

CARING FOR MENTAL ILLNESS:
A CHALLENGE TO THE PASTOR AND THE CHURCH

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ABSTRACT

Caring for the mentally ill patients is an attempt to challenge the Pastors and the Church to live up to their responsibilities. Mental illness is that which many people are scared of and having different views to and beliefs in it. Consequently, victims of mental illness are brutally treated and subjected to various forms of healing methods.

It was discovered that patients with mental illness were least cared for financially, medically, personally and spiritually. Most of the churches pray for the patients with mental illness, while most of the churches do not support the patients financially. Therefore, the church should care more for patients with mental illness financially, medically, personally and spiritually.

Conclusion

We Christians are just as susceptible to illness as non-Christians. We Christians sometimes have great difficulty on admitting what is happening to ourselves or loved ones when we become mentally ill. When we become mentally ill we need help both human and divine. We need medical attention, but we also have available personal faith in God's power which can heal our sick minds. Sir William Osler, famous nineteenth century physician, said, "I treat, God heals." (Hyder 35). Similarly, Dr. Ige of Ige Hospital, Ahoyaya, Ogbomoso said medication helps to control the violence of the patients who are mentally sick and that majority of the mental sickness is controllable.

The research indicates that majority of the churches assisted the patients with mental illness with prayer. This is in line with the statement of a Christian psychiatric nurse, Mr. Oke O. Olumide. There is nothing prayer cannot do; it will

help the psychiatric workers to know what to do as the right time. Prayer is a more or less a method of psychotherapy. However the church is expected to aware that the patients with mental sickness need assistance in finance because without the money, less can be doe in other areas. As spiritual is important so also personal caring and medication are essential. Therefore, our churches should arise to their expectations. The church is an intentional community with the mandate of reaching out and bearing the burden of others (Achie 73)

Recommendations

According to the findings in this research work, the researcher recommends the following

1. Clinical education of the Pastor: it is suggested that the curricula of clinical education of the pastor should include specific task as: self awareness of personal and role limitations, self caring coping skills, diagnostic and referral skills, supportive and crisis counseling strategies.
2. Personal caring: this work reveals that many churches, especially the two largest churches of the respondents do not care for the patients with mental illness, while most churches with smaller populations do care for the mentally sick. Thus, it is the conviction of the writer that church planting be encouraged, while preaching stations should be established to decongest the larger churches so as bring every member closer to being cared for.
3. Finance: the belief of the people is that the church is rich. This can be justified by the structures and material things like church fan, business enterprises, etc, especially among the big churches. The research reveals

that finance is the least of all the services rendered to the patients with mental sickness, especially among the big churches. Thus, the writer suggests that churches should spend as much as possible to bear the burden of its members, to redeem their souls rather than to display or compete physical things like buildings and church van.

4. Annual health week: this work reveals that most churches do not teach mental illness even during the Annual Health Week. Whereas, it is the role of the pastoral counselor to help mental patients become integrated into a supportive faith community. The pastor should make people aware of the causes, types and treatment of mental illness in order to help to overcome their stereotyped perception and fears and hesitations.