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## **Editorial**

Sustaining family and mental health in contemporary societies underscores the point that there is a troubling storm within families. To sustain a healthy family, there must be a healthy family. There is something to sustain. Studies have shown that unresolved challenges in families inevitably lead to stress and mental health issues. They analyse how unstable families lose their social and health balance, whose consequences snowball into individual, family, and societal life. Based on the challenges that confront the family, this volume devotes itself to exploring the causes, dimensions, challenges, effects, and potential panaceas to the increasing ill-health in families across different spaces.

Sajo opens this volume with a critical evaluation of how mental health could be sustained in families in contemporary times. He argues that family mental health is integral to societal well-being. Contemporary pressures demand that families actively cultivate resilience, supportive relationships, and adaptive coping mechanisms. Policymakers, religious organisations, and health institutions must partner with families to reduce stigma, provide resources, and foster environments where families thrive.

The second article by Harold examines the critical intersection between psychology and evangelicalism, drawing biblical normativity and theological resources to establish the place of Christ in the redemptive work. He avers that evangelicalism and psychology are becoming increasingly relevant and effective in helping counselees grow both spiritually and emotionally by acknowledging their Christian values and assisting them in understanding their emotional pain and social issues. The paper offers counsellors and psychologists a Christian worldview rooted in the Evangelical tradition, serving as a framework to support and guide counselees

when they bring religious experiences and concerns into therapy and counselling. Following this is Ayokunle's article, which argues that there is a connection between migration and mental health. For Ayokunle, as humans migrate from place to place, they either encounter health issues in their host communities or carry health challenges. Thus, migrants should have access to information about their health status and the places they migrate to.

On their own, Gire and Oladapo explore the complexities of family mental health and well-being in contemporary society. They argue that despite the scientific and technological advances the world has made, along with all its challenges, biblical principles remain relevant to addressing them. The vagaries of contemporary life are the subject of biblical contemplation. Audu and his colleagues conducted an empirical study to investigate the correlation between poverty and family mental health in Ayingba, central Nigeria. They argue that poverty results in social stigma, which in turn causes mental ill-health. They submit that addressing the viscerogenic needs of the family is a catalyst for sustaining family health. Irewole and Femi-Bamidele further develop this argument by asserting that the effects of poverty on a family cannot be overstated. They conclude that addressing poverty in families will lead to a healthy family life in all ramifications.

Onuchukwu argues that choosing the right marriage partner is fundamental to achieving and sustaining family mental health. A wrong spouse, he argues, would instigate stress and problems that would undermine a family's mental health. He therefore suggests that emotions and physical attractions are not the fundamental values for choosing a spouse; spiritual guidance would be needed to complement them. Bolaji and Balogun argue for the place of children in mainstreaming mental health in a family. They believe that godly children are critical assets to family mental health; thus, guiding them properly and biblically will help them to perform their designated roles in the family. Agboifo further explores the place of

children in the family and their correlation with mental health. Since dysfunctional families could produce unadjusted children, he recommends that the services of pastoral caregivers are crucial in turning the tide around. Closely knitted to Agboifo's view is Babalola's, who vigorously argued that pastoral care and counselling are all too important to maintain and sustain family mental health. Pastoral intervention in stressed families can help restore trust and love, and heal the entire family, he submitted. Ibrahim also follows this trajectory of pastoral care-giving as indispensable to addressing family challenges. He highlighted the causes of family mental health challenges and suggested that bible-based pastoral counselling can serve as a worthy intervention. Oyewole also argued along this line that family health challenges can be addressed through informed pastoral care-giving in addition to other socially approved measures. For Rhodolf, the nexus between family system theory and its implications for mental health and well-being within the Ghanaian socio-cultural context cannot be overemphasised. He advocated for a family-centred, contextually grounded approach, calling for integrated pastoral and psychosocial frameworks that reinforce family systems, mitigate stigma, and promote sustainable mental health interventions within Ghanaian society.

