Perceptions of Clergy on Collaboration with Psychological Counsellors in Management of Mental Health: A Focus on the Anglican Church of Kenya, Nairobi Diocese

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Abstract

Studies on perception of religious leaders about collaboration with other professionals in their pastoral care seem to be few especially in Africa, despite the indications that they are involved with people who also need psychotherapy and psychiatric attention. The study sought to examine the perception of clergy in the Anglican Church of Kenya, Nairobi diocese, regarding collaboration with psychological counsellors in management of mental health. The study used grounded theory and the triangulation mixed method research design targeting one hundred clergy currently serving in the Anglican church of Kenya, Nairobi diocese. Probability sampling was used to ensure that every member of the population gets an equal chance to participate. In-depth interviews were conducted on the emerging themes gathered through the initial random interviews and surveys and theoretical sampling using the constant comparative method of concurrent data collection. Data analysis adopted the coding method from which a report and theory was constructed. The study findings indicated that the clergy regularly encountered issues which they felt needed referral or consultation with a professional in matters of mental health. The study established that most of the

theological training institutions that the participating clergy had gone through had a basic unit in psychology which made them aware of the basic information on the concept of psychology and common mental issues. However, there are no policies or organizational structures within their workplace to support in establishing a unit on mental health. The clergy who therefore saw the critical need of handling the mental issues professionally took it upon themselves to take on further training in psychological counselling and occasionally entrusted the persons to trained psychological counsellors who are known to them but not necessarily in their congregation. The clergy who have encountered cases for collaboration but have not made any referrals so far have relied entirely on spiritual intervention and the basic knowledge on psychology that they got in college as they plan to take on further training in Psychological intervention. The study established that the clergy would prefer taking on both the spiritual and psychological interventions because they see the two areas as very closely related. This has led the researcher to the concept of a Psycho-spiritual theoretical model for the psychological counsellors who intend to collaborate with religious leaders. Otherwise the clergy intend to adopt what the researcher refers to as "*the Siamese model of psychotherapy in pastoral care*".

Keywords: *Clergy, Collaboration, Referral, Perception, Mental Health Professionals, Psychological Counselling, Spirituality, Mental Illness & Diocese*

1.1 Introduction

The relationship between religion and mental health seems to have been debated on for centuries. History gives evidence of the fact that the first hospitals for patients with mental health problems established in the fourteenth century were church-sponsored and managed by clergy (Segal, Winfree, & Friedman, 2018). The idea and approach of moral treatment of individuals with mental health problems is stated to have originated from religious people and hence persons with mental illnesses benefited from the compassionate care that was offered in the church sponsored institutions. Sigmund Freud holds that the less religious people are, the more mentally healthy they would be', suggesting that religious beliefs could be the cause of mental disorders such as depression and schizophrenia (Ghuman, Weist, & Sarles, 2013). According to Yoo, Le and Oda (2012) the clergy members have the unique opportunity to frequently and regularly interact with a large number of persons and hence the ability to also influence their perceptions and subsequent way of life. The clergy therefore occupy a significant position in addressing the mental health of their congregants (Huguelet & Koenig, 2009).

Kichen and McKibbin (2018) examined predictors of rural mainline Christian clergy members' intentions to provide counselling to older congregants with depression or refer to another clergy member versus referring to a mental health provider. A study by Freire, Moleiro, Rosmarin, and Freire (2017) revealed that religious leaders perceive themselves as important agents in promoting and preserving their congregants' mental health as well as aiding their recovery process. Many people in Africa are also considered to be religious and often turn to their faith for support and solutions to their physical, mental and social challenges (Koenig & Bonelli, 2013).

The clergy are often the first responders to mental health issues and the religious sphere is assumed to be the place where all problems and diseases are to be healed and restoration achieved as long as the person has faith. The clergy therefore would serve as informal helpers and conduits to the

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formal mental health care systems but few researchers have examined whether such clergy have the ability to recognize mental illnesses that require medical interventions, willingness to refer to mental health professionals which may largely depend on perceptions and the attitudes necessary to support mental health management programs (Vermaas, Green, Harley & Haddock., 2017). The clergy and the spiritual leaders may offer a single intervention for conditions which require the intervention of a person with training in diagnosis or treatment of mental illnesses and such an approach can be detrimental to the health of a person suffering from a mental illness or disorder (Gichinga, 2007). In this regard therefore, collaboration between psychologists and religious organizations may pose unique challenges that could be related to attitudes and perceptions considering that the two entities have historically viewed one another with suspicion and at times direct hostility (Blalock & Dew, 2012).

