Youth Mental Health: The Role of the Church

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Abstract—**In Ghana, youth mental health is becoming a critical issue exacerbated by inadequate mental health services, stigma, and socio-economic stress among others. This paper examines how the Assemblies of God, Ghana can address the mental health needs of young people in the Greater Accra West region. Guided by Social Support Theory and Bronfenbrenner's Ecological Systems Theory, the study examined the role of pastoral care and theological perspectives, as well as church programs in supporting youth mental health. A qualitative research design was employed in the study, utilizing semi-structured interviews with 50 purposively sampled senior and youth pastors. Focusing on lived experiences, data were analysed thematically through NVivo using Braun and Clarke's steps. Results revealed that pastors view mental health difficulties mostly through a spiritual perspective, with the majority emphasising prayer, fasting, and deliverance, while a minority use integrated measures that combines spiritual care with professional referral. Pastoral care serves as the initial informal support system that offered guidance, mentorship, and emotional support though lacking formal counselling training. Referrals to health facilities were found to be relationship-oriented, with proactive referrals usually initiated only when pastors personally trusted mental health professionals. Though Preventive education and youth programming proved to be promising, with the introduction of mental health awareness into the spiritual instruction and youth-related events, major obstacles, such as stigma, rigid theological interpretations, inadequate resources, and the lack of institutional collaboration, limited the ability of the church to provide comprehensive mental health support. In conclusion, while the Assemblies of God Church has strategic potential to positively impact youth mental health through their empowering visions, realizing this potential requires theological reframing, anti-stigma initiatives, and leadership training. The study recommends capacity building for pastors, the formulation of church-based mental health policies, and the development of sustainable church-clinic partnerships to drive holistic care.**

Index Terms—**Youth Mental health, Church, Pastoral Care, Stigma, Collaboration**

I. INTRODUCTION

The mental health of youths is becoming one of the most important factors in the well-being of a society, contributing to educational attainment, productivity, social integrity, and overall economic projections. Adolescence and young adulthood represent a very important life transition that is characterised by a high rate of change in cognition, including identifying oneself, emotional shifts, and social exploration. Although the processes can be involved in growth, they also make young people psychologically vulnerable. According to the World Health Organisation (WHO, 2022) as cited in [5], 14 per cent of adolescents aged between 10–19 years are affected by mental health conditions; depression, anxiety and behavioural disorders are some of the leading risk factors contributing to years of life with disability. Most mental health conditions begin when people are below the age of 25, and this shows that life-course mental health outcomes depend on early identification, prevention, and intervention [15].

However, mental health still lacks priority in several low- and middle-income countries, despite the worldwide focus, in which structural challenges, cultural belief systems, and resource deficiency block the way to an effective response [2]. In the case of Ghana, the young generation represents a substantial percentage of the population due to the number of people below 25 years, nearly 57 percent, according to the Ghana Statistical Service (2021) as cited in [6]. This young demographic is an asset to the country, as well as a population that is at high risk of psychological difficulties. The academic pressure, unemployment, socio-economic poverty, family breakdown, use of substances and exposure to social media stressors have been demonstrated to increase the risks of psychological distress vulnerability [1],[12]. Mental illness has a persistent stigma that further exacerbates these issues and prevents people

from seeking assistance, leading to secrecy, self-isolation, and failure to intervene at an earlier stage [9].

Healthcare in Ghana lags in the field of mental health, as in 2021, there were only 0.00004 psychiatrists per 1 million of the population, and the only mental care facilities are located in urban regions [2]. This creates a massive gap when it comes to early detection, counselling and support, especially among youths, in rural or faith-oriented societies. Morals, social values, and distraction strategies are all determined by religion, especially by Christianity, which forms a core part of Ghanaian life. The church is a place of worship and a centre of quasi-state power, community focus, and a socio-cultural seat of authority in the country. In the past, African churches were holistic in terms of offering their guidance, including social welfare, education, and moral development [13]. Faith-based organisations are also reported to be effective worldwide in terms of mental health literacy, stigma reduction, and informal counselling based on easy working relationships [8].

