

Mental Health

A Guide for Faith Leaders

VOLUME TWO

AMERICAN
PSYCHIATRIC
ASSOCIATION
FOUNDATION



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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 revised second edition of the 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.

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 apaf.org/faith



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



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: more than 1 in 5 (22.8%) U.S. adults experiences some form of mental illness in a given year; 1 in 6 people 12 and older (16.5%) has a substance use disorder. The mental health of youth and young adults is of particular concern. The suicide rate among people aged 10–24 increased 62% from 2007 through 2021.

Mental illness is treatable. The vast majority of individuals with mental illness continue to function in their daily lives.

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.

Substance Abuse and Mental Health Services Administration, 2021 National Survey on Drug Use and Health (2023).

Centers for Disease Control and Prevention. 2023. Suicide and Homicide Death Rates Among Youth and Young Adults Aged 10–24: United States, 2001–2021. NCHS Data Briefs, <https://stacks.cdc.gov/view/cdc/128423>

MENTAL HEALTH....	MENTAL ILLNESS....
<p>Mental health involves effective functioning in daily activities resulting in</p> <ul style="list-style-type: none"> ▪ Productive activities (work, school, caregiving) ▪ Fulfilling relationships ▪ Ability to adapt to change and cope with adversity 	<p>Mental illness refers collectively to all diagnosable mental disorders—health conditions involving</p> <ul style="list-style-type: none"> ▪ 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.

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.

More information about the full range of mental disorders is available on the APA’s website at www.psychiatry.org/patients-families and in *Understanding Mental Disorders: Your Guide to the DSM-5-TR* (available from APA Publishing). This guide is based on the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)*. The DSM specifies symptoms that must be present for a given mental disorder diagnosis and is used by mental health professionals around the world.



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 their 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.
- **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 1 in 5 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. 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.
- **Perinatal depression** refers to symptoms of major depression in a mother just before or after her baby is born (depression with peripartum onset).

Prolonged Grief Disorder

Grief is a natural response to the loss of a loved one. For most people, the symptoms of grief begin to decrease over time. However, for a small group of people, the feeling of intense grief persists, and the symptoms are severe enough to cause problems and stop them from continuing with their lives. Prolonged grief disorder is characterized by intense and persistent grief that causes significant distress or problems performing daily activities at home, work, or other important areas. For a diagnosis of prolonged grief disorder, the grief lasts more than a year, is disabling, and affects everyday functioning in a way that typical grieving does not.

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.

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.

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 and Other Psychotic Disorders'

Psychotic disorders include several disorders that impair the perception of reality. They may include disorganized thinking, delusions (fixed, false beliefs), or hallucinations (seeing or hearing things that are not there).

Brief Psychotic Disorder usually has a sudden onset with symptoms including delusions, hallucinations and/or disorganized thinking or behavior. It resolves within a month.

Schizophrenia is a chronic serious mental illness that usually begins in a person's 20s. When untreated, it can cause people to have disorganized thinking or behavior, delusions, or hallucinations. 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.

Schizoaffective disorder is a chronic serious mental illness that similar to schizophrenia includes psychotic symptoms, but the person may also experience mood symptoms of depression and/or mania/hypomania.

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, including substance use disorders and gambling disorder, are mental illnesses defined in the DSM-5-TR®. 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; substance 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 Substance Use and Addiction

RISK FACTORS	PROTECTIVE FACTORS
Aggressive behavior in childhood	Good self-control
Lack of parental supervision	Parental monitoring & 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, 2024, *Drug Misuse and Addiction*.

Suicide

Suicide is the 11th leading cause of death in the United States (the second leading cause for youth aged 10 to 14; the third leading cause for people aged 15 to 34).

Each year in the United States, an estimated 48,000 people die by suicide and 1.5 million people attempt suicide, according to the Centers for Disease Control and Prevention. Men are four times more likely than women to take their own lives.

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

Sources: CDC Web-based Injury Statistics Query and Reporting System (WISQARS): <https://wisqars.cdc.gov/> (data for 2020-2022) and CDC Facts About Suicide: cdc.gov/suicide/facts/.

