Severe mental illness:

Tips and pitfalls to avoid for counsellors and pastoral care workers

By Sharon Hastings

Psychiatry outpatient department, Belfast, 2015

The clinic is downtrodden but the artwork on the walls is colourful – the young woman finds it overwhelming. Her thoughts swirling, she puts her head in her hands. The doctor pops his head out of a consulting room and calls her name. Her husband puts his hand gently on her back and walks her slowly forward. She keeps her eyes down, her shoulders hunched.

The psychiatrist asks her to take a seat, but darkness enfolds her. With a shake of her head, she leans against a wall in the far corner of the room and sinks down to the floor, her arm shielding her face.

The doctor's voice is kindly but seems distorted. "Are you able to tell me what is going on for you?"

She turns to her left, pushing something unseen away with her hand. "They won't leave me alone!"

"Who won't leave you alone?"

Her husband shifts in his seat.

"The tormentors…and the evil presence…Please, help me…" She mutters to herself, tears now running down her cheeks. Trembling, she retreats still further into the corner, making herself as small as possible.

The doctor turns to her husband. "She's very unwell, isn't she? I don't think we can let her go on like this."

Would you counsel this person? Or feel able to offer pastoral care? Perhaps not at this point, but when the acute crisis had resolved?

Let me tell you that that person was me… I am a Christian, a qualified doctor, a wife and mum, and I have benefitted from both counselling and pastoral care throughout my journey towards recovery from severe mental illness – specifically, schizoaffective disorder. This article is essentially a case study, in which I have identified eight counselling and pastoral-care situations and highlighted lessons that I think can be learned from each.

The scenarios

1. Early 2008: Counselling – a sense of abandonment

What happened? After spending a year in hospital for depression and a short time in a London eating disorder unit, I felt as though I had exhausted anything the NHS had to offer. Clinging to the last vestige of faith, I came to believe that Christian counselling was the only answer for me and applied to a small local agency. On my application form, I admitted that I had suicidal thoughts and had self-harmed. I was told I was not a suitable candidate for counselling. Devastated, I railed at Christians and at God.

What could be learned? I had significant diagnoses and I reported suicidal and parasuicidal thoughts, yet I was not under the care of a psychiatrist at the time. I can see now that counselling was not appropriate for me; however, I think the agency could have supported me (through the GP contact I had given) in accessing the care I did need – an assessment with a consultant psychiatrist experienced in diagnosing, managing and risk assessing emerging severe mental illness. I might not have felt abandoned and may have received appropriate care. Managing expectations is important for counselling agencies too: at this point, I believed talking therapy with a Christian could cure me.

2. 2008–2009: Counselling – a lifesaving, faith-restoring intervention

What happened? Soon after this, I had the unusual opportunity of going to Remuda Ranch, a Christian treatment centre in the US. Here, I had individual counselling twice weekly, and group

Timeline of events

2007: Diagnosed with major depressive disorder and atypical eating disorder (while at medical school).

2008: Ongoing uncertainty over diagnosis. Still unwell. Had treatment in the US.

2010: First major manic episode. Diagnosed with bipolar disorder.

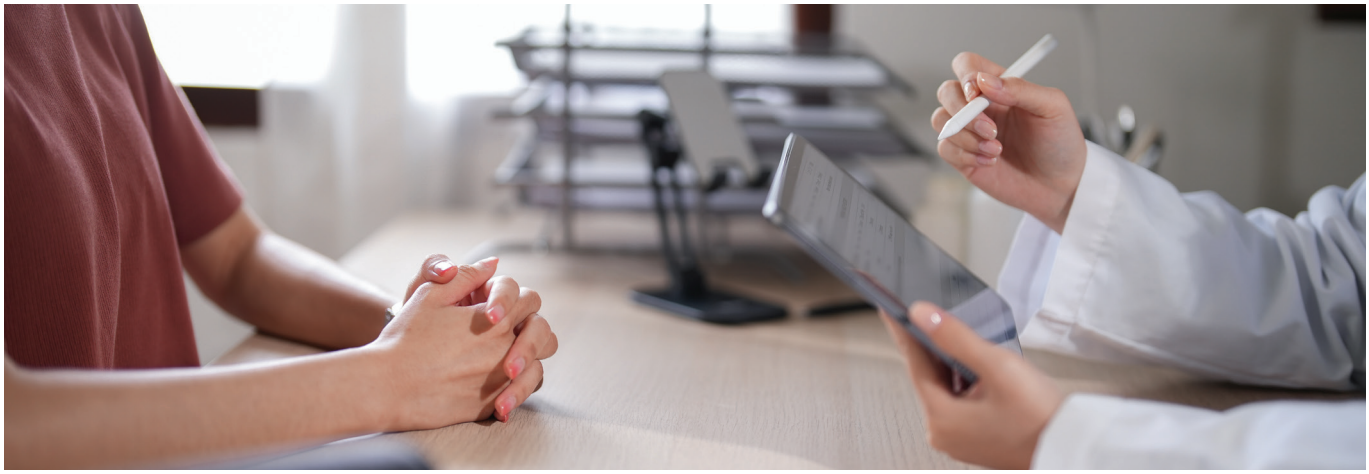
2011: Psychotic episode while mood normal. Diagnosed with schizoaffective disorder.

