

STRATEGIC PLAN

MENTAL HEALTH & FAITH COMMUNITIES INITIATIVE

Mental Health is a life-long dynamic process which allows the whole person to develop psychologically, emotionally, and spiritually within society, whilst integrating personal and interpersonal joy and distress, leading towards the experience of well-being and harmony with oneself, others, the environment, and God.

(JANUARY 2008-DECEMBER 2009)

MISSION. The healing ministry of all churches contribute effectively and collaborate with other organizations and initiatives, including local and national health authorities and United Nation agencies, to promote mental health which includes the development of personal wellbeing and the enhancement of the quality of community life. Mental health care providers have the opportunity to integrate the faith values of the people they serve into models and practices of health provision.

VISION. Establishment of a society which promotes mental health and facilitates every person to be psychologically, emotionally, socially and spiritually healthy.

GOALS OF THE MENTAL HEALTH & FAITH COMMUNITIES INITIATIVE

The Strategic Plan of the Mental Health & Faith Communities Initiative has four Goals

GOAL 1: Involve Faith Communities in prioritizing and working on Mental Health issues and promote mental health in communities

GOAL 2: Identify and network with organizations and people who serve Mental Health needs

GOAL 3: Promote the inclusion of Mental Health in the Theological discourse and education

GOAL 4: Improve spiritual competence in mental health workers

GOAL 1: INVOLVE FAITH COMMUNITIES IN PRIORITIZING AND WORKING ON MENTAL HEALTH ISSUES AND PROMOTE MENTAL HEALTH IN COMMUNITIES

Theme 1: Raise awareness of religious leaders, congregations and institutions on the importance of engaging with issues of mental illness

*Activity 1.1: Conduct awareness programmes for religious leaders during key events.

Activity indicators

1.1.1 Identify already existing meetings of religious leaders

1.1.2 Foster the establishment of continuing education programs (i.e., Clinical Pastoral Education)

1.1.3 Seek opportunities to raise awareness in seminaries [See also Theme 17]

*Activity 1.2: Sensitize and train lay leaders and congregational volunteers in the recognition of common mental disorders and principles of management.

1.2.1. Identify national or international mental health recognition events and encourage participation

1.2.2. Identify mental health professionals in the congregation or agencies that can provide training

1.2.3. Develop training manuals

1.2.4. Structure regular training experiences based on the needs of the congregation

1.2.5 Foster the establishment of periodic screening and follow up of common mental disorders.

Theme 2: Facilitate interdisciplinary dialogue between and training of theologians, ministers, religious orders, congregations, and mental health professionals

Activity 2.1: Encourage case presentations which highlight the need for mutual understanding and collaboration around the needs of individuals, families or segments of the community (i.e. severe illness, traumatizing events).

*Activity 2.2: Establish a mental health Sunday in which a mental health professional is invited to provide information and have dialogue about the needs of the congregation. Awareness raising materials would be distributed on these days.

*Activity 2.3: Invite clergy to mental health association or other meetings to foster dialogue.

Activity 2.4: Encourage the establishment of interfaith/mental health associations as appropriate

Theme 3: Develop and distribute guidelines and/or policies regarding the response of the church to people with mental health problems

Activity 3.1: Identify existing guidelines and materials and adapt as necessary.

Activity 3.2 Translate the provision of manuals and other training materials written in local languages regarding the identification and management of common mental disorders.

Theme 4: Empower churches to promote optimal mental health in communities

Activity 4.1: Respond to community crises and natural disasters in a way that is empathic and promotes mental well being

Activity 4.2: Help communities cope grief and loss

Activity 4.3: Provide health fairs that include mental health awareness

Theme 5: Promote healthy lifestyles and well-being

Activity 5.1: Promote healthy nutrition, exercise, recreation, work

Activity 5.2: Awareness campaign against substance abuse

*Activity 5.3: Advocacy campaign to overcome violence against the elderly, women, children and other vulnerable groups

Activity 5.4: Empower the community to fulfill basic needs in cooperation with other agencies

