



Discussion on church care for mentally ill people takes place in Moscow



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On January 25, the Moscow Patriarchate's Department for External Church Relations (DECR) hosted a section on "Church Care for Mentally Ill People" of the XXXIII International Educational Christmas Readings. The meeting was organized jointly by the DECR and the Commission for Church Education and Diaconia of the Inter-Council Presence of the Russian Orthodox Church, within which an expert working group on pastoral care for mentally ill people operates. Metropolitan Sergy (Fomin), head of the group, presided over the meeting. Mrs. Margarita B. Nelyubova, secretary of the Commission for Church Education and Diaconia and a DECR staff member, served as curator.

There were over 50 participants in attendance, including clergy and laity from 15 dioceses of the Russian Orthodox Church, psychiatrists, employees of the Mental Health Research Center (MHRC), the Pirogov Russian National Research Medical University and the Serbsky National Medical Research

Center of Psychiatry and Narcology of the Russian Ministry of Health, medical doctors, and church social workers.

Discussed at the meeting were two topics: "Special aspects of pastoral care for mental patients in old age" and "Mental health in extreme situations."

At the beginning of his introductory report **Metropolitan Sergy** presented a brief overview of the development of dialogue between mental health specialists and the Church. The topic of mental health was first considered at Christmas Readings in 2008. "In 2020, the working group of the Commission for Church Education and Diaconia of the Inter-Council Presence developed and approved the document "Pastoral Care for Mentally Ill People in the Russian Orthodox Church." A guide for clergy "Fundamentals of Pastoral Psychiatry" written by Professor Vasily G. Kaleda was published in 2021. A scientific and educational portal of the same name has been set up on the Internet to connect all mental health specialists interested in dialogue with the clergy. A section for studying religiosity and clinical psychiatry was set up at the Russian Society of Psychiatrists for the first time in the history of Russian psychiatry. International conferences "Church Care for Mentally Ill People" are held annually, the sixth of which took place in November 2024.

Metropolitan Sergy underscored the importance of discussing the of old age topic, mentioned demographic changes in society, such as the growth of elderly population, and proposed to consider the old age as a gift and longevity as a blessing. "Respect for the elderly in the Holy Scripture has been divinely instituted along with the veneration of God," he said. This attitude counters modern fears and prejudices associated with aging. In a society where a 'godless' consciousness prevails, old age is perceived as something negative, hence an improper attitude to the elderly. Metropolitan Sergy noted that the widespread in society stereotype of an eternally young person forms the negative image of old age. Therefore, it is necessary to change public perception of older generations. He added that one of the key tasks of the present meeting is to correct erroneous ideas about older age and prejudices against the elderly. He emphasized the necessity of active work for putting an end to the marginalization of older people. This work needs efforts of both society and the Church.

Speaking about the topic of "Mental health in extreme situations", the archpastor noted that since the beginning of the special military operation, the clergy of the Russian Orthodox Church have been providing spiritual support to servicemen, rendering them pastoral assistance on the front lines, in training centers and hospitals. "The main task of the clergy and mental health specialists consists in helping military personnel and the affected civilians to remain human in inhuman conditions, because war hardens human hearts, even if it is fought for the good cause. The experience of pastoral and medical care for soldiers should be comprehended and summarized for using in any extreme situation."

Professor Igor V. Kolykhalov, doctor of medical, head of the MHRC Geriatric Psychiatry Department, presented a report on "Improving the quality of life of patients with dementia and their family members." He noted the growing proportion of elderly people (60+). It was about 12% of the world's population (900 million) in 2015 and is expected to be 16.5% (1.4 billion) in 2030 and 21.5% (2.1 billion) in 2050. It is necessary to pay special attention to diseases of the elderly and to different types of dementia in particular. There are over 55 million people suffering from dementia in the world at present, and their number is expected to reach 139 million by 2050. The most common types of dementia are Alzheimer's disease (50-75% of all cases), vascular dementia (17-30%) and dementia with Lewy bodies (10-15%). The speaker told the participants about the consequences of this disease for the patients, for those taking care of them, as well as for society. He noted in particular that "caring for people suffering from Alzheimer's disease is a great drain on the health of caregivers themselves. Fatigue, stress, and decrease in immunity cause emotional stress and depression and make them need medical assistance." The speaker presented detailed instructions on proper care for patients with dementia. He said: "maintain patients' independence as long as possible in order to help them keep self-respect and make the work of caregivers easier; do not draw the patients' attention to their failures, do not argue with them, encourage sports activities and physical exercises beneficial to their health, use visual aids to expand their memory capacity," and the like. Recent scientific research shows that spirituality and religion can be important resources for many people with dementia. The researchers call "to accept and respect religious beliefs of the patients and include their religious experience into a complex assessment of their responses and resources for overcoming difficulties."