2012–2015: Stable years. Taking antipsychotic medication. Met my husband and got married.

2016–2018: Fifteen hospital admissions in three years. Underwent electro-convulsive therapy.

2018–2019: First encounter with recovery-focused care. Medication was changed but I was also given substantive hope.

2024: Today, I remain 'in recovery': I am not cured but I have a life that is worth living. I can parent. I work part-time. My faith is strong. I take medication, but I also have strategies and tools for managing my mental health. Schizoaffective disorder no longer defines me. I know hope.



counselling each weekday. A psychiatrist, mental-health nurses, a dietitian, chaplain and support staff comprised the rest of the treatment team. Women with complex mental-health needs were treated holistically – including those with very low body weight, addictions or who were at risk from self-harm. For me, counselling here was a transformative experience. My faith in God – and in other Christians – was restored. Although I was still unwell when I came home, I credit Remuda with saving my life, not just then, but many times since.

What could be learned? There may not be easily transferable lessons from Remuda to counselling and pastoral-care practice in the UK, as it is quite unique in its range of services and there are only a few similar facilities here. However, my experience demonstrates how much counselling can achieve where facilities to manage severe mental illness safely are available. Although my medications were changed there, and I learned that using eating to control my mood was ultimately ineffective (I've been a healthy weight ever since), I still attribute the greatest impact to the intensive counselling I received. It was nurturing and healing. I felt loved.

3. 2009: Pastoral care – damaged by 'deliverance ministry'

What happened? Returning from Remuda, I felt passionately on-fire for God despite continuing depression and the beginnings of psychotic illness. Seeking a church where I could be real about my struggles, I began attending a charismatic fellowship. Here, pastoral carers offered me 'deliverance ministry', in which prayer was offered for deliverance from 'the demonic', which supposedly had a hold on my life. When I didn't get better, I was told I had a 'block' – a secret sin. I could think of none. I grew terrified that I was possessed, something that fed into my psychosis then and later. Wise friends advised me to leave, but it took me a year to recover.

What could be learned? My experience demonstrates that those engaged in 'deliverance ministry' must be extremely cautious that what they perceive as 'the demonic' is not mental illness. Where those ministering in this context have any doubt, they should seek advice from a Christian psychiatrist or other mental-health professional and look carefully at published good practice and safeguarding guidance (for example, by the Church of England) to ensure that any deliverance ministry offered complies with these guidelines. I was acutely unwell at this time, and the appropriate action may have been to accompany me to the emergency department or even call 999. This might apply where there is acute psychosis, mania or suicidal depression.

4. Later in 2009: Pastoral care – a cold shoulder?

What happened? I returned to a more conservative church. Although my faith was strong, I had reached a very low place and had survived a suicide attempt. Approaching the elders for prayer, I was disappointed when all they seemed willing to do was to check that I was under psychiatric care. They were right to do this, but it felt like the opposite extreme from the previous experience, as I also longed for spiritual input and pastoral support.

> **"I needed to feel that there were Christians willing to walk a difficult path with me**

What could be learned? At the first church, my struggles were over-spiritualised; here, my need for spiritual input was rejected. I understand where the elders were coming from, given that I was clearly unstable. However, I needed to feel that there were Christians willing to walk a difficult path with me, to know that I was being prayed for, to feel supported in seeking to relate to God in the context of emerging severe mental illness. In order not to become overwhelmed, pastoral carers must have clear boundaries in place – just like counsellors – but their care is vital if an unwell Christian is to recover.

5. 2011: Counselling – a creative arrangement

What happened? When I received my final diagnosis of schizoaffective disorder, I was an inpatient in a mental-health unit. My psychiatrist sought to establish an effective antipsychotic regimen, while a clinical psychologist looked at contributors to my psychosis. With their support, I was able to link in with a Christian counselling agency close to the hospital. I was very unwell, and a lot was going on for me, but I really wanted to process this new journey with someone who understood my faith. I valued my weekly appointments enormously, and the inpatient team

did too: my counsellor provided something they could not offer.

