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.

<table>
<thead>
<tr>
<th>CATEGORIES OF OBSERVATION</th>
<th>Cognition: Understanding of situation, memory, concentration</th>
<th>Affect/Mood: Eye contact, outbursts of emotion/indifference</th>
<th>Speech: Pace, continuity, vocabulary (Is there difficulty with the English language?)</th>
<th>Thought Patterns and Logic: Rationality, tempo, grasp of reality</th>
<th>Appearance: Hygiene, attire, behavioral mannerisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLES OF OBSERVATIONS</td>
<td>• Seems confused or disoriented to person, time, place</td>
<td>• Appears sad/depressed or overly high-spirited</td>
<td>• Speaks too quickly or too slowly, misses words</td>
<td>• Expresses racing, disconnected thoughts</td>
<td>• Appears disheveled; poor hygiene, inappropriate attire</td>
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<tr>
<td></td>
<td>• Has gaps in memory, answers questions inappropriately</td>
<td>• Overwhelmed by circumstances, switches emotions abruptly</td>
<td>• Stutters or has long pauses in speech</td>
<td>• Expresses bizarre ideas, responds to unusual voices/visions</td>
<td>• Trembles or shakes, is unable to sit or stand still (unexplained)</td>
</tr>
</tbody>
</table>

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

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; 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

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

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