Mental Health
A Guide for Faith Leaders

AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

Mental Health: A Guide for Faith Leaders

American Psychiatric Association Foundation and the Mental Health and Faith Community Partnership Steering Committee

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Resources

For many who seek psychiatric care, religion and spirituality significantly influence their internal and external lives and are an important part of healing. The Mental Health and Faith Community Partnership was created to foster dialogue between psychiatrists and faith leaders. This guide is a product of the Partnership.

The Partnership facilitates collaboration among those who work within the different disciplines of faith and psychiatry and who share a common goal of promoting health, healing, and wholeness. It provides a platform for psychiatrists and the faith leaders to learn from each other. Faith leaders can increase their understanding of the best science and evidence-based treatment for psychiatric disorders. Likewise, psychiatrists and the mental health community can learn from spiritual leaders and increase their understanding of the role of spirituality in recovery and the support faith leaders can provide.

Because religion and spirituality often play a vital role in healing, people experiencing mental health concerns often turn first to a faith leader. From a public-health perspective, faith community leaders are gatekeepers or "first responders" when individuals and families face mental health or substance use problems. In that role they can help dispel misunderstandings, reduce stigma associated with mental illness and treatment, and facilitate access to treatment for those in need.

> "People experiencing mental health concerns often turn first to a faith leader."

This guide provides information to help faith leaders work with members of their congregations and their families who are facing mental health challenges. Its goal is to help faith leaders understand more about mental health, mental illness, and treatment, and help break down the barriers that prevent people from seeking the care they need.

The Partnership and this guide are working to foster respectful, collaborative relationships between mental health professionals and faith community leaders that will lead to improved quality of care for individuals facing mental health challenges.

For more information see **psychiatry.org/faith**.

Part I
Mental Health Overview

What is Mental Illness?

Mental illnesses are health conditions involving significant changes in thinking, emotion, or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work, or family activities.

Mental illness is common[1]: nearly 1 in 5 (19%) U.S. adults experiences some form of mental illness in a given year; 1 in 24 (4.1 %) has a serious mental illness; and 1 in 12 (8.5%) has a substance use disorder. Mental illness is treatable. The vast majority of individuals with mental illness continue to function in their daily lives.

MENTAL HEALTH....	MENTAL ILLNESS....
Mental health involves effective functioning in daily activities resulting in ▪ Productive activities (work, school, caregiving) ▪ Fulfilling relationships ▪ Ability to adapt to change and cope with adversity	**Mental illness refers collectively to all diagnosable mental disorders—health conditions involving** ▪ Significant changes in thinking, emotion, and/or behavior ▪ Distress and/or problems functioning in social, work, or family activities.

Mental health is

- the foundation for thinking, communication, learning, resilience, and self-esteem
- key to personal well-being, relationships, and contributing to community or society

Many people who have a mental illness do not want to talk about it. But mental illness is nothing to be ashamed of! It is a medical condition, just like heart disease or diabetes. And mental illnesses are treatable. We now know much more about how the human brain works, and treatments are available to help people successfully manage mental illnesses.

Mental illness does not discriminate; it can affect anyone regardless of one's age, gender, income, social status, race/ethnicity, religion/spirituality, sexual orientation, background, or other aspect of cultural identity. While mental illness can occur at any age, three-fourths of all mental illness begins by age 24.

It is not always clear when a problem with mood or thinking has become serious enough to be a mental health concern. Sometimes, for example, a depressed mood is normal, such as when a person experiences the loss of a loved one. But if that depressed mood continues to cause distress or gets in the way of normal functioning, the person may benefit from professional care.

[1]Sources: National Institute of Mental Health and Substance Abuse and Mental Health Service Administration. For these data, serious mental illness is defined as a mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities (for example, major depressive disorder, schizophrenia, bipolar disorder).

Common Mental Illnesses

Mental illnesses take many forms. Some are fairly mild and only interfere in limited ways with daily life, such as certain phobias (abnormal fears). Other mental illnesses are so severe that a person may need care in a hospital. Mental health conditions can affect different aspects of a person, including personality, thinking, perception, mood, behavior, or judgment. The following are short descriptions of some common mental illnesses:

Anxiety Disorders

Anxiety is a reaction to fear or stress. Everyone feels anxious sometimes, such as when speaking in front of a group or taking a test. A person may feel his/her heart beating faster, or may be short of breath or feel sick. Normal anxiety can usually be controlled and does not last much longer than the situation that triggers it.

When anxiety becomes excessive, involves unfounded dread of everyday situations, and interferes with a person's life, it may be an anxiety disorder. Nearly 30% of people will experience an anxiety disorder at some time in their lives. Anxiety disorders take many forms.

- **Panic disorder** is a sudden attack of fear or terror. Symptoms may include a pounding heart, sweating, weakness, dizziness, or smothering sensations. People having a panic attack often fear they are about to be harmed and feel that they are not in control.
- **Obsessive-compulsive disorder** (OCD) involves frequent upsetting thoughts (obsessions) that cause anxiety. People with OCD usually do things over and over (compulsions) to try to control their thoughts and anxiety. For example, a person might be afraid the stove was left on and return again and again to check.
- **Social anxiety disorder** involves extreme anxiety around others. A person may be very afraid they are being watched or judged by others. The fear of being embarrassed may be so strong that it disrupts relationships, work, and other activities.
- **Agoraphobia** involves avoidance of situations where escape may be difficult or embarrassing or help might not be available if panic symptoms occur. The fear is out of proportion to the actual situation, lasts six months or more, and causes problems in functioning.
- **A specific phobia** is an intense fear or anxiety that is out of proportion to the actual risk or danger posed by the object of the fear. Some common specific phobias are fear of enclosed spaces, open spaces, heights, flying, and blood.
- **Generalized anxiety disorder** (GAD) involves excessive anxiety and worry more days than not for at least six months. The worry is about a number of events or activities and is hard to control. The constant worrying causes distress and disrupts relationships, work, and other activities.