1.2 Statement of the Problem

Although there is evidence that the clergy often serve as informal helpers and possible conduits to the formal mental health care systems, few researchers have examined clergy perceptions on collaborative management of mental illnesses or whether they have the necessary knowledge and attitude to collaborate with mental health care professionals. However, timely assessment and diagnosis of these psychological conditions is critical since delays or use of a single intervention when a collaborative treatment is required could result in irreversible mental disorder and psychological breakdowns, leading to elaborate or expensive treatment and at times dependence on medication for life. This study therefore sought to establish how the clergy in the Anglican Church of Kenya in Nairobi Diocese view collaboration with psychological counsellors in management of mental health and probably generate information that may give useful insights in offering holistic care to the members of their congregation through collaboration with mental health practitioners.

1.3 Purpose of Study

The purpose of this study was to establish the perception of clergy in the Anglican Church of Kenya, Nairobi Diocese on collaboration with psychological counsellors in management of mental health.

2.1 Literature Review

2.1.2 Perspectives in Collaborative Management of Mental Health

A study by John and Williams (2013) among Asian Americans concluded that religious or spiritual advisers are a key source of treatment seeking for Asian Americans with mental disorders. They however noted that quality of care and low referral rates for specialty mental health treatment warrant attention and need for increased collaboration between the clergy and the mental health care systems.

Collaboration between religious leaders and psychological counsellors however, may be impacted by attitudes and perceptions since the two entities have historically viewed one another with suspicion and at times direct hostility (Blalock & Dew 2012). Perhaps this stemmed from a history of religious antipathy among psychology leaders such as Sigmund Freud and B.F. Skinner who found little, if any value in the study of religion and instead upheld the human motivation that

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empower man to address their psychological challenges (Pargament, Mahoney, Exline, Jones & Shafranske, 2013). Questions such as "do clergy view themselves as rivals to, or partners with mental health services" are significant in how they conceptualize management of mental illnesses and their ability to collaborate with mental health workers.

2.1.3 Perspectives in Pastoral Care versus Psychological Counselling

Pastoral care is a model of emotional and spiritual support performed by clergy or pastors in a religious set up. The basic task of pastoral care systems is to give meaning to the questions and answers of human existence and experience within the context of scripture as the center and correlate these meanings to Christian tradition and reasoning in real life context. This implies that the individual must therefore be familiar with and possess strong convictions in the Christian faith (Ikenye, 2015). In psychological counselling, individuals are also helped to critically reflect not only on their values, aspirations, achievements and strengths, but also on their weaknesses, opportunities and challenges guided closely by a psychotherapist (McLeod, 2011). Counseling therefore tends to give a personalized and individualized working with clients which may contrast to some extent with the religious beliefs where all individuals are regarded as equal and would benefit in life depending on their ability to adhere to the teachings of their specific religion (Collins, 2011).

2.1.4 Individual Characteristics (Practices) and the Possible Influence on Perception of Collaboration

Collaboration is often put into practice through the act of referral in which a client is recommended to another professional. It may refer to both the process of sending the client verbally or through actual paper work authorizing a visit to the referral place. A study by Kitchen and McKibbin (2018) was conducted to examine the predictors of clergy's intent to counsel or refer to mental health providers. One hundred and one clergy participated and the aim of the study was to examine the predictors of rural mainline Christian clergy members' intention to provide counselling to older congregants with depression or refer to another clergy member versus refer to a mental health provider. The findings established that the majority referred to mental health providers as opposed to providing counselling themselves or referring to another clergy member.

The qualitative findings suggested a complex approach to referral which included factors such as congregants' characteristics, clergy's knowledge and attitudes, as well as skills to provide evidence-based treatment. The study suggested structured programs that facilitate referral between clergy and mental health providers. Other studies involving clergy across the United States of America have also been conducted to inform clergy on inter-professional dialogue and referral partnerships with mental health counsellors (Vermaas et al., 2017). However, few of such studies seem to have been conducted in the African continent and there appears to be no structured programs as well to facilitate referrals between clergy and mental health professionals.