The church, in the case of countries such as Ghana, has a distinctive ability to address the service gaps since it has a far-reaching grassroots structure; it has a network of trust and a moral authority [8]. It has an impact on sectors that formal institutions, in most cases, find it hard to reach, such as rural settings, marginal communities, and youth subcultures. But mental health/church relations are complicated. Although religious beliefs might create resilience, purpose, and hope, which are protective against mental illness, religious interpretations of mental guidance may also interfere with access to evidence-based practices in general. It remains largely a spiritual issue in terms of how it is conceptualised within many contexts, whereby mental illness is tied to a demonic presence, sin or the absence of faith [9]. These types of views might promote such spiritual treatments as prayer, fasting, and deliverance, but neglect the psychosocial and medical aspects of treatment [12]. This polarity is as much an opportunity as it is a challenge: although the church can make an extremely helpful ally in mental health promotion, it can do so only when its interaction is both informed, purposeful, and combined with other health systems.

The Assemblies of God church, the second biggest Pentecostal church in Ghana, occupies a niche in this vibe. The church is built on good evangelical and Pentecostal principles, since it prioritises spiritual transformation, moral discipline, and active participation in society [3]. It is the largest institution with networks of congregations, schools and youth ministries all over the country, and thus its services to the youth are one of the most accessible to Ghanaian youth. It offers youth ministry programs, camps, rallies and mentorship programs that create platforms where attitudes, values and life skills are moulded. However, these programs are efficient in spiritual and moral growth, but there is a lack of empirical data regarding the systematic involvement of the church in the youth's mental health.

There are unanswered questions of whether the Assemblies of God Ghana has evidence-based mental health teaching, early identification, referral systems for pastoral care and youth programs within the congregation. Also, it is unclear how the theological views of the denomination affect the construction and management of mental health difficulties among the younger members. The necessity of the research on this intersection can hardly be overestimated. The mental crisis among the youth of Ghana necessitates a multi-sectoral initiative that capitalises on both official medicine and community-based institutions such as the church. With its widespread grassroots, moral standing, and base of youth, the Assemblies of God will be well poised to provide significant contributions in the area of mental health awareness, stigma mitigation, and support structures. Nonetheless, the potential of this partnering is not realised until the full existing role, capacity and limitation are understood. Thus, one of the main questions to be answered in this study is: What role does the Church play in response to the mental health needs of young people?

II. LITERATURE REVIEW

The mental health of young people is becoming an international health concern because it affects life outcomes in education, employment, and social networks. A particular finding by the [6], was that about 14 in every one hundred adolescents aged 10–19 years live with a mental health condition, with the most common being depression, anxiety, and behavioural disorders. The same scenario occurs in Ghana, and research reports a surge in the level of psychological distress among the younger generation due to academic pressures, socio-economic adversity,

and family-related instability [1];[12]. Sadly, structural barriers, including the insufficiency of mental health professionals, the lack of facilities, and the outdated stigma, still impede access to quality and urgent care [2].

Notably, religion is of central importance in the socio-cultural context of Ghana because it influences beliefs and values and forms the coping mechanisms. More specifically, Christianity is of paramount importance. The church not only plays the role of spiritual leadership, but also forms the center of communities and a source of informal social and psychological support. Faith-based organizations have been recognised as potentially useful partners in advancing the route to mental health literacy, provision of counselling services, decrease in the stigma, and achievement of social inclusiveness globally [8],[3]. Churches' reaches and moral authority are unique in the country of Ghana, as churches can administer interventions in places where formal services are unavailable [3].

Nonetheless, mental health interventions have not been incorporated into the ministry of the church in a balanced way. Sometimes the issue of mental distress is considered by them to be mostly spiritual, and consequently, prayer and deliverance overemphasize the solution of mental distress over any psychosocial and medical interventions [9]. The Assemblies of God Church is a West African-based and highly Pentecostal body that boasts vigorous youth activities, evangelism, and involvement in local communities [3]. Its wide reach in the nation makes it a potential strategic partner when it comes to mental health promotion amongst the youth. However, studies of the contributions of the denomination to youth mental health are still scarce. Though its programs only promote spiritual and moral development, the degree to which it implements mental health awareness, early detection and referral systems within its pastoral care is questionable. This gap highlights the necessity to conduct empirical research to investigate the way in which the Assemblies of God conceptualises, prioritises, and responds to the issue of youth mental health and how different theological points of view contribute to its responses.