These articles explored critical areas of family mental health and proffer intellectual, spiritual, and practical solutions that can mitigate the challenges. While welcoming you to savour these interesting articulations of ideas, it is essential to acknowledge that the contributors are responsible for the accuracy of the ideas in their articles.

**Benson O. Igboin**  
Editor-in-Chief

# **THE ROLE OF PASTORAL CARE GIVERS IN COMBATING THE PREVALENCE OF FAMILY MENTAL HEALTH ISSUES IN AFRICA**

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## **Abstract**

Mental illness has become common in contemporary times, and many families around the globe, in one way or another, at some point in time, have had to attend to a loved one facing mental challenges or illness. Mental illness, though treatable, patients and families most often do not seek early treatment. It is overlooked and neglected for fear of stigma, lack of appropriate diagnosis, limited professionals, infrastructure, and or finances. This is not peculiar to Africans or the African continent but is now considered a global epidemic. In Africa, especially in sub-Saharan Africa, the deterioration of families' mental health is increasing daily. It is therefore, expedient for pastoral caregivers in Africa to use care functions such as healing, sustaining and empowering coupled with psychotherapy, counselling and with the proper knowledge of scriptural prayer anchor both family and individual's faith in Christ, give equal opportunities to education and rehabilitation to build self- confidence which will ultimately sustain the families as they represent the image of God on earth.

**Keywords:** Mental health and illness, Pastoral care and counselling

## **Introduction**

The family's mental health is crucial and serves as the cradle for any striving, resilient community or society. Families for centuries have suffered the silent, damaging effects of mental health, some of which stem from cultural practices, societal norms, health, and traditional



religious practices. It is therefore worthy of note that any member of the family, from the most minor child to an adult in the family, if affected in one way or the other by mental instability, the whole family becomes affected as well.

It is an epidemic across Ghana and Africa, driven by financial and systemic challenges. These include a lack of proper health infrastructure, mental health care policy, including poor legal policy, poor funding, stigma, and a lack of sufficient trained psychotherapists and psychiatrists to take care of the numerous individuals who have found themselves in one way or another in a mental challenge. As such, families going through mental health challenges not only face the daunting task of finding quality treatment for their member but also have to deal with discrimination, stigma, and financial difficulties, especially with people from low or poor financial backgrounds. Undoubtedly, many countries and a considerable segment of their population are vulnerable to mental illness as the focus is shifted to addressing communicable diseases such as tuberculosis and HIV/AIDS (Monterio, 2015). Further worsening the plight of affected persons are the socio-economic factors such as poverty, war, migration, bereavement, social inequality, isolation, depression, drug/alcohol abuse, conflicts, disasters, and famine, and at times hereditary/biological factors.

This paper used an empirical research method, which allowed the researcher to use qualitative secondary data from existing sources, including previous literature on the subject. However, the writer draws on her personal experiences dealing with a staff member's mental challenges, and these insights serve as empirical data.

### **Conceptual Clarification and Overview of Mental Health**

For this study, the following terms are operationally defined. Family's mental health covers all forms of psychological issues ranging from depression, epilepsy, schizophrenia, bipolar, Down syndrome, and family dysfunction. For which reason, the persons are

unable to function properly/normally. Therefore, limiting the proper functioning of person(s) physically, mentally, and/or behaviourally. Pastoral care is the application of theological or God's word in the light of resources traditionally available to care for souls through healing, sustaining and empowering the individuals concerned and their families or caregivers. As such, the pastoral caregiver is also referred to as the counsellor who functions within a frame of reference that consciously sees all realities and relationships of life from a biblical coherent perspective and thus honours God as the source of healing.

The availability of these resources gives an opportunity to provide physical, psychological, and emotional care and welfare for souls using counselling as a Special Purpose Vehicle (SPV) to achieve holistic healing for victims. It also establishes that God is the original caregiver. Besides, the family is the most influential environment in a child's development, consisting of parents/guidance, siblings, and/or a nanny and grandparents.