2.1.5 Policies and their Influence on Collaborations

The Anglican church, Nairobi diocese categorically noted in their strategic plan document (2014-2020) that it has long held conservative cultures and tradition which may lead to slow adoption of any new concepts. For any change in policy and adoption of a new concept to occur within the Anglican Church set up, certain conferences must take place to generate documents in the form of

session papers or resolutions supported documented policies which may specify processes or procedures and strategies required for adoption of such new strategies or engaging with other partners.

The Anglican Church like many other religious institutions rendering services to humanity has however acknowledged that the society is changing rapidly and significantly including the economic, social, environmental and technological landscape. As a result of this acknowledgement, the Anglican Church of Kenya, Nairobi diocese has adopted a new strategic plan (2014 – 2020), where the vision is to have "an empowered church transforming humanity" and a mission to "empower humanity for holistic service inspired by God's will".

In pursuit of this vision and mission, the Nairobi diocese has identified seven pillars to anchor their strategies on. The Social pillar seeks to develop programs on guidance and counselling, health care, advocacy, conflict management and peace building in a bid to offer psycho-social support to vulnerable groups and other social needs within the Nairobi diocese. These strategies are to be developed, implemented and evaluated by the clergy whose training is well grounded in theology but may be minimal in psychological interventions.

Although there seems to be deliberate move to have the clergy in Nairobi Diocese have sound academic underpinnings to enable them render their services comparatively well with other professionals within the cosmopolitan city of Nairobi, only 2.5% of the 150-clergy serving have voluntarily taken further training in the field of psychology as recorded in the Staff establishment (2012-2013). Therefore, understanding the clergy's perception on how to implement and evaluate psycho- social programs would give insight on their views on collaborating with other key stakeholders despite psychology being a basic unit in theological training but a relatively new concept in pastoral care (Cashwell & Young, 2005).

2.1.6 Extent to Which Religious Leaders May Collaborate with Psychological Counsellors

The problems encountered in religious settings appear to be more diverse, the culture is quickly changing and the available counselling techniques can be confusing and contradictory to religious leaders. Today counselling is widely accepted among Christians but in some churches and in some parts of the world, counselling is criticized and condemned as being unnecessary (Collins, 2014). Some outspoken critics and influential religious leaders have publicly denounced counsellors and the counselling profession which may lead their followers into thinking that counselling is never needed, especially if it has any basis in psychology. However, some well- meaning religious leaders have proposed simplistic "new methods" that are claimed to be uniquely spiritual but their effectiveness has not been measured (Collins, 2014). The emerging trend of the clergy taking basic courses in psychological counselling for them to effectively offer psycho-social support is therefore an issue worth examining based on the underlying motivations and perceptions.

The emergence of the Biblical movement (BCM) has also brought in equivocal arguments about psychology and Christianity which is likely to shape the perception regarding psychological intervention. Some of the BCM advocates are more sweeping and vociferous in their denouncement of psychology (especially but not exclusive to psychotherapy) and of Christians who value psychological principles, discoveries, and or applications while others admit the validity of some branches of psychology that they perceive to be more "scientific" such as educational testing. Some of the advocates indeed point to the fact that various forms of psycho-therapeutic interventions can echo (however imperfectly) some important biblical principles (Passantino &

Passantino, 1995). These divergent views may have influence clergy perception of psychological counselling and subsequently impact on collaboration.

2.2 Hypothesis

The hypothesis is that the perception of clergy regarding collaboration with psychological counsellors in management of mental health and how they make sense of the psycho-spiritual world would determine whether they make referrals or not to psychological counsellors.

2.3 Conceptual Framework

This paper investigated the relationship between Referrals for psychological counselling, Collaborations, Clergy perception and the Management of Mental Health.

Factors which underpin the clergy's perception will emerge during the data collection and therefore there are no sets of preconceived variables to be tested in keeping with the grounded theory approach. The assumption of the grounded theory is for the researcher to be sensitive to the potential multiple meaning of data. The assumption is therefore that some sets of themes and meaning will emerge from the data to inform how the clergy perceive collaboration with psychological counsellors in management of mental health. The emerging sets of themes will then be used to guide in adoption or development of a theory.

