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.

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

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<tr>
<th>EXAMPLES OF COMMON OBSERVATIONS</th>
<th>RECOMMENDATIONS FOR RESPONSES</th>
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<tr>
<td>Loss of hope: appears sad, desperate</td>
<td>• As appropriate, instill hope for a positive end result</td>
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<td>• To the extent possible, establish personal connection</td>
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<td>Loss of control: appears angry, irritable</td>
<td>• Listen, defuse, deflect; ask why he/she is upset</td>
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<td>• Avoid threats and confrontation</td>
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<td>Appears anxious, fearful, panicky</td>
<td>• Stay calm; reassure and calm the individual</td>
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<td>• Seek to understand</td>
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<td>Has trouble concentrating</td>
<td>• Be brief; repeat if necessary</td>
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<td>• Clarify what you are hearing from the individual</td>
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<td>Is overstimulated</td>
<td>• Limit input</td>
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<td>• Don’t force discussion</td>
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<td>Appears confused or disoriented; believes delusions</td>
<td>• Use simple language; empathize; don’t argue</td>
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<tr>
<td>(false beliefs, e.g., paranoia)</td>
<td>• Ground individual in the here and now</td>
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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

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**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

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**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**

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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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