

Perspective study of seminarians and clergies on integration of pastoral counselling ministry and clinical psychology in meeting mental health needs of Church members: A web-based survey

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DOI: <https://doi.org/10.5281/zenodo.7261118>

Published Date: 28-October-2022

Abstract: Integration of theology and psychology to understand human behavior is crucial to offer holistic help and support in maintaining mental health of Church members. Both psychology and theology provide functional worldviews through which we can study and understand human behavior. This perspective study is a web-based qualitative survey, aimed at seeking opinion of seminarians and clergies on integration of pastoral counselling ministry and clinical psychology in meeting mental health needs of Church members. Data was collected from 36 respondents using google form. These respondents are seminarians (15, 41.7%), Church pastors (11, 30.6%), pastors but not pastoring yet (5, 13.9%), and seminary lecturers (5, 13.9%). Data collected was analyzed thematically. Key themes that emerged from the study showed that seminary training on preaching, biblical preaching and church administration is inadequate for holistic ministry. This is because, many of Church members were having several mental health conditions, which the Church pastors are not trained to tackle. Instead, most pastors result into praying and counseling members having mental conditions with Bible truth, while some make referral to the professionals. This study concludes that seminary where pastors are being trained might consider including courses in clinical psychology for holistic ministry.

Keywords: Perspective study, integration, pastoral counselling ministry, clinical psychology, mental health needs, Church members, seminarians and clergies.

1. INTRODUCTION

There has been upsurge of mental health issues globally and that people with severe mental health conditions die prematurely due to preventable physical conditions (World Health Organization [WHO], 2022). This implies that many victims of mental health and physical conditions die as a result of preventable conditions. Similarly, prevalence of mental health problems has been on the rise globally sequel to pandemic (Kaufman, Petkova, Bhui, & Schulze, 2020). Despite the rise, mental health remains one of the most neglected areas of health globally. Statistics show that about 1 billion people are living with a mental disorder, and that more than 75% with the disorder do not receive treatment. The report also indicated that close to 3 million people die every year due to substance abuse and that at every 40 seconds, a person dies by suicide (World Health Organization [WHO], 2020). In addition, statistics showed that life is full of conflicts and

humanitarian crises and that the rates of mental disorders can double during such crises. Kovacevic (2021), argued that 1 in 5 people affected by conflict is estimated to have a mental health conditions.

Further, data as at 2017 shows that estimates of 792 million people, which constituted to about 10.7% of global population are presenting with mental health issues (Dattani, Ritchie, & Roser, 2021). Also, Javed et al (2021) argued that among the population of people with mental illness, 80% of them are from low-middle income countries. Similarly, it has been noted that mental illness impacts negatively on people's quality of life and severely on economic burden (Rathod, et al., 2017). Confidently, these data form part of Church members, which pastors are called to undershepard and cared for. A study on severity of suicide behavior among suicidal adolescents in Nigeria showed that the prevalence of suicide behaviors was higher among Christians and especially the Pentecostals (Ojuade, Munene, & Mbutu, 2018), and similar study among university undergraduate students in Kenya (Nyagwencha & Ojuade, 2022). Additional study in Kenya showed that higher prevalence of suicide behavior, posttraumatic stress disorders and depressive disorders was among protestants at 23.2%, followed by Catholics at 23.1%. The Pentecostals was found to have higher prevalence of PTSD at 39%. Dispressive disorder was higher among the protestants at 44.2%, Suicide behavior and PTSD was at 18.8% then frequency of suicide behavior and dispressive disorder was found to be higher among the pentecostals at 19% (Mugambi, 2020). These data indicated that being Christians, and Church members are not exempted from having mental illness and more so, higher proportion of mental health conditions are higher among Christians especially, members of Pentecostals and protestants.