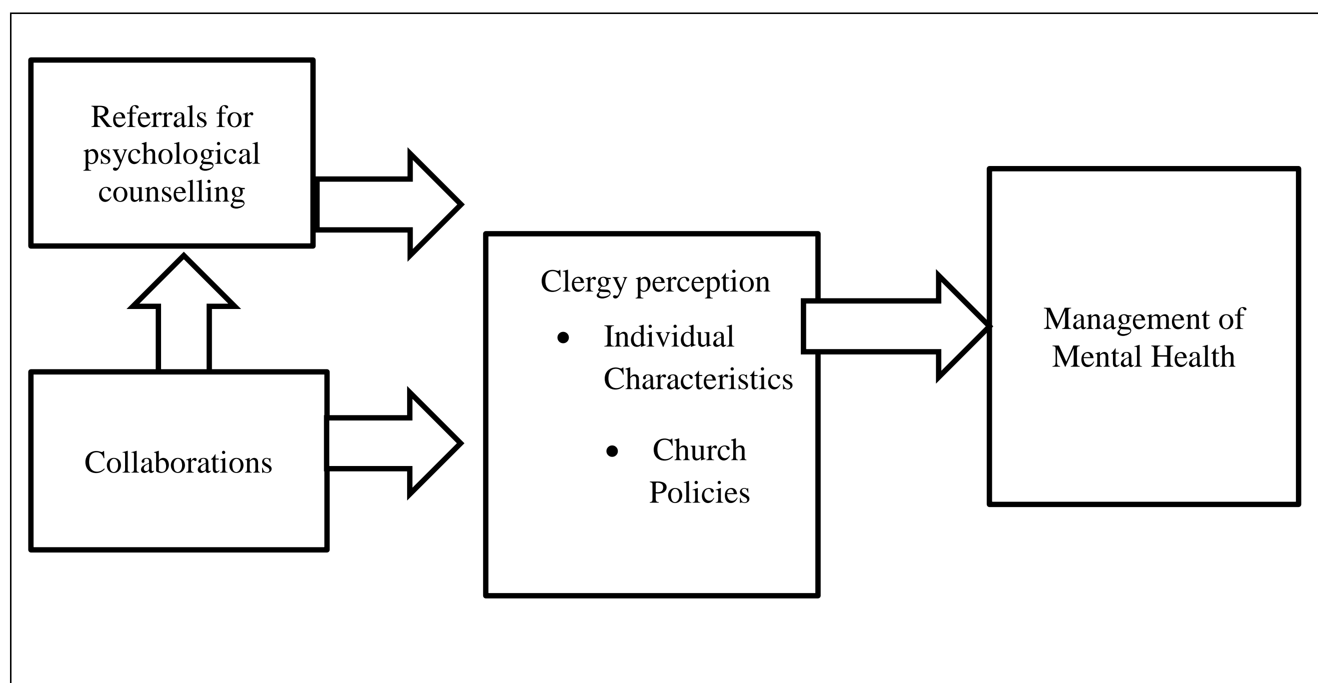

Figure 1: Conceptual Framework

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3.1 Research Methodology

Research Design

The research adopted the triangulation mixed method research design where different methods are used to assess the same phenomenon toward convergence and increased validity. This is an attempt to map out, or explain more fully the richness and complexity of human behavior by studying it from more than one stand point. The premise of this design is that a single data set is not sufficient when different aspects of a phenomenon are to be addressed. The data collection instrument is expected to gather both qualitative and quantitative data.

Population

The study targeted 100 ordained clergy working in ACK Nairobi diocese with the assumption that they are all actively involved in pastoral care in which they closely interact with members of their congregations. For this reason, they are assumed to be able to give an honest opinion of whether some issues that are presented to them could be beyond their areas of competence and may require collaborative management approach.

Sampling Design

Within classic grounded theory, there are no set sample size, nor are limits set on the number of participants or data sources, but sampling for saturation and completeness, which results in an ideational sample as opposed to a representative sample (Glaser, 2012). However, in this study, the researcher hopes to capture the views of all the one hundred ~~and thirty~~ clergy as respondents who are assumed to be actively involved in pastoral care in the Nairobi Diocese. However, Probability sampling was used to ensure that every member of the population gets an equal chance to participate but the numbers was determined by the willingness to participate rather than just achieving “a representative” sub set of the one hundred ~~and thirty~~ clergy population. Clustering adopted the existing eleven archdeaconries. Theoretical sampling technique, the principal strategy for the grounded theoretical approach, which necessitates building interpretative theories from the emerging data, was used.