Warning Signs of Suicide

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

The 988 Lifeline (<http://988lifeline.org>) provides 24/7, free confidential support for people in distress via call, text and chat.

The 988 crisis line provides specialized responses and resources for several groups of individuals, including

- » *Veterans (connecting to the Veterans Crisis Lifeline).*
- » *Spanish speakers (with voice, text and chat options).*
- » *LGBTQ+ individuals (connecting with a specialized counselor by texting “PRIDE” to 988 or by pressing “3” when calling).*
- » *People using American Sign Language (using videophones to contact 988 directly).*

Risk Factors for Suicide

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

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 illnesses).

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 context include psychotic disorders (for example, schizophrenia, schizoaffective disorder), mood disorders (for example, major depression, bipolar disorders), and substance use disorders, among others.

Religion and Spirituality in Psychiatric Diagnosis

Religion and spirituality are addressed in the American Psychiatric Association’s handbook of diagnostic classification (DSM-5-TR*) 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-TR*:

Religious or Spiritual Problem *This category may 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, Text Revision, 2022.

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 medications 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 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).

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	Nonstimulant medications are also available for ADHD

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

Brain stimulation treatments

Several brain stimulation therapies, including electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS), are available to help treat some mental disorders. These therapies are typically used after a person has not responded to other treatments and they are usually used along with other therapies (psychotherapy or medication). Brain stimulation therapies are prescribed and monitored by a health care professional with specific training and expertise.

ECT and rTMS have been authorized by the U.S. Food and Drug Administration to treat specific mental disorders. ECT is most commonly used in patients with severe major depression or bipolar disorder who have not responded to other treatments. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. rTMS is used to treat depression that has not responded to other therapies. It involves the use of rapidly alternating magnetic fields to stimulate specific areas of the brain.

Source: National Institute of Mental Health, *Brain Stimulation Therapies*, <https://www.nimh.nih.gov/health/topics/brain-stimulation-therapies/brain-stimulation-therapies>

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.



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



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 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.

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.

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

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.

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

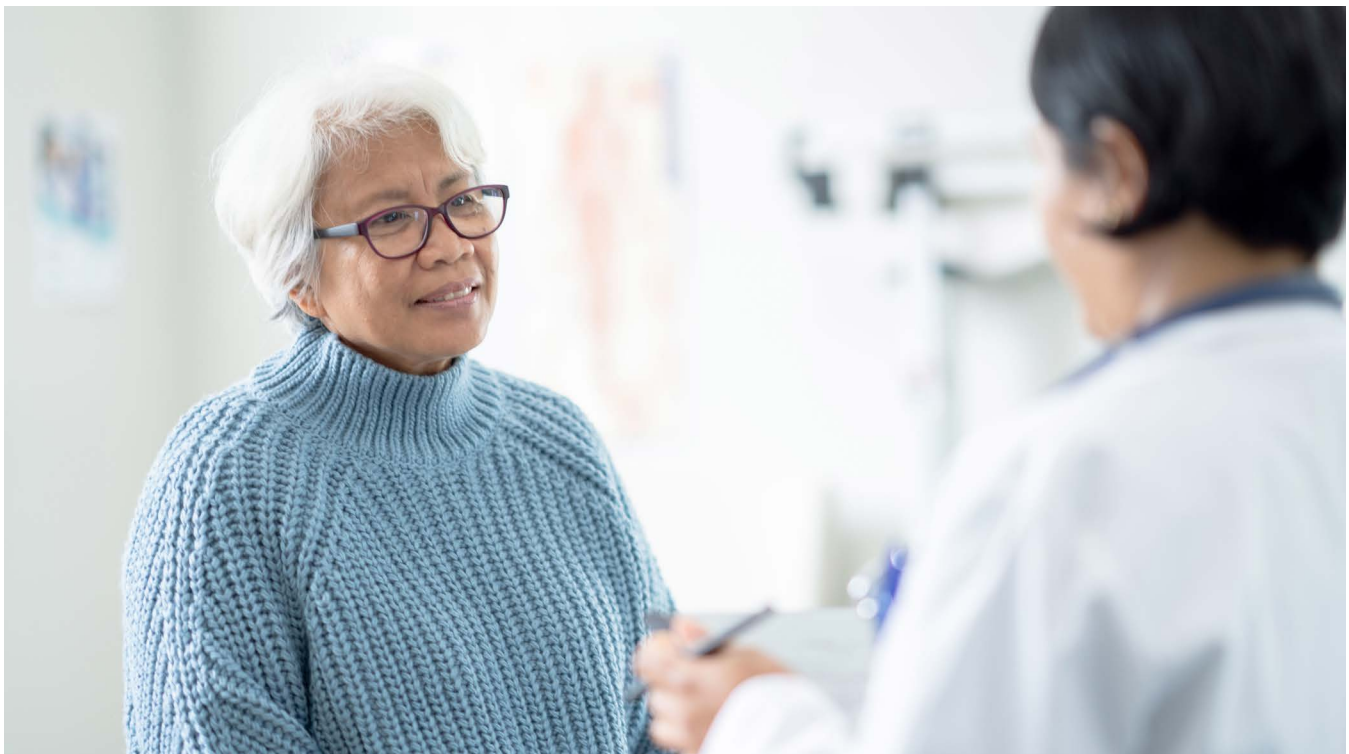
- **Care about all aspects of the person's life** and may be able to suggest other people to talk with about needs such as housing, financial aid, or childcare.
- **Take a detailed history** that includes asking about cultural concepts of distress, cultural identity, religious/spiritual beliefs, and 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.