The World Health Organisation (WHO) states that mental health can be caused by depression, comorbid depression (dysthymia or adjustment disorder), anxiety, substance and alcohol use disorders, bipolar, and schizophrenia known as neuropsychiatric disorders, claiming 13% of disability adjusted life years annually. Mental illness is also linked to chronic illnesses such as cancer, cardiovascular disease, physical infectious diseases as HIV AIDS and other STDs (Sexually Transmitted Diseases (2003,10-12).

All the factors responsible for mental illness are categorised into biological/hereditary, environmental and socio-economic. These include mood disorders like bipolar, depression, anxiety, while psychological disorders comprise of schizophrenia, traumas such as emotional and physical abuses, substance abuse and post-traumatic disorders; and hereditary/neurological disorders constitute abnormal chemical imbalance in the brain (Paudel, 2012).

Robila revelation that WHO's 2005 indicate between 10 and 20% adolescents' have mental disorder; with half of reported cases and three-quarters in 14s mid -20s respectively (Robila, 2016, 3) is a threat to the productivity and survival of the family unit, especially in Africa where the socio-economic factors (conflicts, political unrests, high-rate divorces, poverty, HIV/AIDS) abounds and has contributed to the psychological factors of mental disorder. These notwithstanding, families with mental health issues can still live normal and fruitful lives if adequate and proper care is provided, while empowering them with income-generating ventures to improve their financial status.

Meanwhile, the World Health Organisation (WHO) (2003) defines mental health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. This is supported by the 2013, International Journal of Social Psychiatry (Bhugra et.al. 2013, 59(1)3-4) explanation on its three-dimension definition that mental health is a state that allows the full performance of all functions of an organism; a state of balance within oneself and between oneself and one's physical and social environment; and each definition is used at any specific time to address a particular need in time depending on the level of deficiency. These needs include shelter, food, societal support, survival, freedom from pain, stress, environmental hazards and any form of exploitation.

In effect, it means good mental health is the individual's ability to form and maintain good relationships with others, perform social roles as required by culture, manage change, recognise and communicate positive actions and thoughts while managing emotions effectively. This means in the absence of any of the above social, physical or emotional satisfaction, there is bound to be a strain on mental health problems, which can become a disability if it persists or becomes chronic.

This is more burdensome in parts of the world, especially in Africa. According to the WHO's report (WHO, 2003,6,) on the magnitude and burden of mental disorders, 450 million people annually suffer from behavioural and mental disorders globally, with 33% termed as disabled due to neuropsychiatric disorders. Intentional injuries account for 2.1% while unipolar depressive disorder accounts for 12.15% of individuals who are annually considered disabled. Thus, ranking third globally as a contributor to the burden of disease.

The remaining four burden diseases are depression, alcohol-use disorders, schizophrenia, and bipolar disorders. These figures are double in Africa including children; though they have legal frame work backing their up-keep and general treatment: that is the Convention on the Right of Persons with Disabilities (CRPD) which states that children with disabilities such as mental illness have same rights as other children in terms of health care, nutrition, education, social inclusion and from violence, abuse and neglect (WHO 2012,7).

International health, policy bodies, and advocacy groups have called to address the mental health crisis in Africa and globally due to the loss of lives, productivity, stunted growth in health, education, and economic development as highlighted in Monteiro's article (Monteiro,2015). Yet, the cases of mental health issues reported every year are still alarming. For instance, Ghana's population of 30.3 million people, it is estimated that 2,816,000 of the population suffer from moderate to severe mental disorders, and only 1.17% receive treatment from public hospitals. Hence, it is estimated that between 70-80% of Ghanaians patronise traditional healers and faith-healing centres (Fournier, 2011, 4). In view of this, the writer deems it fitting to use pastoral care functions of healing, sustaining, and empowering to curb mental health problems facing families in these contemporary times and to sustain families going through mental health problems.