Depression

Depression is a potentially serious medical condition that affects how a person feels, thinks, and acts. The primary signs of major depression are that the person feels sad or has no interest or pleasure in normal activities for most of 2 weeks. Activities such as eating, socializing, sex, or recreation lose their appeal. Other symptoms:

- Changes in appetite
- Sleep changes (sleeping too much or being unable to sleep)
- Agitation, restlessness, or changes in motor movement
- Feelings of worthlessness or guilt
- Problems thinking, concentrating, or making decisions
- Lack of energy, fatigue
- Thoughts of death or suicide

Depression is more intense and long-lasting than normal sadness. It can develop slowly, draining the energy, pleasure, and meaning from a person's life. About 7% of adults experience major depression in any given year and one in five women will experience it in their lifetime. Some people may express depression differently. For example, some people who are depressed may be more likely to complain of body aches or other physical symptoms than of mood or emotional symptoms.

More information about the full range of mental disorders is available in *Understanding Mental Disorders: Your Guide to the DSM-5*. It is based on the latest, fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*—known as *DSM-5. DSM-5* specifies symptoms that must be present for a given mental disorder diagnosis and is used by mental health professionals around the world.

Like anxiety, depression can take different forms.

- **Major depressive disorder** causes a person to feel deeply sad and unable to enjoy previously enjoyed activities for at least two weeks. Jobs, relationships, and life activities can be affected.
- **Persistent depressive disorder** (previously called dysthymic disorder) is a milder form of depression that persists for years at a time. People with dysthymia may feel gloomy, irritable, or tired much of the time. They may feel hopeless and have difficulty sleeping or concentrating. Their depressed mood can interfere with their relationships, work, and enjoyment of life.
- **Postpartum depression** refers to symptoms of major depression in a mother just before or after her baby is born (depression with peripartum onset).

Bipolar Disorder

Bipolar disorder can cause dramatic mood swings, from feeling high and energetic to feeling very low, sad, and hopeless. The periods of highs and lows are called episodes of mania or hypomania (lower grades of mania) and depression. During a manic episode, a person may speak rapidly, feel little need for sleep, and become involved in activities with a high potential for risk or pain. During a depressive episode, a person may feel despair, hopelessness, or fatigue. People with bipolar disorder are at higher risk than the general population for alcohol or substance misuse.

Schizophrenia

Schizophrenia is a chronic serious mental illness that usually begins in a person's 20s. When untreated, it can cause people to have psychotic thinking (impaired perception of reality and ability to communicate), delusions (fixed, false beliefs), or hallucinations (seeing or hearing things that aren't real). Some people with schizophrenia do not recognize that they have a mental illness. Treatment can help relieve many symptoms of schizophrenia, but most people with this illness cope with symptoms their entire lives. Nonetheless, many people with schizophrenia live successfully in their communities and lead rewarding lives.

Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD) can occur after a person has experienced or witnessed a situation involving harm or the threat of harm. People with PTSD may startle easily or be unable to feel positive emotions. They may experience flashbacks of the event that triggered the disorder and be quick to anger.

Addiction/Substance Use Disorders

Addiction is a chronic brain disease that causes compulsive substance use despite harmful consequences. As a result of research, we now know more about how addiction affects the brain and behavior.

Addictive Disorders, incuding substance use disorders and gambling disorder, are mental illnesses defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5®). People take drugs for a variety of reasons—to feel good, to feel better (for example, overcome distressing feelings), to do better, out of curiosity, or because peers are doing it. An initial decision to take drugs is usually voluntary, but with continued use changes take place in the brain impairing a person's self-control and judgment. At the same time, the addiction produces intense impulses to take drugs.

Many people experience both addiction and another mental illness. Mental health conditions may precede addiction; drug misuse may also trigger or exacerbate a mental illness.

Stopping drug use is just one part of the recovery process, and relapse can occur often during the recovery process. Addiction affects many aspects of a person's life, so treatment must address the needs of the whole person to be successful. These needs could be medical, psychological, social, or vocational.

Treatment may include behavioral therapy, motivational interviewing, and medication and should be tailored to the individual's circumstances and needs. Support groups (such as Alcoholics Anonymous, Narcotics Anonymous, and others) are a central part of recovery for many people.

Risk and Protective Factors for Drug Misuse and Addiction

RISK FACTORS	PROTECTIVE FACTORS
Aggressive behavior in childhood	Good self-control
Lack of parental supervision	Parental monitoring and support
Poor social skills	Positive relationships
Drug experimentation	Academic competence
Availability of drugs at school	School anti-drug policies
Community poverty	Neighborhood pride

Source: National Institute on Drug Abuse

Suicide

Suicide is the 10th leading cause of death in the United States (the third leading cause for youth aged 10 to 14; the second leading cause for people aged 15 to 34). Each year in the Unites States, an estimated 37,000 people die by suicide and 1 million people attempt suicide, according to the Centers for Disease Control and Prevention. Men are nearly four times more likely than women to take their own lives.

Suicide can be prevented. Risk of suicide can be minimized by knowing the risk factors and recognizing the warning signs.

Warning Signs of Suicide[2]

Changes in behavior can be warning signs that someone may be thinking about or planning suicide.

- Often talking or writing about death, dying, or suicide when these actions are out of the ordinary
- Making comments about being hopeless, helpless, or worthless
- Expressions of having no reason for living; no sense of purpose in life; saying things like "It would be better if I wasn't here" or "I want out"
- Increased alcohol and/or drug use
- Withdrawal from friends, family, and community
- Reckless behavior or more risky activities, seemingly without thinking
- Dramatic mood changes
- Giving away prized possessions, putting affairs in order, tying up loose ends, changing a will

National Suicide Prevention Lifeline

1-800-273-TALK (8255), has trained counselors available 24/7 and can refer to local resources.

Risk Factors for Suicide[2]

Certain events and circumstances may increase risk.

- Losses and other events (for example, the breakup of a relationship or a death, academic failures, legal difficulties, financial difficulties, bullying)
- Previous suicide attempts
- History of trauma or abuse
- Keeping firearms in the home
- Chronic physical illness, including chronic pain
- Exposure to the suicidal behavior of others
- A history of suicide in the family

[2]Adapted from: *Suicide Risk Factors*, Substance Abuse and Mental Health Services Administration, and *Warning Signs and Risk Factors*, American Association of Suicidology

Diagnosis

Some mental illnesses can be related to or mimic a medical condition. Therefore a mental health diagnosis typically involves a full evaluation including a physical exam. This may include blood work or neurological tests.

The diagnosis of a mental health condition helps clinicians to develop treatment plans with their patients. However, the diagnosis of a mental disorder is not the same as a need for treatment. Need for treatment takes into consideration the severity of the symptoms, level of distress, and extent of disability associated with the symptom(s), risks and benefits of available treatments, and other factors (for example, psychiatric symptoms complicating other illness).

