

# 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 10<sup>TH</sup> 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   | <b>Cognition:</b><br>Understanding of situation, memory, concentration  | <b>Affect/Mood:</b><br>Eye contact, outbursts of emotion/indifference   | <b>Speech:</b><br>Pace, continuity, vocabulary<br><i>(Is there difficulty with the English language?)</i>                                       | <b>Thought Patterns and Logic:</b><br>Rationality, tempo, grasp of reality   | <b>Appearance:</b><br>Hygiene, attire, behavioral mannerisms  |
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| <b>EXAMPLES OF OBSERVATIONS</b><br><i>(Does something not make sense in context?)</i> | <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> | <ul style="list-style-type: none"> <li>Appears sad/depressed or overly high-spirited</li> <li>Overwhelmed by circumstances, switches emotions abruptly</li> </ul> | <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> | <ul style="list-style-type: none"> <li>Expresses racing, disconnected thoughts</li> <li>Expresses bizarre ideas, responds to unusual voices/visions</li> </ul> | <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

##### 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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