## **Causes of Mental Health**

In Africa, mental health problems are seen mainly from the spiritual perspective first, before other considerations are made. According to Monteiro's work (Monteiro, 2015), mental health issues have affected a greater segment of the population in Africa due to physiological and socioeconomic stressors such as poverty, migration, war, conflicts, and disasters; coupled with systemic challenges, which include infrastructural development, funding, insufficient mental health specialists, as well as lack of access to different levels of care. Besides, discrimination and stigma have compelled people suffering from mental health issues to suffer in silence, leading to deterioration of their condition.

The World Health Organisation states that mental health can be caused by depression, comorbid depression (dysthymia or adjustment disorder), anxiety, substance and alcohol use disorders, bipolar disorder, and schizophrenia, known as neuropsychiatric disorders, claiming 13% of disability adjusted life years annually. Mental illness is also linked to chronic illnesses such as cancer, cardiovascular disease, physical infectious diseases, such as HIV AIDS, and other STDs (Sexually Transmitted Diseases (WHO, 2003,10-12); with depression, anxiety, and substance use disorders, mental illness persists due to non-compliance with treatment.

Gavazzi also affirmed that mental health problems can be attributed to biological factors as well as hereditary factors, where families have a history of mental illness running through the family, which he termed the etiology of mental illness. Thus, it is not uncommon to have a member of a family experience a mental disorder if a relative of the person has ever had mental issues like depression in the family. He intimates that this is why mental disorder cuts across the life span, with children having mental problems due to biological defects linked to brain damage/ injury in some parts of the brain; prenatal damage to a child's brain disrupts brain development, causing mental illness or

retardation.

He added that environmental such as poverty, including family relationship quality, conflicts, factors include traumas such as emotional, physical and sexual abuse, bereavement (early parental deaths), poverty/debt, divorce, depression, alcohol and drug abuse, intellectual impairment, neglect, childhood abuse and social isolation are stressors causing mental disorders y in children, adolescents and the adults alike. As a result, he states that mental disorders are influenced by interactions between biological, psychological, and social factors (Gavazzi et.al., 2005). The adolescents and children are said to contribute to a greater number of psychological, developmental, behavioural, emotional and neurotic stress disorders in most families facing mental health problems.

Robila, on her part, states that Mental health affects all across life's span to include children, adolescents and adults alike. According to her, the WHO 2005 report indicated that globally between 10 and 20% of children and adolescents have mental disorder; and the common among is depression and anxiety with half reported cases beginning at 14 years and three-quarters by mid -20s Robila, 2016, 3, “Families, Mental Health and Well- Being: pursuing Sustainable Development Goal 3”; UN Division Social Policy and Development, NY). She reiterated that adolescent mental health is the least catered for, and steps to do at the individual country level remain fragmented. It is thus worth noting that these causes are not peculiar to Africa but cut across the globe.

### **Consequences of Mental Health on Families**

Mental health problems have dire consequences on both the individual and their families. Mentally ill people are often discriminated against by society. They suffer social isolation, exclusion, human rights violations, stigma leading to bereavement, self-reproach and straining of essential relationships (Fournier, 2011, 4).

**a. Violence and Abuse**

People with mental health conditions experience a high rate of physical, emotional and sexual abuse. In the community and at health facilities, they are abused, some are made to lie on the bare floor while others are chained and beaten up due to perceived violence. So, they are restricted from people and denied social life (WHO, 2010, 42).

**b. Families' Loss Quality of Life**

Families' quality of life is lost, as well as their financial status are reduced due to the time and resources invested in caring for the mentally ill in the family. The family's chances of seeking job opportunities are also limited, since much time is spent caring for the sick; citing the poor as the most vulnerable, especially in developed and low-income countries. This, she states, is a result of risk of violence, poor physical health, insecurity, and hopelessness. Adding that families who live in areas prone to disasters, conflicts, wars, and civil unrest form 90% of the 12 million people globally living with mental health problems, with women and children being the most affected in the families (Fournier, 2011, 14). In effect, caring for the mentally ill in the family, the physical environment surrounding the sick is chaotic as a result of the conflicts, disasters, and civil unrest, among others, as witnessed in Bawku in northern Ghana and Sudan in Central Africa. Time spent working or looking for a job is spent either caring for the sick or fleeing from violence and disasters.