Each person is unique and may express or describe mental disorders in different ways. The level of distress and effect on daily living are important considerations in diagnosis and treatment.

Mental Health and Culture: People of diverse cultures and backgrounds may express mental health conditions differently. For example, some people are more likely to come to a health care professional with complaints of physical symptoms that are caused by a mental health condition. Some other cultures view and describe mental health conditions in different ways from most doctors in the United States.

Mental Health and Religion/Spirituality: A person might express to either a clinician or more likely to a faith leader experiences such as receiving a message from "God," punishment for sin, a calling to a "great holy cause," possession by "evil spirits," or persecution because of a conviction of "spiritual closeness." It is important to distinguish whether these are symptoms of a mental disorder (for example, delusions, auditory or visual hallucinations, and paranoia), distressing experiences of a religious or spiritual problem, or both. (See box on Religion and Spirituality in Psychiatric Diagnosis.)

Mental health illnesses that may have symptoms with a religious or spiritual content include psychotic disorders (for example, schizophrenia, schizoaffective disorder), mood disorders (for example, major depression, bipolar disorders), and substance use disorders, among others.

Also, for a person of faith, having a mental illness may be seen as a spiritual concern or problem, just as having cancer or a heart attack would.

Religion and Spirituality in Psychiatric Diagnosis

Religion and spirituality are addressed in the American Psychiatric Association's handbook of diagnostic classification (DSM-5*) in the chapter on "Other Conditions That May Be a Focus of Clinical Attention." These conditions, which are not mental disorders, may affect the diagnosis, course, prognosis, or treatment of a patient's mental disorder and as such deserve attention in the course of treatment.

From *DSM-5:*
Religious or Spiritual Problem *This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution.*

**Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*

Mental Health Treatment

Mental health conditions are treatable, and improvement is possible. Many people with mental health conditions return to full functioning.

Mental health treatment is based upon an individualized treatment plan developed collaboratively with a mental health clinician and an individual (and family members if the individual desires). It may include psychotherapy (talk therapy), medication, or other treatments. Often a combination of therapy and medication is most effective. Complementary and alternative therapies are also increasingly being used.

Self-help and support, including by a faith community and its leaders, can be very important to an individual's coping, recovery, and well-being. A comprehensive treatment plan may also include individual actions (for example, lifestyle changes, support groups, exercise, and so on) that enhance recovery and well-being. Psychiatrists and other mental health clinicians help individuals and families understand mental illnesses and what they can do to control or cope with symptoms in order to improve health, wellness, and function.

Talk Therapy

While medications can be an important part of treating many mental health conditions, medications alone may not be enough. They cannot heal damaged relationships or give insight into challenges. These are things that require reflection, thinking, talking, and, for some, praying. Therapists can be extremely helpful in this vital part of recovery; they are trained to help with these problems in a nonjudgmental way.

Psychotherapy—sometimes called "talk therapy"—involves a series of meetings with a trained therapist. Since mental health conditions often cause complicated problems affecting many parts of a person's life, relationships may suffer and it may be difficult to work, think clearly, or make good decisions. Talking openly to a trusted person can be comforting and can help one see problems or situations more clearly.

There are many types of psychotherapies. Specific types work better for some types of mental health conditions.

- **Cognitive-behavioral therapy** (CBT) helps people identify and change negative or irrational thought patterns that lead to unhelpful behaviors.
- **Behavioral therapy** is based on principles of learning and aims to reinforce desired behaviors while eliminating undesired behaviors.
- **Family therapy** provides a safe place for family members to share feelings, learn better ways to interact with each other, and find solutions to problems.
- **Group therapy** typically involves a group of people dealing with the same or a similar mental health condition. Discussion is guided by a trained therapist. It can be very reassuring and helpful to hear from others who are facing the same challenges and share experiences.
- **Interpersonal therapy** is used to help patients understand underlying interpersonal issues that are troublesome, like unresolved grief and problems relating to others.

Medications for Mental Health Conditions

Just as many people take medications daily for diabetes or high blood pressure, many people take a medication daily for a mental health condition. Medication can help calm anxiety, lift depression, and improve attention. Age, individual needs, overall health, and personal preferences are important considerations in making decisions about medication in treatment.

Some Tips for Getting Best Results From Medication

- Follow doctor's directions on how (e.g., with food) and when (e.g., time of day) to take the medication
- Ask about possible side effects and how to cope
- Make sure your doctor knows about any other medicines you are taking (including over-the-counter)
- Do not stop or change dose of medication without talking with your doctor
- Pay attention and note how the medication is working and any side effects
- Talk to your doctor about any questions or concerns

Some medication for mental health conditions are taken every day, even when the person feels better, just as they are with diabetes or high blood pressure. In some cases, medications for conditions such as ADHD, depression, anxiety, and schizophrenia may need to be taken on a long-term basis. Other medications are taken only when a person needs them. Some medications help prevent the symptoms of an illness such as depression from returning. Successful medication use requires close communication with the health care professional.

Before taking medication, people should ask about and understand the purpose and effects of the medication, how to take it, and possible side effects. People should talk with the health care professional when they are experiencing bothersome side effects or feel that something is not right.

Psychiatrists and other physicians (who have more than eight years clinical training) take into account each person's needs and symptoms when determining medications to prescribe. They will consider such factors as general medical health and history, allergies, lifestyle, age, family history, and benefits and risks of medication (potential to be habit forming, interaction with other medications, side effects).

Peer Support Services

Peer services can be an important part of recovery-oriented mental health and substance use treatment—helping people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services are delivered by individuals who have been successful in the process of recovery from mental health and/or substance use conditions. Peer specialists model recovery, teach skills, and offer supports to help people experiencing mental health/substance use challenges to lead meaningful lives in the community. Because these services are delivered by peers who have been successful in the recovery process, they carry a powerful message of hope. Peer support

Classes of Medications

CLASS OF MEDICATIONS	CONDITIONS TREATED	ADDITIONAL INFORMATION
Antidepressants	Depression, panic disorder, PTSD, anxiety, obsessive-compulsive disorder, borderline personality disorder, bulimia nervosa	May take 3-4 weeks for full effect, longer if dose is gradually increased
Antipsychotic medications	Psychotic symptoms (delusions and hallucinations), schizophrenia, bipolar disorder, dementia, autism spectrum disorder	Some side effects can be extreme but can be treated
Mood stabilizers	Bipolar disorder	
Sedatives, Hypnotics, and Anxiolytics	Sedatives and Anxiolytics: anxiety, insomnia Hypnotics: to cause and maintain sleep, pain disorder	Benzodiazepines (one class of anxiolytics) can be habit forming; Hypnotics are prescribed for a brief time only
Stimulants	ADHD	Most commonly prescribed for children

Source: APA, Understanding Mental Disorders: Your Guide to DSM-5

specialists' roles can include peer-wellness coaching, education and advocacy, support-group facilitation, and assistance navigating community services and supports. Peer specialists supplement existing treatment.

