental health.[15]

Mental Health and HIV

HIV not only impacts physical health but also has profound effects on mental wellbeing. The interplay between HIV and mental health challenges can complicate treatment adherence, emotional resilience, and overall quality of life

Mental health problems can lead to increased vulnerability to HIV infection. Studies have shown that individuals with severe mental illness, including conditions such as depression, anxiety, psychosis, and substance use disorders, have higher rates of HIV infection compared to the general population. Mental health conditions can influence behaviours that increase HIV risk, such as unprotected sex, having multiple sexual partners, and substance abuse and reduce the ability to negotiate safe sexual encounters or adhere to prevention measures. Social factors like exclusion, economic hardship, or coercive sexual encounters linked to mental illness can further raise vulnerability to HIV. Therefore, mental health challenges not only affect people living with HIV but also increase susceptibility to acquiring HIV. [16]

- HIV itself is associated with an array of neurocognitive disorders, leading to changes in how a person thinks and behaves and in their ability to function, potentially triggering a mental health condition.
- An HIV diagnosis is very often accompanied by a range of mental health issues, including anxiety, depression, denial, anger, despair, and fear. There is often chronic stress.
- Alcohol and drugs may be used as coping mechanisms to deal with the psychological burden of living with HIV.
- Depression is the most common mental health condition found in PLHIV, affecting up to 39 percent of people living with HIV.[17] It manifests as persistent sadness, a feeling of emptiness, decreased energy and fatigue, and a loss of interest in life, even in activities that previously brought one joy.
- Coping with the stigma and discrimination associated with living with HIV is very stressful, which has a greater impact on groups that are more stigmatized, such as sexual and gender minorities or commercial sex workers.
- Stigma and bullying have a very negative impact on adolescents living with HIV. Youth may internalize stigma, leading to negative mental health. They feel ashamed and different from their peers and are more likely to experience symptoms of depression and anxiety and have suicidal thoughts.
- Misunderstanding and negative stereotyping of HIV and mental health issues are common.
- Poor self-care, follow-up, and drug adherence are common in PLHIV with mental health conditions.

14. WHO, "Mental Health of Adolescents Fact Sheet," 17 November 2021, World Health Organisation.

15. WHO, "Mental Health of Adolescents."

16. Florence Baingana, Rachel Thomas, and Christine Comblain, *HIV/AIDS and Mental Health* (World Bank, 2005), https://hdl.handle.net/10986/13741.

17. John A. Ciesla and John E. Roberts, "Meta-analysis of the Relationship between HIV Infection and Risk for Depressive Disorders," *American Journal of Psychiatry 158*, no. 5 (2001): 725–30, https://doi.org/10.1176/appi.ajp.158.5.725.

- Compared to the average population, PLHIV have considerably more suicidal thoughts and a significantly higher number of suicidal attempts that result in actual death. Some studies report that the risk of suicide death is 100-fold higher in people living with HIV than in the general population. [18]
- There is a higher vulnerability to violation of fundamental rights for PLHIV and people living with mental illness.
- Older people, especially those over fifty, who are living with HIV tend to have much higher rates of emotional distress and social isolation.[19]
- HIV treatment itself can cause a wide range of mood changes and mental health–related side effects. These include depression, anxiety, and insomnia among many others.

Christians and Mental Health Challenges

Too often, mental health conditions are not openly discussed due to a lack of understanding and judgemental attitudes, stigma, and discrimination.

At least 25 percent of pastors suffering from mental health issues do not seek help. [20] Myths concerning mental health are common in some churches, including:

- True Christians cannot be mentally ill.
- The cure for any mental health challenge is prayer.
- Depressed or anxious Christians are sinful.
- Spiritually healthy Christians are mentally healthy.
- Mentally ill Christians just need counselling.

People of faith with a mental health condition may experience distressing spiritual concerns, asking themselves: Why hasn't God healed me? Why are my prayers not answered? Do I just lack faith? Has God forsaken me? If I take medication, will it not show a lack of faith?

Some cultures may equate a mental health condition with being demon possessed or punished for unpardonable sins. There may not be the recognition that both clinical needs and spiritual concerns are inextricably intertwined among people of faith.

Faith leaders should be clear about the difference between religious or spiritual support and professional clinical treatment.[21]

Inter-Agency Standing Committee Intervention Pyramid: MHPSS Intervention Recommendation

The IASC Intervention Pyramid, first developed by the Inter-Agency Standing Committee (IASC) for humanitarian settings, is now commonly used as a framework for MHPSS programming. It describes the multi-layered support of a comprehensive, complementary package of MHPSS interventions for different groups. (See figure 1.) This framework offers a model for churches in responding to mental health challenges. According to the pyramid, ensuring basic needs and security will contribute to improved wellbeing for the largest number of individuals.

At the base of the triangle is where most people with general mental health issues are likely to be found, those who are not identified as being at risk.

Appropriate preventative interventions at this level ensure basic needs and supports are met—food, clothing, shelter, water, basic healthcare—so that children, adolescents, caregivers, individuals, and families can function normally without professional support. Faith communities can play an effective role in meeting such needs and offering an accompanying presence.

At the next level up, more intervention is needed in the form of basic emotional and practical support by strengthening community and family support and activating social networks. Affected people at the third level (for example, survivors of gender-based violence) require more focused psychosocial support.

It is at these first three levels where most of the people affected with mental challenges are to be found and where the church can render the most practical help and accompaniment.

18. Michael Pelton et al., "Rates and Risk Factors for Suicidal Ideation, Suicide Attempts and Suicide Deaths in Persons with HIV: A Systematic Review and Meta-Analysis," *General Psychiatry 34*, no. 2 (April 2021): e100247, https://doi.org/10.1136/gpsych-2020-100247.

19. Charles A. Emlet, "An Examination of the Social Networks and Social Isolation in Older and Younger Adults Living with HIV/AIDS," *Health & Social Work 31*, no. 4 (November 2006): 299–308, https://doi.org/10.1093/hsw/31.4.299.

20. Blen Biru et al., "The Gap in Mental Health Service Utilization Among United Methodist Clergy with Anxiety and Depressive Symptoms," *Journal of Religion and Health 62*, no. 3 (2023): 1597–615, https://doi.org/10.1007/s10943-022-01699-y.

21. *Mental Health: A Guide for Faith Leaders* (American Psychiatric Association (APA) Foundation, 2016), https://www.apaf.org/getmedia/d5cdf69e-e9bb-4090-9b75-1b409c3e2369/APAF-Mental-Health-A-Guide-for-Faith-Leaders.pdf

The apex of the triangle represents the smallest proportion of affected people. These usually have diagnosable conditions that impact basic daily functioning, and they require specialized services and trained mental health professionals to accompany them through their situation of crisis.[22]

Mitigating Determinants to Promote Better Mental Health

A critical step in promoting better mental wellbeing for people living with HIV, particularly adolescents, is to integrate mental health and psychosocial support into HIV care at every level, from the individual through to health facilities. Many responders will be necessary, not only professionals.

A key principle—even in the early stages of an emergency—is building local capacity, supporting self-help, and strengthening existing resources.[23] Self-care is choosing to take steps to maintain and improve one's own overall mental, emotional and physical health. It is key to maintaining HIV care. Providing self-care recommendations for PLHIV[24] is one action churches can take.