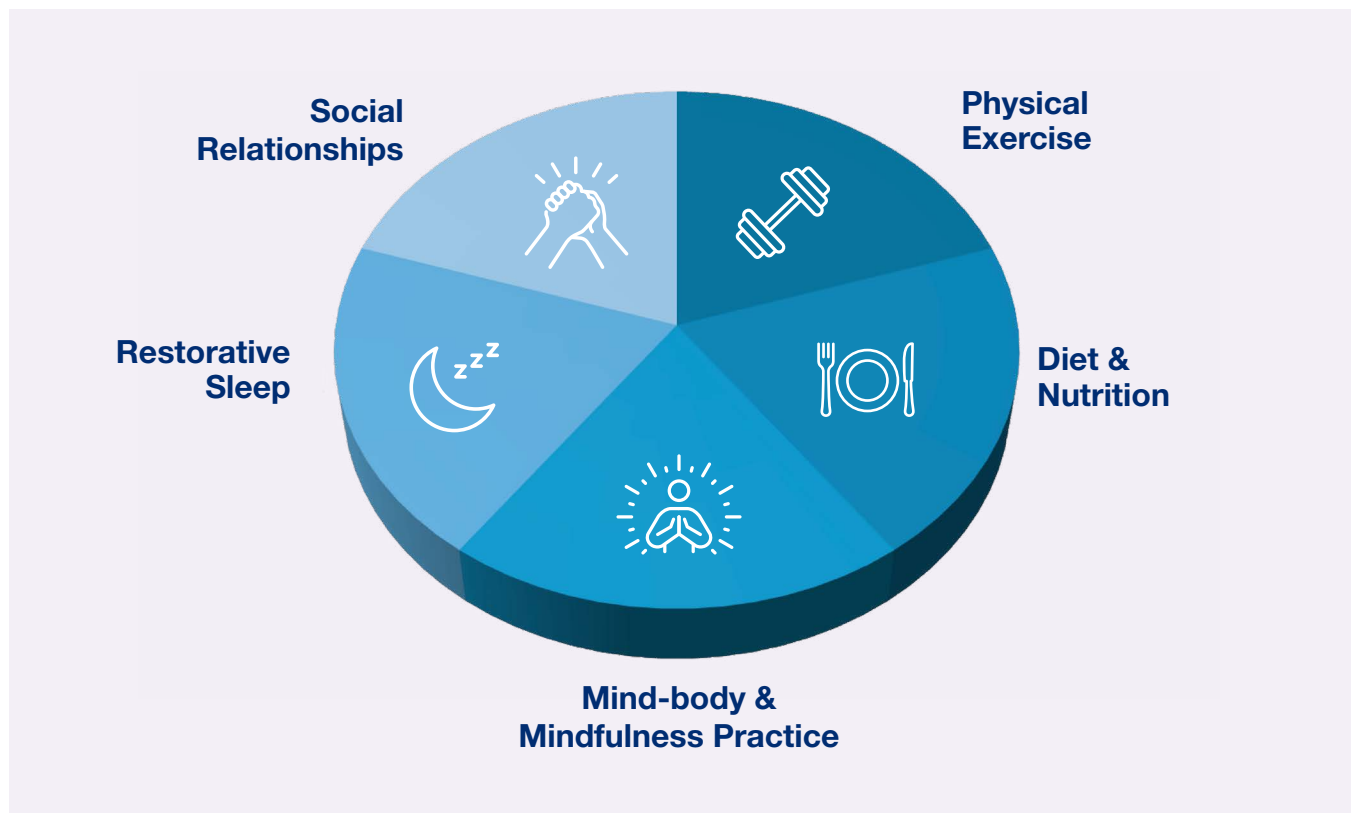
The Connection Between Mental and Physical Conditions