Sequel to aforementioned statistics about mental illness among Church members, it shows that Church pastors are in the first line of defense by providing support and resources for those with mental health conditions. Just as postulated by Lloyd and Waller (2020), there is a continual need to comprehensively address mental health in Churches. Likewise, it was argued that Churches and clergies are best positioned to provide valuable contributions to public health in their local community by addressing mental health issues. However, Church pastors are under-trained to speak to the mental suffering of Church members and members of the community they are since many who suffer from mental health issues may never receive professional mental health care if the Church does not provide guidance (Meghan, Bopp, Webb, & Peterson, 2015).

Globally, religious leaders are seen with great potential for both positive and negative influences on mental health. Men of God have the capacity to influence their congregation on their views about mental illness and where to turn to for helps. For example, Wong et al (2018) argued in a study among US adults who were diagnosed with one mental health issues or the other, that 25% of them prefer to turn to their religious leaders for help. Similar to this, Hays (2018) added that individuals with emotional or mental distress often turned to clergies for counselling and that people with mental health conditions are even more likely to run to their faith leaders first, before thinking of western conventional treatment.

Studies among African American indicated that about 40% of the participants in that study consider their religious leaders as their primary source of support with depression (Anthony, April, & John, 2015). This is because clergies are respected in the community and considered to be the mouthpiece of deity on every issues of life, including mental illness. Peteet (2019) is of opinion that Church members accept the clergies' opinions as correct without questioning their authority regardless if such opinion is stereotypes and unhealthy. In addition to that, many christians' denominations such as Pentecoastal, protestant and non-denominational Christians are more likely to believe in historical views of mental health that mental health is spiritually oriented and demonic (Payan, et al., 202; Wesselmann & William, 2010). Also, because of the considerable influence clergies have on members of their congregation, many of those congregants often looked unto their clergies to facilitate interventions on mental illness, in which the clergies result into exorcism (Corrigan, 2019).

2. METHODS

This perspective study is designed to be a web-based survey on integration of pastoral counselling ministry and clinical psychology in meeting the mental health needs of Church members. The study employed a qualitative approach in research, hence; non-numerical data were considered in this study. However, attempt was also made to quantify some qualitative data with the mind to accentuate a point. Qualitative data was collected from 36 pastors and seminarians who consented to participate in the study using online google form. The informants in this study comprises of seminarians (15, 41.7%), Church pastors (11, 30.6%), pastors but not pastoring yet (5, 13.9%), and seminary lecturers (5, 13.9%). Majority of the informants who participated in the study were male (35, 97.2%) as opposed to female informants (1, 2.7%). A well-detailed information about the research, the confidentiality over the perspectives expressed by the informants, and other ethical consideration was included in the research tool. To ascertain the willingness of the informants to participate in the study, a slide was created on the google form where the respondent was asked to decide whether they are willing to participate or not. All the contacts consented to participate and they were recruited into the study. Open-ended questions were asked in order to collect qualitative data from the consented participants in this study. Thematic Analysis (TA) was used to analyze the data so as to

highlight the emerging themes and issues emanated from the study. This was done in such a way that the data gathered was well- coded, arranged, and analyzed thematically by the researchers.

3. RESULTS AND DISCUSSION

Key demographic characteristics of the informants.

The education background of the informants in this study ranges from diploma holders to PhD holders in theology or ministry. Data shows that majority of the students had bachelor degree and Master's degree (14, 38.9%) respectively, followed by PhD holders (6, 16.7%) and diploma in theology holder (2, 5.6%). This implies that the informants in this study are well educated and informed to air their opinions on the subject matters and that their perspective can contribute to the formation of hypothesis in this study.

The gender distribution indicated that almost all the informants are male (35, 97.2%), whereas, a female informants (2.7%) similarly consented to participate in the study. Likewise, the ministerial status of the informants were explored with the higher frequency of student pastors in the seminary at 41.7% compared to Church pastors at 30.6%, seminary lecturers and pastors but not really pastoring yet at 13.9% respectively. The implication of the ministry status of the informants was that they possessed required experiences in the ministry and shows that their experiences in the ministry actually informed their perspectives on the subject to be discussed.