Alternative Therapies

Many people turn to alternative health therapies, such as herbal remedies. It is important to discuss with the health care professional any medication being used, including alternative therapies and over-the-counter medications being used, since some herbal products and over-

> "Because peer support services are delivered by people who have been successful in the recovery process, they carry a powerful message of hope."

the-counter medications can change the way other medicines work in the body.

Support and Self-Help

People can boost chances of recovery from a mental health condition and help maintain wellness in many ways.:

Exercise

Exercise is one of the best things a person can do to improve body, mind, and mood. This doesn't mean having to go to a gym or do anything elaborate or intense. Brisk walking can be a fine exercise. Even walking five or 10 minutes a day is a start; building up to at least 30 minutes a day might be a goal.

Yoga

The many forms of yoga combine poses that stretch and tone muscles and breathing exercises that can help relieve stress and tension. Some studies find that people who practice yoga feel more positive and more energetic.

Relaxation Techniques

Meditation can help give a sense of calm and balance and help improve emotional well-being and overall health. Many techniques are available to help relax muscles and calm the mind. A common technique is to focus on breathing while sitting comfortably, with muscles relaxed and eyes closed. If distracted by thoughts, the mind is gently redirected back to breathing. This is continued for 10 to 20 minutes.

Support Groups

Many types of support groups are available, online or in person, to help with mental health and substance use concerns. Joining such groups can provide an opportunity to learn how other people are coping, hear their stories, ask questions, talk about personal experiences, and help others. Groups can be facilitated by professionals or by members of the group.

A Role for Spirituality

Studies show that people involved in a religious or spiritual group of some kind have a lower risk of premature death or illness than those not involved. The reasons for this apparent benefit are not well understood. But the fellowship, goodwill, and emotional support offered by religious or spiritual groups may also promote healthy living and mental health. Some faith communities offer pastoral counseling services, which can be an additional support to therapy and/or medication, and may help people cope with mental health challenges.

Correcting Myths About Mental Illness

- An expected or culturally accepted reaction to a loss or difficulty, such as the death of a loved one, is not a mental illness. It is common at times to have feelings of being down, anxious, afraid, or angry.
- Socially problematic behavior (for example, political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illnesses.
- Mental illnesses are not caused by personal weakness or lack of character.

> Mental illness is nothing to be ashamed of! It is a medical problem, just like heart disease or diabetes.

Types of Mental Health Professionals

Psychiatrists are medical doctors (M.D.s or D.O.s) who specialize in the diagnosis, treatment, and prevention of mental illnesses, including substance use disorders. Among the treatments they use are medication and talk therapy.

Psychologists have doctoral degrees (Ph.D. or Psy.D.) and special training in mental health conditions. They most often help people with mental illnesses by providing testing and psychotherapy.

Clinical social workers address individual and family problems such as serious mental illness, substance abuse, and domestic conflict through counseling, therapy, and advocacy. Most have a master's degree in social work.

Psychiatric nurses work with individuals, families, groups, and communities, assessing and helping to treat their mental health needs.

Licensed professional counselors assist people with many types of problems, including mental health issues.

Certified pastoral counselors have in-depth religious and/or theological training and training and experience in counseling.

Licensed marriage and family therapists often provide treatment within the context of one's family or relationship dyad.

Primary care clinicians (physicians, physician assistants, and nurse practitioners) are often the first to identify and address mental health concerns.

What to Expect from a Mental Health Professional

Everyone deserves quality care. High-quality mental health professionals

- **Care about all aspects of the person's life** and may be able to suggest other people to talk with about needs such as housing, financial aid, or childcare.
- **Take a detailed history** that includes asking about cultural concepts of distress, cultural identity, religious/spiritual beliefs, and supports and stressors.
- **Ask about medical problems**, such as diabetes and high blood pressure, and other illnesses such as HIV.
- **Clearly explain** any diagnosis and possible treatment options—including talk therapy and medications, as well as possible side effects—and self-help techniques like exercise and support groups.
- **Review medication regularly** and adjust treatment when necessary.
- **Include family members** or friends from the community when appropriate.

The Connection Between Mental and Physical Conditions

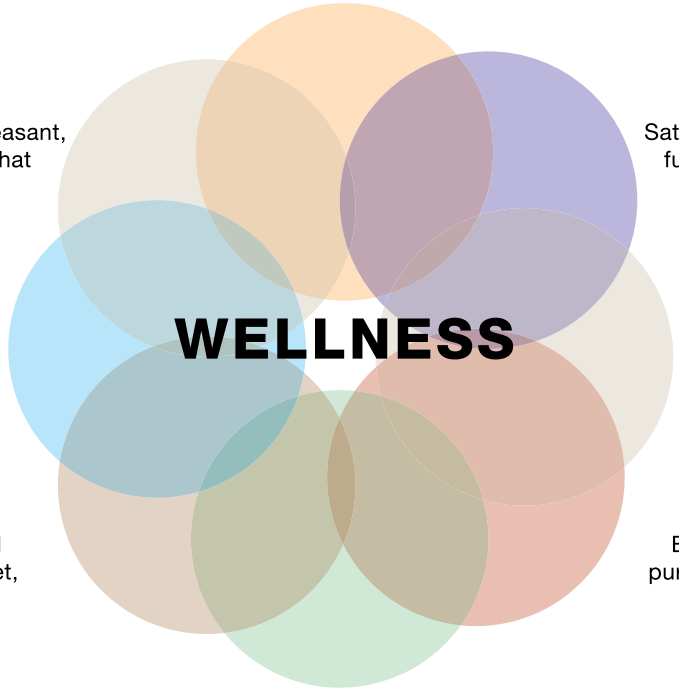
Mind and body are connected in many important ways. Problems that first affect the mind can later increase a person's risk for physical problems, such as diabetes, high blood pressure, or malnutrition. Conversely, problems that first affect the body, such as a disease or an accident, can affect mental health (i.e., emotions, thinking, and mood).