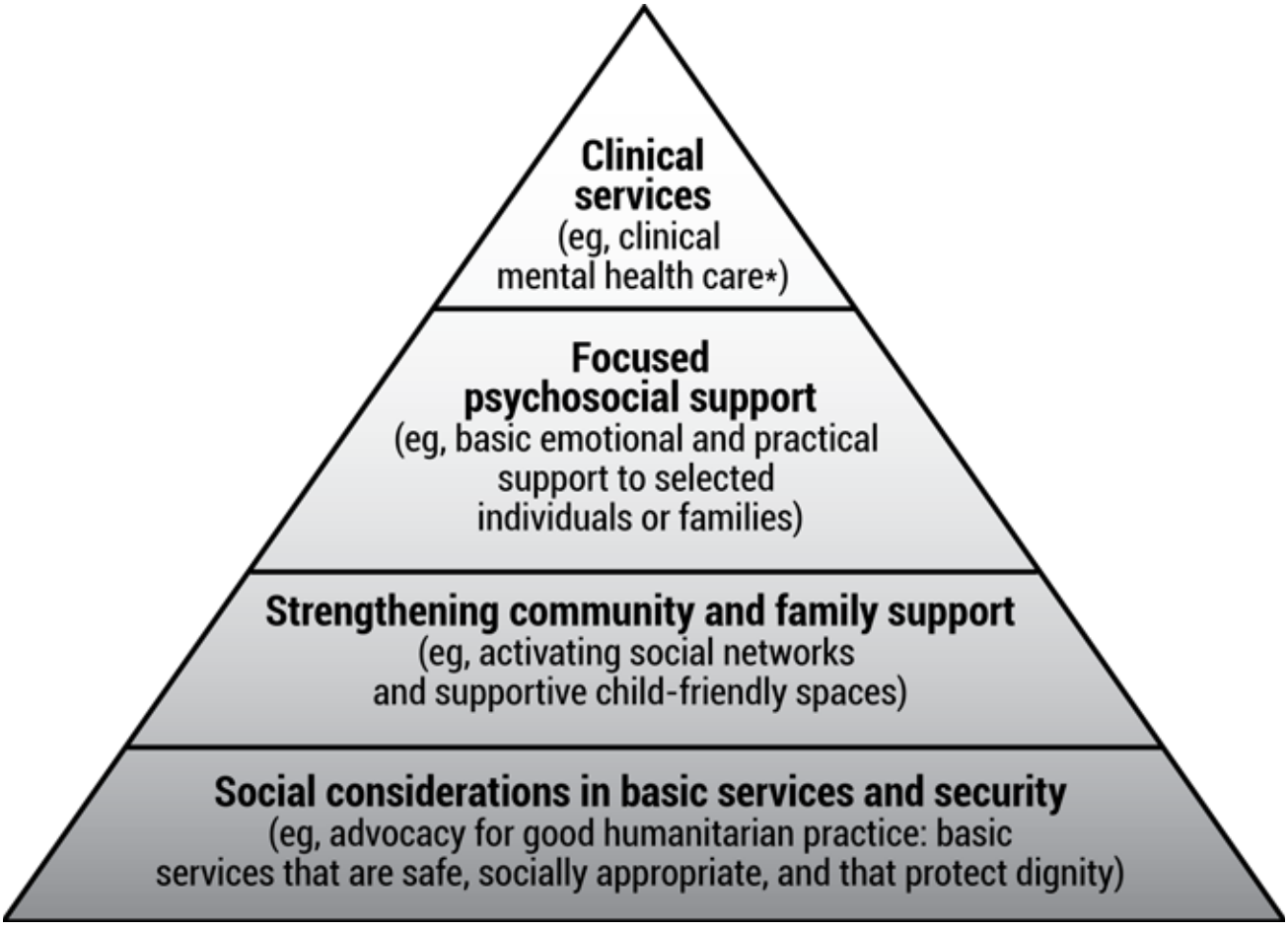


Fig. 1 Inter-Agency Standing Committee (IASC) intervention pyramid

22. Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007), https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007.

23. IASC, *Guidelines on Mental Health*.

24. See https://www.myhivteam.com/resources/the-importance-of-self-care-with-hiv and https://www.webmd.com/hiv-aids/self-care-people-hiv.

Part 2: Living Our Faith

Why Faith Communities Need to Be Involved

"When people feel vulnerable and stressed, they need sources of resilience. The COVID-19 pandemic took away many of those sources of resilience, such as social bonds, community belonging, workplace collegiality, and religious participation, and it left people to basically conjure up their own resilience. Stated simply, increased stress during a time of vulnerability and compromised resilience leads to serious mental health concerns."[25]

Anyone can be at risk of a mental health challenge at any point in their life. Individual, social, and structural determinants may combine to protect or undermine mental health. Even exposure to unfavourable circumstances can increase the risk of a mental health condition.

Having faith or a religion does not exclude us from mental health problems. Further, having a weak faith or no faith is not the cause of poor mental health. No one is immune. Yet religion and spirituality often play a vital role in healing, and faith can be an invaluable resource in improving and sustaining our mental health.

It is recognized that people who are experiencing mental health concerns often turn first to their pastor or faith leader. "From a public-health perspective, faith community leaders are gatekeepers or 'first responders' when individuals and families face mental health or substance use problems. In that role they can help dispel misunderstandings, reduce stigma associated with mental illness and treatment, and facilitate access to treatment for those in need."[26]

Religion also is acknowledged as an active and effective source of coping in many contexts, and the IASC guidelines on MHPSS state that local faith actors have a "comparative advantage" in humanitarian settings.[27] In the context of crisis, religion provides a basis of psychosocial support to reflect on belief and meaning, and religious practices are often linked to connections with the wider community.

Religious or spiritual therapy is never a substitute for medical treatment of mental illnesses. At the same time, medical intervention on its own is not sufficient in caring for humans who are spiritual beings by nature.[28]

World Health Organisation (WHO): Paths to Transformation

The WHO's *World Mental Health Report* has recommended that all countries achieve meaningful progress toward better mental health for their populations by focusing on three paths to transformation: deepening value and commitment to mental health across all sectors, reshaping the environment, and strengthening mental healthcare.

Fig. 2 WHO paths to transformation

These three paths focus on shifting attitudes toward mental health, addressing risks to mental health in our environment, and strengthening systems that care for mental illnesses. The aim is to move toward "a world in which mental health is valued, promoted, and protected,"

25. Mike Bradford, "A Mental Health Crisis. A Conversation with Dr Anthony Isacco," Word on Fire, 13 October 2023, https://www.wordonfire.org/articles/the-mental-health-crisis-a-conversation-with-dr-anthony-isacco/.

26. APA Foundation, *Mental Health*.

27. IASC, *Guidelines on Mental Health*.

28. Billy Swan, "How the Life of Faith Can Support Your Mental Health (Part 1)," 18 February 2020, https://www.wordonfire.org/articles/how-the-life-of-faith-can-support-your-mental-health-part-1/.

with equal opportunities to mental health and mental healthcare for all.[29] The three paths are interlinked as portrayed in these intersecting circles (figure 2):

For Christians, however, there is a gap in this approach. Another key element is missing, one that should lie at the very centre of the intersections. It represents the core of the affected person, and it underlies all that a person thinks and believes about themselves. While there is need to address the three paths mentioned above, until the core of one's identity is addressed, the journey to sustainable recovery will be longer.

Recognize and Affirm Worth

For the person weighed down by mental health challenges tangled into their lives, it is vitally important that they hear, in the deepest part of their being, "You are worthy"—worthy of love; of dignity and respect; of protection, care, and support (figure 3).

