CCIH
Christian Connections for International Health

A New Story: Tackling Stigma

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Objectives

1. The participants will be able to identify and discuss how we as the church can address stigma on maternal mental health.

2. The participants will have resources to implement maternal mental health discussions in their communities from an evidence-based and faith-based perspective.

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Introduction

Nearly one in five women in low- and middle-income countries (LMICs) suffer from one or more common perinatal mental disorders (CPMDs), such as depression and anxiety.

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Steps Faith Actors Can Take to Tackle Stigma Around Mental Health (Slide 1 of 3)

1. **Adjust Your Thinking**—Examine your own attitudes and possible judgmental thinking around mental health. Instead of questioning what is *wrong* with an adolescent girl or woman, reframe your perspective to ask what the adolescent girl or woman *has experienced*. See **Annex 2** for a reflection exercise to examine potential mental health bias.

2. **Talk Openly About Mental Health**—Use natural faith platforms as spaces to talk positively about the importance of maternal mental health, to advocate for adolescent girls and women with mental disorders, and to normalize mental health treatment.

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Examine your Personal Mental Health Bias
(Annex 2 – page 26)

What are the messages you learned about mental health and mental disorder as a child?
From your family?
From your religious text or community?

- Have your views changed?
- Are these the perspectives you want to hold?
- Why or why not?

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Steps Faith Actors Can Take to Tackle Stigma Around Mental Health (Slide 2of 3)

3. **Choose Words and Questions Carefully**—Use locally understood terms to talk about mental health. Avoid describing adolescent girls and women by their diagnosis and use language that emphasizes support, care, and encouragement of those who are suffering. For example, say "She *has* bipolar" rather than "She *is* bipolar." Emphasize that mental health conditions are not caused by wrongdoing or spiritual forces. In some cases, using words to talk about mental health may not be enough and pictures or other visual explanations may be more appropriate.

4. **Show Compassion and Respect**—Provide empathy, dignity, and emotional support to adolescent girls and women experiencing mental disorder, without judgment or condemnation. This includes body language and tone. Display positive and warm verbal and body language.

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Steps Faith Actors Can Take to Tackle Stigma Around Mental Health (Slide 3 of 3)

5.	**Foster Belonging**—Emphasize the values of love and hospitality for every member of a community to ensure that people with mental disorders are not marginalized or stigmatized.
6.	**Build Bridges to Treatment**—Learn the basic symptoms of common maternal mental disorders and know the range of formal and informal supports and resources available in your community, including those that are specific for subgroups of pregnant girls and women, such as adolescent mother groups. Connect perinatal girls and women and families to the help they need.
7.	**Be a Role Model**—Prioritize your own mental health and well-being and share those experiences authentically and vulnerably in your faith community. Leading by example will inspire faith members to be compassionate with themselves and others.

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Guidance on Discussing Maternal Mental Health

Do's and Don'ts in Mental Health Communication (Split into 3 slides)

"DO's" of Mental Health Communication	"DON'Ts" of Mental Health Communication
DO use language the adolescent or woman wants to use to describe themselves.	DON'T assume an adolescent and woman's gender identity before asking what name or gender pronoun is preferred.
DO communicate in a compassionate and empathetic way, using faith texts to emphasize holistic care of those who are suffering.	DON'T use shame, blaming, critical statements, or judgment in communication.
DO be aware of mental health rumors, misinformation, and myths common in your faith community.	DON'T repeat the misinformation or try to debate it. This can increase false beliefs. Instead focus on sharing evidence-based information.

Do's and Don'ts in Mental Health Communication, continued

"DO's" of Mental Health Communication	"DON'Ts" of Mental Health Communication
DO listen to and acknowledge people's concerns before advising them. Statements like, *"I understand your concerns that your family may shame you for admitting your anxiety. That is a heavy burden to carry."* go a long way to build trust and open communication.	DON'T ignore or dismiss people's fears or concerns. Mental suffering is real and may be hard to describe. People may have valid reasons to fear revealing their mental distress and the best way to build trust is to validate the adolescent girl's or woman's feelings and concerns.
DO offer the time and space for people to process new information and ask questions.	DON'T rush or pressure people to make an immediate commitment.
DO use positive emotions when communicating about mental health that celebrate and encourage giving priority to mental well-being.	DON'T overly focus on the negative aspects of mental disorders, which may add to stigma and shame.

Do's and Don'ts in Mental Health Communication, continued

DO find ways to praise, encourage, and celebrate community members who engage in supporting their own mental health and the mental health of others.	DON'T try to mandate, coerce, or shame people who are not yet ready to discuss or address their mental health.
DO highlight mental health in familiar terms and discuss mental health openly.	DON'T make information feel highly medical or overly fact heavy.
DO keep messages short and concise, repeating key messages regularly.	DON'T use technical jargon or complex words.
DO include easy guidance on how to seek locally available mental health support and services.	DON'T assume individuals can navigate their own mental health treatment without support.
DO maintain confidence about any personal details individuals share with you.	DON'T discuss personal details with others except to address a risk of the adolescent girl or woman harming herself or others.

Pathway for Mental Health Communication

Ask →	Provide →	Encourage →
Ask open-ended questions about what information and attitudes the person has around mental health. For example: “What do you already know about mental health during pregnancy and following childbirth?” “Why do you think you feel that way?”	Acknowledge stigma and concerns and share clear, concise information on mental health, using faith texts and personalized stories whenever possible. For example: "It sounds like you believe your mental disorder is the result of sin, which is very common in our community, and so you have concerns about seeking support. Could I share what our scriptures say about mental well-being and provide some reputable information on how maternal mental health can be supported?”	Invite dialogue based on information shared. Encourage action based on this conversation. For example: “Given our discussion, what will you do with this information? Would you consider talking with your family about the changes in mental health you have experienced after the birth of your son? Remember, I am here to talk through any remaining concerns you may have.”

Christian-Specific Teachings and Messages

Christian sermons, devotionals, or informal messages can outline these key points with the following scripture references and supporting text:

- God cares for mental well-being and the suffering of his people.
- Mental health conditions are not a punishment from God or the result of sin.
- The Church should be a place of compassion and support for those who are suffering.

What does the Bible teach about mental health?

- Bible teaches that God cares for the physical, mental, emotional and spiritual well-being of all people. Mental suffering is not what God intended and is not his will for people to experience mental distress, and is not a punishment from God.
    - "'For I know the plans I have for you' declares the Lord, 'plans to prosper you and not to harm you, plans to give you a hope and a future.' " (Jeremiah 29:11)

- The bible teaches the Lord is the One who:
    - Renews the mind "Do not confirm to the pattern of this world, but be transformed by the renewing of your mind." (Romans 12:2)
    - Restores the soul "He refreshes my soul" (Psalm 23:3)

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Action Steps

1. Annex 2 – individual reflection questions on slide 5

2. Find a colleague/friend/family member and Role play/Practice the "Pathway for Mental Health Communication" on slide 13

3. What do you think are Christian specific teachings on MH & MMH (slide 14-15)? Discuss with a trusted colleague/friend/family member.

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