Theoretical Framework

This research paper is informed by the two complementary theoretical frames, Ecological Systems Theory developed by Bronfenbrenner and the Social Support Theory, which can be used as an effective theoretical framework to understand the role the church plays in the mental health of young people. These theories form a combination as they point to the complex structure of youth development and to the importance of positive social relationships as a measure to achieve mental health conditions. In a later theory (Ecological Systems Theory, 1979) as cited in [14], Bronfenbrenner held the view that human development is possible within several interdependent environmental systems, namely microsystem, mesosystem, exosystem, macrosystem and chronosystem.

The church, especially in the Ghanaian context, stands in a special position in the microsystem and is a mainstay and relatively consistent youth environment offering regular and meaningful interactions to young people. In the Assemblies of God Church, young people have Sunday services, youth meetings, discipleship programs and community outreach activities as part of their immediate network of relationships. Other microsystems that the church relates to include family and school, forming a mesosystem which may reinforce or undermine the protective factors towards mental health. The church, on the macrosystem level, reproduces and conveys wider cultural and theological principles that could orient how mental health needs to be regarded and approached differently, and these principles can either predispose or undermine openness to treatment [9]. In this way, the model developed by Bronfenbrenner enables the current study to establish the position of the Assemblies of God in the entire ecosystem of youth development, considering that its influence is mediated by both direct involvement and cultural norms.

The Social Support Theory also extends this analysis to investigate the processes that underlie how interpersonal relationships can act as a protective factor and provide protective effects against stress and health. Social support, according to Cobb (1976) and subsequent theorists as cited in [13], is composed of emotional, informational and instrumental support given by those in the social network of a person. In the Assemblies of God Church, emotional care can be provided by pastoral counselling, fellowship with peers, and prayer groups, developing the feeling of belonging and acceptance. Structured teaching,

workshops, and mental health education as part of a sermon or youth programming can deliver informational support to young persons on how to cope and available resources, as well as the knowledge of their availability. Instrumental support can involve more practical efforts relating to getting youth linked with professional counsellors or offering financial support towards the treatment or making community services accessible [13];[15].

The theory highlights that the quality, availability, and perceived sufficiency of such support go a long way in determining the state of mental health, especially among youth who are going through transitional issues in their lives. When combined, the theories provide a comprehensive approach to the view of the possible role of the church in youth mental health. The Bronfenbrenner model focuses on the structural and cultural placement of the church in the ecology of development of the youth, whereas the Social Support Theory interprets the functioning mechanisms according to which church-based interactions may provide resilience support, alleviate stigmatisation, and thus, allow early intervention. Together, the lens implies that the Assemblies of God Church cannot be just a spiritual authority but a socio-ecological actor and be able to impact youth mental health not only by their presence in the system but with direct interpersonal support of the youth.

III. METHODOLOGY

In this study, a qualitative research design was employed because the research sought to understand the role that can be played by the church, in this case, the Assemblies of God, in solving the issues of youth mental health in the Greater Accra Region in Ghana. It is best characterised by a qualitative design that facilitates a detailed analysis of the lived experiences, perceptions, and insights of the participants in their real-life settings since it plays a crucial role in explaining the subtle and socially situated character of mental health problems [6]. The study design is an explorative research design as there is a lack of scholarly research study that focuses on the merger of church-based interventions with youth mental health in Ghana.

Conducting the study concerning the Assemblies of God Church, the author attempts to produce context-specific knowledge and contextualise research findings within the wider theories of faith-based contributions to the psychosocial well-being. All senior pastors and youth pastors of the Assemblies of God Church in the Greater Accra Region constituted the target population since they will be occupying key leadership roles as well as being the drivers of pastoral care, youth programs and community outreach initiatives. A sample size of 50 senior pastors and youth pastors was chosen using purposive sampling, and this was done because of their direct engagement in pastoral counselling, youth mentorship and spiritual leadership.

Such a sampling method will enable you to attract participants who will have vast and pertinent information on the topic in question, thus making the results of the study both profound and applicable [14]. The tool of data collection is a semi-structured interview guide that was developed with the purpose of receiving detailed answers concerning the current mental well-being program of the church, their understanding of the issues, and the intervention that can be provided in this circumstance. The data was collected based on focus group interviews, with the help of which one can support the interactive discussion and combined reflection, allowing the participants to share their views and ideas and to supplement one another in the propositions, further enabling more in-depth and versatile insights to emerge.

