



Mental health and safeguarding

A guide for ministers and church leaders

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Introduction

One in four people¹ will be affected by a mental health problem at some point in their lives. The stigma surrounding these experiences can make it difficult for people to ask for help, even at church.

Churches want to respond compassionately to those dealing with temporary or permanent mental health problems, but don't always know what to do. This can be especially true when the person with mental health problems starts to behave in ways that concern others.

As ever, we can look to Jesus as a role model of how to do this well. Jesus was a great listener, and again and again He met people at their point of need. He is called the Counsellor, The Prince of Peace (Isaiah 9:6) and Light of the World (John 8:12). His compassion, love and care set the tone for our responses to those who are struggling and who need gentle and patient friends.

As we explore the places where mental health and safeguarding overlap, we do so with faith at the centre. We know from the work of churches up and down the UK that church can play a vital role in preventing isolation and creating a safe space for people when their world is unsettled and frightening.

Who is this guide for?

This guide has been written with an audience of ministers, church leaders, pastoral teams and Designated Persons for Safeguarding in mind. We know that church leadership teams are committed to creating church cultures where all are welcome and accepted, including people who are grappling with mental health problems. As leaders, you are responsible for setting a good example and ensuring that any challenges are properly addressed and dealt with. If your church places a high priority on caring for people's mental wellbeing, with carefully considered boundaries put in place, this can help prevent safeguarding issues from occurring (for example, safeguarding complaints arising from poorly managed pastoral care).

This guide provides general advice and should not be a substitute for seeking help and support for specific situations when needed, such as from your Regional Safeguarding Lead or a local mental healthcare professional. You might also speak with your Regional Minister who will be able to signpost you to further help.

¹ ([Mental health facts and statistics - Mind](#))

1.0 What is mental health?

“In many ways, mental health is just like physical health: everybody has it and we need to take care of it. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health, you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.” www.mind.org.uk

Mental health problems range from common issues, such as depression and anxiety, to rarer ones such as schizophrenia and bipolar disorder. It is beyond the scope of this brief guide to explore the many different types of mental health problems, but a wealth of information can be found online. For definitions and detailed information about mental health in general, we would recommend that you visit www.mind.org.uk.

1.1 Why is mental health important?

One in four people will experience a mental health problem of some kind each year in England. This is as true for those in the church as anyone else. Poor mental health not only affects those directly experiencing it, but also their family, friends and others around them, so a great number of people can be affected by one individual's struggle.

The lack of awareness and discussion on mental health in the Church can make it challenging for individuals to seek help and support—from one of the best places to receive hope and healing.² The Baptist Union website has a resource list to help support churches to be ‘mental health friendly’ [The Baptist Union of Great Britain : Being a mental health friendly church](#) and to start these conversations. We encourage you to read and reflect on this range of resources to see how they might be of benefit to the people who connect with your church.

1.2 What can trigger poor mental health?

Mental health problems can begin at any point in a person's life. An individual is particularly vulnerable when experiencing a significant life event, such as a birth, death, family breakdown, or any loss, which can trigger episodes of mental distress.

² [3 Key Reasons to Talk About Mental Health at Church | The Better Samaritan with Jamie Aten and Kent Annan | Practical ways to do good, better \(christianitytoday.com\)](#)

1.3 Are adults experiencing mental health problems considered to be adults at risk?

Not everyone who experiences mental health problems will be classed as an adult at risk - it depends on their individual circumstances. When adults have care or support needs, are experiencing or are at risk of abuse or neglect and as a result of their circumstances are unable to protect themselves, they are then classed as adults at risk. Churches have a duty to care for the welfare and wellbeing of adults with care and support needs, and to do their best to safeguard them from abuse or neglect. Some adults are at risk from themselves, rather than someone else. This could be because they are considering self-harm or suicide. Where these risks of self-harm or suicide appear to be present, churches can be of great help in providing pastoral support and friendship whilst encouraging individuals to seek professional and medical help.

The six principles of safeguarding, embedded in the Care Act 2014, are a helpful guide to understand the responsibilities of those who provide care to adults at risk:



Empowerment

People being supported and encouraged to make their own decisions and informed consent.



Prevention

It is better to take action before harm occurs.



Proportionality

The least intrusive response appropriate to the risk presented.



Protection

Support and resolution for those in greatest need.



Partnership

Local solutions through services working with their local communities.



Accountability

Accountability and transparency in safeguarding practice.

1.3 Understanding how to respond to safeguarding concerns about adults at risk (including those with mental health problems)

For more information about how you might spot sign of abuse and how to respond to concerns about the potential abuse and neglect of adults at risk, please see [The Baptist Union of Great Britain : Model Safeguarding Policy and Procedures](#). Our Level 2 and 3 Excellence in Safeguarding training can support you in your learning and can be booked through your association team. You can also speak with your Regional Safeguarding Lead for advice and support.