At the heart of Christian faith is the belief and assurance that we are accepted and loved unconditionally by God: "You are ... the Beloved" (Mark 1:11), "God is love" (1 Jn. 4:8), "Before I formed you in the womb I knew you" (Jer. 1:5).

Many psychosocial support programmes exist that seek to affirm recognition of our past, background, and influences, as these may have a strong bearing on the coping mechanisms we develop in the face of life's complexities.

Fig. 3 Core element of recognizing and affirming worth

Of particular interest for the purpose of this manual is an analogy developed for elite athletes to help them recognize and overcome negative thought patterns affecting their performance and ability to cope, especially under pressure.[30] Though the original focus was on athletes, the principles—in particular, what is called the "Me-Tree"—can be applied far more broadly, including by the churches.

The Me-Tree

Fig. 4 The Me-Tree [31]

In the Me-Tree below (figure 4), the roots represent self-worth, the trunk self-esteem, the branches self-confidence, and the leaves self-efficacy.

- **Self-worth**: Our self-worth is at the core of our being. It is based on deep feelings about our value and worth as people. It is not what you *do* but who you *are*. It represents our values, morals, passions, and fundamental beliefs about ourselves.
- Self-worth influences the development of self-esteem and the capacity to become self-confident; it flourishes in self-efficacy. Every part of our lives and

29. World Health Organization, *World Mental Health Report: Transforming Mental Health for All* (WHO, 2022). https://www.who.int/publications/i/item/9789240049338.

30. Simon Marshall and Lesley Paterson, *The Brave Athlete: Calm the F* Down and Rise to the Occasion* (Velo Press, 2017).

31. From an original painting by Peter Purcell-Gilpin. Used with permission.

identities is build on self-worth, affecting all of how we perceive ourselves. People with a healthy self-worth believe that their lives are valuable and important, they are loveable, and their value is constant despite daily challenges.

- Self-worth develops primarily during the first eight years of life and is largely determined by whether childhood needs—for love, protection and security, affirmation, and a sense of belonging—are met. If not met, children may blame themselves, and their conclusions can be damning. It is hard to change low self-worth and may require help from mental health professionals.
- **Self-esteem** grows from the roots of a strong self-worth. Like a tree's trunk, it supports everything above. Though influenced by current experiences and achievements, it can take knocks and, overall, will withstand pressures.
- **Self-confidence** is defined by our perception of our abilities and predicts what people will attempt. It is normal to have varying levels of confidence across activities. Low self-confidence can affect every aspect of life, but rarely affects everything if the underlying self-esteem—the trunk—is healthy.
- **Self-efficacy** is a form of self-confidence, what you believe you're capable of in relation to a specific task.

Though not presented by the authors with any faith perspective in mind, all of the above may resonate strongly with our belief as Christians that we were created in the image of God and that, despite our brokenness, all people—believers and non-believers—are beloved of God, unconditionally.

As Christians seeking to accompany those among us who are currently burdened with mental health challenges, it is very important that we recognize the worth of every person and support their dignity and value. For some, especially those with complex post-traumatic stress disorder, the inner pain is so deeply embedded in their mind that it is a pain that cannot be expressed. We do not presume to "fix" people's problems but to listen and accompany.

"When we keep listening attentively to the voice calling us the Beloved, it becomes possible to live our brokenness, not as a confirmation of our fear that we are worthless, but as an opportunity to purify and deepen the blessing that rests upon us. Physical, mental or emotional pain lived under the blessing is experienced in ways radically different from physical, mental or emotional pain lived under the curse [of believing that all the events happening to us are because we deserve no better]."[32]

Deepen Values and Commitment to Mental Health across All Sectors

The call is to deepen the value placed on mental health by individuals, communities, and governments, and to match that value with commitment, engagement, and investment from all stakeholders across all sectors.

What can the church do?

- **Inner transformation**: In addition to acknowledging the worth of every person, as people of faith, we can transform our own attitudes, actions, and approaches. To face these issues openly and honestly adds credibility and authenticity to any subsequent response. We seek an inner transformation in our attitudes and approach to HIV and mental health, not only in our own lives but also within our families, communities, and society and within the life of the church.
- **Break the silence:** Too often, both HIV and mental health conditions are not openly discussed, leading to a lack of understanding, negative stereotyping, judgemental attitudes, and stigma and discrimination. Talking openly about these issues brings them out of the shadows and opens up better possibilities for people living with these conditions to seek accompaniment and help. Families, too, may feel more comfortable acknowledging the reality of their situation and feel less alone if we help to break the silence.
- **Stigma and discrimination:** HIV and mental health–related stigma and discrimination need to be identified for what it is and eradicated from our attitudes and our practices.[33] We need to be aware of the language we are using and recognize and respect that cultural differences exist in the understanding of mental health versus religious and spiritual issues.

Helping people with mental health conditions is helping them to put their lives back together, not just for the here and now but in a sustainable way, so they know how to live in the long term. This may mean facing fears or identifying avoidance strategies that stand in the way of living the life they so desire. Perhaps it is just providing

32. Henri J.M. Nouwen, *Life of the Beloved: Spiritual Living in a Secular World* (Crossroad, 2002).

33. Sue Parry, *Beacons of Hope: HIV Competent Churches—A Framework for Action* (WCC Publications, 2008).

an honest, caring, and non-judgemental listening ear. It requires sensitivity and commitment.

In addition, as people of faith, we can promote social inclusion of people with mental health conditions and encourage our friends who are living with HIV to give equal priority to mental and physical health.

Reshape the Environment

Congregants are members of the wider community. The churches are called to help reshape the physical, social, and economic characteristics of the overall environment—in homes, schools, workplaces, healthcare services, and the wider community—to better protect mental health and prevent mental health conditions.

What can the church do?

- **Homes**: Open dialogue with congregants and community members about making our homes places of safety and security. Gender-based violence can be discussed in women's groups and men's fellowships, exploring the realities and what can be done to protect the most vulnerable in our midst. Find out what services are available, where help can be accessed through shelters and hotlines, and make that information available.
- **Schools**: In many contexts, a considerable proportion of educational services is owned and provided by the church. It is essential that we ensure our schools offer value-based education with school-based programmes that build social and emotional skills.
- We must demand school policies that have a zero tolerance for bullying, especially of students who are living with HIV and need to take regular medication. Recommend that teaching staff receive training in early recognition of mental health challenges among students, as well as suicide awareness.
- Advocate for measures to expose and stop cyberbullying on social media platforms. Ensure school support networks are available to accompany children at risk from such assaults and request participatory programming for students on these particular risks (including online grooming), which are increasing and becoming progressively more sophisticated.
- All students are at particular risk of exposure to illicit drugs. It is essential that schools offer informed discussions for students with professionals as speakers. Recommend that open channels of communication are established and maintained for at-risk students.
- **Church youth programmes**: Church youth programmes offer an unparalleled opportunity to support young people with a safe space to ask questions and explore what HIV and mental health mean for them. Ensure that all youth leaders undergo relevant training that complements and supplements what is learned in school with a Christian perspective.
- **Engage youth** as active participants. They can provide valuable insights into mental health and psychosocial problems, needs, and priorities—insights that will help develop relevant, effective and sustainable MHPSS programmes.
- **Workplaces** need to be safe and non-discriminatory, recognizing the value and basic rights of every employee. The church is a substantial employer, particularly through the many social services it offers. It is also usually a place with many volunteers. Churches should ensure that no one is exploited or underpaid and that there are no unrealistic expectations of workers just because it "is for the church." Above all, the faith community should set an example and be open and transparent.
- **Healthcare facilities:** In many contexts, the church owns, is involved in, and provides extensive health services. Advocate for facilities that are accessible and non-discriminatory and that aim to provide services of a high standard, with mental healthcare integrated into the provision of general healthcare.
- **Communities**: Every one of us is a member of the wider community. The faith community can do much to strengthen caregivers' capacities and skills and promote social cohesion.
- **Natural environments:** "The earth is the Lord's and all that is in it, the world, and those who live in it" (Ps. 24:1). As Christians, we are called to care for God's creation, which is on loan to us.[34] We must address the effects of climate change, which Pope Francis reminds us "are borne by the world's 'most vulnerable people'" and are becoming more and more extreme, "palpable expressions of a silent disease that affects everyone."[35] Let us lead by example.