The problems of late-life depression were the subject of the presentation by **Ms. Tatiana P. Safarova**, doctor of medical, a leading researcher at the MHRC Geriatric Psychiatry Department. She noted that more than a third (35%) of older people worldwide suffer from depression, and due to global demographic trends a sharp growth in their number is expected in the near future. 40-60% of cases of depressive disorders in old age are undiagnosed and therefore not treated. Depression can show itself in low mood, intellectual and motoric retardation, somatic-vegetal disorders, and sleep disorders. In 40% of cases, depression can be a provoking factor for the exacerbation of chronic somatic diseases, or a somatic disease can lead to depression. Depression is the third most significant risk factor for myocardial infarction. A stroke linked with depression increases the risk of death by 2.6 times. However, depression treatment can prevent the development of 11% of strokes.

Ms. Safarova spoke in detail about the types and risks of late-life depression. She mentioned a recent scientific research that has shown "a considerable part played by religiosity in depression cases. There are named a low probability of their occurrence and degrees of severity and a higher rate of recovery also due to various types of social support on the part of a religious community. Religious support is crucial for elderly patients suffering from depression. Religious worldview and faith help mentally ill persons keep fundamental values of life, reassess the situation of their illness, and find peace of mind,

consolation, forgiveness, and conciliation.”

Ms. Lyubov Yu. Pishchikova, doctor of medical, head of the MHRC Geriatric Psychiatry Department, spoke about the biopsychosociospiritual model used in the treatment of older adults experiencing issues with their mental health. She said that at present the whole world faces the problem of insufficient diagnostics of depression because its symptoms coincide with other social and psychological problems of old age. The proportion of patients 60+ with mental impairment increased in Russia in the period from 2000 to 2016 by 6.9% (from 13.8% to 20.7%). The proportion of psychotic disorders among the elderly prevailed over other forms of mental pathology. The number of patients with psychosis increased by 36% (from 315,317 to 429,564), with organic psychosis and dementia by 67.5% (from 168,363 to 281,981), and with non-psychotic disorders by 83.3% (from 199,995 to 366,562). Affective non-psychotic disorders increased by 60.8%. Moreover, a further increase in the number of psychotic disorders among the population aged 60 years and over is predicted.

Psychotic disorders risk factors among elderly population include aging, heredity, a sedentary lifestyle, an unbalanced diet, tobacco use, alcohol abuse, diabetes, low level of physical and cognitive activity, retirement, and social isolation. As these factors can contribute to mental health deterioration, a comprehensive approach to treatment is needed with due attention to biological, psychological and social aspects.

The mental health of older people is also affected by negative attitudes and social challenges common in society, such as socio-economic inequality, discrimination in access to healthcare services and their quality, and vocational discrimination. Also, geriatric medicine is not widely spread in society and lacks prestige; old age is associated with dementia, older people suffer abuse and violence. Last year, every sixth person aged over 60 was the subject of some kind of abuse.

Prolonged depressive reactions can develop as a result of disintegration and loss of higher personal meanings by people whose spiritual meanings and values had prevailed before the disease. “Scientific research shows that religious faith positively correlates to mental health, and the risk of developing major depression decreases linearly in case the religious coping methods are applied,” noted Ms. Pishchikova. At present, a large amount of data is available that show the importance of studying and analyzing the spiritual sphere of personality of mental patients, especially the elderly, with the purpose of identifying the causes and conditions of the development of psychotic disorders, and also in treatment, prophylactics and rehabilitation.

Religious experiences in the personality structure in case of pathology can be direct symptoms, such as hallucinations, delusional ideas, or physically felt constraint of thought. However, they can also be manifestations of a healthy personality and help patients to resist disease, adjust to it, and compensate

for the defects in their personality because of the disease. Medical doctors and priests should work together and decide which experiences are linked with spiritual problems of the patient and which are signs of mental impairment. This cooperation can help develop more effective methods of treatment and prophylactics, and also raise the status of the elderly population in society.

Archpriest Boris Treshchansky, rector of the church of the Renewal of the Temple of Christ's Resurrection in the village of Sertyakino, Podolsk diocese, spoke about pastoral care for the elderly disabled people in a local care home. He has been ministering in 'Podolsky' care home for over 35 years, celebrating the Divine Liturgy there every month and communicating with its residents. He told some stories testifying to the fact that even in the decline of years people can find faith, learn to pray, and repent. Communication between these people and a priest is equally important. "It is in this communication in the language of love that people meet Christ; our service is the service to God through service to each other," said Fr. Boris.