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 disorders³

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





Lifestyle behaviors to support mental health

Research suggests that healthy lifestyle behaviors and habits promote mental health and wellness and can be used to both prevent and treat mental health conditions, including anxiety, depression, bipolar spectrum disorders, posttraumatic stress disorder, and psychotic disorders. These lifestyle behaviors can support and enhance the benefits of medication, psychotherapy, and other treatments for mental health conditions. They can also help to prevent mental illness and have even been shown to promote physical health. These lifestyle behaviors are grouped into five general categories:

Physical Activity

Regular physical activity or exercise has consistently been shown to effectively reduce symptoms of mental illnesses and maintain well-being both as a primary treatment and in conjunction with medication or therapy. Exercise is one of the best things a person can do to improve body, mind and mood. This doesn't have to mean going to the gym or doing anything elaborate. Physical activity can take many forms—walking, running, fitness classes, organized sports, etc.

Nutrition

Diet and nutrition can impact the symptoms of mental health conditions and the risk for them. Diets focusing

on whole foods, particularly vegetables, fruits, beans, unprocessed grains, nuts, seeds, olive oil, and fish, are associated with positive effects on mental health.

Mind-body and Mindfulness Practices

Research has also identified the benefits of mind-body practices, such as yoga and tai chi, and meditation and mindfulness practices. These practices can reduce stress, improve well-being, and help reduce symptoms of mental health conditions. The many forms of yoga combine poses that stretch and tone muscles and breathing techniques that can help relieve stress and tension. 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.

Sleep

Sleep is a basic human need and is critical to both physical and mental health; sleep helps the brain function properly. Many of us do not get enough sleep. Not getting enough sleep or getting poor quality sleep can have many potential health and mental health consequences and can contribute to and exacerbate mental health conditions. Developing healthy sleep habits and practices can help improve mental health.

For persistent or more challenging sleep problems, cognitive behavioral therapy or other treatments can help.

Social Connections

Decades of research have firmly established the benefits of having social connections on physical health, mental health, and longevity. Creating and maintaining social connections contributes to broad enhancement of psychological well-being and health and can help in preventing and alleviating psychiatric symptoms.

Tips for Getting Started: Incorporating Healthy Behaviors

These practices require motivation and effort on the part of the individual. They can take many forms and be adapted in many ways. A guiding principle is to develop small sustainable habits across various domains.

- Assess where you are: your primary concerns, your resources, and likely barriers to progress.
- Consider structured lifestyle programs like clubs or community groups. Try a fitness class with friends for added support.
- Identify health professionals or specialists for specific support, such as a sleep specialist or a nutrition specialist.
- On your own or with your healthcare professionals, set goals to help keep you on track.
- Explore the array of digital tools, such as apps for meditation and tracking fitness and nutrition.