34. Robert Barron, "Daily Gospel Reflection," 08 October 2023, https://www.wordonfire.org/reflections/a-ordinary-wk27-sunday/.

35. Pope Francis, *Laudate deum* (Libreria Editrice Vaticana, 2023).

Strengthen Mental Healthcare

The churches are called to strengthen MHPSS so the full spectrum of mental health needs is met through a community-based network of accessible, affordable, and quality care.

What can the church do?

There may well be overlap between this pillar and the previous one; however, key areas that can be addressed in this pillar include:

- **Accompaniment:** The Jesuit Ethos of accompaniment emphasizes walking alongside others in solidarity and compassion, upholding their dignity and nurturing hope. It involves active listening, hospitality, and friendship, while striving for justice and prioritizing the poor and marginalized. By valuing accompaniment, relations are equalized, power imbalances are addressed, and individuals are empowered to envision and move toward a more hopeful future.[36] People living with HIV may experience a wide range of mental health problems, which not only affect quality of life but also behaviours that promote and maintain health and adherence to care routines. Faith communities can provide very practical support by accompanying people to appointments, reminding them of check-ups, offering encouragement and affirmation, and helping break the cycle of isolation. We can encourage health-seeking behaviour by practising it ourselves.
- **Interventions to build resilience, especially with adolescents**. In addition to the aforementioned school-based programmes aimed at building resilience, churches should consider other interventions, preferably designed together with people affected. Encourage self-care using existing strategies such as practising mindfulness and building positive relationships. Urge young people to consult the online mental health toolkit developed by the United Nations agency for children (UNICEF).[37]
- Provide opportunities for physical activities and promote healthy eating habits. People with depression may comfort eat, resulting in weight gain that can negatively impact mental health. A healthy relationship with food boosts energy levels and thereby contributes to wellbeing.
- **Advocacy:** Where mental health service provision is inadequate, raise awareness. Advocate for such services to be integrated into national healthcare systems, particularly where HIV services are available. Raise awareness if the human rights of PLHIV and those suffering from mental health issues are being violated.
- **Education:** Ensure that church staff and volunteers receive education in mental health first aid and trauma-informed care. Encourage seminaries and pastor training centres to schedule mental health training events for pastors, alumni, and students.
- **Suicide prevention:** Raise awareness about the reality of suicide, of which PLHIV, in particular young people, are at increased risk. The church can play an essential role in addressing this crisis by establishing suicide prevention practices and providing young people with a supportive community, education, and mental health resources. Make details readily available about where help may be sought, especially hotline numbers. Seek ways to be supportive to those who have attempted suicide and to their families without being intrusive, and offer practical help to ease social isolation.
- **Urgent referrals:** Take particular note of issues or concerns that require urgent clinical care, for example, suicidal intent or behaviour, despondency, impulses to self-harm or harm others. Immediate referral to a clinical care professional is critical when these concerns or issues arise. The person should be assured that you will be there with spiritual care and support.[38]
- **Practical support:** Provide tangible help to individuals and affected families, particularly during times of crisis, for example, meals, respite care, and home visits.
- **Prayer:** Never underestimate the power of prayer, especially for those struggling with intense negative pressures that can spiral out of control. For many, the reassurance of prayer and the knowledge that others care enough to pray for them may have a calming effect.
- **Reconciliation:** We can seek the power of reconciliation by spending time in prayer, confessing choices that have harmed oneself or others and asking for forgiveness. Practices or rituals of confession, with their assurance of forgiveness, can bring the sense of a burden being lifted and of being reconciled not only to ourselves but also to God.

36. Jesuit Refugee Service, Annual Report 2022: Hope Makes the Difference (JRS, 2023), https://jrs.net/en/resource/annual-report-2022/.

37. *Every Day Is Mind Day: Mental Health Toolkit for Young People* (UNICEF Thailand), https://www.unicef.org/thailand/media/7211/file/Mental%20Health%20Toolkit%20%20%20for%20Young%20People.pdf.

38. APA Foundation, *Mental Health*.

All of the above suggestions are pathways to transformation, not only to improve the quality and availability of care for PLHIV and mental health, but to transformation for us all in the way we relate to each other and how we express the love that we experience from the Lord.

Best Practice Examples

The following are examples of innovative and effective initiatives that respond to mental health and HIV challenges. Some are faith-based in origin; others are not, but could easily be adapted to the faith-based context. Church facilities and the vast array of willing volunteers could be tapped into to replicate such initiatives.

Friendship Bench

With only 18 registered psychiatrists and 6 clinical psychologists (according to a 2020 WHO report)[39] for a population of some 15 million people, there is a huge mental health treatment gap in Zimbabwe, where some 40 percent of the population is thought to suffer from common mental disorders.[40]

To close this gap, the innovative programme Friendship Bench[41] was started over 20 years ago to train community volunteers known as "grandmothers" in problem-solving therapies. They address what is known in the Shona language as *kufungisisa*—a term that denotes a range of non-psychotic mental health conditions, particularly anxiety and depression.

The "friendship grandmothers" are trained to counsel people in a structured 45-minute session while sitting more informally on benches outside primary-care clinics. People are usually referred by medical care providers and may receive up to six sessions of a cognitive-behavioural therapy–based approach. Depending on their needs, they may also receive home visits, join group therapy, or be referred to a specialist.

About 80 percent of clients are PLHIV, many of whom report symptoms of common mental health conditions and post-traumatic stress disorder. The Friendship Bench approach has significantly reduced symptoms of depression and anxiety compared to standard care. It is also thought to lead to improvements in concurrent health conditions, including greater acceptance of HIV status and adherence to medications.

The documented success of the programme has led to similar initiatives in places such as Malawi, Zanzibar, and even New York City. The programme's core values are empathy and connection, and it is anchored in research.

A similar model has been developed for youth that uses psychology and sociology student -"buddies" instead of grandmothers. The counsellor training is the same, but with additional topics such as relationships, sex, and drug use. The services aim to reach adolescents at high risk for mental health conditions, in particular pregnant youth and young offenders.

WISE Congregation for Mental Health, United Church of Christ Mental Health Network

WISE Congregation for Mental Health is a certification programme of the United Church of Christ Mental Health Network (UCC MHN).[42] The objective is to encourage congregations to live out a commitment to being faith communities that are welcoming, inclusive, supportive, and engaged about mental health.