To achieve good clarity, relevance and comprehensiveness, the instrument was piloted on a sample of 20 senior pastors and youth pastors within the Greater Accra East Region of the Assemblies of God Church before carrying out the main data collection. The pilot study helped to check the internal consistency of the instrument, that is, the Cronbach's alpha coefficient, whose value was calculated to be 0.87. This is more than the generally recognised limit of 0.70 for research tools [11]; hence, it is clear that the items in the interview questionnaire are strongly reliable in assessing the study concepts. The pilot feedback was used to make changes in the question wording and ordering, thus making the tool more valid and robust.

Thematic analysis of data was done with the help of NVivo software, as this enabled systematic coding, retrieval, and interpretation of qualitative data. Thematic analysis was conducted by the six steps outlined by [5], including familiarisation with the data,

exercise in generating initial codes, searching for themes, reviewing themes, defining and naming themes and the final report, and as a result, methodological rigour of the analysis was ensured. The analytical capabilities of NVivo will promote the organisation of a high amount of textual data through which tendencies and emergent narratives in the accounts of participants can be established. This is a robust and systematic methodological study that will generate evidence-based information about how the Assemblies of God Church can help in resolving the mental health concerns of the youth through research information that will be added to the scholarly literature, plus real-life faith-based mental health programs.

IV. RESULTS

To answer the research question *What role does the Church play in response to the mental health needs of young people?* participants were interviewed, and their responses were analysed thematically. This resulted in the identification of five themes: Spiritual Framing of Youth Mental Health; Pastoral Care, Informal Counselling, and Mentorship; Referral Practices and Inter-Sectoral Collaboration; Preventive Education and Youth Programming; and Barriers: Stigma, Theology, Resources and Institutional Capacity.

Spiritual Framing of Youth Mental Health

The interviews showed that a large number of senior pastors and youth pastors in the Assemblies of God Church in the Greater Accra West Region view youth mental health problems based on their spiritual understanding. Still, to many, the developments of depression, anxiety and emotional instability amongst the youth are seen as symptoms of spiritual warfare, demonic oppression or weakness of faith. This perception of the world was founded on the tradition of the Pentecostal and Charismatic beliefs, where spiritual causality plays the major role in the perception of human suffering. As such, pastoral interventions easily position spiritual solutions prayer, fasting, anointing, deliverance service, and scriptural counselling above psychosocial and clinical interventions.

Nevertheless, the data also indicated a subtle trend according to which a minority group of youth pastors and senior pastors admitted the possibility of the coexistence of the spiritual and psychosocial factors. These pastors identified that the causes of mental distress may be due to socioeconomic factors, which include lack of jobs, family disintegration, peer pressure, and drug abuse. They thus found it significant to bring together spiritual care, practical assistance, and professional referrals. Pastors in such situations said that they took a two-pronged approach, which included addressing perceived spiritual causes as well as urging the affected youth to get counselling or medical help.

"When a youth in our congregation appears to be living miserably alone with a discrete sadness, anxiety or withdrawal, the first thing on the mind of most of the members, and even mine, is the possibility of being spiritually attacked. Today, in our context, mental sufferings are usually justified by how people explain them to be caused by curses, witchcraft, or attacks of demonic spirits. Therefore, the first instinct is to start prayer sessions, fasting programs, or deliverance services to break whatever is considered the root cause of the problem." (SP23)

"I am aware that family challenges, school pressure or lack of employment may also be contributing factors to such conditions, but these may be the second priority in the minds of individuals. We believe in fighting the spiritual battle first, then enjoying other ways of assistance." (SP3)

"In my experience, one does not always find it easy to distinguish between the spiritual and the psychological. My advice to the young people and their families often is that although prayer is necessary and we can never forget prayer, at times God answers our prayers by directing us to trained counsellors or other specialists dealing with mental health. I have observed cases where a person is subjected to weeks of intensive prayer, and after all the praying, the condition persisted till that person was taken through therapy/treatment of the underlying condition." (SP19)

Such results are also shared with past studies that point out the prevalence of spiritual explanatory modes of mental distress in Ghanaian Pentecostal settings [9]. The way mental health is presented can empower as well as limit how the responses to youth mental health issues are dealt with. Although prayer and pastoral care can both be emotionally uplifting and provide a sense of belonging to the community, the sole use of spiritual solutions can postpone the moment when one

turns to a professional service, further deteriorating the results [12]. The minority position comprising spiritual and psychosocial meanings is reflected in [8], who advocates for integrative approaches: respecting religious beliefs and supporting professional treatment.