Sources:

American Psychiatric Association. *Lifestyle to Support Mental Health*. <https://www.psychiatry.org/Patients-Families/Lifestyle-to-Support-Mental-Health>

Noordsy, D, Abbott-Frey, A., Chawla, V. 2024. *Special Report: Lifestyle Psychiatry Emphasizes Behaviors Supporting Mental Health*. *Psychiatric News*, Feb. 23, 2024. (Includes links to additional references and resources.)

Resource: *Creating a Healthier Life, A Step-by-Step Guide to Wellness*
<https://store.samhsa.gov/sites/default/files/sma16-4958.pdf>



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 often work with trained volunteer members of their congregations to help other members who are experiencing mental health challenges.

The APA Foundation has developed an approach and an accompanying training program for supporting individuals with mental health conditions called Notice. Talk. Act.[®]. The three-step approach involves understanding the impact of mental health on individuals and communities and developing the knowledge and skills to

- **NOTICE** early signs of mental health concerns
- **TALK** with individuals and your faith community about mental health
- **ACT** to connect persons with the appropriate support services they need

Part II of this guide is organized around applying the APA Foundation's **Notice.Talk. Act.**[®], approach within faith communities.

This section provides suggestions and brief guidance on creating a more welcoming environment for faith community members to express mental health concerns and helping individuals and families facing them. 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. The final section in this part of the guide provides information and suggestions on care and support for faith leaders.

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

(Learn more about Notice. Talk. Act. [®] at School, apaf.org/school; Notice. Talk. Act. [®] At Work, <https://workplacementalhealth.org/NTAatwork>

Notice

early signs of mental health concerns

Early intervention is crucial when supporting someone who may be facing a mental health challenge. Being equipped to notice and recognize signs and symptoms is essential for effective intervention and assistance. This process starts with noticing visible signs that may be of concern and then assessing the person's level of distress, functioning, and potential danger. (See chart: Visible Signs That May Raise a Concern About Mental Illness.)

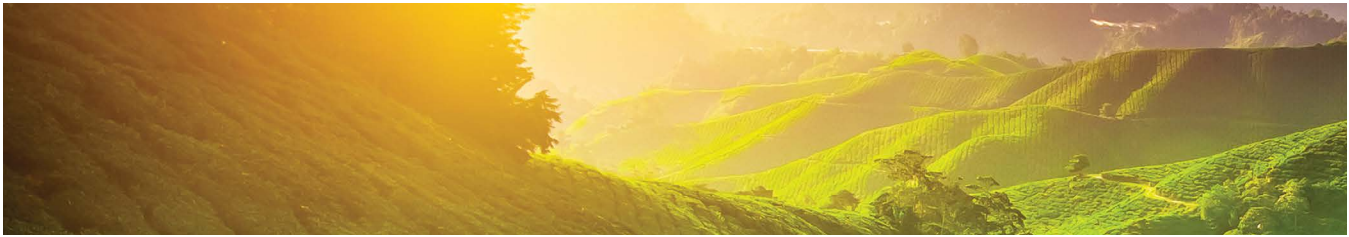
A key step in helping people with mental health concerns is creating a safe, supportive, inclusive, and welcoming environment. This goes beyond simply opening the doors to everyone; it involves cultivating an environment where all individuals feel genuinely valued and accepted.

Create a welcoming environment

- Learn about mental illness. Identify misperceptions, 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, or host lectures on mental health issues 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.
- Convey an understanding that mental illness and substance use are not spiritual weaknesses but conditions for which treatment is available. Use language that supports the idea of mental illness as a medical condition, like high blood pressure.
- Develop an inventory of community resources and post these resources on your websites, social media, and include on written information circulated within your local faith congregations and communities
- Encourage faith leaders and lay leaders to become familiar with the basics of mental health concerns and ways to respond appropriately.
- Identify congregational members 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.



Visible Signs That May Raise a Concern About Mental Illness

These categories of observation are provided to help identify 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 (unexplained)
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

Assessing the person

- **Level of distress** – How much distress, discomfort, or anguish are they feeling? How well are they able to tolerate, manage or cope?
- **Level of functioning** – Are they capable of caring for themselves? Able to problem solve and make decisions?
- **Possibility for danger** – Is there danger to self or others, including thoughts of suicide or risky behavior?