What could be learned? This example shows that important work can be done even in unusual circumstances. The counselling agency might not normally have taken on a client who was so unwell; the fact that my psychiatrist was on board and I was living in a controlled environment allowed them to support me in a creative way. This arrangement to some extent simulated what I had had at Remuda – the counsellor became part of a treatment team in a residential setting. It is also worth noting that I was able to work with the counsellor even as I emerged from psychosis. A hospital chaplain provided another Christian input at this time – something that I valued highly.

6. 2016–2018: Pastoral care – the power of presence

What happened? The three-year period when I had 15 hospital admissions was very difficult for my husband, Rob, and me. Even when I was at home, my health was shaky – it always seemed as though it was only a matter of time before I would be readmitted. During this time, we were deeply grateful to the pastoral team at our church, particularly two ministers who visited me weekly when I was in the ward, and also kept in touch with both of us regularly whether I was an inpatient or at home. The visits were short – the ministers would ask me how things were going, read a verse or two, then pray with me – but they made an enormous difference. Those men brought light to a dark place.

Key definitions

Severe mental illness Usually suggests schizophrenia, bipolar disorder, schizoaffective disorder.

Psychosis Detachment from reality characterised by hallucinations and delusions.

Hallucination Something heard (commonly a voice) or seen that no one else can hear or see.

Delusion A fixed belief that others know to be false (e.g. “MI5 has bugged my bedroom”).

Schizophrenia A psychotic mental illness that affects thoughts, feelings and behaviours.

Bipolar disorder An illness with episodes of extreme high mood (mania) and depression.

Schizoaffective disorder An illness with extremes of mood and separate episodes of psychosis.

What could be learned? Pastoral care can be incredibly powerful even when it is at its simplest. My ministers in this case neither over- nor under-spiritualised my condition. They listened to me, often saying little, other than affirming the pain of my situation – and Rob's. They shared scripture and prayed, but to be honest I didn't take in much at the time. What was most important to me was their ministry of presence: they might say they didn't do much, but the impact was huge. Pastoral carers should not underestimate the impact of their input – here, their presence was key.

7. 2019–2020: Counselling – a foundation for recovery

What happened? When I was being discharged from inpatient care by my recovery-focused psychiatrist in 2019, I had learned that recovery from mental illness is supported by long-term therapeutic relationships. I was not looking for a brief counselling intervention, but for someone who would walk with me for as long as I needed them. I found a counsellor who was a Christian and the work we did together was foundational for my recovery. She helped me to rebuild a sense of self, to grow in my walk with God and to leave behind the 'sick role'. Medication was vital, but meaningful recovery would have been impossible for me without the psychosocial and spiritual rehabilitation achieved in counselling.

What could be learned? I had a severe mental illness, had spent a lot of time in hospital and had recently undergone electro-convulsive therapy (ECT). A counsellor might have been forgiven for feeling nervous about working with me. However, in this case, my GP was involved, clear boundaries were set and the relationship that was established proved therapeutic indeed. Anyone who has a history of complex mental illness has experienced loss and trauma, so they have a lot to process. For a Christian in that situation, faith issues are involved, so it makes sense for them to seek a counsellor who shares that faith.

8. Present day

What is happening? One year after leaving hospital in 2019, my counsellor and I agreed that our piece of work had been done. I was expecting a baby, and we agreed that new work might be de-stabilising, and that I had enough therapeutic relationships in my life to allow me to continue without her. I have not returned to formal counselling, though I know I could reach out if I felt I needed to. I don't have weekly visits from our pastors any more, either, but I still benefit from their care on an ad hoc basis, and from their weekly ministry in church.

What can be learned? Even with the most severe mental illness, where it seems as though a lot of counselling and pastoral care resources are drained on a long-term basis, it's worth persevering. With the right treatment and supports, recovery is possible. The journey might involve ups and downs. Recovery certainly won't look like 'cure'. But a person with severe mental illness can regain a fulfilling, purposeful life, where they are likely to have less need for counselling and pastoral care, and may contribute to church and community in a meaningful way. If you are a discouraged counsellor or pastor today, let my story refresh you, and give you something to share with your client – with Christ, there is always hope.

Conclusion

I don't know how you would have approached the person in the vignette at the start of this article. I'm not sure whether you would consider counselling me today! But I hope that my descriptions of these encounters in the wider context of my story have given you pause for thought, and that you will see the importance of understanding and being able to recognise severe mental illness. My prayer is that the next time someone who might be severely mentally ill asks you for counselling, or for pastoral input, you will feel better equipped to know what you can offer and what caveats might need to be in place.

About the author

Sharon Hastings is a Christian, a wife and mum, part-time peer trainer and writer. She is the author of *Wrestling With My Thoughts: a doctor with severe mental illness discovers strength* (IVP, 2020) and *Tending To My Thoughts: a doctor with severe mental illness finds recovery* (IVP, 2024). She and her family live in County Down, where she enjoys exercise, reading and listening to music.