Mental Illness and Faith Communities

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Objectives

- Describe challenging behaviors/symptoms of selected mental illnesses.
- Explore strategies to intervene with people displaying behaviors/symptoms of mental illness.
- Discuss the unique role of faith communities to support people diagnosed with mental illness and their families.

The human need for love and belonging

- The message of faith communities: “We care!”
  - People come looking for and expecting acceptance and compassion.

- The structure of faith communities appeals to those whose lives are chaotic.

- The purpose of faith communities: People are looking to be a part of something bigger, to participate in something that brings meaning to life.

Challenges: Why is it so hard?

- Medications and medication nonadherence
- Lack of awareness of illness
- Concurrent drug and alcohol abuse
- Poor relationship between provider and patient
- Medication side effects

http://psychcentral.com/blog/archives/2013/05/02/medication-compliance-why-dont-we-take-our-meds/

- Drug and alcohol dependence comorbidity

Challenges

- Deinsititutionalization and homelessness
  - 20-25% of the homeless population in the US suffers from some form of severe mental illness. In comparison, 6% of Americans are severely mentally ill (NIMH, 2009).
  - Mental illness is the third largest cause of homelessness
  - People diagnosed with schizophrenia and bipolar disorder are most vulnerable
  - Half of mentally ill homeless are also chemically dependent (Substance abuse and mental health services administration, 2013)

Challenges

- Resource allocation
  - Mental health institutions in chronic crisis
  - Lack of funding for supported housing programs (homelessness)
- Access
- Continued stigma across cultures
  - What does the faith community believe about the etiology of mental illness?

The effects of mental illness on church families

- Mental illness constitutes a crisis
- Special rules for maintaining family peace.
- Resource monopoly
- Confusion
- Anxiety
- Guilt
- Maladjustment
- Role reversal
- Instability
- Grief and loss
- Shame
- Spiritual crisis
- Rogers, Stanford, and Garland, (2012)

Schizophrenia

- Challenging symptoms and behaviors:
  - Delusions: Persecutory or paranoid are most common
  - Hallucinations (visual, auditory, olfactory, tactile)
  - Both of the above can exacerbate disruptive behavior
- Assessment
  - Ask directly
  - Screening test
    - http://www.schizophrenia.com/sztest/

Intervention strategies

- Ask directly about therapy and medications
  - Refer back to provider and medications
- Delusions
  - Orientation to reality
  - Casting doubt
- Hallucinations: Visual and auditory
  - Orientation to reality
  - If auditory hallucinations: ask what the voices are saying. If commanding a specific behavior, seek additional help immediately.

De-escalation

- When behavior becomes disruptive or out of control:
  - Connect
  - Understand
  - Awareness (self, others, environment)
  - Safety

AMRTC, 2013

Negotiation guidelines

- Safe location
- Remain calm
- Establish rapport
- Gather information
- Keep the person talking and listen actively
- Stay focused
- Invent options for mutual gain and safety
- Use requests, do not argue, make demands, or give commands
- Keep hopes alive
- Maintain awareness of nonverbal cues
    - (AMRTC, 2013)

Medication nonadherence/non-compliance

- Strategies to intervene:
  - Explore perception of illness/use of medications
  - Educate about illness
  - Simplify medication regimen
    - Times and doses
    - Injectables (long acting medication), dosed less frequently
    - Reminder strategies

Bipolar Affective Disorder

- Challenging symptoms and behaviors
  - Manic behavior (hyperactivity, pressured speech, inattention, restlessness, intrusiveness, disruptive, impulsivity)
  - Grandiose delusions

Intervention strategies

- Delusions:
  - Orientation to reality
  - Casting doubt

- Disruptive behavior
  - De-escalation/negotiation
  - Boundary setting
  - Decrease stimulation
  - Medications

Depression/suicide

- Challenging symptoms and behaviors
  - Vegetative signs of depression
    - Sadness, hopelessness, insomnia, appetite changes, psychomotor retardation, anhedonia
  - Negativity
  - Suicide risk

Suicide

Gender differences (CDC data, 2010)

- Almost four times as many males as females die by suicide.
- Firearms, suffocation, and poison are by far the most common methods of suicide, overall. However, men and women differ in the method used, as shown below.

Suicide by:	Males (%)	Females (%)
Firearms	56	30
Suffocation	24	21
Poisoning	13	40

Suicide

- Age factors
  - Suicide is third leading cause of death in teens age 15-34. Mental illness is the leading risk factor (APA).
  - Elderly people make up 13% of the population yet account for 18% of suicides.
- Signs/Assessment
  - Passive vs. active suicidality
  - Ask directly
    - Thoughts, plan, means to carry out plan
    - Plan lethality

Suicide

  - New medication caution
    - Some newer generation antidepressants can increase suicidal thoughts and behaviors
    - When someone is suicidal but immobilized, an antidepressant can sometimes give them the energy they need to complete a plan.
- Intervention strategies
  - Referral: someone who is actively suicidal should never be left alone. Many hotlines available, county hospital crisis programs and if all else fails, call 911.
  - Contract/agreement

Anxiety Disorders

- Types:
  - generalized anxiety disorder (GAD)
  - obsessive-compulsive disorder (OCD)
  - panic disorder
  - post-traumatic stress disorder (PTSD)
  - social phobia (or social anxiety disorder)

Challenging symptoms of anxiety:

- Fear and a sense of dread
- physical adrenaline response
- stress
- panic
  - Beck Anxiety inventory
  - Holmes and Rahe Stress Scale

Intervention strategies

- Calm presence, firm voice
- Avoid false reassurance
- Stay in here and now, avoid in-depth discussion of feelings as it tends to exacerbate anxiety
- Make sure the person experiencing panic level anxiety is not alone
- Simple relaxation techniques, use of music, imagery, etc.

Personality Disorders

Challenging symptoms/behaviors

- Antisocial (APD)
  - Manipulation
  - Exploitation of others

Challenging symptoms/behaviors

- Borderline (BPD)
  - Self injurious behavior (SIB)
  - Suicide
  - Splitting

Intervention strategies APD and BPD

- Maintain objectivity/limit emotional expression
- Maintain solid boundaries
- Acquire professional partner or some other type of supervision
- Limit vulnerability, self disclosure
- Limit touch
- Be aware of secondary gains
- Refer/connect with provider

Faith community response

- Support
  - Listen/connect (presence)
  - Recognize signs and symptoms
  - Mobilize resources: internal and external
    - Refer
- Education
  - Information changes stigma, increases acceptance, and empowers people

FCN role

- Assessment
  - Ensure safety
- Connect
  - With individual, family, and refer to outside resources
  - Maintain a list of community resources
- Support/mobilize resources
- Educate
  - individuals, families, community members, church leadership

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