**c. Stigma due to Cognitive Impairment and Discrimination**

Stigma surrounding mental illness is due to misconceptions about mental health and its causes. People consider them weak, unintelligent, difficult, and cannot make decisions for themselves (WHO, 2010, 41). Also, the attribution that evil spirits possess them most often leads to mistreatment practices, discrimination and

exclusion from community life. Robila (2016, 6) states that the 2025 WHO's report indicated 7% of 350 million people across the globe had a mental disorder (depression) at some point in their lives, which affects the individual's productive functioning as well as the whole family. For instance, the children are mentally affected, thereby impeding their cognitive and academic development, nor are they able to learn skills.

Children who suffer from prenatal and neonatal mental retardation are almost maimed for life as they are unable to recover fully from the damage caused to the brain. Families of such children suffer discrimination in their education and social lives. The families of these children equally suffer rejection, discrimination, isolation, and name-calling (WHO, 2010, 40).

**d. Economic Burden of Mental Disorder on Individuals and Families.**

The high rate of reported mental health and substance dependence problems in children and adults alike causes emotional and financial burden on the individual and their families. The financial impact of treating mental illness affects the individual's income and the caregivers or families. Besides, productivity is lost as the mentally ill become less productive and, by extension, the families (WHO, 2003, 7). Furthermore, low-income families' poverty levels are deepened as they spend all their fortunes in treatment. For instance, in Ghana, all three public psychiatric hospitals are located in the south. That is Accra, Pantang, and Ankaful psychiatric hospitals in Accra and Cape Coast, respectively, with no provision for the remaining regions of the country. Thus, makes it expensive for families to seek medical care for their loved ones in other regions. This eventually drains the family financially and worsens the situation of those already in low-income brackets. Though treatment in government hospitals is free, only 0.5 to 3.4% of the health budget is allocated to mental health units (Fournier, 2011, 6-7).



**e. Inadequate Government Funding**

Due to the cost-intensive nature of treating mental health, especially when it becomes chronic, it can be financially draining for families. As such, governments are expected to fund mental illness as a public health emergency. As a result, the WHO in its 2013-2020 Mental Health Plan called for a 20% increase in funding for mental health treatment, including depression, Robila, 2016, (9)

**f. Suicide**

Suicide is stigmatised in society and is considered a criminal offence in Ghana under the Criminal Act, and is punishable by law. Robila states that 1million people commit suicide annually around the globe, and this figure is believed to be an underreported figure as most families will conceal reporting such acts due to the stigma associated with it; Robila, 2016, (7). Mental health challenges have led many to maim or murder their loved ones and family, and commit suicide themselves after realising the awful acts perpetrated against their loved ones.

**g. Lack of educational opportunities**

Education enhances a person's human and economic development, yet people with mental health conditions are not able to access schooling. Children with mental health conditions are excluded from regular education, and this is discriminatory, which further deepens their marginalised conditions. Besides, in poor countries like Africa, most of the intellectually impaired are put in facilities where they are not given any education at all. Those who receive some form of education are unable to do better due to barriers. Though barriers do exist in advanced countries, they are minimal (WHO, 2010, 51).

**Pastoral Care Givers in Sustaining Family Mental Health**

Exploring the experiences of families going through mental health problems or crisis reveals that these individuals or families need more than just orthodox treatment to get well. Therefore, it is appropriate for a pastoral caregiver to use prayer and counselling as

tools or a Special Purpose Vehicle (SPV) to perform care functions, such as healing and empowerment, to provide relief for families or caregivers and sustain the family. Thus, both the individual and family will be able to enjoy normal lives after healing.