If you or someone you know needs support now, **call** or **text 988** or **chat** [988lifeline.org](https://www.988lifeline.org)





Talk

with individuals and faith community about mental health.

Approaching a Person with a Mental Health Concern

Determine what is concerning behavior.

Faith leaders should be able to identify and assess concerning behavior. This might include behavior that requires an intervention because it:

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

Disruptive or concerning behaviors by individuals should be distinguished from behavior or appearance that is different from others but not disruptive.

Faith leaders should assess whether a person's unconventional behaviors or appearance may indicate a need for pastoral counsel or referral. Boundaries regarding the range 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. Be aware of the policies or guidance from your faith organization on balancing inclusiveness with safety and security. Work with lay or faith leaders (with prior training or professional experience) to accompany/assist the person to remain within the gathering or invite or escort 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.

Seek immediate assistance when a person poses a danger to themselves or others.

Thoughts of suicide should always be taken seriously. **A person who is actively suicidal is a psychiatric emergency — call 988.**

Questions to consider

- Are there signs of substance misuse? Is the person a threat to themselves 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.

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 mental health conditions 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?).

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.

Consider following the **C.A.R.E. Model** steps.

- **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.
- **Attend** carefully to the language a person uses with you as a faith leader to describe their 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.
- **Encourage** people to seek professional mental health help if issues or concerns require urgent clinical care (for example, suicidal intent or behavior, despondency, impulses to self-harm or harm others). When these concerns or issues arise, immediate referral to a clinical care professional is critical. The person should be assured that you will be there with spiritual care and support.

Act

to connect persons with the appropriate support services they need

There is broad recognition that many individuals experiencing mental health challenges lack access to adequate care. However, those seeking or waiting for care may find assistance from their faith community for immediate support, early intervention, and navigation to available services. In addition, some houses of worship provide direct access to mental health care with an in-house or affiliated counseling center.

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 May Be Needed

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 the person (for example, 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. Suicidal thoughts, intentions, plans, and/or behaviors

should be treated as emergency situations requiring immediate psychiatric evaluation/consultation. Do not hesitate to call 988 for assistance.

Other Situations Where Referral to Professional Mental Health Services May Be Helpful

- Developmental problems (children/teens)
- Prolonged grief (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.
- When a person is distressed and perceives they have no one to depend on or confide in, or they have recently withdrawn from supports and become more isolated.

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

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, economic challenges, and so on). Ask about medical insurance.
- **Compile 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 list). Support the person's reintegration into the faith community (if needed).

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 section on, "Dealing With Resistance").

For emergencies, call 988 or go to the nearest hospital.



If you or someone you know needs support now, **call** or **text 988** or **chat** 988lifeline.org



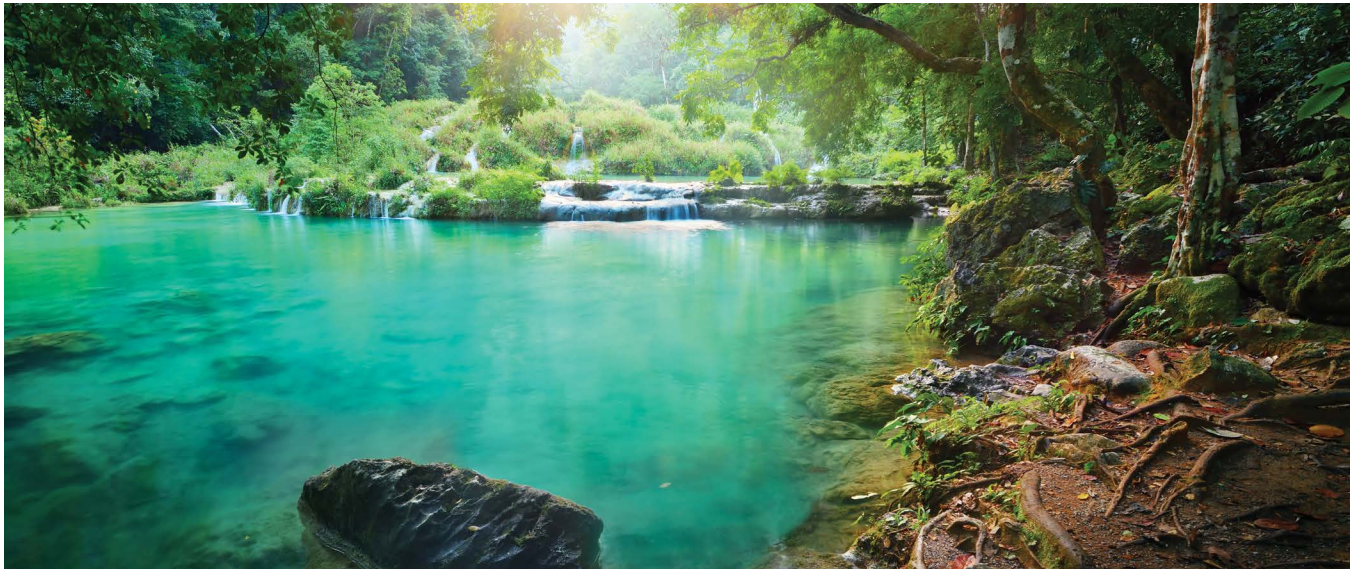
Dealing With Resistance to Accepting Mental Health Treatment

