

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

Loss of hope: appears sad, desperate

Recommendations for Responses:

- As appropriate, instill hope for a positive end result
- To the extent possible, establish personal connection

Appears anxious, fearful, panicky

Recommendations for Responses:

- Stay calm; reassure and calm the individual
- Seek to understand

Loss of control: appears angry, irritable

Recommendations for Responses:

- Listen, defuse, deflect; ask why he/she is upset
- Avoid threats and confrontation

Has trouble concentrating

Recommendations for Responses:

- Be brief; repeat if necessary
- Clarify what you are hearing from the individual

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; ask if a person with Crisis Intervention Team (CIT) training is available**



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

- 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

RISK FACTORS FOR SUICIDE

- 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

Assessing the person

- **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

Tips on making a mental health referral

- 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

DEALING WITH RESISTANCE TO HELP

Resistance to seeking help may come from stigma, not acknowledging a problem, past experience, hopelessness, cultural issues, or religious concepts

- **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*

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