2.0 Mental health and church life

2.1 How can churches prepare to support those with mental health problems?

Churches should be aware that church members and attendees with mental health difficulties may well go to their church minister or leader for help as their first port of call. It is important to be ready for this eventuality and to be aware of and able to signpost to the mental health support services available in your area.

Sometimes, people in distress in your local community might also approach the church for help and support.

The church can have a vital role to play in supporting individuals as they recover from mental health difficulties. Whilst sometimes people can feel disorientated and disconnected from their faith during periods of mental health difficulty, for many people faith is an anchor.

However, having a faith can also bring challenges. Previous experiences of Christians and of church life may sadly have been damaging. Someone may have come across Christians who are unhelpful or judgemental. It may be that their own belief system disturbs or frightens them when they are ill.

So, churches need to think about how they can make people with mental health problems feel welcome and supported rather than stigmatised. As a starting point, all church leaders and pastoral care team members need good training in how to listen to someone's story and to ask them how they would best receive support.

2.2 Incorporating mental health support into church life.

Is your church a place where someone with mental health problems would want to come? Are you able to offer friendship, support and a listening ear? There are a number of ways in which churches can make mental health support an everyday part of church life. Some examples are given below, but this is by no means an exhaustive list.

We would encourage you to watch a short video of Revd Josh Kane, Regional Minister at London Baptists, as he talks about how Mill Hill East Baptist Church includes and supports people with mental health problems and what his church has put in place to support the whole community with being mentally healthy.

[The Baptist Union of Great Britain : Mental Health and Safeguarding](#)

You can also talk to your Regional Safeguarding Lead about what other churches in your area do to support people with mental health problems.

2.3 Creating inclusive services

Think carefully about your services and how they might be perceived to someone who is experiencing mental health problems. Is there anything you could do to make your services more accessible? Here's a collection of great ideas from churches across our Union:

- ✓ Have someone who understands mental health preach about it and mention it in services. (Some have suggested that contemporary signs of mental ill-health are evident in the Biblical narrative in figures such as Elijah, David, Jonah and Job.)
- ✓ Avoid using words or phrases that add to the stigmas against mental illness.
- ✓ Invite professional speakers to talk about mental health at church meals or events.
- ✓ Meet with your prayer team to talk together about how to spot and engage with people experiencing mental health problems.
- ✓ Pray specific prayers about mental health, sending a message that your church cares for people with mental health problems.
- ✓ Have a dedicated mental health awareness Sunday, such as on World Mental Health Day (10 October).
- ✓ Have a welcome team who are able to recognise when others may be upset or in need of support and identify the appropriate person to follow-up.
- ✓ Keep some seats free at the back of the church so people feel more able to come and go as they please.
- ✓ Create quiet spaces where people can sit by themselves if they wish.
- ✓ Nominate a designated person who will take responsibility for noticing and following up with people who appear distressed.
- ✓ If there are particular people who can be approached to talk about mental health issues, make sure they are named and are available to speak to after services.
- ✓ Have a coffee time after the service so that people have an opportunity to connect.
- ✓ Include regular information and helpful phone numbers in the church newsletter, to keep the issue in people's minds.
- ✓ Consider setting up a Renew Wellbeing café space in your church. See resources at www.renewwellbeing.org.uk
- ✓ Run a learning and discussion session for your house group leaders and pastoral care team using the resources available from Sanctuary [UK - Sanctuary Ministries - Sanctuary Mental Health Ministries](#)

2.4 Creating opportunities outside of church services

Do not under-estimate the benefit to those facing difficult times of the simple activities that churches are often so good at providing. These include:

- Offer a range of mid-week groups and activities, where possible. Giving people the chance to regularly socialise with others can help reduce social isolation and improve mental wellbeing.
- Ensure that there is a structure where each person in the church community is 'seen', so that even if a person does not regularly participate in church activities, there is someone to look out for them.
- Think about practical support that could be offered, such as delivering a meal.
- Consider creating opportunities for people to share their personal experience of mental health problems in a safe space, if they would find this helpful.

2.5 Challenging stigma

Some people will find it difficult to disclose mental health problems and to ask for help and support. Sadly, sometimes they will have worries about how they will be treated, how others will respond to them, and may also experience feelings of shame.