Remember, the person may have 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 a unique position to educate their congregations about mental health in order to overcome the stigma and shame often associated with mental illness, replacing it with understanding and acceptance.

- **Acknowledging a problem.** Resistance to treatment may come from the fact that the person does not think they have 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).
- **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 their 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.
- **Perhaps the most helpful is the faith leader's expression of their own confidence that the troubled individual can find the strength to take the next step toward their own healing.** 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.

If the resistance becomes extreme and if you think the person who is resisting treatment may hurt themselves or someone else, seek immediate assistance; call 988.



Building Congregation Community Capacity to Support Individuals with Mental Health Needs

Within faith communities, there are often many individuals providing some form of community mental health support. They may be a clergyperson, deacon, chaplain, faith community nurse, spiritual director, community member with a healthcare background, or a Kalyana Mitta (spiritual friend or guide from the Buddhist tradition). In their current role, they may provide a listening and supportive ear, visitations, prayer, extend a helping hand, and act as a bridge to professional services which may include a “warm handoff” to on-site counseling services or a provider partner.

With additional training, these individuals may gain the advanced skills needed to respond to the behavioral health needs of their community. These skills may empower leaders to help their fellow congregants gain and maintain stability, manage difficult symptoms, and participate in prevention efforts by using evidenced-based screening and assessment tools. Several training resources are listed in the resource section of this guide, aimed at strengthening community capacity to implement practices in support of an individual with mental health needs.

Whether in their current capacity or through additional training, congregational leaders can become part of a coordinated team providing support for individuals with mental health challenges at every step of their mental health journey.

Source: American Psychiatric Association and Academy of Psychosomatic Medicine. 2016. Dissemination Of Integrated Care Within Adult Primary Care Settings: The Collaborative Care Model. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/Integrated-Care/APA-APM-Dissemination-Integrated-Care-Report.pdf>

Ways to 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 provide a meal.
- Offer help with transportation (to appointments, to attend religious services).
- Offer help with childcare.
- Encourage networking with community support/advocacy groups.

Congregation-based educational and outreach activities

These activities can create a culture of awareness and reduce barriers to care — overcoming community members’ reluctance to seek care due to mistrust, fear, cost, or inaccessibility.

- Pastoral influence through word and testimony can have a profound influence on community members’ self-care and help-seeking behavior.
- Counseling services provided on-site or through dedicated partners offer immediate support to people in crisis, those unable to navigate the mental health care system, or those who are uninsured or underinsured.

- Mental health services delivered in a culturally appropriate manner and integrating the community’s spiritual practices and religious beliefs, if requested, may benefit by offering congruency between one’s mental health and their faith and cultural understanding. This might include perspectives on managing and adhering to prescribed medication programs.

Source: *Substance Abuse and Mental Health Services Administration, For Community and Faith Leaders*, <https://www.samhsa.gov/mental-health/how-to-talk/community-and-faith-leaders>



To do this work you need to have a passion for the possible. A commitment to creativity, imagination, and will. And a hunger for healing.”