Christian counselling involves Christ, who is the Divine lead, in a relationship between the counsellor and counsellee; it is a caring for people with empathy, warmth, tolerance and such in which the counsellor uses psycho-therapeutic procedures backed with scriptures to help a person who is unable to support themselves out of any unpleasant situation. (MacArthur, 2005 & Collins, 2007). Thus, inferring that the pastoral caregiver implores care functions to bring healing and wholeness to the afflicted both physically and spiritually.

Prayer and counselling can be used by both the pastoral counsellor or caregiver and the counsellee to restore and sustain the mental health of families in Africa and globally. Payers can be used during counselling on a specific issue confronting the counsellee, which may also require the counsellor guiding the counsellee into making the right choice or decision for reasons of healing, sustaining, and empowering the counsellee, in this case, the mentally ill, and their family or caregiver. For this reason, this paper sees the need for pastoral care as a theological basis for using prayer and counselling in caregiving and for redirecting the path of the counsellee or counsellees in caregiving.

### **Family's Mental Health and Emotional Trauma Healing**

Both adults and adolescents, including family members giving care, go through emotional trauma. Parents or family members try to cope with the situation but sometimes fail due to the weight of the burden. The effect of emotional trauma forms part of the unnoticed causes of personality disorders in most cases of children, adults and family members caring for the mentally ill person or battling mental health. The emotional trauma experienced affects cognitive abilities, behavioural patterns as well as total holistic development especially of the children and the adolescents in the family. Emotional trauma

also leads to abnormal thoughts and feelings that can lure adolescents into finding solace in substances such as alcohol abuse and drugs (Flowers, 2001).

Koplewicz adds that when an event causes harm or threatens a person's emotional and physical well-being, it becomes a traumatic event; as such, life stressors such as socio-economic factors, divorce and bereavement cause emotional trauma, which may cause mental health problems (Koplewicz, et.al. 2006). Emotional trauma to both children and adolescents leads to aggression, irritability, anger, anxiety, isolation, and much more among the younger ones between 9-12 years; this often leads the adolescents to exhibit depression, suicidal thoughts, anger, mood swings, use of illegal substances and decline in academics, among others. Yet, in the midst of all, God is there to restore health and repair the irreparable.

But with the intervention of the pastoral caregiver, the family and the individual can receive healing and deliverance from emotional trauma through prayer. For the bible states that by the wounds of Jesus, we are healed of every disease and illness, including emotional trauma or mental problems. God heals and responds to prayer and restores abundantly (Ps. 30:2). Jeremiah 30:17 also states that “the Lord will restore your health and your wounds and heal. In God's word, there is holistic restoration. Thus, suicidal thoughts, feelings of hopelessness, including physical ailment, will give way to good health.

Anderson (2004,24) penned that emotional struggles are “the common cold of mental illness”, a situation in which many Christians live in denial of their emotional struggles. However, the family's admission of their health condition or that of a loved one is only half the solution. But the counsellor helps the counsellee(s) realise that there is hope in hopelessness through scriptural prayer (Ps. 42:5-11).

### **Family's Mental Health and Psychological Healing**

Psychological or mental problems among members of a family can be disturbing if not heartbreaking. Jantz, a mental health expert, intimated that people suffering from depression, anxiety, fear and

other forms of psychological disorders need help to come out of such struggles “Wholeness, the path to wellness, Tyndale Voices”, vol.9(5). Consequently, a pastoral caregiver's assistance would be needed to remedy the situation by guiding families out through prayer and ultimately healing the mentally ill through Jesus Christ, who is the ultimate healer (Ps 119:92-93 & Isa 53:4).