Creating inclusive services and giving everyone the opportunity to participate in groups and activities will help to challenge the stigma which still exists around poor mental health. Think about how well your church does the following:

- Accept and welcome all people into your church. This sends a powerful message to those who fear or mistrust others. Acceptance and understanding are where you:
 - Foster an accepting, nurturing atmosphere.
 - Give people time and space to speak. People can seem fine on the surface - it can take time to open up.
 - See beyond people's appearance or those who struggle with their personal hygiene.
 - See past unhelpful behaviour and focus on the person. It may be necessary to have boundaries in place to protect the individual and others in the church.
 - Come alongside people, recognising that as well as medical treatment and support, people may also need help to work towards spiritual wholeness.
- Talk openly about the mental health needs of the whole community to increase understanding of the issues.
- Arrange training or discussion groups to help raise awareness and dispel myths.
- Avoid referring to a person solely by their mental health problem. For example, if we refer to someone as a 'depressive' this is stigmatising and can be damaging. Always refer to the person, not the label. For example, a friend experiencing depression.
- Carefully consider our everyday language. For example, words like, 'crazy', or 'mental' are degrading and hurtful.

2.6 Complexities of mental health support and church life

Real challenges can arise when incorporating mental health support into church life. Please remember that you are not expected to handle difficult situations alone - you can always speak to your Regional Safeguarding Lead for advice.

The [Social Care Institute for Excellence \(SCIE\)](#) has developed training for trustees of faith-based organisations, which explores the specific challenges they can face in assuring a safe and caring environment. They suggest that these challenges may include:

- Emotional needs of those seeking spiritual and other support
- Potential for spiritual abuse
- A dependence on volunteers

As we support and advise churches and ministers on how to respond well to those with mental health problems, we notice that there are some issues that rise again and again. We have listed them below and hope that you will consider these as a leadership team so that you can plan to keep everyone safe.

Potential risk	Managing the risk
<p>Getting too involved - individuals and indeed entire churches can get out of their depth in supporting someone and then struggle to cope and manage the situation. This can then result in the person feeling abandoned when the church no longer feels able to support them.</p>	<p>Always refer to professionals where necessary rather than attempting to take on a diagnostic or treatment role within the church. The best combination of support can often be good professional advice and a supportive and encouraging church family.</p>
<p>Dependency: Sometimes people can become overly reliant on those who offer them help, support, or a listening ear. Over time this can develop into dependency and unhealthy attachments. Sometimes those who help others can also become dependent.</p>	<p>The BUGB Model Safeguarding Policy and Procedures encourages volunteers and helpers to consider for whose benefit they are befriending and supporting others. If the reason is due to an unmet need in the helper, this can cause complications and dependency or co-dependency can occur, which can be damaging for either party involved. Some people feel compelled to care and behave as though they are the sole life-support system for others. From the outside they may appear to be living out exemplary Christian care, but such relationships may not be healthy. Make sure that all those involved in pastoral care have appropriate training.</p>

<p>Co-Dependency: Guarding against co-dependency can be another challenge. Co-dependency describes a relationship where one person is perpetually needy and the other person is perpetually rescuing, which is an unhealthy combination. The rescuer can often take on the role of the martyr and cannot cope with the sense of not being needed. The rescuer enables the needy person to become even more dependent and their condition becomes worse rather than better.</p>	<p>Boundaries are needed to try and prevent this from happening.</p> <p>The Association of Christians in Counselling and Linked Professions (ACC) have created guidelines for good practice in pastoral care. They advise that individuals should avoid creating unhealthy dependencies for either themselves or the persons to whom they are offering pastoral care. They stress the importance of developing compassionate self-awareness in order to avoid patterns where, for example, a carer meets their own needs through the needs of others or alternatively feels that other people’s needs always outweigh their own. www.acc-uk.org.</p>
<p>Transference: this is where someone transfers a set of strong emotions or feelings from one situation onto another individual. For example, someone who experienced a lack of love and warmth as a child transfers this need onto their minister or pastoral carer, looking for the love and validation that they did not receive from their parents or care givers.</p>	<p>The BUGB Level 3 safeguarding training emphasises the importance of boundaries, especially between minister and church members, which can help prevent transference from happening.</p>
<p>Seeking validation: all church leaders have times when they are emotionally vulnerable and looking for validation. Tiredness, stress, insecurity, uncertainty or distance from their spouse or families can all result in leaders being vulnerable to attention from others, however inappropriate.</p>	<p>It is important for leaders to try and be aware of their own feelings and emotions and seek support themselves when needed. Good accountability and the use of pastoral supervision can help individuals to review their own emotions and identify where they are vulnerable or in need of additional support. Sometimes the right answer will be to move someone’s pastoral care to another church leader. Ways of ministers accessing pastoral supervision are described here.</p>
<p>Personality clashes: these can easily happen within churches, especially when there is a lack of knowledge and understanding of mental health. Sometimes these clashes will be fuelled by mental health issues, but sometimes they will simply reflect differences in character and perspective.</p>	<p>Everybody should treat each other with respect and have someone to go to if they find a particular pastoral care situation to be challenging and difficult to handle.</p>