Data Collection

Open and closed questions were used in the random interviews or surveys and the explicit definition of perception which helped to guide the focused group discussions for gathering both quantitative and qualitative data. Informal, formal and semi-structured interviews was conducted in a nested approach through studying documents, random interviews or surveys which were adopted as a provisional primary document from where the researcher analyzed for repeated concepts or significantly absent concepts to form the basis for in-depth interviews. This helped to guard against researcher bias by grounding the concepts in the reality of data. Selective coding of the items was then used to group into categories all items that are related and a thematic analysis used to identify the dominant theme or themes.

From the analyzed primary data, the potential indicators of the phenomenon under investigation were given conceptual categories from which focused group discussions and in-depth interviews

was based. Memos were written to incorporate and elaborate on the coding sessions and notes to provide a firm base for reporting on the research and its implications. In the data analysis, test items were systematically assigned open codes after the identification of different categories, properties and dimensions within and among the data.

Axial coding was then done making comparisons through the inductive and deductive process according to the categories in the open coding thus relating subcategories to a category. A selective coding was used as the process of identifying and choosing the core categories, systematically connecting it to other categories. Any need for further refining and development was noted. The concepts and relationships that are developed through the coding process helped to guide further data collection through theoretical sampling as a procedure of selecting additional concepts to be studied to gather new insights or expand and refine concepts already gained. The theoretical sampling from the coding was then used to develop a substantive theory.

Data Analysis

The data analysis commenced as soon as data collection begins and continue in parallel with data collection. The data was coded into categories and concepts and memos constantly written to analyze the categories and relationships between the categories or concepts. A theoretical sampling from the coding, comparison and memo writing was then designed to bridge the gaps, clarify uncertainties, test interpretations to ensure that concepts in the substantive theory being developed are well understood and can be substantiated from data presented. The representativeness and consistency of the conceptualized categories was noted and a theoretical explanation presented by specifying the phenomena in terms of how they were expressed through action or interaction. The data and the results of a grounded theory study are expressed as a substantive theory.

4.1 Results and Findings

4.1.1 Response Rate

The target population for the study comprised one hundred clergy in the Anglican Church of Kenya, Nairobi Diocese in order to maintain population validity; however, out of the targeted one hundred clergy Nairobi diocese, 52 participated in the research, representing 80% response rate. Thirteen (13) clergy gave appointments but were unable to honor them citing circumstances beyond their control.

4.2 Descriptive Statistics

4.2.1 Perception of Clergy on Collaborative Management of Mental Health.

In examining the perception of clergy in the Anglican Church of Kenya Nairobi Diocese on collaborative management of mental health, the clergy were asked to give their general views on mental health, to clarify whether a mental illness can be considered a disease, their view was sought on whether mental health issues are best left to specialists. The interview further sought their views and knowledge on the following concepts; Whether some manifestations of behavior that would be referred to as mental disorder could be caused by “demonic forces”; their awareness on the fact that some mental illnesses may require medication for life and can cause death of a person if they are withdrawn suddenly without a doctors guidance; their knowledge or view specifically on

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depression and alcoholism and whether these conditions could require medication; their view on suicide and the possible causes of death by suicide; their view on the possibility of certain mental illnesses presenting like spiritual issues (demonic possession); a discussion on stress related illnesses, whether they are common among their congregation and how they may be effectively addressed.

The initial coding indicated the following constructs, important words and phrases that were used to conduct further analysis and thus formed the basis for preliminary theoretical ideas; Mental illness is a disease, sometimes it can be confusing, the need for assessment, not sure of who is best placed to assess, psychologists and psychiatrists can be confusing on who does what when, mental illness has no relationship with demons, not sure whether some mental illnesses require medication for life, a majority were not sure about possibility of death if some medications are suddenly withdrawn, that depression is a disease or hat it requires medication and sometimes hospitalization was a bit confusing to a majority of the clergy, they were not sure of the course of treatment. The focused interview established that the clergy were introduced to basic concepts of psychology and they all have an idea about psychology and especially Sigmund Freud whom they consider as an "enemy" of the faith because of his ideologies and convictions on religion and psychopathology.

However, the discussion on understanding human behavior especially personalities was very insightful and very helpful and they wished they were trained more in that area. There was a further acknowledgement that they have used the information, knowledge and insights gained in this area to give care in their pastoral work. 4 of the participants (%) have already taken further training out of personal further interest and they feel confident and adequate. Six participants (%) informed the researcher that they read books and manuals in psychology related to human behavior, premarital counselling but not much in treatment of mental illnesses.