Very often, due to prevailing stigma, individuals in the congregations who are dealing with mental health issues may be reluctant to seek any form of help. But where WISE congregations create an atmosphere of openness and acceptance, congregants, family members, and visitors are more likely to feel safe and free from judgement—creating a place of belonging, where all feel welcome.

UCC MHN has developed a booklet[43] to guide congregations in becoming WISE congregations and offers other helpful resources on their website, including an extensive list of additional sources of information for individuals and congregations.

39. World Health Organization, *Special Initiative Country Report — Zimbabwe 2020* (WHO, 2020), 5.

40. "How a community-based approach to mental health is making strides in Zimbabwe," *Down To Earth*, 5 July 2016, https://www.downtoearth.org.in/health/how-a-community-based-approach-to-mental-health-is-making-strides-in-zimbabwe-58364?utm_source=chatgpt.com.

41. Friendship Bench Zimbabwe, " "Home," https://www.friendshipbenchzimbabwe.org.

42. United Church of Christ Mental Health Network, "Working to Reduce Stigma & Promote the Inclusion of People with Mental Health Challenges and Neurodiversity," https://www.mhn-ucc.org.

43. United Church of Christ Mental Health Network, *Becoming a WISE Congregation for Mental Health—The 10 Steps*, https://www.mhn-ucc.org/becoming-a-wise-congregation-for-mental-health-the-10-steps/.

Samaritans

Every ten seconds, someone calls the Samaritans for help.[44] Dedicated to reducing the feelings of isolation and disconnection that can lead to suicide, they are there for anyone struggling to cope and needing someone to listen to them without judgement or pressure, no matter the concern. The organization was started in 1953 by one man with a telephone and a deep longing to offer a listening ear for those at risk of taking their own lives.

It is a wonderful example of thinking outside the box at a time when the telephone was still a relatively new way of communicating in emergencies, suicide was still a criminal offence in the United Kingdom, attitudes toward mental illness were not kind, and there were few places where a person could find a non-judgemental and empathetic listener.

Trauma Healing Institute

Through the Trauma Healing Institute (THI),[45] the American Bible Society equips churches and communities to create safe spaces where people can be fully heard and accompanied on their journey. In such spaces, painful wounds of the heart and mind can be healed, so that others may know how to love God with all their heart, soul, and mind.

THI provides a wide range of easily downloadable, free resources that cover many mental health issues connected with the impact of trauma, and aids to sensitively address such issues within any church setting and in the wider community. The Society guides religious leaders in learning about and better understanding trauma and how to recognize it as the first step to understanding the hurting in their churches and communities.

Thereafter the programme consists of three pillars:

1. **Healing in community**: Within small group settings, certified healing group leaders bring together proven mental health practices with the wisdom of the Bible. The Bible is the core of the trauma healing programme, offering the opportunity to encounter God and receive healing through rich and relatable biblical stories.
2. **Equipping local churches**: The principle here is to use existing tools in the church— the Bible and community—together with mental health best practices to help local churches respond.
3. **Offering accessible technology**: A trauma healing app delivers training and a curriculum, including the Bible stories mentioned above, in audio and video formats in various languages for rapid use in different countries. The app, together with an integrated community platform, provides ready-to-use trauma healing resources for churches to launch effective programmes with minimal effort.

Mental Health Grace Alliance

Founded in 2011, the Mental Health Grace Alliance[46] creates practical tools and resource materials for those living with mental health challenges. The curriculum is rooted in a holistic approach that integrates evidence-based science with scripture and faith experiences to aid in mental health recovery and build resilience.

Core to the approach is the recognition of the value of small groups that are part of the community and that act to educate their communities about mental health issues, help them talk about these in a safe way, and equip them with appropriate tools to assist. These "Grace groups" are provided with topics, tools, and an experiential learning process of discovery and recovery.

The alliance's "Thrive" programme supports people to improve their personal wellbeing through a curriculum of practical steps to build mental health and resilience. Grace Alliance resources are being utilized in more than 25 countries and are available online.

Campaign of Hope

The World Council of Churches (WCC) has developed the "Campaign of Hope"[47] that aims to empower faith-based organizations to come together to promote dialogue between mental health professionals and faith communities, always counting on the meaningful engagement of people with lived experience (young people, Indigenous peoples, people with disabilities) leading to informed, safe, and sustainable support and actions.

44. Samaritans, "Home," https://www.samaritans.org/.

45. Trauma Healing Institute, "Home," https://traumahealinginstitute.org/.

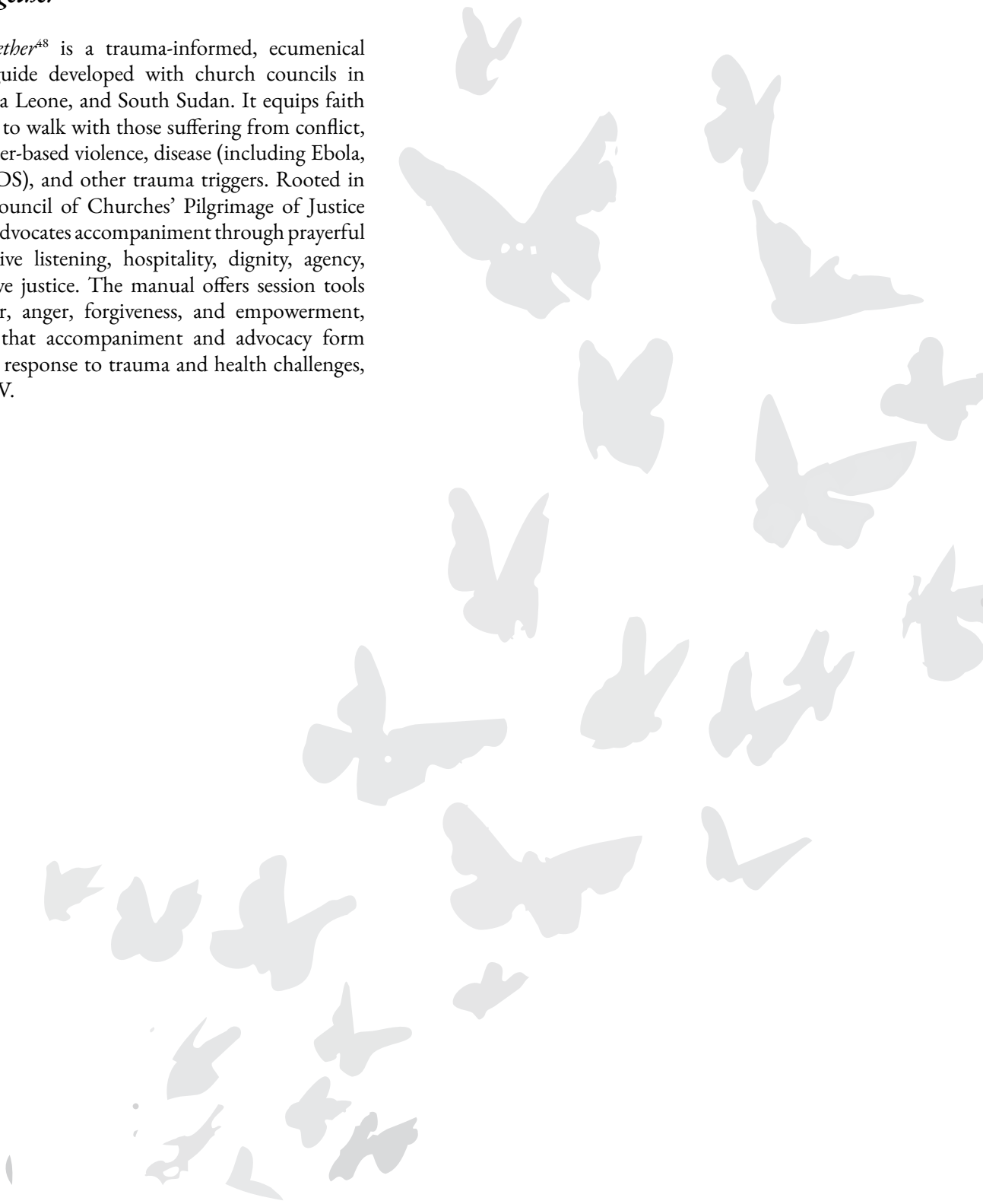
46. Mental Health Grace Alliance, "Home," https://mentalhealthgracealliance.org/.