Open-ended questions

Do you consider yourself as a pastor, fully meet the total needs of your Church members?

Data collected from this inquiry indicated that majority of the informant outrightly responded 'NO' (20, 55.6%) as opposed to YES response (12, 33.3%). This implies that the perspective of the informants were of the opinion that they were not fully meeting the total needs of Church members. Whereas, other respondents felt they were meeting the total needs of their Church members. However, one major theme that emerged from the rest of the informants (11.1%), who shared their perspective on the inquiry, and not just 'Yes' or 'No' responses. The theme was all about the fact that beside the core ministry, it is not possible for a pastor to meet the total needs of Church members. For example, an informant noted that;

If "fully meet" is understood by the preaching and teaching of the Word, that will be the core or primary responsibility of every called minister of the gospel. But beyond preaching and teaching, a single pastor cannot fully meet the needs of his congregation, that takes a plethora of ministries (health, social action, justice, education, counseling, etc) working under proper coordination and leadership at the service of the congregation on the one hand and the society on the other.

Others were of the opinion that no pastor can successfully meet the needs of Church members. This is because, according to the respondents, besides meeting the spiritual needs of Church members through the core ministry of the Church pastors, other needs such as emotional, psychological and physical needs might be beyond what a single pastor could meet. These opinions reflect a study where it was argued that pastors' responsibilities are so enormous and difficult to the point that about 80% of ordained pastors drop out of the ministry. This is because most pastors are entrusted by God to be spiritual teacher, leader, shepherd, counsellor, and pastor of God's people, so they suffer from great discouragement, stress on their marriage and family, and also feel inadequately prepared to meet all the needs of Church members (Brewer, 2017).

Which aspect of seminary training do you consider to be excellent in preparing you for the ministry?

In response to the open-ended question above, five themes emerged from the analysis of the data. One of the main themes that stood out from the perspective of the respondents was on spiritual formation and sound academic. Most of the informants (21, 61%) shared this perspective, hereby indicating that spiritual formation and sound academic rigours are perceived to be excellent in preparing pastors for the ministry. In addition to this theme, biblical interpretation and biblical preaching are perceived to be on of the excellent tools they received at the seminary in preparing them for the ministry. One of the informants stressed emphatically that'

"Seminary training has holistically and excellently prepared me for ministry. Everything done in the training is useful in ministry. But the science and the art of biblical interpretation is the chief of them all"

Hermeneutics and biblical interpretation are core units of the seminary training, and in this study, participants perceived it to be one of the excellent way in preparing student pastors for the ministry. Furthermore, pastoral care and counselling was another theme that the informants perceived to be excellent in preparing them for the ministry. Ministry, according to the

respondents goes beyond ministering on the pulpit but touching lives through care and counselling. Consequently, mentorship and discipleship were identified as key excellent training that has empowered the respondents to be a better minister. A seminarian explained that having a lecturer to work with for the purpose of mentorship and discipleship was noted to be excellent way of preparing seminarians for ministry, hence, seminary is commended for that opportunity.

Additionally, the theme of Church leadership was also considered to be excellent in preparing students for the ministry as the informants laid more emphasis on the theme. These perspectives are in line with Ripley's highlights of strength in seminary. He argued that most seminaries prepares students to be fulfilled in ministry especially in Church administration, leadership, biblical interpretations and spiritual formations (Ripley, 2012).

Do you think seminary prepares pastors adequately for ministry?

