FCNs have an opportunity to positively impact our nation's mental health

"Mental illness affects approximately 3.2 million Australians in a 12 month period, with 3 percent of the overall population experiencing a severe mental illness that in most cases has a profound effect on the ability of the person to live an independent, productive and satisfactory life, and impacts heavily on their family, friendship network and the community" (Lee, Keating, de Castella, & Kulkarni 2010, p.6).

Mental illness is a growing problem in our community (AIHW 2016), but one where community can play a great part in promoting mental health, preventing illness and assisting the person to recover and contribute to community life (AHMAC 2013). New approaches to mental health and suicide prevention may be needed that include public health, sociological and community approaches which can combine with the more traditional medical approach (Bradshaw 2013).

Recovery

Today, most of a person's recovery occurs at home rather than in a hospital, so family, friends, church, community and the person's workplace have important roles to play in facilitating the person's recovery journey. Carers say they want more support and respite from the significant personal, financial and social burden they carry because they live with and care for a person with severe and persisting mental illness (Lee et al, 2010, p.7).

Recovery occurs within a web of relationships between the person, their family and community "and is contextualised by culture, privilege or oppression, history, and the social determinants of health. Recovery also occurs within the context of gender, age and developmental stages" (AHMAC 2013, p2). The significance of meaningful relationships, solid community connections, and the ability to actively participate in community life all facilitate a person's recovery. It highlights the need for practitioners and services to address all of the social determinants of health and wellbeing in the person's ongoing care plan. Faith community nursing can facilitate these connections and personal strengths that promote the person's recovery.

Burden of disease

Table 1 demonstrates the number one cause of fatal disease, non-fatal disease and burden of disease for each age group of males and females across the life span in Australia in 2016 (AIHW, 2016, p.9), and it clearly shows that mental health disorders are a major issue for males and females in the ages 5 years to 45 years and again in the over 75year age group presenting as dementia!

Males	Under 5	5–14	15–24	25–44	45–64	65–74	75–84	85+
Leading cause of fatal burden	Pre-term/low birthweight complications	Road traffic injuries/ accidents	Suicide	Suicide	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Asthma	Asthma	Alcohol use disorders	Back pain	Other musculo-skeletal conditions	Chronic obstructive pulmonary disease	Coronary heart disease	Dementia
Leading cause of total burden	Pre-term/low birthweight complications	Asthma	Suicide/ intentional self-harm	Suicide/ intentional self-harm	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease

Females	Under 5	5–14	15–24	25–44	45–64	65–74	75–84	85+
Leading cause of fatal burden	Birth trauma/ asphyxia	Brain/ central nervous system cancer	Suicide	Suicide	Breast cancer	Lung cancer	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Other mental disorders	Anxiety disorders	Anxiety disorders	Anxiety disorders	Other musculo-skeletal conditions	Other musculo-skeletal conditions	Dementia	Dementia
Leading cause of total burden	Birth trauma/ asphyxia	Anxiety disorders	Anxiety disorders	Anxiety disorders	Other musculo-skeletal conditions	Coronary heart disease	Coronary heart disease	Dementia

Table 1. Number 1 cause of fatal, non-fatal disease and burden of disease by age group

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From this snap shot we can see mental illness is the primary disease burden for younger Australians
with 14% of children and young people aged 4–17 years in 2013–14 experiencing a mental health
disorder in that year (AIHW, 2016, p.16). Attention deficit hyperactivity disorder is the most
commonly experienced mental disorder (7.4%), anxiety disorders (6.9%), major depressive disorder
(2.8%), and conduct disorder (2.1%). (NB. Many have more than one class of mental health disorder,
therefore, the sum of disorders is higher than 14%) (AIHW, 2016, p.16).

Additionally, 13.3% of Australians aged 16–85 have experienced suicidal thoughts and 3.3% have
attempted suicide, with an average of 2,300 Australians dying by suicide each year (AIHW, 2016,
pp.16-17). In 2013, suicide is the number one cause of death for young Australians 15–24 years of

age, and Indigenous Australians are dying by intentional self-harm or suicide at more than double the rate for non-Indigenous Australians (23.8 and 10.8 per 100,000 people, respectively) (AIHW, 2016, p.17).