Ms. Natalia V. Lazko, Ph.D, a psychiatrist from the Serbsky National Medical Research Center of Psychiatry and Narcology of the Russian Ministry of Health, presented a report on "Topical issues of participating in church and parish life of elderly people with consideration to their mental health." She cited many references from the Holy Scripture to persons who preserved their physical and mental health to old age. "Moses was a hundred and twenty years old when he died; his eye was not dim, nor his natural force abated" (Dt. 34:7). Also mentioned are the age-related health problems (2 Sam. 19:35; Ec. 12:1) and instructions are given on how to treat the elderly loved ones: "O son, help your father in his old age, and do not grieve him as long as he lives; even if he is lacking in understanding, show forbearance; in all your strength do not despise him. For kindness to a father will not be forgotten" (Sir. 3:12-14).

Ms. Lazko gave examples of parish initiatives, participating in which are elderly people with no clinical manifestation of age-related psychopathology. These initiatives include 'Silver volunteers,' mixed age groups for studying the Holy Scripture and the church typicon and for writing 'parish chronicles' to preserve the memory of the parishioners and keep the traditions of the parish.

The main manifestations of age-related psychopathology in the everyday life of the parishioners include affective disorders, such as mood swings, subdepression and depression; emotional disturbances, such as irritation, tearfulness and anger; disturbance of volition, such as inactivity, embarrassment and impulsiveness; cognitive impairments, such as decreased memory, loss of intelligence, reduced critical thinking and predictive ability; and transient impairment of consciousness. It is important for those around to react to these manifestations properly and protect elderly people against possible adverse consequences, such as fallings.

Elderly people with psychopathological problems can participate in parish life: attend divine services, also part-time and with an accompanying person if necessary; help in planning and preparing children's parties and other events; participate in writing a "parish chronicle".

Speaking about the need of cultivating a decent attitude towards older people in parishes, Ms. Lazko underscored: "Even if a person is in a bad shape, is not willing to communicate, does not speak and respond, we must remember that there is an inner world within him that we cannot measure and evaluate, but must treat very delicately."

Priest Petr Zorin, rector of the church of St. Joseph of Volotsk in the village of Razvilka, Podolsk diocese, shared his experience of pastoral care for people of advanced age. In his opinion, a priest ministering to the elderly should help them participate in the sacramental life of the church as fully as possible and find new purpose of life. However, there could be obstacles to success in pastoral work, such as a priest's ill-preparedness to such ministry and physical condition or mental impairments of a person being ministered. Fr. Petr noted in particular that "a priest should perceive the elderly not as objects of pastoral translation, but as inherently valued persons." In communicating with the person under his care, a priest must have patience and empathy as a participatory healing and help people find the meaning of life in case they have lost it.

Ms. Maria V. Schubert, neuropsychologist, teacher of psychology and a leading psychologist of the Caritas of the Mother of God Catholic Archdiocese in Moscow, presented a report on "Psychological and neuropsychological support for children from refugee families." She described manifestations of distress (negative stress) experienced by these children, such as academic decline, regulatory impairments, isolation syndrome, mood swings, decreased alertness, enuresis, etc. Speaking about assistance to both children and their families, she said: "Under any circumstances be sure not to mock at appearance and intelligence of a child in a situation of conflict and never say something like 'I don't love you anymore', 'I don't need you anymore', 'I hate you', 'I wish you died', or 'I will die because of you.' Also, never threaten a child to return him to an orphanage because of bad behavior." Ms. Schubert shared her successful experience of rehabilitating a child from the family that had to evacuate from the city of Kakhovka during hostilities.

Archpriest Georgy Artaryan, rector of the Holy Trinity church in the village of Dolgoderevenskoye, Sosnovsky district, Chelyabinsk region, and **Ms. Svetlana F. Abalmazova**, who is an assistant to the dean for social work, assistant to the head of the Crisis Center for women and children in the difficult life situations and head of the psychological assistance service at the Holy Trinity church, presented a report entitled "Providing spiritual and psychological assistance to the SMO participants and their family members: planning the work at the parish and cooperation with secular institutions and socially oriented noncommercial organizations. "

The speakers said that active social work has been carried out at their church since 2008. A social and psychological assistance center was set up, and the 'Hope' center for women and children in difficult life situations was built on the parish territory. Complex assistance has been provided to many vulnerable families living nearby; a family club has been working at the church for 14 years. The parish actively cooperates with state and local public organizations.