They further acknowledge that their training and interaction with psychology was very basic and inadequate but the irony is that they would rather take on further training in this same area than embrace the professionals who are already qualified and practicing in the field. The reflection the researcher was left with in this regard was, do we equip the psychologist with spiritual empowerment or the clergy to be equipped with psychological empowerment and at what levels.

As indicated in the FDG interviews, the clergy indicated that they had very little training on psychology during their theology training. The psychology training was very helpful and they wished they had been trained more. They used the information to help them understand how people think. In pastoral care and the ministry in general psychology is used. From the results, perhaps the most important social change that it demonstrates the need for more evidence-based information for pastors in regards to the benefits of professional counseling for members of their congregations. The research shows that attitudes toward professional counseling changes positively with more education the clergy receives.

4.2.3 Establishing perception of clergy in the Anglican Church of Kenya, Nairobi Diocese regarding referral for psychological counselling

The view and perception of clergy were examined on; their view on the training they had in psychology; whether they have found any relationship between the training in psychology and their pastoral work; whether they think that psychological counselling could be using concepts or interventions that may contradict the principles of Christianity; would there be a need to have

further interrogation before it can be fully embraced in pastoral work; their view on whether referring congregants to a professional counsellor may make them have a feeling of inadequacy. Their view on what are the possible causes of mental illnesses that can be preventive. The results showed that the clergy who perceived that the training included components of that were insightful and that they use the knowledge once in a while but they could learn more given an opportunity.

It was important to find out how often the clergy had encountered situations where they felt the need to consult regarding the issue presented to them. According to the findings, 92.31% indicated that they had encountered situations where they felt the need to consult regarding the issue presented to them while 7.69% indicated they had not. 53.85% indicated they had once in a while encountered situations where they felt the need to consult regarding the issue presented to them, 28.85% indicated regularly, 13.46% indicated often and 3.85% indicated rarely. The study results however established the challenge clergy have in knowing when and how to make referrals due to unclear structures and policies. There was a doubt sometimes on the skill and spiritual level of the psychological counsellors to make referrals to and how these aspects would influence the outcome of the counselling process. The fees being charged was also cited as an issue in referral since pastors do not ask for a fee. Some key statements regarding referral to psychological counsellors included

"*I could only refer a church member to a counselor who is a professed Christian*"; "*I would desire to refer a church member for psychological counseling if I knew a good counselo*r"; "*Training the pastoral team with counseling skills would be a better option than referring to professional counselors"; "the clergy were not sure if they would wish to refer my church members for psychological counseling but it may be in conflict with my spiritual conviction". "I would wish to refer my church members for psychological counseling but they may not afford the fee ".*

On the issue of engaging on interrogation of psychology before it can be fully embraced in pastoral work only 3.85% of the respondents indicated that psychology was not useful in pastoral work and would consider taking additional or further training in psychology. 96.15% of the respondents therefore indicated that psychology was useful in pastoral work and they were seriously considering taking additional or further training in psychology or human behavior. An emerging aspect in this regard was that 28.15% who indicated the need for psychological counselling for clergy because of the heaviness of issues they handle and being cognizant of those that are beyond their competence but there are no guidelines, structures and policies providing for such services. On further inquiry whether the medical insurance they have covers the same services, the results indicated that none had thought or made inquiries on that line but the major concern was that suppose they meet with a member of their congregation as the psychological counsellor.

4.2.4 On the characteristics of clergy in the Anglican church of Kenya, Nairobi diocese that may influence their perception on collaboration with psychological counsellors in management of mental health.

Inductive Inference was made from the initial analysis originating from the data collected. This was done adapting previous questions and constant comparison with data already gathered (Birks & Mills, 2015; Charmaz 2014). The data on objective one and two was therefore elevated to help the researcher conceptualize the construct and use abductive reasoning (Corbin & Strauss, 2008). The research also examined the following; the biodata of the participants; their response to whether they know a member of their congregation who is a practicing counsellor and perhaps how many they are; their response to the question on whether professionals play specific roles in their church and if that includes psychological counsellors; the researcher inquired if there was a specific place set aside for some form of privacy in-case a member needed to have a confidential conversation with the clergy or any other personnel in pastoral work.