47. "WCC to Begin 'Campaign of Hope: Mental Health and Wellbeing for All,'" World Council of Churches website, 9 October 2024, https://www.oikoumene.org/news/wcc-to-begin-campaign-of-hope-mental-health-and-wellbeing-for-all.

The network facilitates in-depth analysis and discussions on key mental health and wellbeing issues, gatherings on different topics and at regional and national levels to share experiences of trauma healing in different contexts, sharing of resources and peer learning in the context of mental wellbeing, and promotion of training and formation on mental health for faith communities.

Healing Together

Healing Together[48] is a trauma-informed, ecumenical facilitator's guide developed with church councils in Nigeria, Sierra Leone, and South Sudan. It equips faith communities to walk with those suffering from conflict, poverty, gender-based violence, disease (including Ebola, HIV and AIDS), and other trauma triggers. Rooted in the World Council of Churches' Pilgrimage of Justice and Peace, it advocates accompaniment through prayerful presence, active listening, hospitality, dignity, agency, and restorative justice. The manual offers session tools for grief, fear, anger, forgiveness, and empowerment, emphasizing that accompaniment and advocacy form an integrated response to trauma and health challenges, including HIV.



48. Fulata Lusungu Moyo, *Healing Together: A Facilitator's Resource for Ecumenical Faith and Community-Based Counselling* (WCC Publications, 2019), https://www.oikoumene.org/resources/publications/healing-together.

Part 3: Theological Resources to Support Practical Application

The reality of mental health issues in any community or congregation highlights the need to recognize and address these challenges with the urgency they demand. The presence of HIV compounds the experiences of people suffering from mental health challenges, making the need to find places of accompaniment and care all the more pressing.

Many faith communities have initiated responses within their own congregations and have made resources available online. Religious leaders have outlined the imperative to respond with compassion and respect. It is accepted that religion and spirituality have a positive effect on mental health (though, regrettably, also potentially a negative effect when exploited or subverted) and that the scriptures are a rich resource of relatable stories.

The Bible has 365 verses that state "Do not be afraid"—one for every day of the year. It is full of human experiences from which we can draw parallels, comfort, and a sense of being understood. Most of all, such verses provide a source of hope. Jesus himself entered into our humanity. There is nothing we experience or suffer that he has not also felt. The pain is real—but so is the hope.

The following is a sample collection of theological references to support practical application.

"A God who can enter into the depths of our suffering is not repulsed by our woundedness or disfigurements, but who meets us wherever and whoever we are, heals us by bringing us ever closer to himself."[49]

"We are one body in Christ. … As one body, we all experience suffering in one way or another, and we look to God for comfort. … So, if our God can meet us where we are, surely, we are called to meet our brothers and sisters suffering with the isolation and loneliness mental illness can sometimes bring. We are called to provide opportunities to welcome, encounter, and embrace our total community as the living body of Christ."[50]

"As Christians, we believe we have a saviour, a rescuer, who knows intimately what it means to suffer. Amidst all the brokenness, Christ weeps with us. In His resurrection, I believe, Christ restores us. Not necessarily in the way we expected, but He makes us whole in a way that makes sense. It is my prayer today that anyone who is walking in darkness knows this: you are not alone. You are truly valued and deeply loved. Reaching out and talking to someone can be the first step back into the light."[51]

The Church of England has developed the resource *Supporting Good Mental Health*, a collection of thirteen daily reflections and suggestions of new habits to try, written by Chris Cook, professor at the University of Durham and Ruth Rice, director of the Christian medical health charity, Renew.[52]

In his homily for Palm Sunday Mass in April 2023, Pope Francis reflected on Jesus' words on the cross, **"**My God, my God, why have you forsaken me?"[53]: how Jesus, having experienced being distanced from God, can be

49. Antonio Spadaro, *A Big Heart Open to God: A Conversation with Pope Francis* (HarperOne, 2013).

50. "Letter From Bishop Don Sproxton: Disability Delegate to the Australian Catholic Bishops Conference," The Emmanuel Centre website, https://emmanuelcentre.perthcatholic.org.au/resources/do-not-be-afraid/.

51. Justin Welby, "Thought for the Day," BBC Radio, 18 April 2019.

52. Chris Cook and Ruth Rice, "Supporting Good Mental Health," Church of England, https://www.churchofengland.org/resources/mental-health-resources/supporting-good-mental-health.

53. Matthew 27:46, echoing Psalm 22:1.

one with those who feel abandoned and how we are called "to love Jesus in the abandoned all around us."[54]

"We cannot claim to be truly disciples of Jesus unless we are totally engaged in honouring His presence in each one, and in building and nurturing this community to be a living witness of that presence. Clearly, this is a revealed truth that is fundamental to our sense of our own real value. Just as clearly, this truth should be so evident in our lived experience that others are drawn to know, understand and experience the Father's love that Jesus reveals. As faith communities, we can offer spiritual comfort through our prayerful presence in people's lives by acknowledging their pain and supporting them through the healing and recovery process. We need to take action; we all need to learn what it means to support people with unconditional non-judgemental love."[55]

Spiritual Reflections: Sermon Guidelines or Bible Study Topics

David and Goliath, 1 Samuel 17

The story of David and Goliath is a wonderful story, full of imagery and excitement. It introduces a multitude of characters, and it represents a key event in the history of the Israelites. Indeed, over the years, the story has been used to illustrate faith and courage, to show overcoming evil by good, and to draw many other analogies. Even the five stones that David selects for his slingshot have been given symbolism—representing faith, trust, courage, obedience, and praise.

A Bible study in and of itself is to take another look at the various principal characters found in the text and explore what we can discover about them using only the words in the text. Who was Goliath? Why did he seem such a formidable foe, and why did he invoke such fear in his opponents? Who was David? What did his brothers think of him, and how seriously did they take his questioning? What is so remarkable about David? Why has he seemingly no fear of Goliath, and why did he not doubt his ability to overcome this giant? How come he was so sure of his belief in his ability to destroy Goliath?

If one considers the impact of mental health challenges, especially on people living with HIV, are there things to be learned from this biblical story?

Could Goliath represent those dark, overwhelming thoughts that engulf people challenged by mental illnesses? The self-mocking, self-destructive mental threats; the fears; the sense of despair; the paralysis of action by seemingly overwhelming challenges. The lack of accompaniment, facing fears alone, perhaps mocked, rejected, and disbelieved, as the vulnerable-looking, young David and his brazen courage were dismissed by both parties in the conflict.