- **68% of adults with mental disorders** also have medical conditions
- **29% of adults with medical conditions** also have mental disorders[3]

Adults living with serious mental illness die on average many years earlier than other Americans, largely due to treatable medical conditions.

[3]Robert Wood Johnson Foundation. 2011. Policy Brief: Mental disorders and medical comorbidity.

Recovery, Wellness and Building Resilience[4]



A Holistic Guide to Whole-Person Wellness

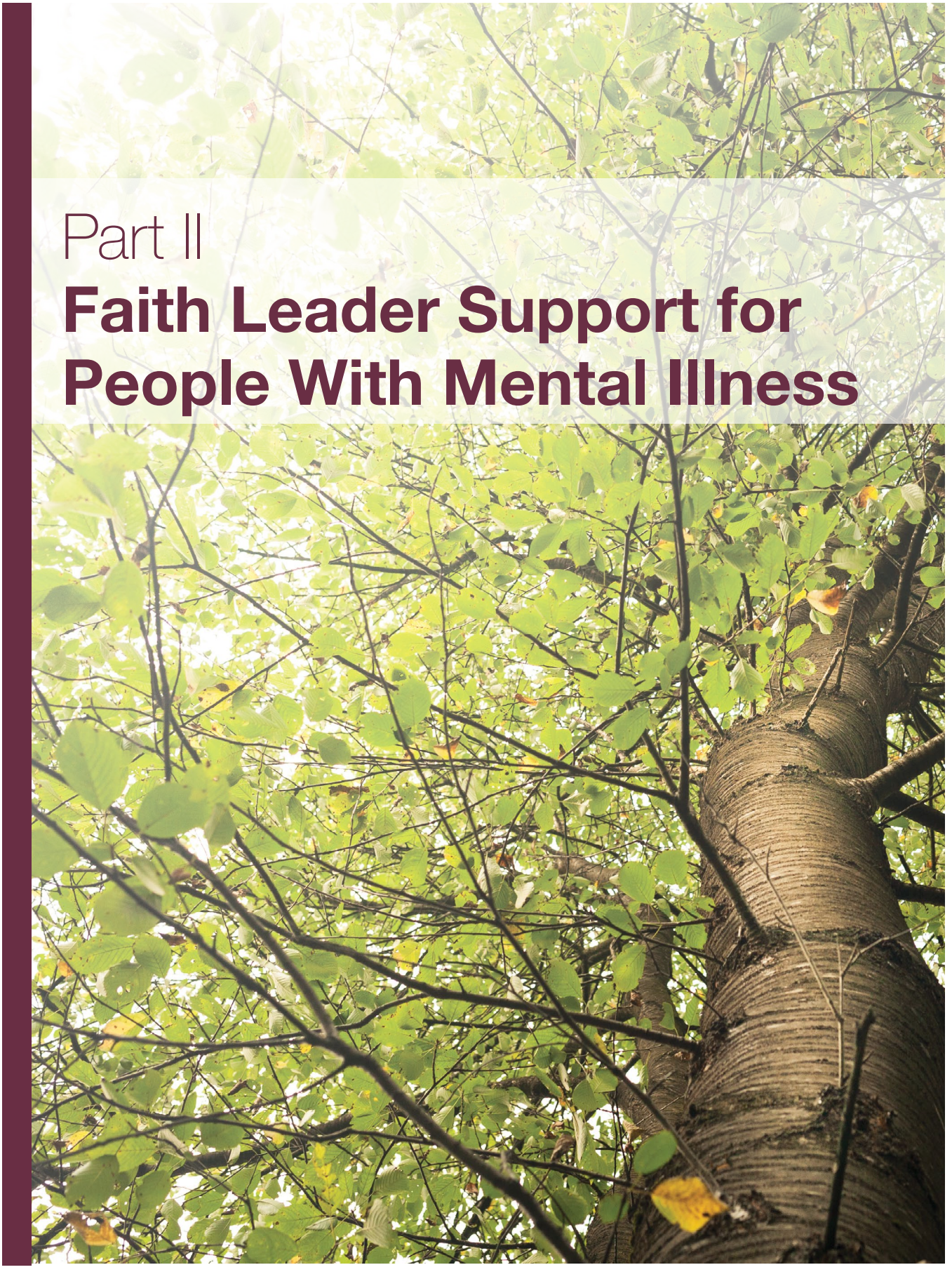
Wellness means overall well-being. For people with mental health and substance use conditions, wellness is not simply the absence of disease, illness, or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life.

Building Resilience and Maintaining Wellness

Being resilient means a person is able to cope with challenges, trauma, threats, or other forms of stress. Getting help for mental health conditions can improve one's ability to take other steps to build resilience. To strengthen resilience, people need to:

- Build connections with family and friends
- Accept that change is a part of living—some goals may no longer be attainable as a result of changing situations
- Reach out to help others
- Develop realistic goals and take small, regular steps toward them
- Look for growth in loss
- Nurture a positive view of yourself
- Trust instincts
- Take care of themselves; they can't help others if they are unwell themselves
- Boost mental health by remembering that the mind and body are connected—eat right, exercise, get enough sleep, and take care of health problems promptly
- Avoid alcohol and other drugs

[4]From the SAMHSA Wellness Initiative



Part II
Faith Leader Support for People With Mental Illness

Introduction

Faith leaders are official leaders of religious congregations whose primary responsibility is to provide for the spiritual development and care of their congregations. Faith leaders encounter individuals with mental health conditions in a number of circumstances that require different approaches. They are always called to see the *person* rather than the *illness* first, and to understand their own religious assumptions regarding the role of the divine in their encounters with others. They can and should work with trained volunteer members of their congregations to help other members who are experiencing mental health challenges.

See also the companion to this guide: ***Quick Reference on Mental Health for Faith Leaders***

The following sections provide suggestions and brief guidance on creating a more welcoming environment and helping individuals and families who are facing mental health concerns. Faith leaders can model openness and resilience by encouraging their congregations to cultivate mental, physical, and spiritual well-being and by being open to seeking help for themselves if needed.

