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

• Deinstitutionalization 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 behaviors

• 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.

<table>
<thead>
<tr>
<th>Suicide by:</th>
<th>Males (%)</th>
<th>Females (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearms</td>
<td>56</td>
<td>30</td>
</tr>
<tr>
<td>Suffocation</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Poisoning</td>
<td>13</td>
<td>40</td>
</tr>
</tbody>
</table>
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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References


References

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References

NIMH: suicide


PRIME early psychosis screening test:
http://www.schizophrenia.com/sztest/

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

References


Suicide prevention, awareness and support. [http://www.suicide.org/index.html](http://www.suicide.org/index.html)