Churches have a message of hope

These figures underscore an enormous need for churches to engage with their community in ways that bring healing. Christians have the gospel, which is a message of HOPE that they can share in word and action within their community (Rom. 15:4; 1 Th. 4:18). Having our hope anchored in God can enable us to sustain our faith when bad things happen, so we can seize the hope we know to be firm (Heb. 6:18; 2 Th. 2:16). But, where and how are our churches best able to help people locate their hope in Jesus Christ? And how can we help Christians whose hope is flagging, to reignite their hope? I think the answer is in being a loving community that reflects God's unconditional, deep and abiding love for the most vulnerable in this world. If we were to prioritise looking for ways we can demonstrate God's love to those who are struggling with mental illness or life's difficulties we would surely be a light in their darkness and make it easier for people to "choose life" (Deut. 30:19).

Hope can be elusive when life deals us a curveball that shakes our faith. However, in 20 years of being a faith community nursing and providing pastoral health care, I have come to realise that hope is ignited and reignited when people experience God's love in the care we provide, the words we say, and the way we are present with them in their struggle. When everything seems difficult in this world and we receive the unconditional loving support, care and encouragement of others within our faith community, it reminds us that our hope is "anchored" firmly in the completed work of Jesus Christ, who is the same yesterday, today and forever and this fact nurtures our faith.

The love we experience is an expression of Jesus Christ. It is self-sacrificial, inclusive, unconditional, and seeks only that which is good for the person for whom we are caring. We know that God is LOVE (1 John 4:8), and as his followers, made in his image, we must express his nature in our speech and actions, and really love one another. As FCNs and health and pastoral care ministry workers we are conduits of God's love in the community in which he places us. We must stay close to God to be replenished by his love so that we can pour that love into the lives of others. That is how living waters become a source of healing and hope for the world, and the recipients of our love experience God in the flesh, which nurtures their faith (Col. 1:4-5). Indeed I think we should say Love → Hope → Faith as the way Christians can be the healing balm and living waters of change in this world!

Faith community nurses are 'love in expression', 'hope in motion' and 'faith in action' (this is our AFCNA motto!). Igniting hope is a blessing to the receiver, a blessing to the giver, and a blessing to God. It is a Win-Win-Win situation! We are living in times where anxiety and mental illness abound and this is one important way our churches can respond to a real and present community need. With hope we can activate our good works which will change lives, knowing that as we do the Lord's work we do not "labour in vain" (1 Cor. 15:51-58) because God goes with us to effect healing.

In closing, I would like to remind you of the wonderful resource created by Lindy Gower and published by Baptist Care (SA) called the "Hope Pack", developed specifically to encourage people living with mental health conditions to develop life enhancing habits by helping them structure into their day simple and positive behaviours to improve their health and wellbeing. These packs are available from Anne van Loon at Baptist Care avanloon@baptistcaresa.org.au or from Lindy Gower lindygower@bigpond.com. The cost is

$44(Au) and includes the full pack of colour printed letters, encouragers and gifts, with a DVD of instruction and PDF files for ongoing use. (You will need to purchase additional accessories after the first use of your pack). The feedback from participants using the packs has been very positive.

The Hope Pack's message is entirely biblical, based on Scripture which affirms and confirms the person. [There is also a non-faith based pack for use with people from other faiths, or no faith, called the "Share Care pack" which is similar but dos not use Scripture based affirmations. It is also highly successful and recommended for those who do not want a Christian resource]. These packs

supplement and complement medical care, they do not replace it, and as such they are a tool for FCNs, mental health workers, and church workers to employ with people living with depression, anxiety and other mental health conditions. The packs are being used with prisoners in pre-release programs. They are being used in community mental health services, churches and in community support groups with great effect. They should be used in conjunction with a friend/buddy who provides encouragement and support to the person, and preferably a mental

health professional who has clinical oversight of the person's health, if this is required. If you wish to know more about the Hope Pack or Share Care pack please don't hesitate to contact us.

"*God wanted his people throughout the world to know the glorious riches of this mystery-which is Christ living in you, giving you the hope of glory.*" (Col1:27). It is our prayer at AFCNA that we would have many more nurses and others interested in health and pastoral care ministry who would be a living hope in their community and start to turn around the dreadful scourge of mental illness in our country by demonstrating God's love in the community they serve.

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