How Congregations Can Be More Inclusive and Welcoming

Create a welcoming environment

- Learn about mental illness. Identify myths and stigma through open discussion.
- Mental illness can be isolating for individuals and families. Ensure that they feel welcome in all aspects of your community's spiritual life. Create a safe environment within the place of worship by promoting an atmosphere of openness and inclusiveness.
- Conduct workshops, give sermons, host lectures to reduce and eliminate the stigma of mental illness and create more acceptance in the faith community. Invite a mental health professional to address a religious education class or discussion group.
- Apply a bio-psycho-social-spiritual model, understanding mental illness and substance use not as spiritual weaknesses but as illnesses for which treatment is available.
- Develop an inventory of community resources.
- Encourage faith leaders (imams, rabbis, priests, and other clergy) and lay leaders to take training through a program like Mental Health First Aid[5] to become familiar with the basics of mental health conditions and ways to respond appropriately.
- Identify congregational leaders who can provide support to individuals and families either in the community or when hospitalized. The importance of individual and family privacy should be emphasized.

Provide support to individuals with mental health conditions and their families

- Visit in the hospital or at home.
- Offer prayers for him/her at religious services.
- Phone or send cards or letters.
- Listen and give moral support.
- Offer to shop for food or take a meal.
- Offer help with transportation (to appointments, to attend religious services).
- Offer help with childcare.
- Encourage networking with community support/ advocacy groups.

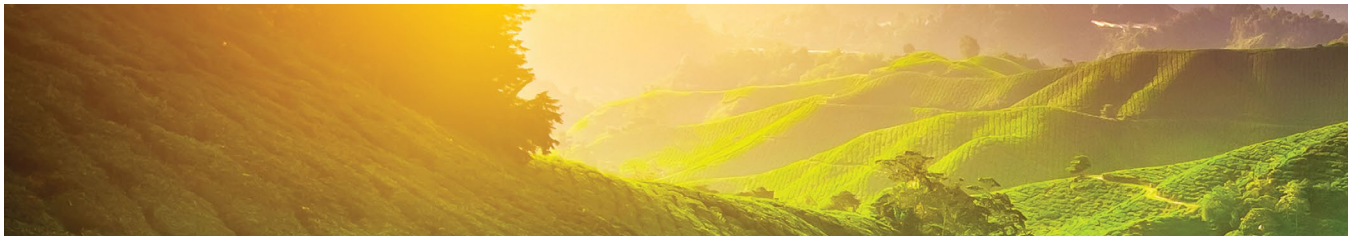
When to Make a Referral to a Mental Health Professional

Often faith leaders are unsure when to refer an individual to a mental health professional.

Situations When Prompt or Immediate Referral to a Clinical Care professional Is Indicated

- When a person poses an immediate danger to self or others.
- When a person demonstrates an emotional or behavioral problem that constitutes a threat to the safety of the person or of those around him/her (for example, suicidal behavior, severe aggressive behavior, an eating disorder that is out of control, self-mutilation like cutting, or other self-destructive behavior).
- Suicide. Thoughts of suicide should always be taken seriously. A person may not share these thoughts with you, but the family members may be aware of concerning behaviors, like isolation. A person who is seriously suicidal should be considered a psychiatric emergency and immediate psychiatric evaluation/ consultation should be sought. Do not hesitate to call 911/Emergency Medical Services (EMS) for assistance; ask if a person with Crisis Intervention Team (CIT) training is available.

[5] Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.



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 – Is there danger to self or others, including thoughts of suicide or risky behavior?

Other Situations That May Require a Referral

- Developmental problems (children/teens)
- Abnormal bereavement (the sadness associated with the death of a loved one may progress to low self-esteem, thoughts of suicide, feelings of guilt, and lack of interest)
- Family dysfunction
- Substance misuse/addiction
- Significant changes in sleep (lack of sleep or sleeping too much can be related to multiple health conditions including depression, anxiety, and posttraumatic stress disorder)
- When you have worked with a person with behavioral or emotional problems for six to eight sessions without meaningful improvement

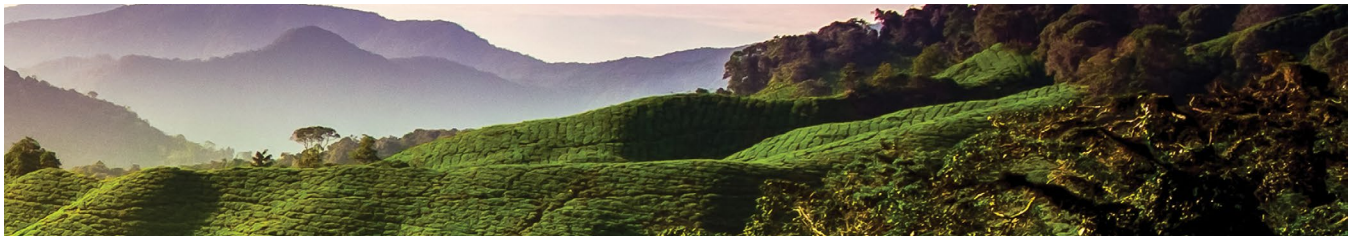
A worrisome sign is diminished social support. The person perceives he/she has no one to depend on or confide in or has recently withdrawn from supports.

If possible, work with a mental health professional who can help triage a situation and recommend the most appropriate resource for the individual's particular needs and circumstances.

Visible Signs That May Raise a Concern About Mental Illness

These categories of observation are provided to help identify whether an individual may have a mental health condition that requires attention by a mental health professional—they are not definitive signs of mental illness.

Categories of Observation	Examples of observations *Does something not make sense in context?*
Cognition Understanding of situation, memory, concentration	Seems confused or disoriented Has gaps in memory of events Answers questions inappropriately
Affect/Mood Eye contact, outbursts of emotion/indifference	Appears sad/depressed or overly high spirited Overcome with hopelessness/overwhelmed by circumstances Switches emotions abruptly
Speech Pace, continuity, vocabulary (Is difficulty with English language an issue?)	Speaks too quickly or too slowly, misses words Uses vocabulary inconsistent with level of education Stutters or has long pauses in speech
Thought Patterns and Logic Rationality, tempo, grasp of reality	Seems to respond to unusual voices/visions Expresses racing, disconnected thoughts Expresses bizarre or unusual ideas
Appearance Hygiene, attire, behavioral mannerisms	Appears disheveled; poor hygiene Trembles or shakes, is unable to sit or stand still (unexplained) Wears inappropriate attire



How to Make a Referral for Mental Health Treatment

- **Communicate clearly about the need for referral**. Make the referral a collaborative process between the person and/or family and the faith leader. "Let us think together about the helping resources that will be of most value to you." Be clear about the difference between spiritual support and professional clinical care**.**
- **Reassure the individual and family that you will journey with them** and will help navigate any obstacles. Seek to understand possible barriers or preconceived ideas that may hinder the process (fears, stigmas, religious misunderstandings, economical challenges, and so on). Ask about medical insurance.
- **If possible, have a list of professionals at hand for immediate reference.** In some instances, it may be helpful to provide help with finding a professional and making an appointment.
- **Follow-up**. Remain connected with the family to see how the situation evolves. Provide the spiritual encouragement necessary to stay the course. Offer community resources (see resources at end). Support the person's re-integration into the faith community.