<p>Physical manifestations of mental health: There are times when a person with mental health problems might express their confusion or distress through physical behaviour. An example of this could be someone shouting out during a service, who cries uncontrollably, walks out of services, or who breaches other people’s personal space. This could be upsetting for others to witness, especially if they do not understand why it is happening.</p>	<p>Nominate someone to sensitively speak with the person about it and consider including their mental health worker if they have one.</p> <p>Remember that you will need the individual’s express consent to speak to their mental health worker, although you can speak to your local Community Mental Health Service Crisis Team for general advice.</p> <p>Take time to agree what the person should do if they start to feel distressed or emotionally overwhelmed, including who they should go to when this happens.</p>
<p>Placing people into suitable church roles: Extra consideration might need to be given to finding appropriate roles for people experiencing mental health problems.</p> <p>Expectations may also need to be managed if individuals expect to be placed into roles they may not be well suited to.</p>	<p>Many individuals with well-managed mental health problems play a vital role in our churches.</p> <p>However, sometimes people who volunteer or work in church roles may need to step down from their roles on a temporary basis until their mental health improves. Consider whether safer alternatives are available, and make sure that someone is not left in isolation because their normal role in church life is beyond them for a period.</p> <p>Make sure that people with mental health problems receive extra support when they step up into new responsibilities.</p>

2.7 Complaints

If individuals don’t feel the church has met their needs, this could result in complaints being made. Complaints should be responded to quickly and effectively, helping to prevent matters from escalating further. See section 7 for further information about managing concerns and complaints.

Case study 1

Jim started attending your church six months ago and wants to become a member. He has been recently bereaved and has said that he is lonely and has few friends.

Jim tells the minister that the only time he comes out of his house is to come to church. He thinks that the minister clearly cares for him and values him and the minister is the only person Jim trusts and will talk to about his mental health. Jim feels that no one else understands him and he does not want his confidential information shared with anyone else.

Jim seeks out the minister each week after church services and he has now started texting the minister and turning up at the manse unexpectedly, sometimes very late at night. Jim has threatened to put in a complaint because the minister is not responding to his texts and has blocked him on social media. The minister speaks with you as the Designated Person for Safeguarding for advice.

How would you respond to this? What risks are present and how can you mitigate them?

What support do you need to put in place for the minister and for Jim?

3.0 Supporting someone with mental health problems

3.1 Being ready to offer support

Sometimes it can be hard to know what to say to someone with mental health problems. Perhaps you have not experienced mental health problems and find it hard to understand what it feels like for the person you are talking to. There is some useful information on the Mind website to help you with having conversations about mental health www.mind.org.uk.

People with mental health problems need to be supported, affirmed and given space – just like the rest of us! Being willing to spend time with people and listening to them is important in itself – your presence is helpful, even if you cannot answer the questions someone may have. Wherever possible, people should be encouraged and empowered to take responsibility for themselves and for whatever support they need. When helping someone with mental health problems, it is important to be aware of the signs of mental distress, but not to try and diagnose or cure it.

People with serious mental health problems need to receive appropriate medical and professional diagnosis and support in the first instance. Alongside this, churches can support people in practical ways and can offer prayer and pastoral support.

A church should be willing to work alongside medical professionals and to encourage an individual church member or attendee to actively engage with any recommended treatment programme. It is never appropriate to tell someone to come off their medication and rely solely on prayer or other spiritual interventions.

3.2 Developing a well-equipped support team

It is crucial to have the right people involved in supporting those experiencing mental health problems. Well-meaning but unhelpful involvement can unfortunately make the situation worse.

If a church has the capacity to do so, having a team who have the skill to support those experiencing mental health problems can be very helpful. Ideally this group should consist of a range of people with relevant experience and skills. Team members should have a good understanding of mental health, be non-judgemental and patient. They should be accountable to others in the support that they are offering and be clear that they are not professionals, or a replacement for professional mental health services. If they do come from a professional background in mental health, there will need to be clarity about what they can offer and in which capacity they are offering this support.

It is essential that comprehensive training is provided for anyone involved in supporting others, and this should ideally be specific to the church context. Find out what training is on offer in your local area and how to access it. For example, you can access the Sanctuary mental health materials, or you could also invite a local mental health professional to come and give a talk.

You could also increase understanding by facilitating discussions about mental health. Including case studies is a good way to explore different scenarios which could arise within your church setting.

3.3 Support groups

Church-run support groups, such as bereavement groups, can help those who are experiencing temporary strain in terms of their mental health and wellbeing, offering support and encouraging them to access professional help when needed.

Our churches include people of all ages, from young children through to those in their older years, all of whom may be impacted directly or by someone in their family who has poor mental health. Alongside the individual themselves, your church can help by offering to provide prayer and practical support to family members, spouses, parents and children of individuals who are having problems with their mental health,

As previously discussed, being open that this support is available, including talking about it 'from the front' is important, illustrating that you take the mental health and well-being of the whole church community seriously.