The participants who were able to honor the face to face and online appointments were in the age bracket of 30 to 40 years, none was in the age bracket above 51years, 96.1 % have been in service for between 5 to 10 years and a majority were from two Archdeaconries. Only 7.69% of the participants were female clergy, 3.85% had studied up to masters level, 9.62% had had taken some form of further training in psychology and related fields of human behavior and leadership and 94.23 of the respondents are graduates from institutions that had included a unit in psychology.

The detailed biodata of the clergy who could not honor their interviews were not captured but a majority by prior knowledge of the researcher were those above 50 years. A deduction can therefore be made that the exposure to the concept of psychology cold have influenced the acceptance to participate in the in-depth interview after the researcher explained the team the expectation and purpose of the research. However, in the researchers view, this is one concept that may require further investigation to make a more conclusive statement.

According to the findings, 40.38% of the clergy knew 1-4 members of congregation practicing professional counselor, 3.84% knew 5-8 members of congregation practicing professional counselor while 55.77% did not know members of congregation practicing professional counselor. Further, study established that 96.15% of the clergy indicated that there was a specific role played by professional counselors in the church while 3.85% indicated that there was no specific role. The study then sought to find out which professionals the clergy had formally consulted in the past regarding challenging cases involving members of the congregation and from the findings, 57.69% had formally consulted fellow clergy, 13.46% had formally consulted professional counselor and 28.5 % had consulted other personnel within the work place.

These findings indicate that either there is little effort in connecting with professional counsellors in a religious institution among clergy in Nairobi diocese or there is little interest in connecting with them because on further interaction, there is evidence that the clergy seek out other persons whenever they feel certain cases of mental health are beyond their competence.

The absence of the very basic facilities and infrastructure for professional counselling services could also be an indicator of lack of any futuristic preparedness to embrace integration of such services in most of the churches in the study area. The study established that in case a member

required privacy, to engage with a psychological counsellor 48.08% would only access an administrative office where there would always be interruption, 32.69% indicated that the church uses an administrative office and a notice put for no interruption, 11.54% indicated that the church had a specific room made available within the church in case one needs privacy, 5.77% indicated that the church had a room has been assigned and is always made available and 1.92% indicated that the church had an ad hoc arrangement for some space is always made.

From this data, it can be concluded that there may be no specific characteristics of clergy that may influence their perception on collaborative management of mental health but a specific perception of certain professionals may be the major factor in engaging with them. The absence of policies and guidelines therefore appears to be a major factor in collaboration and referrals. The researcher then further sought to establish if there are policies that are in place and may have been ignored.

4.2.5 To establish if clergy were aware of any specific policies in the diocese that guided or addressed issues of psycho-social support.

Having studied some documents such as strategic plan in accordance to the concept of grounded theory, (Strauss & Corbin, 1994), the researcher sought to establish if the clergy were aware of policies within the Diocese which specifically address how to handle psychological issues among congregants. The diocese has a strategic plan document launched in 2014 for a period of six years, which ended in 2020 (2014 -2020) with a vision to have "an empowered church transforming humanity" in pursuit of this vision, the plan identified the social pillar which seeks to develop programs on guidance and counselling, health care, advocacy, conflict management and peace building, to offer psycho-social support to vulnerable groups and other social needs in the diocese. This document was launched by the Diocesan Bishop in the presence of the clergy and each clergy given a copy to study and become an implementing partner. According to the findings, the clergy were not sure if there were policies or organizational structures to help in establishing a counseling unit and in addition, the clergy noted that establishing a psychological counseling department may requires resources which they feel they may not have or give a priority to but would welcome free services. This then raises a concern on the perception regarding the profession and whether a psychological counsellor can earn a decent living from their services. Further results indicated that the clergy were not sure of the existence of any policy and there was a general view from all the participants that if such a policy existed, they could have been made aware of their existence. According to the findings, 76.92% of the clergy indicated there were no policies in the Anglican church of Kenya Nairobi dioceses which specifically addressed how to handle psychological issues, 23.08% indicated there were not sure and 5.77% indicated there were policies. This then raises the question of the effectiveness of policies and documents or the processes of establishing, documenting, implementing and evaluating such policies.

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5.1 Conclusions

The study was anchored on grounded theory. This theory may be significant to the future study on understanding the dynamics and complexities of collaborations, integration and referral in comprehensive care services to humanity. The grounded theory is significant to future research as it will provide methods that will explicit strategies for data collection and analysis and aims to produce an inductively-driven theory of social or psychological processes grounded in the data from which it was derived. These primary forms of data include; interview transcripts, written documents and diaries.