Thus, Omartian (2007) encourages us to call on the Lord in times of anxiety, depression, fear and all forms of mental health and rescue the family concern and sustain through a pastoral caregiver (11-6). Wiersbe also intimated that life's wounds are inflicted through many ways, and among others is mental illness. The pastor who knows his flock easily identifies who is unwell and assists in recovery (Wiersbe, 2000, 12-21). Similarly, parishioners who have mental illness, the pastor will lead the person to healing through scriptural prayer.

### **Family's Mental Health and Spiritual Healing**

Healing also calls for deliverance, because whatever happens in the physical first happened in the spiritual realm before materialising in the physical. Sandford (Sandford et.al.; 2009, 18-22), affirms that inner/spiritual healing or “healing of memories” is gained when the pastoral caregiver ministers deliverance to the mentally ill. Afterwards, the pastoral caregiver needs to cultivate the spirit of prayer in the counsellor and family to draw the unlimited presence of the Holy Spirit to them, so they can be spiritually built up in faith and established in God. Roberts stated that it is only when one is filled and immersed in the Holy Spirit that God's power can be unleashed in the person's life. That is by praying in the Spirit (Roberts, 1993). It is this power that will sustain the family and heal the sick.

### **Family's Mental Health and Relational Healing**

Relational challenges include difficulties in interacting with family, friends, and the larger community due to physical, social, and cognitive development, as well as a dysfunctional home, among others (Feldman, 2010, 300-307). People going through mental

challenges have difficulty interacting with family members and others in the community. Despite that, people suffering from mental illness or their families often suffer loneliness and isolation. The ill person faces relational challenges within the family and the larger community. But prayer and counselling from a pastoral caregiver, the sick will be able to interact well with people and experience total restoration. The pastoral caregiver can also include the recovered and their family in the church/faith family to fully sustain them. Consequently, the dysfunctional family will enjoy divine restoration, and its members will live together as one unit, as God sees the family. Besides, establishing close, open relationships with children and adolescents in the family will help identify, clarify, and focus on needs and problems so that each can be addressed appropriately.

### **Family's Mental Health and Sustenance**

Providing sustaining caregiving support, according to Clinebell (Clinebell,2011, 104), involves the use of various supportive methods to provide ongoing care with persons who have mental illness, emotional traumas and their affected families, which therapists and rehabilitation methods can do little about. Thus, the motive is to help such a person function in the best possible way and still experience the highest possible quality of life. This also calls for counselling to help the person or family explore the possibilities and alternatives that best serve the situation, enabling them to experience life with little stress.

The caregiver, therefore, has to establish an ongoing supportive relationship. As such, the caregiver/pastor needs a brief timetable, with the counsellor's consent, to schedule short counselling sessions to improve interpersonal relations within the newly found faith and family. Aside, Christian literature should be shared with the counsellor to help develop the counsellor's personal relationship with God to sustain the counsellor in the Lord.

Those found to have contracted STDs such as genitourinary tract-related diseases, such as chlamydia trachomatis infection, gonorrhea, Human Papillomavirus (HPV) and HIV/AIDS can be sustained both medically and by prayer: (Liyana, et.al., February,2021, VOL.9.2)

### **Family's Mental Health and Empowerment**

Families and individuals who at one point in time went through mental illnesses need to be anchored and sustained after receiving healing through the pastoral caregiver. They need economic, knowledge, and spiritual empowerment to enable them to integrate properly and take their rightful place in society. Therefore, they can be empowered through skills acquisition, such as tailoring, hairdressing, or other business ventures, to become economically sound. However, this calls for an assessment of family resources as adjustments are made during periods of caring for the mentally ill member of the family. There is a need to assess members' strengths and limitations in terms of finances and skills so that the right intervention can be made to empower them (Gavazzi et al., 2005, 14).

According to Corbett and Fikkert, relief and rehabilitation programmes should be carried out developmentally, following an assessment plan before choosing a vocation, and providing understanding of costs and benefits before the counsellor or the recovered person chooses a venture to make them feel useful (Corbett et al., 2012). Some families can also be assisted with little capital to start petty trading. Spiritually, they will be empowered to know the power and purpose of prayer, its essentials, necessity, possibilities, reality and real power of prayer against Satan's foes as mental illness (Bounds, 1939).