Pastoral Care, Informal Counselling, and Mentorship

The interviews identified that the senior pastors and youth pastors saw their pastoral role going beyond the expected reading, spiritual guidance and spiritual leadership to involve intimate caring, casual counselling and long-term mentoring of the youth facing mental health issues. This pastoral work often entailed the aspects of providing youth with a safe, non-judgmental environment wherein they could share what they were going through without getting condemned or labelled. A number of the pastors insisted that they had worked deliberately to become accessible after church services, on home visits or in one-on-one sessions and would provide a listening ear and a scriptural and experiential form of guidance.

"Every time the young one's report to me with problems, I will sit with them for hours just to listen to them and also pray with them. In some cases, they had never disclosed what they were experiencing to anybody." (SP8)

"We have no professional counsellors in our church, but I mentor some of the boys, meeting them frequently and discussing some of their issues at school or with their friends. At a later age, they start opening up." (SP4)

The analysis suggests that pastoral care is a non-professional but effective support system for youth mental health in the church. It is in line with the existing body of research that religious leaders can be viewed as first-line responders of congregants affected by psychological problems, especially in places where formal mental health systems are not well established [9]. Focused assembling by the pastors on listening, privacy, and long-term edification reflects the feature of therapeutic alignments in the field of counselling psychology that has been connected to good mental health results [10]. Nevertheless, the absence of formal training in counselling is also found in the current research, which is echoed by other scholars like [2], who believe that although pastoral support is invaluable, it cannot be fully efficient in meeting the complex mental health demands without the proficiency of professional knowledge.

Referral Practices and Inter-Sectoral Collaboration

Interviews also indicated that referral patterns among pastors were vastly different, being defined by both religious predisposition and firsthand experience regarding the delivery of mental health care. Most of the pastors admitted that although the first thing that comes to their mind is prayer and spiritual counsel, in some cases, they got to the point when pastoral care came to its boundaries, and decided to refer youths to professional mental practitioners. This decision was made, in some cases, because individuals had positive experiences with psychologists, counsellors, or psychiatrists. A few of the pastors commented on developing informal connections with social workers, school counsellors, and health professionals in their churches or communities; thus, the referrals were less difficult and more acceptable to the congregants.

"When this situation arises, I would recommend the family to visit a mental health facility that I have a personal acquaintance with, as I have time and again witnessed her assist other young individuals. I continually keep visiting them spiritually as they receive medical attention. We never leave them in the hospital; I accompany them, or, in some cases, a church elder does that. The young individual must be aware that the church is not abandoning him or her even when he or she is accessing help outside." (SP8)

"Not always easy to refer youth with mental health issues to a facility. There are health workers who laugh at our beliefs, so I would not dare to refer the young ones there. However, when I know a doctor or counsellor who takes faith seriously, I do not face the problem of a referral." (SP1)

These excerpts show that referral is neither a mandatory event nor a mere procedural one; it is relational and mediated by trust. Pastors with personal awareness of mental health professionals or counsellors were more likely to refer. Also, some pastors considered themselves as continuous participants in the process of healing in that they would either accompany the youth or follow up after referring them to help in continuity of the process and spiritual support. The results support the existing research that faith leaders can represent a powerful change agent in opening access to mental health care,

especially in situations where stigma and mistrust exist against formal care [13]; [15].

Prevention Education and Youth Programming

The interview results showed that most of the pastors were aware of the virtues of preventive education and well-structured youth programmes as a means to respond to mental health issues at an initial stage before they develop into a serious crisis. Instead of adopting a reactive attitude where the young person is only approached in a distressed state, these pastors advised on the need to make proactive interventions with the church-based seminars, mentorship activities and skill development programs which prepare a young person in advance. The preventive approach was often associated with the assumption of stronger, informed, and actively involved youth who can be more resilient and not prone to situations that can cause mental distress, such as substance abuse, isolation, or risk behaviours.