Keep in mind: Not all individuals/families will immediately accept the need for referral. If this is the case, continue to journey with the family providing guidance (see next section, "Dealing With Resistance").

For emergencies, call 911 or go to the nearest hospital; ask if a person with Crisis Intervention Team (CIT) training is available. If there is a life-threatening situation, the referral process should not precede calling 911 or going to the nearest emergency room.

NATIONAL SUICIDE PREVENTION LIFELINE™ 1-800-273-TALK (8255) suicidepreventionlifeline.org

National Suicide Prevention Lifeline, 1-800-273-TALK (8255), has trained counselors available 24/7 and can refer to local resources.

Dealing With Resistance to Accepting Mental Health Treatment

Remember, the person ***has*** an illness; the person ***is not*** the illness. Mental health and illness involve multiple factors, including biology and neurochemistry, and are not the fault of the person, the family, or anyone else. Faith leaders are in unique positions to educate their congregations about mental health in order to overcome the stigma and shame often associated with mental illness with understanding and acceptance.

- **Acknowledging a problem**. Resistance to treatment may come from the fact that the person does not think he/she has a mental health problem. Helping individuals understand that effective treatment is available for the issues that trouble them is an important first step.
- **Stigma.** Realize that for many people the stigma about mental health conditions, involving stereotypes, prejudice, and discrimination, is a significant part of dealing with the illness itself. This encompasses both public stigma (general population reaction to people with mental illness) and self-stigma (prejudice that people with mental illness turn against themselves). Faith leaders should know enough about mental health conditions to understand the challenges an individual may be facing and be able to comfortably and confidently deal with stigma-related resistance.
- **Past experience with medication.** People may have received mental health treatment in the past, but then decided on their own to stop taking medication. Stopping medication may have been prompted by bothersome side effects or because they felt it was no longer needed. Focusing the conversation on how they were functioning while taking medication as compared with their level of functioning without medication may be helpful in motivating individuals to consider resuming treatment.
- **Support team.** A personal "support team" for someone who is resisting treatment is often a valuable resource. Such a team would be composed of several trusted people who could provide feedback whenever they observed the individual's thinking or behavior interfering with his/her ability to function. A support

team could help the individual over time to see the need to resume treatment.

- **Religious concepts.** At times, religious concepts and understandings may be a source of resistance to treatment. People may "depend on God" for healing or regard receiving psychiatric services as a "lack of faith." They may interpret their symptoms as a "curse" or a "punishment from God." When engaging in conversation and counsel, a faith leader may usefully affirm that "God has given us the ability to develop medicines that are helpful in keeping us well."
- **Hopelessness.** People sometimes avoid or discontinue treatment because they can see no hope in their situation. In fact, hopelessness can be a significant symptom of the mental disorder itself. In some cases faith stories from one's religious tradition that illustrate how people have found "a way forward when there seems to be no way" can facilitate hope. Personal stories of those who have come through times of crisis and resistance can also be effective in conveying an assurance that people can recover if they reach out for help that is available.
- **Perhaps the most helpful is the faith leader's expression of his/her own confident trust that the troubled individual can find the strength to take the next step toward his or her own healing.**

If the resistance becomes extreme and if you think the person who is resisting treatment may hurt himself or herself or someone else, seek immediate assistance; call 911/Emergency Medical Services; ask if a person with Crisis Intervention Team (CIT) training is available.

As a faith leader, you can convey that each person is sacred, is a person of extreme value, and is a person who is loved ultimately.

Distinguishing Religious or Spiritual Problems From Mental Illness

Clinical needs and spiritual concerns are often inextricably intertwined among people of faith. People of faith who have a mental health condition may experience distressing spiritual concerns (for example, Has God forsaken me? Why doesn't God heal me? Is taking medication evidence of a lack of faith?). They may also express distress in a spiritual term consistent with a DSM-5 Religious or Spiritual Problem that is not a mental health condition (for example, prayers not answered, possession by an evil spirit, anxiety over an unforgivable sin, and so on).

In dealing with individuals with both spiritual and mental concerns:

Meet with the individual and/or family to assess the needs and problems they are experiencing. Faith leaders should be clear about the difference between religious/spiritual support and professional clinical treatment.

- Consult the policies and guidelines for pastoral care and counseling adopted by your denomination or faith group. These will usually delineate boundaries for both clergy and congregants regarding how pastoral care is to be practiced.
- Take particular note of issues or concerns that require urgent clinical care. For example, suicidal intent or behavior, despondency, impulses to self-harm or harm others. Immediate referral to a clinical care professional is critical when these concerns or issues arise. The person should be assured that you will be there with spiritual care and support.
- Attend carefully to the language a person uses with you as a faith leader to describe her/his distress. Be aware that mental health conditions are sometimes expressed as religious or spiritual concerns such as committing an "unpardonable" sin, vocational indecision, family problems, and distress that one's prayers are not answered. Recognize that cultural differences exist in understanding mental health versus religious or spiritual issues.
- Resist prematurely understanding a complex situation as entirely related to religion or spirituality. When mental health issues are not readily apparent, a faith leader may appropriately decide to offer religious counsel and spiritual guidance. If after 4 to 6 sessions, the issues still persist and the congregant exhibits a sense of hopelessness and undiminished distress or additional areas of life dysfunction, referral to a clinical professional should be made for further diagnosis, assessment, and treatment with ongoing support from you.

Approaching a Person With an Urgent Mental Health Concern

Determining what is disruptive behavior. Faith leaders should work with their congregations to develop guidelines for defining and assessing disruptive/disturbed behavior. This might include behavior that requires an intervention because it:

- significantly interferes with the purpose or task of a communal gathering or
- threatens harm to self or others.