The research has established some critical issues in collaboration, a practice in which a group of individuals offering services share knowledge and skills or consult and make referrals for effective care for humanity. Religious institutions are indeed a strong social control where persons from all walks of life would seek solutions to all life problems be they physical, social, psychological, spiritual, financial or cultural. The work of a clergy may therefore involve dynamic and complex interventions as they seek to handle questions and answers to human existence, life and struggles in the context of the existence of a good God who has control over the universe. The faithfuls who interact with clergy in such religious institutions would then be required to possess strong convictions in their faith which may not be practical to all the believers (Ikenye, 2015). It is also an established fact that clergy and especially in the study area pastor congregations of not less than a hundred members with all the dynamics that come with their family life.

The literature and research reviewed established that persons with conditions that met the criteria for mental illnesses are more likely to approach clergy than psychologist because of circumstantial conditions such as; availability and accessibility to the general population; the concept of supernatural or divine intervention that focuses on the faith of the help seeker; the greater possibility of miraculous healing or instant solutions such as provision of physical and financial need; free services offered at such times of need; the familiarity with the clergy and possible regular visitation by the same clergy at no fee which can make the help seeker stay longer in their situation; the possibility of a mental health condition manifesting as a spiritual issue in which the clergy may only use one form of intervention.

On the other hand, the other hand, we have the psychological counsellors who focus more on problem solving through evidence - based interventions, structured assessment procedures, knowledge on mental health illnesses and treatment models but the numbers are few and requires service fee to be paid per visit.

This therefore has created a dilemma in which the clergy appear to look at the best fit solution as taking on further training in psychological intervention so that they can be empowered to do the work, an approach that the researcher has referred to as "*The Siamese model of psychotherapy in pastoral care"* This is because there are overlapping entities in the work of a clergy and a psychological counsellor such as the spiritualism and the belief system of a person. There is also evidence that matters of faith can cause mental disorders and mental disorders can also impact on the dynamics of practicing faith and be diagnosed more effectively in the manner in which faith an individual is practiced. Mental health issues are frequently intertwined with physical, spiritual and sociocultural conditions and attempts to understand the different diseases, develop effective prevention and intervention strategies may be only make greater impact therefore if it is "a psycho-spiritual model.

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The danger of mismanaging a mental disorder when only one intervention is used when a collaborative approach is required is a reality as well as ignoring the use of conventional treatment when it is required can be disastrous. The development of "the model of "*The Siamese model of psychotherapy in pastoral care"* also stems from the fact that the study has established a critical need for all clergy who interact with congregants to have adequate and not basic knowledge in mental health care and interventions.

6.1 Recommendations

This research hence brings attention to:

a) The training of clergy for holistic pastoral care; the institutions responsible for the training may need to review their curriculum on human behavior and mental health care for the students in theological training institutions. Knowledge of when to refer parishioners to mental health professionals as well as what the clergy may expect after referral would be ideal topics for such training. This means that the trainers would include theologians as well as psychologists and psychiatrists.

b) This research has established the need to have clear policies, implementation structures and monitoring strategies on mental health issues. The Anglican church of Kenya, Nairobi Diocese may review their strategic plan and especially the issues of capacity building for clergy on mental health care and providing strategies and structures for collaborations in their service to humanity.

c) That a comprehensive understanding of the perceptions, experiences and expectations of clergy and psychological counsellors in the Anglican church of Kenya, Nairobi Diocese is critical in developing the mental health services that are acceptable, accessible, effective and relevant.

d) The above pathway could make it possible for building a trusting, co-professional relationship between counselors and clergy. With this in place, practitioners could then collaborate about cases as needed. Clergy could provide input to counselors who may not be familiar with spiritual issues and counselors could provide support to pastors who may need assistance with issues with which they are not familiar with in a mutual manner.

e) The study strongly recommends that if a church is able to hire and pay a counsellor then they should be made part of the church set up as a matter of policy but if not, then probably a counsellor can be a part of a consultative team that makes regular psycho-education and assessment on mental health issues to support in effective and holistic care for the congregants.

f) The need to include a budget and provision of basic facilities for psychological counselling or pastoral counselling that adhere to the standards of emotional safety and confidentiality.

g) Psychological Counselors should seriously consider understanding of spirituality in diverse groups for the good of their clientele. However, the specifics of intervening with this sometimes-sensitive topic could be addressed in empirical work and through professional supervision.

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