But David decided to do something about this Goliathian threat—this threat that was paralysing and seemed so overwhelming. He did not allow negativity to deter him from taking action, and he put his faith in God. It only took one of David's simple stones to fell the threatening giant. Then, David turned the giant's own sword against him, thereby ending the saga that had held them both prisoner.

Sometimes the darkness of mental illnesses clouds judgement, magnifies negativity and a sense of there being no light at the end of the tunnel. The possibility of any change in circumstances seems too big to contemplate or hope for.

David's story gives hope that, by placing our trust in a God of reliable promises and just using whatever small amount of courage that lies in our pouch, things *can* change beyond even our own expectations.

The Woman Touching Jesus' Hem, Mark 5: 25–34; Luke 8: 43–48; Matthew 9: 20–22

"When the woman saw that she could not remain hidden, she came trembling; and falling down before him, she declared in the presence of all the people, she told why she had touched him and how she had been immediately healed."[56]

This is a beautiful story, sandwiched between two other healing miracles. It tells the story of a woman's long journey of endless suffering, physical discomfort, and private and public ostracism; of being reduced to poverty by the great expense of seeking a cure that proved to be elusive; of being stigmatized, rejected, alone and lonely, desperate, out of options, vulnerable, and despairing.

The woman finally turns to Jesus, but mindful of her years of failure, her place of exclusion in society (the unclean among us), and her sense of unworthiness and fear of further rejection, she approaches him in a secretive

54. Pope Francis, "Homily of His Holiness Pope Francis," Libreria Editrice Vaticana, 2 April 2023, https://www.vatican.va/content/francesco/en/homilies/2023/documents/20230402-omelia-palme.html.

55. Bishop Terry Brady, chair of Australian Catholic Disability Council, in a letter to parishes.

56. Luke 8:47

way to touch the fringes of his garment, hoping against hope of even the slimmest possibility of finding help.

Jesus immediately knew what she had done, and turning, he asked "Who touched me?"

He did not expose her; rather, it was a real and deep encounter between the two of them. In the end, there was no need for her to approach Jesus in secret because he was willing to give her what she needed—healing.

So often, people weighed down by mental health issues may initially not dare to reach out to God. If anything, they may blame God for their current situation or express anger toward God. Also, many believe they can handle things on their own.

The reality is that there is often a progressive withdrawal from others, into more aloneness and isolation. It takes real effort to take that initial step. For the unnamed woman in the biblical account, it must have taken real courage to reach out, to actually seek help. In so doing, a whole door opened that led not only to her healing but also to the restoration of her dignity and the possibility for social interaction.

We do not always experience divine healing in the physical sense, but no prayer is ever unanswered. It just takes that first step, and Jesus is already there.

Prayer

There is proof of the beneficial effect of prayer on mental health. We express gratitude in prayer, "which mitigates against self-pity, narcissistic tendencies, and pride."[57]

> God, hear our prayer with those who are unhappy
> God, hear our prayer with those who are lonely and neglected
> God, hear our prayer with those who are of broken heart
> God, hear our prayer with those whose life has been darkened by fear, pain, or sorrow.
> Give us the faith to look beyond all difficulties.
> You are a friend who never fails
> Let us find a new direction in life,
> So, we can walk this path with a new courage
> With renewed hope through Jesus Christ
> Amen.[58]

Verses

There are many verses in scripture and sayings that affirm God's love and compassion and accompanying presence through times of difficulty.

"Cast all your anxiety on him because he cares for you" (1 Pet. 5:7).

"Do not fear, for I have redeemed you; I have called you by name, you are mine. Because you are precious in my sight, and honoured, and I love you" (Is. 43:1b, 4a).

"I hereby command you: Be strong and courageous; do not be frightened or dismayed, for the Lord your God is with you wherever you go" (Josh. 1:9).

"For as in one body we have many members, and not all the members have the same function, so we, who are many, are one body in Christ, and individually we are members one of another" (Rom. 12:4–5).

"Be strong and bold; have no fear or dread of them, because it is the Lord your God who goes with you; he will not fail you or forsake you" (Deut. 31:6).

"My flesh and my heart may fail, but God is the strength of my heart and my portion forever" (Ps 73:26).

"We love because he first loved us" (1 Jn 4:19).

"And remember I am with you always, to the end of the age" (Matt. 28:20b).

"So that there may be no dissension within the body, but the members may have the same care for one another. If one member suffers, all suffer together with it; if one member is honoured, all rejoice together with it. Now you are the body of Christ and individually members of it" (1 Cor. 12:25–27).

57. Billy Swan, "How the Life of Faith Can Enhance Your Mental Health (Part 2)," 24 February 2020, https://www.wordonfire.org/articles/how-the-life-of-faith-can-enhance-your-mental-health-part-2/.

58. World Council of Churches Ecumenical Centre Chapel. Morning Prayer January 2016.

Conclusion

Mental health challenges are not new, but the COVID-19 pandemic threw them into a glaring spotlight, so much so that they can no longer be ignored or sidelined. For people already vulnerable, such as those living with HIV, the challenges were magnified. In the wake of the pandemic, many people struggled to understand their sense of identity.

Like the struggles of the monarch butterfly as it seeks to emerge from the confines of its chrysalis, we all pass through a stage of existential crisis. This deep introspection often reaches a peak in late teenage and early adult years. This is why COVID-19 had such a deep impact on that age group.

Existential crisis is mitigated by exploring a sense of identity and worth. The church is ideally placed to help in this journey and has done so for generations, even if unknowingly. The church is a place to turn to for help in answering questions such as "Who am I?" and "What is my place in this world?"

The most striking link between psychology and what faith communities can offer is love.

Jesus, the Bible, and religions are the all-time global leaders in understanding and administering love in all its guises. This is the crux of the church's relevance to the world, and to the modern world in particular. The church has the opportunity to lead "the cultural revolution" and address mental health head-on through love, fostering a sense of identity for all people and a sense of purpose.[59]

59. Adapted from personal correspondence with Rev. James Stevenson on the topic.

Toolkit: Mental Health and Psychosocial Support

Introduction

"We cannot end the AIDS epidemic unless we ensure mental health and wellbeing throughout the life-course and especially among the most vulnerable people and communities."[60]

"And when was it that we saw you a stranger and welcomed you, or naked and gave you clothing? And when was it that we saw you sick or in prison and visited you?" (Matt. 25:38–39)

Mental health issues are prevalent today, exacerbated and brought starkly to light by the COVID-19 pandemic. Between 12 and 47 percent of people experience some form of mental health disorder during their lifetime, depending on their country.[61] People living with HIV have an increased vulnerability, putting them at additional risk of treatment default.

Mental health issues are complex, and many people who live with these experiences remain hidden in our midst. Given the challenges and the increasing number of people affected, the church must consider why, where, and how to be involved, and what to do that does not harm in the process. The church is called to do what it does best: to welcome, accompany, and reach out in solidarity.

This toolkit is designed to guide churches that want to respond to the challenges of mental health and HIV within congregations and in the wider community. The following guidelines can assist churches in addressing these issues competently and in a more focused, strategic way, ensuring that no one is left behind.

Who exactly is 'the church '?

Unlike a popular misconception, the church is not limited to an institutional body that owns buildings and properties, such as hospitals or schools, that serve as channels for its social response. Neither is it a hierarchical structure in which all authority lies in the hands of church leaders.