We would remind those who have responsibility for running support groups that supporters should not offer support that they are not qualified to give. Advice should always be sought from mental health professionals.

3.4 Who is best placed to pastorally support someone with mental health problems?

The individual themselves may have their own preferences in terms of who supports them. Some people may have a strong preference for who they would like to speak with, for example a man or a woman, although this does not necessarily mean that is appropriate. Each situation should be carefully considered on a case-by-case basis.

It is our strong recommendation that two people are involved in providing such support. This offers more support to the individual and also creates a safer situation for both the individual and those supporting them. The welfare of those offering support should be considered, as well as the needs of the person requiring support. There is a risk that volunteer supporters may take on roles that they are not equipped for or capable of fulfilling, resulting in harm caused to them and the person they are supporting.

Churches are advised to have a pastoral care policy in place that covers all those providing visiting and listening services. It is important to apply safer recruitment processes when appointing people to this team (see our Guide to Safer Recruitment).

3.5 What does effective pastoral support look like?

It is crucial that everyone involved has clear expectations of what the role of a pastoral supporter involves, the way they will work and the requirements of the church's pastoral care policy. If you do not have a pastoral care policy, we would encourage you to make this a priority. Otherwise, it is far more likely that misunderstandings and difficulties will arise.

We would recommend creating a clear role description, outlining what pastoral support does and does not include. Within this you can:

- Acknowledge the limitations of pastoral support, communicating clearly that whilst the church will walk alongside people, they are not qualified to offer medical or therapeutic intervention.
- Explain that pastoral support may not suit everyone. Some individuals might appreciate people praying for them but not want to meet up and discuss their personal life with others.
- It is also important to outline that in some circumstances, it may be necessary to pass on information that has been shared in confidence, for instance if the information shared raises a safeguarding or safety concern for the person sharing or for the safeguarding or safety concern of others.

In terms of how the pastoral care team works we would suggest.

- An emphasis should be placed on team working, with support being provided by a team rather than individuals.
- Anyone carrying out pastoral support should be trained and have the necessary experience to support someone with mental health problems. All those involved should also be accountable to others and those supporters who are not on the pastoral care team should be supported by a member of the pastoral care team.
- Pastoral support sessions should not take place without someone else knowing who is meeting up, and when and where this is taking place.
- Lastly, but crucially, any approach to pastoral support should always be grounded in scripture and prayer.

3.6 Potential risks

Individuals involved in pastorally supporting others should be aware of some of the potential risks they may face, so they can do their best to plan ahead and prepare properly. Remember that you can always seek support from your Regional Safeguarding Lead should situations arise in your church setting.

Perhaps the biggest risk with pastoral care for those with mental health problems is the issue of blurred boundaries. People who offer pastoral support usually have good intentions and compassion for others, but may lack appropriate support, supervision and accountability. Many within your church may be excellent befrienders and carers but may lack the understanding or discernment to spot when pastoral needs are more complex, and the person needs signposting to help from professional agencies. When people operate beyond the limits of their own competency there is a real risk of damage to both the individual being supported and the pastoral carer themselves.

3.7 Recognising some of the particular risks when supporting those with mental health problems

In listening to the experience of many church leaders and ministers when they have run into difficulty when providing pastoral care to those with mental health problems, we have heard a number of common themes. We have listed these below so that you can consider how you might address the in your own church:

- **Managing inappropriate expectations:** sometimes people receiving pastoral support have unrealistic expectations about the amount of support and time you can give them. Make sure you give clear expectations from the start as to what pastoral care involves so that everyone knows where they stand. This should include expectations around availability, as there is a risk of there being a perceived need to be available 24/7.
- **Pastoral support by itself is not always appropriate:** some individuals need professional support right from the start. You could still help to support them by offering to accompany them or giving a lift to an appointment. Appropriate safeguards should always be put in place around practical support arrangements.
- **Getting out of your depth:** some individual's needs extend far beyond pastoral support. If you have concerns at any point when supporting someone, then speak with your Designated Person for Safeguarding and signpost the person to professional help. It is better to do so at an early stage, rather than getting too involved yourself.
- **Inappropriate confidentiality:** make sure you understand when concerns should be passed on and when they should be kept confidential. If you are ever unsure, always discuss your concerns with the church Designated Person for Safeguarding.