In reaction to the inquiry, majority of the informants responded YES to the question without further explanation, whereas, very close to that responded NO to the question (15, 42%). In other words, almost half of the respondents were of the opinion that seminary prepares pastor adequately for the ministry and almost half of the respondents felt otherwise. However, few others felt that different seminaries major on different things and that no particular seminary is perfect, thus, there is always needs for for improvement. Meanwhile, it should be reported that the few respondents who expressed themselves were of the opinion that seminary only gives tools for everything in the ministry, so it is up to the seminarians to develop themselves adequately for the ministry. This perspective aligns with Mark's opinion where he clearly warned seminarians that "preparation for ministry is your responsibility, and not seminary's. When you get into the real world of ministry and find yourself unprepared, don't blame the seminary, and don't blame us, either, because we are warning you now" (Mark, 2007).

What other aspects do you consider lacking at seminary, to better prepare pastors for ministry?

Two major themes emerged on this inquiry. One key theme the respondents emphasized in response to this inquiry was the need for holistic ministry. Among other themes that emerged from this study was the need for all inclusive training for holistic ministry especially psychological aspects to be considered for the good of the Church. Conversely, a respondent specifically noted that "most seminaries are good at preparing pastors for the job market but not to handle souls of men for clinical ministry and their mental health." Also, the respondents were of opinion that for Church members to receive salvation and grow spiritually and to make heavens, they need to be in their healthy state of mind. Further, a respondent suggested that seminarians need to be well assessed and their psychological challenges be properly diagnosed because a pastor who needs mental health treatment cannot offer mental health support for the congregation he pastors. Hence, courses that will help pastors heal from emotional trauma and psychological wounds or pathologies should be provided at the seminary so that the pastors can facilitate process of psychological healing for Church members as well. Therefore, it was advocated that seminarians need adequate investigation into their personal psychosocial, spiritual challenges and a personalized-supportive growth plan before graduation so as to provide the a holistic ministry to the needs of the Church members.

In addition, the second theme that came up from this perspective study was on the fact that courses in human and economic resources management, and entrepreneurship was lacking in the training package. Although, a respondent asserts that "this can be quite a complex package for a seminary training course. Maybe the minister will have to add these to his portfolio after his primary training. However, this will make the pastor holistic. They might also help to build ministerial, psychical and economic balance to his person and ministry."

These themes are in similarity with an argument that psychology is both a functional and academic area that enquires the human mind and behavior and that integration of theology and psychology is a multifaceted discipline in academies that should be applied to pastoral training (Varghese, 2021). It views humanity, purpose, meaning, human soul, emotions, the mind, reasoning, human behavior, philosophical perspectives on suffering, goodness, badness, and human potential, therefore as suggested, seminarians need to find ways to integrate faith with the practice of psychology and grow in faith and as a professional in the field and find ways to commune wisely with other professionals and non-specialists about integration (McMinn, 2011).

What do you understand by mental health?

The inquiry was to explore the basic understanding of pastors and seminarians about mental health as different definitions emerged in this study. For example, few of the respondents defined mental health as psychological wellness and mental

strength. Other defined mental health as the ability to see realities as they are and able to healthily relate with the world around them, which includes emotional, psychological and social wellness. Additional definition from a respondent, who understands mental health as *“the state of a person’s emotional and psychological stability in respect to his/her current environment and internally and externally experiences.”* Likewise, the respondents in this study defined mental health as being sound in one’s state of mind to the extent that one has a healthy perspective/worldview and ability to relate well with self and others. Similar theme of understanding among the respondents is that *“mental health is the psychiatric and psychological wellness or when a person is not well mentally at a particular time. Unwellness.”* Beside these, another theme of definition from the respondents is that, mental health was defined to be psychosocial and emotional balance. The idea of mental health as suggested by the respondents are similar with The World Health Organization (WHO), that conceptualizes cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (Pan American Health Organization, 2020).

Do you think Church members could be diagnosed with posttraumatic stress disorder, depression, anxiety disorders, bipolar spectrum disorders, schizophrenia substance or alcohol abuse and many other mental health disorders?