Theme 6: Strengthen Family life

Activity 6.1: Provide education about normal family structure and interaction

Activity 6.2: Provide training for effective parenting

Activity 6.3: Provision of counselling services for the families

*Activity 6.4: Marriage and life– enrichment seminars

Theme 7: To promote research into the role of cohesive families and communities in promoting mental health

*Activity 7.1: Promote the church's role in carrying out research that will benefit congregations and communities

Activity 7.2: Utilize community focus groups to determine significant issues and to foster participation

Activity 7.3: Identify appropriate, effective research tools [See also 14.2, 18.2 and 19.2]

THEME 8: Integrate Best Practices of Mental Health into existing Health Ministries and Institutions

*Activity 8.1: Implement pilot bench marking (comparing our work and outcomes) across national boundaries among a small number of faith-based facilities (e.g., limited to 10 hospitals, with no more than two from one country).

Activity 8.1.1: Develop metrics and accountability in a few key areas(e.g., emergency/casualty admissions practice), capturing data at patient, employee and leadership levels.

Activity 8.1.2: Identify and retain a consultant who can help us identify cross-cultural language and conceptual issues for benchmarking.

Activity 8.1.3: Determine criteria to be benchmarked, as well as model of information metrics

Activity 8.2: Identify and make visible "best practices" that already exist

Activity 8.2.1: Identify criteria in which "best" might cross cultures and context.

Activity 8.2:2 Identify “clinically relevant” best practices contextualized within bio-psycho-social-spiritual model

Activity 8.3: Identify and/or develop bio-psycho-social-spiritual models for leadership engagement and training in mental health and faith.

Activity 8.3.1: Determine parameters of what an integrated bio-psycho-social-spiritual model means within an institutional practice and how such a model is implemented and sustained.

Activity 8.3.2: From the best of the already existing models of leadership engagement, develop and refine training modules for integration of mental health and faith at institutional scale.

Activity 8.3.3: Select administrators and heads of institutional practice who could be accountable for integration and would be most critical to expedite integration.

Activity 8.3.4: Within selected group, encourage those who are vocationally open to expansion of vision for special training and development to support them as the next generation of leadership.

Activity 8.4: Transparently share findings from benchmarking, best practices and refined leadership development training modules among partner institutions at operational leadership level.

Activity 8.5: Explore modalities for communication and dissemination of findings with members of governance bodies of faith institutions.

Theme 9: Raising priority mental health programming expressed by number of services integrated into general hospital.

Activity 9.1: Mental health made higher priority on its own even before “spiritual” is added.

Activity 9.1.1: Focus on the key role for pastoral counselors, spiritual care staff and chaplains in integrating mental health efforts into hospital care.

Activity 9.1.2: Note and synthesize with models of mental health specialists on somatic medical environments (e.g., improvement of chronic disease outcomes with mental health component included)

Theme 10: Consider a bi-annual Congress among Christian hospitals committed to the integrated model to share learning.



GOAL 2: IDENTIFYING AND NETWORKING WITH ORGANIZATIONS AND PEOPLE WHO SERVE MENTAL HEALTH NEEDS

Theme 11: Mapping of ongoing global efforts in the Bio-psycho-social-spiritual field in dealing with the mental health.

Activity 11.1: Contact professional mental health associations: American Psychiatric Association; Royal College of Psychiatry; World Psychological Association: American Psychological Association; World Health Organization; United Nations; World Federation of Mental Health; National Psychiatric Associations, International Association of Counseling, British Psychological Society

Activity 11.2: Link with other stakeholders through these Associations

Activity 11.3: Contact Advocacy groups: National Alliance for the Mentally Ill; World Fellowship for Schizophrenia and Allied Disorders; SANE; Suicide prevention associations

Activity 11.4: Link with other stakeholders through these advocacy groups

Activity 11.5: Identify community nodes working in Mental Health through the above initiatives

Activity 11.6: Liaise with Governmental Mental Health Agencies by contacting key personnel at National, State and District levels

Activity 11.7: Contact Professional and Faith Based Health Organizations

Activity 11.8 Contact organizations such Academic centres, Health provider networks (Catholic Health Association of India)