- **Blurred boundaries:** pastoral relationships can sometimes become confused with personal friendships. People can often act out of good intentions but lack appropriate support, supervision and accountability. Many within your organization may be excellent befrienders and carers but lack the understanding or discernment to know when pastoral needs are complex, and the person needs signposting to further help from their minister or other agencies. When people operate beyond the limits of their own competency, the risk of harm or distress grows rapidly.
- **Romantic attachments:** individuals involved in pastoral relationships can become close, and care should be taken to ensure that the relationship remains platonic. The team approach in pastoral care can minimise this risk, enabling accountability with another person in the pastoral care team. Make sure that you let the pastoral team leader know if a pastoral care relationship is starting to become intense or intimate. It may be that the pastoral care with that person needs to stop, but care should be taken to end that pastoral care relationship well. It is important that the mental health of the person receiving support is not further harmed by the sudden ending of the caring relationship. However, sometimes this is unavoidable (see page 17, Stepping back from pastorally supporting someone).
- **Preventing misunderstandings:** take care not to say or do things which are ambiguous or could be misinterpreted or misunderstood by others.
- **Receiving an accusation:** both yourself and the person you are supporting are in a potentially vulnerable situation, which is why other people should be present rather than supporting others alone. Ensure that you make your Designated Person for Safeguarding aware immediately of any accusations made against you or others. It is possible that statutory services such as police or social care may need to be informed, depending on the nature of accusation.
- **Becoming a focus of obsessive behaviour:** have clear boundaries, limiting the time and energy you give to an individual, who could otherwise become reliant on your support. Make sure you are consistent with adhering to the agreed boundaries. If an individual does become too attached to you, it would be wise to sensitively step back from supporting them and let someone else take over. If you have concerns about the person's behaviour towards you, speak to your Designated Person for Safeguarding or your Regional Safeguarding Lead.
- **Becoming a focus for anger or strong emotions:** As discussed above, seek support if someone is directing anger or strong emotions towards you personally. It is advisable that you step back from offering the pastoral support as it is important to take care of your own mental health and wellbeing as well as to prioritise the safety of both yourself and the person you are supporting.
- **The pastoral supporter feeling overwhelmed:** supporting others can take its toll, so seek support yourself when needed and recognise your own limits and capacity to care for others. Let the pastoral care team leader know if you are feeling overwhelmed. It is the practice in some pastoral care teams that volunteers take rest breaks from their role in order that they do not become overwhelmed or burned out.

- **Imbalance of power;** be aware that there can be an imbalance of power in pastoral relationships, even if it is unintentional. It is recommended to be accountable to others in the pastoral care team and to recognise if there are signs of dependency developing.

3.8 Healthy boundaries

Boundaries are guidelines, rules and limits that define acceptable and unacceptable behaviour for those involved in pastorally caring for others. They exist to protect everyone and are key to achieving healthy pastoral care, as they help minimise the potential risks for both parties in a pastoral relationship. There are a number of considerations which should be taken into account:

- It is advisable to work in pairs when providing pastoral support, rather than meeting one to one. This reduces the risk of a pastoral relationship being misunderstood or becoming inappropriate.
- Carefully consider where the best place might be to meet up. We would always recommend meeting somewhere where you can be seen but not overheard by others.
- Make sure your meeting is held at an appropriate time. For example, it is not advised to meet up with someone late at night. If a late-night meeting is necessary, because of an emergency or great distress, make sure that someone else knows where you are and try to take someone else with you.
- Think very carefully before initiating any physical contact with the individual you are supporting, as you don't know how this will be received. It could be misconstrued, may trigger past trauma or simply be unwelcome. If the individual initiates physical contact, such as a hug, then you can reciprocate if you feel comfortable doing so and someone else is present, but take care that hugs are not extended, and that it does not become your practice to maintain physical contact (holding someone's hand, hand on their back) during a meeting.
- Be mindful of the language you are using, as even comments made in jest could be interpreted the wrong way. Avoid any kind of sexual banter or using terms of endearment.
- Never make promises that you cannot keep. This will only lead to disappointment.
- Do not get out of your depth. Be aware of when it is appropriate to signpost someone to professional support. See section 5 for more information.
- Remember that your role is to support and empower the individual receiving pastoral care, not to do everything for them.
- Think about appropriate boundaries outside of meeting up, such as text messaging, phone calls, etc. Do not be overly familiar in your language, signing off with words such as 'love' or putting a kiss in the text could easily be misconstrued. Do not text, call or respond to messages late at night.

Case Study 2

Helen has been providing pastorally support to Andrew for seven months. She always greets him with a big hug and a kiss, which makes him uncomfortable. He doesn't want to offend her, so goes along with it. Helen lives alone and usually suggests meeting up at her house, so that they are not disturbed. She's a very jokey person and has made some comments which have a sexual undertone. Andrew is not sure where he stands but is starting to wonder if Helen has feelings for him. He mentions this to his house-group leader who raises it with you as the Designated Person for Safeguarding.

Where are the risks in this situation?

How will you support Andres?

What needs to happen now?