Disruptive behaviors by individuals should be distinguished from that by persons whose behavior or appearance is different from others but are still able to participate in the service or activity to some extent. Faith leaders should assess whether persons whose unconventional behaviors or appearance may indicate a need for pastoral counsel or referral. Boundaries regarding the range and effect of unconventional behaviors should be clearly understood by all, especially when a congregation seeks to be welcoming and inclusive.

Approaching an individual within a communal service. Before interacting with an individual, consider safety for yourself, the individual, and others and whether there is a family member or friend who can help calm the person. Use lay leaders (this assumes some prior training or the identification of mental health professionals within the community) to accompany/assist the person to remain within the gathering, offering cues and communication regarding expected behavior. Escort or invite the person to a more appropriate, safe setting. Acknowledge the willingness to be there for the person, even if it means seeking the help of a professional. Recognize that a loss of hope and a loss of perspective may be both a spiritual problem and a sign of a mental health condition.

Seek immediate assistance when a person poses a danger to self or others. Thoughts of suicide should always be taken seriously. A person who is actively suicidal is a psychiatric emergency. Call 911; ask if a person with Crisis Intervention Team (CIT) training is available.

Questions to consider

- Are there signs of substance misuse? Has this been a problem?
- Is the person a threat to himself/herself or others? Does the person have a weapon?
- Is the person experiencing delusions (false beliefs) or hallucinations or exhibiting a pervasive distrust or suspiciousness of others?
- Does the person seem to be emotionally out of control or on the verge of losing control?

If so, a referral to a mental health professional may be required.

For Individuals and Families: Online and local resources and support

Mental Health America *mentalhealthamerica.net*

- Find an Affiliate
- Online screening tools (depression, bipolar, anxiety, PTSD)

National Alliance on Mental Illness *nami.org*

- Find your local NAMI
- Online discussion groups
- NAMI Helpline – 800-950-NAMI, info@nami.org
- Family support/education – Family-to-Family

Depression and Bipolar Support Alliance *dbsalliance.org*

- Chapter/Support group locator
- DBSA online support group

Anxiety and Depression Association of America *adaa.org*

- Find a local support group

Online Mental Health Screening *mentalhealthscreening.org*

- Screening for Mental Health, Inc. (depression, bipolar disorder, anxiety, eating disorders, PTSD, alcohol use)
- Anxiety and Depression Association of America – (anxiety, PTSD, depression, OCD, and more)
- Mental Health America (depression, bipolar, anxiety, PTSD)

Alcoholics Anonymous *aa.org*

Narcotics Anonymous *na.org*

Al-Anon Family Groups *al-anon.org*

For Faith Leaders: Helpful resources

There are excellent resources for faith communities and their leaders to enhance their knowledge and skills to better serve congregants.

American Psychiatric Association

Quick Reference on Mental Health for Faith Leaders - a companion to this guide, psychiatry.org/faith

Understanding Mental Disorders: Your Guide to the DSM-5® a new book from APA based on the latest, fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*—known as *DSM-5*.
www.psychiatry.org/mental-health/understanding-mental-disorders

NKI Center of Excellence in Culturally Competent Mental Health

Pastoral Education Guide and ***Pastoral Education Workbook***

http://ccase.org/our-products/

The Guide includes a case example of depression complicating grief requiring referral, and the Workbook discusses the use of a depression screen to help identify people who may need to be referred.

Mental Health Information for Ministers (Unitarian Universalist Mental Health Ministry)

www.mpuuc.org/mentalhealth

Mental Health Ministries www.mentalhealthministries.net/

Mental Illness and Families of Faith: How Congregations Can Respond (Study Guide)

National Catholic Partnership on Disability www.ncpd.org

Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families (Resource Manual and DVD)

Mental Illness Ministry of the Chicago Catholic Archdiocese www.miministry.org

Caring Clergy Project http://inmi.us/for-clergy/

Videos for Clergy (making referrals, suicide prevention and intervention, and more)

United Church of Christ Mental Health Network www.mhn-ucc.blogspot.com

Interfaith Network on Mental Illness www.inmi.us

Pathways to Promise, The Way of Companionship

www.pathways2promise.org/resources/the-way-of-companionship/

Religion and Ethics Weekly (PBS/WETA) Episode on Churches and the Mentally Ill

www.pbs.org/wnet/religionandethics/2012/06/22/june-22-2012-churches-and-the-mentally-ill/11386/

NAMI FaithNet www.nami.org/faithnet

SAMHSA Faith-based and Community Initiatives www.samhsa.gov/faith-based-initiatives

(Substance Abuse and Mental Health Services Administration)

Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities

http://tucollaborative.org/religion-spirituality/

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The American Psychiatric Association is a national medical specialty society whose physician members specialize in the diagnosis, treatment, prevention, and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org.

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American Psychiatric Association Foundation

The American Psychiatric Association Foundation (APAF), the philanthropic and educational arm of the American Psychiatric Association, works to create a mentally healthy nation by advancing mental health, overcoming mental illness, and eliminating stigma. The Foundation combines the knowledge and credibility of the world's largest psychiatric organization with its patient and family-centered mission. Visit APAF at americanpsychiatricfoundation.org.

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DISCLAIMER: This guide is intended for informational purposes only, with the understanding that no one should rely upon this information as the basis for medical decisions. Anyone requiring medical or other health care should consult a medical or health care professional. Any actions based on the information provided are entirely the responsibility of the user and of any medical or other health care professionals who are involved in such actions.

The American Psychiatric Association Foundation has produced two new resources to help faith leaders better understand mental illness and treatment, and better help individuals and families in their congregations facing mental health challenges. The resources, Mental Health: A Guide for Faith Leaders and a companion two-page Quick Reference on Mental Health for Faith Leaders, are the culmination of work from the Mental Health and Faith Community Partnership, a collaboration of psychiatrists and faith leaders representing diverse faith traditions.

Many people facing a mental health challenge personally, or with a family member, turn first to a faith leader. And for many receiving psychiatric care, religion and spirituality are an important part of healing. In their role as "first responders," faith leaders can help dispel misunderstandings, reduce stigma associated with mental illness and treatment, and facilitate access to treatment for those in need. The Guide and Quick Reference provide faith leaders with the knowledge, tools and resources to support that role. For more information see **www.psychiatry.org/faith**.

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