Theme 12: Establish a Platform for sharing information, resources, training, research, dissemination and advocacy

***Activity 12.1: Establish an interactive, dynamic, web-based portal and forum (Mental Health and Faith Communities Global Partnership)**

12.1.1: Establish a representative working group to design and manage this portal/forum

12.1.2: Appoint dedicated staff to maintain the portal/forum

12.1.3: Allocate resources to design, manage and maintain this portal/forum

12.1.4: Develop guidelines to manage the content and evaluation of the portal/forum

Theme 13: Disseminate and share information on the Bio-psycho-socio-spiritual (BPSS) approach

Activity 13.1: Disseminate information about the Mental Health and Faith Communities Global Partnership (MHFCGP)

13.1.1: Publications in professional Health and Theology Journals

13.1.2: Presentations at international, national and local mental health and theological conferences and workshops

13.1.3: Organise local, national and international seminars, workshops and conferences

Theme 14: Facilitate international institutional initiatives in promoting the Bio-Psycho-Social-Spiritual approach

Activity 14.1: Partner with the Center of Excellence in Faith and Health

Activity 14.2 Promote research to evaluate the role of spirituality and healing in coping with mental disorders [See also 7.3, 18.2 and 19.2]

Activity 14.3: Teleconferencing (International Grand Rounds); Webinars; capacity building; sabbaticals

Theme 15: Engaging support and advocacy groups in the partnership

Activity 15.1: Partner with and support national and local support and advocacy groups (National Alliance for the Mentally Ill; SANE; World Fellowship for Schizophrenia and Allied Disorders, etc.)

Activity 15.2: Offer consultation around evaluation (needs assessment, training, programmes, process)

GOAL 3: PROMOTE THE INCLUSION OF MENTAL HEALTH IN THE THEOLOGICAL DISCOURSE AND EDUCATION

Theme 16: Encourage Christian theologians to reformulate theological approaches to issues of mental health and incorporate them into the curricula of Theological education.

*Activity 16.1: Map out worldwide educational programmes in applied theology with reference to mental health and illness

Activity 16.2: With a view to skills education, identify, collect and disseminate existing training programmes with mental health modules for church leaders at all levels

*Activity 16.3: Incorporate issues of Mental Health into Christian education, teacher training and adult education

*Activity 16.4: Promote a minimum of a two week mental health placement for seminarians in inpatient and outpatient settings

*Activity 16.5: Promote and provide opportunities for pastors and lay leaders of all denominations to participate in inpatient and outpatient settings as part of continuing education

Theme 17: To address related contentious theological issues, and to enable an effective and sensitive response to trauma and mental illness [See also 1.1.3]

Activity 17.1: Establish national forum to address these issues and formulate responses

Activity 17.2: Invite associations of theologians of all denominations to consider these issues as part of the agenda of their meetings

Activity 17.3: Engage in dialogue with representatives of secular models of mental health for the benefit of mental health

Theme 18: To explore the relationship between spirituality, religion, faith, healing, and mental health, and wellbeing, and mental disorder

Activity 18.1: Identify professional groups and individuals who are already actively involved in promoting the above relationships

*Activity 18.2: Highlight existing research and initiate new research which focuses on the above [See also 7.3, 14.2 and 19.2]

GOAL 4: IMPROVE SPIRITUAL COMPETENCE IN MENTAL HEALTH WORKERS

Theme 19: Engage Professionals using the Bio-Psycho-Social-Spiritual model of mental health care

Activity 19.1 Identify and collaborate with professional groups and individuals who are already actively involved in exploring spirituality in mental health.

Activity 19.2 Highlight and initiate research which focuses on spirituality and mental health. [See also 7.3, 14.2 and 18.2]

Activity 19.3 Collect, document and disseminate stories focused on spirituality and mental health.

Activity 19.4 Identify, collect and disseminate professional courses and resources which focus on the interface between spirituality and mental health.

Activity 19.5: Identify leaders and agencies in the field

***Indicates designation by consultation group as priority areas**