3.9 Deliverance ministries

It is recognised that in the Baptist Union deliverance ministry will be understood in various ways. Just as other issues of practice and praxis differ, so too will thoughts about and approaches to deliverance ministry. Whilst we might approach deliverance ministry from differing theological and/or world views, every Baptist Union church should recognise that they work and minister in the current UK cultural context.

If your church does exercise deliverance ministry, then we would encourage you to be especially sensitive to the needs of individuals who are experiencing serious mental health problems. The signs and symptoms of some mental health conditions may be confused with signs of spiritual turmoil, and it can be very difficult to distinguish, particularly where someone is unable to articulate their current emotional state well.

If someone with mental health problems approaches you as their minister or church leader requesting deliverance ministry, we recommend that you make sure that they have already spoken to their GP or a professional mental health worker, and that you understand what professional advice they have been given, along with any medication or treatment programme that they are currently part of. We suggest that you carefully consider an ethical safeguarding led approach. That no one engages with this ministry alone. That those involved are spiritually mature individuals who are trusted in the church community.

If you are unsure about supporting someone with mental health problems, speak with a Regional Minister or your Regional Safeguarding Lead who will be able to sign post you to further resources or support.

4.0 Signposting to professional support

There are times when a person's support needs extend beyond what your church is able to offer. It is important to listen with compassion and to know when to refer people to mental health professionals rather than attempt to solve psychological problems yourself or dismiss the problem. Pastoral support is not a replacement for professional help. Even if you are a professional yourself, you are not working in a professional capacity in church life and so should involve external professionals.

4.1 Gathering information about the resources available in your community

For some people, a church may be a first point of contact and can act as a link and referral system to statutory mental health services and other sources of support in the community. In order that you can appropriately signpost people to professional services, it is important to be aware of what is available in your local area. It may be useful to have resources easily available such as leaflets, books and information on local services, and to make sure that every member of your pastoral care team can access these quickly and easily. See the resources section at the end of this guide.

4.2 Accessing professional advice and support

If you are not sure what to do about a situation, you can always phone local mental health professionals for advice. Keep the contact details for the local mental health crisis team to hand. If in doubt, it is far better to ring someone than risk the consequences of not seeking help. You can also contact your Regional Safeguarding Lead, who will be happy to offer advice and support.

4.3 Breaking confidentiality

Someone with mental health problems may tell you information and ask that it is not passed on to anyone else. Usually, it is important to respect this request for confidentiality but there are some exceptions where the information will have to be passed on regardless of the person's wishes and it is important to be clear about when you can and cannot break confidentiality.

The below is taken from the Mind website (www.mind.org.uk). In adherence with advice from Mind, we suggest your church policy allows people to break confidentiality if:

- There is immediate danger. If a person has clearly told you that they plan to take their life within the next 24 hours, or has already taken action which puts their life in danger, but does not want to seek support themselves and does not give their consent for you to do so – call 999.

- The person is physically present at your church or group and is experiencing a crisis. You should act immediately to get them support. This may involve contacting, for example, a family member, a mental health support worker, a close friend within the church, or even the emergency services.
- The person is planning to take action that will put others at risk (for example, stepping in front of a train). We suggest calling 999.
- The person is under 18. In these situations, the young person's welfare should come first, and we suggest contacting their emergency contact³ and seeking support from 999.
- There is a safeguarding concern that may have a wider impact. For example, if someone alleges that they have been abused by a volunteer but asks you not to say anything. You would have to report this as it's in the public interest that it's investigated.
- There is a safeguarding issue that concerns a child. Follow your safeguarding policy for children and young people.

You should always discuss breaking confidentiality with the person involved and encourage them to seek help and support. Think about the impact that this might have on the individual and act as sensitively as possible.

If you think that the person is an adult at risk and they do not want you to make a safeguarding referral, still follow your church safeguarding policy and discuss it with your Designated Person for Safeguarding. They can then discuss the situation with your Regional Safeguarding Lead. They can also speak with your Safeguarding Adults Board or partnership if necessary. We recommend keeping confidential notes of discussions and logging any follow up.

It is important to continue to discuss this decision after it has been taken and to look out for the wellbeing of the individual involved.

The www.gov.uk website has a section specifically addressing this: [SHARE: consent, confidentiality and information sharing in mental healthcare and suicide prevention - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/share-consent-confidentiality-and-information-sharing-in-mental-healthcare-and-suicide-prevention)

³ Don't contact their emergency contact if the disclosure is linked to that person. Only contact their emergency contact if it is safe to do so.

5.0 Supporting all those involved

5.1 Supporting carers

Help and support is not only needed by those experiencing mental health problems, but those who care for them. Individuals who are caring for those with mental health issues may also need support. Carers may be family members, neighbours or friends. It can be a huge strain caring for somebody else, and the needs of carers can easily be forgotten. Many carers experience isolation, physical ill-health and a sense of having to put their own life on hold. Churches can be a safe place where they can express their feelings openly.

