

# 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>
<b>Cognition:</b> Understanding of situation, memory, concentration	<ul style="list-style-type: none"> <li>• Seems confused or disoriented to person, time, place</li> <li>• Has gaps in memory, answers questions inappropriately</li> </ul>
<b>Affect/Mood:</b> Eye contact, outbursts of emotion/indifference	<ul style="list-style-type: none"> <li>• Appears sad/depressed or overly high-spirited</li> <li>• Overwhelmed by circumstances, switches emotions abruptly</li> </ul>
<b>Speech:</b> Pace, continuity, vocabulary <i>(Is there difficulty with English language?)</i>	<ul style="list-style-type: none"> <li>• Speaks too quickly or too slowly, misses words</li> <li>• Stutters or has long pauses in speech</li> </ul>
<b>Thought Patterns and Logic:</b> Rationality, tempo, grasp of reality	<ul style="list-style-type: none"> <li>• Expresses racing, disconnected thoughts</li> <li>• Expresses bizarre ideas, responds to unusual voices/visions</li> </ul>
<b>Appearance:</b> Hygiene, attire, behavioral mannerisms	<ul style="list-style-type: none"> <li>• Appears disheveled; poor hygiene, inappropriate attire</li> <li>• Trembles or shakes, is unable to sit or stand still (unexplained)</li> </ul>

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

For more information, see *Mental Health: A Guide for Faith Leaders*, [www.psychiatry.org/faith](http://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; 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	RISK FACTORS FOR SUICIDE
<ul style="list-style-type: none"> <li>• Often talking or writing about death or suicide</li> <li>• Comments about being hopeless, helpless, or worthless, no reason for living</li> <li>• Increase in alcohol and/or drug use</li> <li>• Withdrawal from friends, family, and community</li> <li>• Reckless behavior or engaging in risky activities</li> <li>• Dramatic mood changes</li> </ul>	<ul style="list-style-type: none"> <li>• Losses and other events (e.g., death, financial or legal difficulties, relationship breakup, bullying)</li> <li>• Previous suicide attempts</li> <li>• History of trauma or abuse</li> <li>• Having firearms in the home</li> <li>• Chronic physical illness, chronic pain</li> <li>• Exposure to the suicidal behavior of others</li> <li>• History of suicide in family</li> </ul>

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

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

**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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 1000 Wilson Blvd., Suite 1825,  
 Arlington, VA 22209-3901  
[psychiatry.org/faith](http://psychiatry.org/faith)