The parish has accumulated deep experience in social work and has been providing assistance to the families of military personnel since the start of SMO. In 2024, 63 persons, including SMO participants and their family members, turned to us for spiritual and psychological assistance, and we work with all of them every day meticulously and patiently. The most difficult thing, according to the speakers, is counseling the families of the missing participants in military operations. It is also difficult to counsel women whose husbands or sons have returned home with post-traumatic stress disorder (PTSD). It is necessary to teach these women particular rules of behavior in the family and to accept a person who has returned from the SMO greatly changed. Fr. Georgy and the staff of the Center have undergone special training at the Serbsky Institute and have taken training courses on working with those suffering from PTSD organized by the Center for Social Assistance to Families and Children in Rostov-on-Don. Also, they set up a community of psychologists in their region and developed a 'roadmap' for future work.

Ms. Yelena I. Milovanova, coordinator of the church service of spiritual and psychological assistance to combatants and their families in the Voronezh diocese, spoke on the topic of "Practical aspects of supporting families of the SMO participants, including those killed and missing in action." She spoke in detail about the specifics of the condition of women whose husbands or sons are missing in action, and about the assistance that Orthodox psychologists provide to them. Assistance to widows can differ, but they still need constant psychological counseling. Ms. Milovanova noted that psychologists must remain in touch with persons under their care even in case they stop coming to consultations. These people should feel that help is nearby. She added that it was easier for Orthodox psychologists to work with church-going women who feel their relationship with the Lord and draw strength from prayer.

Ms. Yelena M. Koroleva, psychologist and social worker at the Religious Education Center named after protopresbyter Alexander Zhelobovsky at the Cathedral of Ss. Athanasius and Theodosius of Cherepovets in Cherepovets diocese, presented a report on "Spiritual and psychological help to participants in military operations and members of their families in the context of the Cherepovets diocese." In this diocese, a Coordination center for assistance to the families of the mobilized was set up, on the basis of which a hotline and support groups for the wives of the mobilized operate, humanitarian aid is collected, and work with volunteers is carried out. The center trains child crisis psychologists, volunteer leaders, and social workers. Various projects have been started to support the

families of servicemen, such as a sewing workshop, a 'Hearth' family club, special groups for the elderly mothers of military personnel, and the like. A mobile team renders assistance to people in small municipal districts that do not have their own psychologists. Various forms of activity allow involving parishioners and specialists in this work. Also, church communities grow stronger as parishioners socialize and become more willing to be supportive of each other's needs. At their request, groups for studying the Gospel led by a priest have begun to work.

Ms. Angelina M. Belanova, psychologist at the Military Clinical Hospital No. 1602 of the Russian Ministry of Defense and a postgraduate student at the Russian Christian Academy for the Humanities named after Fyodor Dostoyevsky, spoke about the experience of providing spiritual, moral and psychological assistance to combatants being treated in military hospitals after their stay in extreme situations. She told the participants about the service of the sisters of mercy and priests that began in the first half of the 90s at the hospital in Rostov. In the early 2000s, they come to the hospitals in Moscow, St. Petersburg, and Vladikavkaz. The participants of the conference on diaconal initiatives held in Pleskovo in 2004 suggested regular meetings of sisterhoods from different cities. These meetings helped build close cooperation among them and, most importantly, keep continuity in the nursing of wounded servicemen during their transfer from one hospital to another and also after discharge. "If you start providing spiritual and moral assistance at an early stage, then the severity of the post-traumatic condition can be softened and even stopped, especially if the person starts going to church," Ms. Belanova said. Sisters of mercy should work together with an experienced priest and treat people under their care as their sons, brothers, or grandsons. The famous Orthodox psychologist and psychotherapist, Fyodor Ye. Vasilyuk, called this approach "maternal psychotherapy." Sisters of mercy continued their service in hospitals during terrorist attacks and military conflicts. The wounded in different conflicts differ from one another and hence need different approach. Since the beginning of the special military operation, nurses and volunteers have been trained to work in hospitals. It is important to pass on the experience gained earlier and set up groups for the wives and mothers of servicemen at parishes to teach them to understand the conditions of their loved ones and other soldiers and provide them with proper and effective support.

At the conclusion of the meeting, **priest Petr Zorin** shared his experience of pastoral care of participants in the special military operation. He mentioned the particulars of his talks with servicemen held for strengthening them spiritually and psychologically. Fr. Petr believes it is important to provide them with a spiritual 'tool' with which they themselves can cope with their experiences, such as pain of losing their comrade-in-arms and the like. By the 'tool' he means searching for meaning and planning for the future, i.e. prospects for the life to come. According to his observations, soldiers who had been church-ed before the military operation move up to command positions rather quickly. He explains it by the fact that a church-goer learns to be useful to others, this being obvious in military conditions. Fr. Peter gave some advice to church social workers dealing with the families of the participants in the

special military operation on how a family can strengthen and sustain a soldier coming home on leave.

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