In reality, the church means the body of Christ. It is composed of all believers who regularly participate in its activities and profess its faith. It needs to be understood as the concerted efforts of ordained leaders and lay members working with God to realize God's kingdom.[62]

As Christians, we believe the three paths to transformation of the WHO[63] omit one of the most important pathways that lies at the core of every response we seek to undertake: **recognize and affirm the worth of every person, especially those who are facing mental health challenges, with or without the added challenge of HIV**.

Further, as Christians, we should seek to identify any and all gaps in mental health and psychosocial support where we can bring hope and dignity, fulfilling our mandate as Christians, in the words of Jesus, to "love one another as I have loved you."[64]

Definitions

Mental health is an integral component of health and wellbeing throughout our lifetimes that determines our emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It determines how we handle stress, realize our potential, cope with work productively, relate to others and build relationships, and contribute to our community. Mental health is a basic human right.

60. UNAIDS, *Mental Health and HIV* (UNAIDS, 2020), https://www.unaids.org/sites/default/files/media_asset/Mental_Health_%26_HIV_EN.pdf.

61. Ronald C. Kessler et al., "Lifetime Prevalence and Age-of-Onset Distributions of Mental Disorders in the World Health Organization's World Mental Health Survey Initiative," *World Psychiatry 6*, no. 3 (October 2007): 168–76, PMC 2174588. https://pmc.ncbi.nlm.nih.gov/articles/PMC2174588/.

62. Sue Parry, *Practicing Hope: A Handbook for Building HIV and AIDS Competence in the Churches* (WCC Publications, 2013).

63. WHO, *World Mental Health Report.*

64. John 15:12.

The term *psychosocial* acknowledges the relationship between psychological factors and the social context of culture, traditions, and relationships.

Strategy Development

When developing a strategy to respond to the challenges of HIV and mental health, keep in mind the transformational pathways and seek to align responses in whatever way possible.

1. **Decide what you want to do**
    - Know what you want to change and why.
    - Be aware that programmes addressing social, emotional, and psychological wellbeing must be rooted in a deep understanding of the local context and concepts.
2. **Conduct a situation analysis.** To understand how serious the problem is, how it is affecting your church now, and how it is likely to affect it in the future, you must conduct a situational analysis. Ask questions such as:
    - Who is doing what and how and with whom?
    - Are these actions adequate, acceptable, relevant, and culturally appropriate?
    - Are there gaps?
    - Are there good practices to emulate or learn from?
    - What resources might be available?
        - Who has technical expertise? Who will share the necessary information?
        - Are there any potential partners? Opportunities to collaborate with others?
3. **Map existing resources.** Take stock of available services, service providers, and coordination systems, and form partnerships based on your findings. Capture all necessary contact information in a database. Identify referral pathways, especially for those needing more specialized care and support.
4. **Conduct community assessments.** Look at:
    - **Perceptions of HIV and mental health:** Look first within your own ranks at your attitudes, fears, stereotyping, and perceptions of HIV and mental health. How prevalent is stigma and discrimination? Establish levels of knowledge and understanding of these diseases and how they impact the individual, the family, and society. Deal first with your own personal attitudes to ensure the church's activities are authentic and express genuine caring for the person who is feeling burdened.
    - **Gender considerations:** Find ways to bring to the surface and understand the different experiences of young women, men, boys, and girls and different ways they communicate distressing events. Allow for separate spaces to meet and share.
    - **Disability inclusion:** Any MHPSS assessment and goal-setting process should consider how people with disabilities perceive HIV and mental health as well as how they benefit (or not) from supportive interventions.
    - **People living with HIV:** Give PLHIV space to express their needs and ask them what kind of accompaniment they need on this journey. Be in solidarity and listen to their lived experiences. Allow them to be in charge of their own programmes.
5. **Establish skills sets within the congregation by building on local capacities and resources**.
6. **Youth engagement.** Engage youth as active participants in any assessment process to gain insights into mental health and psychosocial problems and priorities that will help you develop relevant, effective, and sustainable MHPSS programmes. Establish adolescent-specific activities that promote mental health and psychosocial wellbeing. Interventions may include:
    - Peer-to-peer groups for adolescents, youth clubs, and group cultural and leisure activities
    - Life skills and vocational training for adolescents
    - Building social media skills and knowledge of how to protect themselves from and report online grooming, cyberbullying, and negative influences on social media platforms.
7. **Decide on desired outcomes (long-term goals) and objectives.**

8. **Create action plans**. Consider your journey and the steps you need to take to meet your objectives. Your situation analysis will be helpful here in identifying where you are now and the scope of the problem. The first priority action is to **build a knowledge base** through the following actions:

    - Raise awareness of the need to become a welcoming church and a place of safety. Talk about HIV and mental health issues in sermons, prayers, and Bible studies.
    - Build capacity of staff and volunteers with talks, workshops, and educational films.
    - Invite health professionals to address congregants and answer questions.
    - Ask affected individuals and families to talk about their experiences to enable listeners to better understand and connect emotionally to the issues.
    - Create a database of members of the congregation and community with professional skills who could advise, especially for referrals when necessary.
    - Encourage the establishment of support groups for people affected and their families and friends.
    - Offer church facilities as spaces for counselling and similar services.
    - Establish a suicide prevention policy, with hotline numbers and sources of help.
    - Set up resource tables in public spaces with information about counselling services, substance addiction support, web links to online support, and other related materials.
    - Consider starting an accompaniment programme with sensitized members of the congregation or community to offer solidarity, a listening ear, and friendship.
    - Support families of people with mental health challenges. Express love, solidarity, and care: phone messages that indicate the person is not forgotten, respite times, the occasional cooked meal delivered to the home, a small gift such as magazines, flowers, or sweets. Offer frequent words of encouragement.

9. **Advocate**. If state mental healthcare services are inadequate, advocate for their integration into the national healthcare system. Call for one-stop services so PLHIV can be treated at one place to reduce stigma, ensure better access to services, and enhance adherence to treatment. Such integration can also be effective at the community level, allowing community health workers to raise awareness about mental health and identify cases that need care or referral.
10. **Record output**. Keep records, including statistics on training and counselling sessions provided, people using the services, and so forth. This helps to track progress.
11. **Celebrate positive outcomes**. Identify positive changes that have been made, like improved levels of understanding and skills, more openness in discussions about HIV and mental health issues, a sense of welcome and safety in the church, and greater social cohesion. Outcomes help ensure that the church's programme remains focused.
12. **Monitor, evaluate, and learn**. Observe whether or not you are on the right track. Ask what progress you are making and what changes need to be made to the way you currently are doing things. Look at the impact you are having.

Overarching Principles

- Do no harm
- Be relevant and culturally sensitive
- Accompany, be in solidarity, and offer help and support when asked
- Do not try to fix people or their problems
- Do everything with genuine love and care in the spirit of Jesus

HIV and Mental Health: What Can the Church Do? is an invitation to churches and faith communities to engage courageously and compassionately with the profound intersections of HIV, mental health, and psychosocial wellbeing. Drawing on theological reflection and global best practice, this manual affirms the church's unique vocation as a place of healing, dignity, and hope.

The resource offers a grounded overview of mental health challenges faced by people living with or affected by HIV and addresses stigma—which is often compounded within faith contexts. It highlights the importance of integrating mental health and psychosocial support into HIV responses. Rooted in scripture and theology, the manual combines reflection with practical tools, case examples, and a clear framework for action.

Designed as a practical guide rather than a prescriptive text, it supports congregations to accompany individuals and communities with empathy, wisdom, and care, and to initiate locally meaningful programmes that do no harm.

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