

Quick Reference on Mental Health for Faith Leaders

MENTAL ILLNESS IS COMMON

In the United States in the last year:

- Any mental illness - nearly 1 in 5 people (19%)
- Serious mental illness - 1 in 24 people (4.1%)
- Substance use disorder - 1 in 12 people (8.5%)

Suicide is the 10th leading cause of death in the U.S.

OBSERVABLE SIGNS: Some Signs That May Raise a Concern About Mental Illness

These observations **may** help identify an individual with a mental illness; they are not definitive signs of mental illness. Further mental health clinical assessment may be needed.

CATEGORIES OF OBSERVATION	EXAMPLES OF OBSERVATIONS <i>Does something not make sense in context?</i>
Cognition: Understanding of situation, memory, concentration	<ul style="list-style-type: none"> ▪ Seems confused or disoriented to person, time, place ▪ Has gaps in memory, answers questions inappropriately
Affect/Mood: Eye contact, outbursts of emotion/indifference	<ul style="list-style-type: none"> ▪ Appears sad/depressed or overly high-spirited ▪ Overwhelmed by circumstances, switches emotions abruptly
Speech: Pace, continuity, vocabulary <i>(Is there difficulty with English language?)</i>	<ul style="list-style-type: none"> ▪ Speaks too quickly or too slowly, misses words ▪ Stutters or has long pauses in speech
Thought Patterns and Logic: Rationality, tempo, grasp of reality	<ul style="list-style-type: none"> ▪ Expresses racing, disconnected thoughts ▪ Expresses bizarre ideas, responds to unusual voices/visions
Appearance: Hygiene, attire, behavioral mannerisms	<ul style="list-style-type: none"> ▪ Appears disheveled; poor hygiene, inappropriate attire ▪ Trembles or shakes, is unable to sit or stand still (unexplained)

COMMUNICATION: When a Mental Health Condition Is Affecting an Individual

- Speak slowly and clearly; express empathy and compassion
- Treat the individual with the respect you would give any other person
- Listen; remember that feelings and thoughts are real even if not based in reality
- Give praise to acknowledge/encourage progress, no matter how small; ignore flaws
- If you don't know the person, don't initiate any physical contact or touching

EXAMPLES OF COMMON OBSERVATIONS	RECOMMENDATIONS FOR RESPONSES
Loss of hope: appears sad, desperate	<ul style="list-style-type: none"> ▪ As appropriate, instill hope for a positive end result ▪ To the extent possible, establish personal connection
Loss of control: appears angry, irritable	<ul style="list-style-type: none"> ▪ Listen, defuse, deflect; ask why s/he is upset ▪ Avoid threats and confrontation
Appears anxious, fearful, panicky	<ul style="list-style-type: none"> ▪ Stay calm; reassure and calm the individual ▪ Seek to understand
Has trouble concentrating	<ul style="list-style-type: none"> ▪ Be brief; repeat if necessary ▪ Clarify what you are hearing from the individual
Is overstimulated	<ul style="list-style-type: none"> ▪ Limit input ▪ Don't force discussion
Appears confused or disoriented; believes delusions (false beliefs, e.g., paranoia)	<ul style="list-style-type: none"> ▪ Use simple language; empathize; don't argue ▪ Ground individual in the here and now

For more information, see *Mental Health: A Guide for Faith Leaders*, www.psychiatry.org/faith

IMMEDIATE CONCERN: Approaching a Person With an Urgent Mental Health Concern

- Before interacting, consider **safety** for yourself, the individual, and others
- Is there a family member or friend who can help?
- Find a good, safe place (for both) to talk
- Express willingness to be there for the person
- **Seek immediate assistance if a person poses a danger to self or others; call 911**



SUICIDE: Thoughts of suicide should always be taken seriously. A person who is actively suicidal is a psychiatric emergency. Call 911.

WARNING SIGNS OF SUICIDE	RISK FACTORS FOR SUICIDE
<ul style="list-style-type: none"> • Often talking or writing about death or suicide • Comments about being hopeless, helpless, or worthless, no reason for living • Increase in alcohol and/or drug use • Withdrawal from friends, family, and community • Reckless behavior or engaging in risky activities • Dramatic mood changes 	<ul style="list-style-type: none"> • Losses and other events (e.g., death, financial or legal difficulties, relationship breakup, bullying) • Previous suicide attempts • History of trauma or abuse • Having firearms in the home • Chronic physical illness, chronic pain • Exposure to the suicidal behavior of others • History of suicide in family

REFERRAL: Making a Referral to a Mental Health/Medical Professional

WHEN TO MAKE A REFERRAL	DEALING WITH RESISTANCE TO HELP
<p>Assessing the person</p> <ul style="list-style-type: none"> • Level of distress – How much distress, discomfort, or anguish is he/she feeling? How well is he/she able to tolerate, manage or cope? • Level of functioning – Is he/she capable of caring for self? Able to problem solve and make decisions? • Possibility for danger – danger to self or others, including thoughts of suicide or hurting others <p>Tips on making a mental health referral</p> <ul style="list-style-type: none"> • Identify a mental health professional, have a list • Communicate clearly about the need for referral • Make the referral a collaborative process between you and the person and/or family • Reassure person/family you will journey with them • Be clear about the difference between spiritual support and professional clinical care • Follow-up; remain connected; support reintegration • Offer community resources, support groups 	<p>Resistance to seeking help may come from stigma, not acknowledging a problem, past experience, hopelessness, cultural issues, or religious concepts</p> <ul style="list-style-type: none"> • Learn about mental health and treatments to help dispel misunderstandings • Continue to journey with the person/family; seek to understand barriers • Use stories of those who have come through similar situations; help the person realize he/she is not alone and people can recover • Reassure that there are ways to feel better, to be connected, and to be functioning well • If a person of faith, ask how faith can give him or her strength to take steps toward healing

If you believe danger to self or others is imminent, call 911

References

- Substance Abuse and Mental Health Services Administration (SAMHSA)
 National Suicide Prevention Lifeline, *Suicide Prevention*
 American Association of Suicidology, *Warning Signs and Risk Factors*
 Judges Criminal Justice/Mental Health Leadership Initiative, *Judges Guide to Mental Illness*
 Mission Peak Unitarian Universalist Congregation, *Mental Health Information for Ministers*;
 Interfaith Network on Mental Illness, *Caring Clergy Project*

American
Psychiatric
Association

APF American Psychiatric
Foundation
Research. Education. Impact.