"We also have monthly youth seminars in our church, and during that time, we discuss issues such as how to cope with stress, stay off drugs, and avoid bad friendships. This is a component of their spiritual training, and we feel that prevention is better than a cure. They can save themselves and prevent depression or addictive behaviours when they possess the correct knowledge and support system." (SP20)

"We had a psychologist who came to talk to our youth about anxiety and managing it during our youth week last year. The youths were highly interested in that, some of them approached me in private to discuss the challenges they go through. I learned that opening up and discussing this stuff even once through a door may be preventative work in itself." (SP33)

The focus on preventive education and work with young people coincides with the general findings in the area because early, community-based mental health promotion has been found to be a significant determinant of the extent and occurrence of the problem of mental health in young people [4]. The Ghanaian Pentecostal setting is fertile ground in ensuring spiritual constructs can take centre stage, and thus incorporating preventive education will be one way of normalising mental health amid the cultural sensitivities. This agrees with evidence presented by [8], that faith institutions have the potential to be both gatekeepers and health literacy champions where preventive strategies coincide with theology lessons.

Barriers: Stigma, Theology, Resources, and Institutional Capacity

The results show that the Church plays quite a strong role in the lives of numerous youth; however, there are a few obstacles hindering its ability to address its mental health needs in an appropriate manner. Such impediments are many-dimensional, including stigma firmly rooted in mental illness, theological explanations that, at times, dissuade medical help, long-term lack of resources, and structural deficits within church organisations to offer long-term mental health programming. The pastors and church leaders were both unanimous in explaining that stigma has always been a widespread issue in the congregation.

"When a youngster is not coping well, in our society, people start to talk. They wonder things such as, 'Is it due to sin? Is it because they do not pray sufficiently?' When the young ones hear such kinds of talk, they hide their pain, as they do not want to be considered weak in faith or that they are controlled by evil spirits." (SP6)

"I have witnessed cases where one was feeling down and depressed, but refused to seek medical help and rather concentrated on casting out demons. He endured a lot longer than he ought to have. What he received was not the appropriate assistance until it got too serious." (SP14)

"We would like to do more with the young ones, but we lack trained counsellors or money to invite professionals. There is nothing to maintain it, even if we host one workshop. Our needs are large enough that they cannot be dealt with." (SP19)

"In case I am dealing with a member of my congregation who needs more than prayer, I am on my own to refer such a member to a professional. The church has no official affiliation with any mental facility, and it depends on who you know." (SP2)

These results echo the literature on the wider mental care in faith-based contexts in sub-Saharan Africa. As indicated by prior research, one of the biggest impediments to mental health help-seeking is stigma, especially prevalent among religious groups that dwell on moral and spiritual definitions of illness [12];[13]. Theological obstacles, particularly those conceptualising mental illness as primarily a spiritual or moral weakness, have been reported to contribute to delayed treatment, social withdrawal and even an increase in symptoms in some individuals [9]

V. CONCLUSION

This paper shows that the Assemblies of God Church has a powerful yet untapped position in aiding the mental health of the youth in Ghana. The comprehensive nature of the church, spiritually, grassroots infiltration with acquired relationships, puts the church in a unique position to be the first point of contact with many of the psychologically troubled young people. Preventive care strategies should be implemented to address factors that contribute to mental distress, while pastoral work and mentorship should focus on building meaningful connections and providing stability in care. However, the prevalence of the frameworks of spiritual causation tends to hold back or restrain access to evidence-based clinical care. This is augmented by stigma in congregations and theological interpretations that do not encourage medical treatment. The church's ability to create long-term, sustainable influence is limited by the absence of a formal referral system, restricted access to resources, and a lack of structured mental health services.

The findings show the importance of adopting a balanced, integrative model where spiritual care works alongside professional intervention to provide a more complete approach. Training pastors in building mental health literacy, institutionalising relationships between the church and other sectors, and integrating the prevention education component into church services could make the Assemblies of God Church a more innovative partner in the national youth public health effort.

Conflict of interest: authors declare that they have no conflict of interest.

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