### **Recommendations**

This paper observed that the subject of mental health affects families in different ways, irrespective of the social status, educational background or race of the family. Rather, the foundation of a

family's mental health is built in childhood, and if one member is affected, the whole family becomes affected in one way or another. It therefore recommends the following for families and affected loved ones:

**a. Understanding mental health, it is diverse, common and treatable**

Families need to understand what constitutes mental health and mental illness. Pastoral caregivers are therefore encouraged to infuse the church's programme with mental health education for parishioners. For instance, there can be a monthly talk programme on mental health issues and possible management. The awareness should also be created for families to know mental illness is very diverse, common in contemporary times, yet is treatable if early help is sought. Both children and adults are capable of becoming mentally ill. Like physical illness, mental illnesses are many and vary in symptoms with each individual affected. As such, families going through mental health challenges should be helped by the pastoral caregiver to undergo behavioural and psychotherapy counselling to reset their minds and faith to accept their “new normal” lives. At the same time, treatment is sought using the various pastoral care functions and counselling.

**b. Assessment of the Family's Resources**

Pastoral caregiver needs to make an assessment of the family's members' strengths and limitations in terms of skills, emotional and financial resources available for coping and adapting with a member with a mental disorder. It is essential to know each member's burden and develop a workable coping mechanism for each member of the family. So that stressors do not affect other members negatively. Families need to address their members' emotional needs and learn to love and be there for one another.

**c. Psychoeducational Approach by Pastoral Caregivers:**

This includes education, training in coping skills and giving social support to affected families. Thus, pastoral caregivers, after assessing a family member's needs, will have to educate and develop their emotional, psychological, and social coping mechanisms. For instance, families with similar challenges can meet for interactions where ideas on coping and managing individual cases can be shared to encourage one another.

**d. Give equal educational opportunities to family Members.**

Children with mental health disorders in the family should be given equal educational opportunities, and rehabilitation for those who need to be rehabilitated should be provided. There is a need to make the best out of every unpleasant situation in life; as such, the mental disorder of a family member should not cause the person be discriminated against. In addition, the family needs to develop its children's emotional needs to enable them to have self-confidence, irrespective of the situation they find themselves in, by anchoring the family in God's word or scriptures. Pastoral caregivers should encourage such families to join church groups or department activities to build relationships and grow spiritually.

**e. Social Policy Framework:**

There is a need for change in social attitudes towards mental illness and policy-making decisions by the government towards mental disorders or illness to enforce such decisions. These should include awareness creation about the misconceptions of mental health and mental illness so that the citizenry can view mental disorders/illness as any other illness reported at the hospitals/clinics for support/treatment. Social inclusion of people who suffer from mental challenges at all levels of the social ladder will reduce discrimination and promote social coherence. Social inclusion will also prevent depression, anxiety and suicidal thoughts/suicide.



## **Conclusion**

In conclusion, this paper has explored the promotion of pastoral care functions and counselling in the management and sustenance of families' mental health and mental illness globally, particularly in Africa. For the bible states that Jesus is the restorer of our health, if we pray and seek his face (Chro.7:14) “By his stripes and wounds we are healed” (Isa.53:5), he is the Lord who heals us (Exo.15:26). The Lord promised healing and restoration to those who have been wounded and marginalised (Jer.30:17) just like the mentally ill person or the family going through stigma and marginalisation due to the mental health of a beloved member of the family. Jesus is the only one who heals physical illness, as well as mental disorder/illness and spiritually as well (Matt. 4:23-24). From the aforementioned, this paper has established that, through scriptural prayer and counselling, pastoral care functions of healing, sustaining, and empowering, a family's mental health can be sustained, enabling them to live normal, productive lives and help themselves and their families.

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