In response to the above inquiry, all the 100% of the informants responded YES to the question. This implies that pastors, seminarians and the seminary lecturers subscribed to the possibility of Church members having mental health conditions such as PTSD, depression, anxiety disorders, bipolar spectrum disorders, schizophrenia substance use and many other mental health disorders. In fact, one of the respondents reacted that *“yes, Church members do have mental health disorders and traumatized to the point that some of Church members become so depressed and discouraged with life to the point of committing suicide.”* Whereas, another noted that some Church members do have mental conditions due to difficulty and sometimes unable to handle life’s challenges. Likewise, it worths mentioning that a respondent asserts that many Church members do have mental issues and when pastors do not know how to handle the case, they quickly demonize the case. These responses suggested that mental health conditions are possible among Church members. This is similar with several other empirical studies who found that PTSD, depression and suicide behaviors are prominent among Christians as opposed to non-Christians, and especially the Pentecostals compared to other denominations (Ojuade, Munene, & Mbutu, 2018; Mugambi, 2020; Nyagwencha & Ojuade, 2022).

Have you ever met any of your members having mental health conditions?

Majority of the respondents (31, 86.1%), consented to the notion that they have met some of their members having one mental health conditions or the other. Whereas, few of the respondents denied ever met Church members having mental conditions (5, 13.9%). This confirms the fact of the possibility of Church members to be diagnosed with mental health disorders. This implies that the Church cannot ignore mental health issues. *“When approximately 20 percent of the U.S. adult population and 15-20 percent of the U.S. youth population are suffering from mental health issues, there are bound to be members in almost every Church that are suffering”* (Rainer, 2015).

If you have had members with mental health conditions, how were you able to offer help?

Four major themes emerged on actions of pastors, seminarians and seminary lecturers whenever they encounter Church members with mental health conditions. One of the themes was that they *“pray for them, teach them biblical truths, and counsel them to deal with their mental issues.”* More than half of the respondents (19, 52.8%) shared this view. This implies that majority of respondents in this study choose to pray, teach and counsel Church members with mental health conditions as a way to offer help. The second theme was that some of the respondents alluded that they will rather pray and refer the Church member with mental condition to medical professionals for treatment. One of those respondents who shared this view says *“If the situation was either getting worse or not improving after diligent spiritual care using the scriptures, then I referred the person to medical professionals who may then handle the aspects that may need some medication to stabilize the person and bring them up to a point where they can continue with Biblical counseling like any other Christian to finish their care and restoration.”* In other words, referral was done after prayer, counselling and teaching the biblical truth. The third theme that came up from this study was that some respondents choose to offer financial assistance and refer such Church members to a professional psychologist or mental health psychiatrist for treatment. The fourth theme was to do referral. Referral to psychotherapist, psychiatrist or mental health service providers for professional treatment. These themes concur with Mattingly’s position that helping people struggling with depression, addiction and suicide is part of mental health ministry of a local Church. He highlighted ways pastor can function effectively in helping patients with mental health

conditions of Church members such as praying for them, supporting them with finances and do the needful by referring them to professional psychiatrists or clinical psychologists for treatment (Mattingly, 2019).

What is your view on introducing psychological courses into seminary curriculum?

All the 100% respondents shared the same view that the idea will be very helpful to make ministry more holistic. The respondents were of the opinion that introducing psychological courses into seminary curriculum will make pastors graduating to serve the Church fully equipped to help Church members holistically. More so, equipping pastors psychologically according to the respondents is very good for effective ministry. In fact, a respondent recommended that *“my view is that psychological courses should be compulsory in all seminary, very importantly.”* On a matter of urgency as suggested by a respondent *“I think it's an urgent need for the Seminaries”* and that *“psychologically courses are badly needed by all seminarians.”* In short, what the respondents are saying was that it is a good idea because introducing psychological courses to the seminary curriculum will enable pastors to help Church members overcome mental related challenges and enhance ministers to be effective in the ministry. A suggestion was also made to supplement psychological courses with pastoral care and counselling courses. However, a respondent raised a concern that psychological courses are welcomed idea as long as it will not remove the authority of the Bible. These perspectives were similar to Dr. Scipione's opinion as the director of Biblical Counseling Institute at the Reformed Presbyterian theological seminary, USA, who argued that pastoral work is a lot like combat. That seminarians never truly prepared for battle just by theory or classroom instruction, in combat, both physical and spiritual are needed hands-on-training in the fields. According to the professor, most seminaries emphasize preaching as the primary task of the pastor. Preaching must never be neglected, however, personal pastoral care most likely happened in homes and other private places, most seminaries only tip their hats at this private pastoral care, other aspects of their lives such as mental health must not be neglected (Challies, 2015).