Your church might be able to offer carer support groups, pastoral or prayer support for carers. You can also signpost to practical help for carers such as respite services to allow carers to go shopping or have some time off.

The Association of Christian Counsellors guidelines for Good Practice in Pastoral care suggest:

'Pastoral Carers need to ensure they are taking care of their own health and well-being (physically, mentally, emotionally, spiritually and relationally) as they offer care to others. This includes obtaining sufficient rest, exercise and sleep and looking after their own relationships. It also includes ensuring they have sufficient regular space to grow in relationship with God, mature in faith and develop self-awareness themselves through reflective practice.'

<https://www.acc-uk.org/wp-content/uploads/2023/06/ACCs-Guidelines-for-Good-Practice-in-Pastoral-Care.pdf>

5.2 Supporting yourself

Supporting those with mental health problems is one of the ways in which you may be called to serve others in church life. Many people who act as pastoral supporters find it a great way to show compassion and care to others, imitating Jesus's great care and concern for those He met.

However, being a pastoral support can also be time consuming and overwhelming. It is important to be aware that supporting others can have an impact on your own mental health, for example, when discussing subjects close to your own experiences, or of others who are close to you. As a result, it is important that everyone looks after their own mental wellbeing and has the appropriate support in place if needed.

6.0 Managing concerns and complaints

6.1 Listen and respond to any complaint

Complaints from those affected by mental health problems can happen for a range of reasons, ranging from very serious outcomes of blurred boundaries in pastoral support situations to insensitive language being used about mental health in a sermon.

All complaints should be taken seriously, and people should not be treated differently because of their mental health status. Someone can have a legitimate complaint or concern whether or not they are mentally well. In the rare circumstances where a complaint is unfounded, for example, because of a misunderstanding, this should be handled as sensitively as possible. As far as the individual involved is concerned, their complaint is valid and the fact that they have raised it suggests it has had an impact on them.

6.2 Providing support

If someone making a complaint is experiencing mental health problems, it is crucial that their support needs are carefully considered. Whatever has caused the complaint to be made, the complaints process itself could be an extra stressor and have a detrimental impact on the individual's mental wellbeing. This is concerning when someone's mental health is already poor and churches have a duty of care to do their best to protect the person involved. It is advised that pastoral care is offered to the person making the complaint. If the subject of the complaint is in the church, they will also need pastoral support, but not by the same supporter.

If your church is unable to resolve a complaint, or you feel out of your depth with the situation, always contact your Regional Minister for support. If safeguarding concerns have been raised in the complaint, your church can seek support from your regional safeguarding lead.

If the complaint involves your minister, a Regional Minister should be made aware. If your minister is accredited, the Ministries Team should be made aware as soon as possible. The Ministerial Complaints process should be followed. See the Baptists Together website for more details.

8.0 Additional reading and resources

8.1 Helpful websites

The following websites are useful sources of additional information:

Useful contact information of local and regional mental health services.

[The Baptist Union of Great Britain : Useful contact information](#)

The Baptist Union of Great Britain Mental Health Access pack

This free resource comes from a partnership between Liveability, The Mind and Soul Foundation and Premier Life. Together they created the pack in response to church leaders and those who attend church, who needed help and support with mental health issues. The pack is a reliable, Christian-based resource which presents the facts on key mental health issues – all in one place.

[The Baptist Union of Great Britain: Mental health access pack Download the whole pack \(mentalhealthaccesspack.org\)](#)

Sanctuary Mental Health Ministries

Sanctuary Mental Health Ministries is an international Christian charity that equips the Church to support mental health and wellbeing. Sanctuary provides free, high-quality, educational resources developed in collaboration with clinical psychologists, theologians, church leaders, and people with lived experiences of mental health challenges. These resources integrate psychological, social, and theological perspectives on mental health using films, written materials, and discussion guides.

[The Baptist Union of Great Britain : Sanctuary Mental Health Ministries](#)

Renew Wellbeing

Renew Wellbeing helps churches open spaces of welcome and inclusion in partnership with mental health teams to improve mental and emotional wellbeing.

Renew spaces are simple cafe style spaces run by local churches where hobbies and activities are shared or co-produced. Each cafe space is attached to a quiet room or prayer space where inner habits of wellbeing are shared. Each church partners with a mental health professional from the local council or other suitable organisation to ensure good inclusive practices for safe spaces where it's OK not to be OK can be sustained. Renew Wellbeing provides information, inspiration, training and ongoing support to local churches as well as developing a simple national strategy for many small safe spaces to be made available through churches and councils working together.

To help churches investigate whether a Renew space is something they would like to set up, visit their website at [The Baptist Union of Great Britain : Renew Wellbeing](#)

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