In what ways do you think training pastors to become professional therapists/psychologists could help providing holistic supports to Church members?

Thematic analysis of the respondents' perspective on the notion that training pastors to become professional psychologists suggests that all the respondents are of opinion that the best way to provide holistic supports to Church members is to provide the training opportunity. Specifically, a respondent noted that;

“the sheep need the input of various ministries, including clinical therapist/psychologist, to become all God destined them to be. This is because not all pathologies are completely spiritual. Hence, the Christian therapist/psychologist and/or counselor has his place in the ministry.”

Likewise, another view of the respondent says;

“When theology and psychology are integrated by the same person it avoids the situation where Christians do not go to non-Christian psychotherapists who may prescribed therapeutic approaches that may contradict the faith.”

These views implied that the pastors that are also trained psychotherapists can both handle spiritual issues as well as psychological issues that Church members might be presenting with. In other words, pastors will be able to meet the needs of those who are psychologically affected as well as spiritually taken cared of. This, according to a respondent *“will reduce the ignorance of casting out demons when the problem needs a therapist. Thus, an integrated theologian-psychologist can better handle Christians' related issues therapeutically.”* In other words, pastoral ministry will be more efficient as pastor uses both scientific and spiritual approaches to help the congregation in a better way. Consequently, pastors being trained as psychologists and psychotherapists according to a respondent *“will make the Church credible especially in African setting where mental problems is often attributed to witchcraft.”* It was interesting to find out that the respondents recommended that exposing pastors to training on psychotherapy and psychology will equip pastors to provide special care, support and follow-up medical care from professional psychologists and improve discipleship skills. The training will also understand how to minister to different personalities towards targeted objectives. This reaction aligns with what is going on in the 21st century, where number of states in U.S. are now licensing pastor psychotherapists. Most states have now moved away from its heavy reliance on psychodynamic theories that are connected with pastoral counseling but now, they have embraced other theories and practices of therapy such as cognitive behavior therapy, solution-focused, structural family systems etc. Pastoral counsellor can now take some training in counselling psychology or clinical and integrate the same with theological training so as to be a better mental health service providers (LaMothe, 2014).

4. CONCLUSION

This study sought to investigate the perspective of seminarians, clergies and seminary lecturers on integration of pastoral counselling ministry and clinical psychology to meet mental health needs of Church members. The perspectives on various issues were analyzed thematically, and the key findings revealed that Church members were facing several mental health conditions, which pastors resolved to help by either praying for them, counsel them or refer them for professional treatments. However, respondents were of the opinion that including training in clinical psychology into seminary curriculum will help seminarians to fully prepared to meet the total needs of Church members holistically. This study therefore recommends that seminarians could integrate courses in psychology, and psychotherapy approaches in seminary prospectus.

Statements and Declarations

The authors hereby declare that there are no direct or indirect interests related to this work submitted for publication. No interest either before the beginning of this survey, during the qualitative data collection or known interest in the next 3 years that might be reasonably be perceived as influencing the submitted work.

Competing Interests and Funding

It is hereby declared that there were no financial relationships with any organization connected with this study. The study was solely sponsored by the principal researcher.

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