- Pastor Michael Walrond
First Corinthian Baptist Church

Provide Direct Access to Counseling and Treatment for Mental Health

In communities around the country, congregations are meeting the need for culturally appropriate mental health care services by providing direct access to mental health care support, counseling, and even treatment. How mental health care is provided in a faith-based setting varies depending on the congregations’ culture and capacity, as well as the clinical assets available to them in the local community.

As an example, a faith community may decide to support and locate a mental health care counseling center in or near their house of worship. An on-site center may be staffed with one or more licensed professionals employed by the congregation who can assess needs and make connections to an in-house

clinician or to an external mental health clinician partner.

The counseling center may be structured as a full-service, separately incorporated nonprofit affiliated with the congregation that provides free or discounted fee services delivered by a team of mental health clinicians. Some in-house centers bill for insurance reimbursement, whereas others raise funds through grants and community donations to cover services and operational overhead.

A faith community may also collaborate with a community-based mental health care provider or social service agency working in partnership to reach underserved populations. These partnerships leverage the congregation’s capacity to offer support and services to an individual managing a mental health condition. With a provider partnership, mental health services may be delivered via telehealth, mobile health, or on-site in the congregational setting by mental health clinicians, community health workers, licensed social workers, peers, or medical or nursing students.

These and other community-based and faith-based initiatives are demonstrating how meeting people where they are in communities can help improve health outcomes. Clinical services provided in-house or in partnership with a health care provider all benefit from the value faith communities bring to mental health care and support.

Practical Considerations for Community-Based Mental Health Care Delivery

For faith congregations looking at the various mental health care delivery models and practices designed to meet the needs of their local community, there are several tasks and considerations.

- Align the vision. For a congregational community to deploy time, talent, and treasure toward a mission serving people seeking mental health care and support, they must be a plumb line through the entire community — from clergy to congregant — that aligns and affirms the community’s commitment, understanding, and support of the mission.
- Assess the congregation’s capacity and resources. What are the congregation’s assets related to this commitment? Does the congregation have appropriate space assuring access and privacy, financial resources, and professionals in the community willing to coordinate or provide services? What will it take to become a “church for the community”
- Identify the clinical “assets” of the local healthcare community. Survey the availability of local clinicians, community health centers,

healthcare, or social service providers. Might your house of worship become a telehealth access point or host a mobile health unit?

- Discern and establish boundaries. It is essential to establish boundaries between pastoral care and professional counseling services, as well as confidentiality surrounding the individual's treatment. Confidentiality between therapists, pastoral staff, and non-licensed volunteers can be a concern, as well as the dual relationships between clients and clinicians in a faith-based setting.
- Plan for the financial sustainability of the mission. While some faith communities have the financial resources to support mental health care counseling services with donations and grants, many will seek reimbursement for services from private/public insurance payors groups, or partner with a health care/social service provider able to bill for the services rendered.

Compassion Fatigue, Burnout, Self-Care for Faith Leaders

Faith leaders often face significant emotional and psychological demands due to the nature of their work. Addressing compassion fatigue and burnout and attending to self-care are crucial for maintaining their well-being and effectiveness.

Compassion Fatigue

Compassion fatigue refers to the emotional and physical exhaustion that can occur from the constant demand to be compassionate and empathetic, particularly in caregiving roles. It can lead to a reduced capacity to empathize or feel compassion for others.

Symptoms

- Emotional numbness
- Increased irritability
- Difficulty sleeping
- Reduced sense of personal accomplishment
- Feeling disconnected from work and people

Strategies to Manage Compassion Fatigue

- **Awareness and Education:** Understand the signs and symptoms of compassion fatigue. Attend workshops or training on emotional resilience.
- **Set Boundaries:** Learn to say no and set limits on the time and energy devoted to others.
- **Seek Support:** Engage in peer support groups or supervision. Share experiences and strategies with colleagues.
- **Practice Mindfulness:** Incorporate mindfulness and relaxation techniques into daily routines.
- **Engage in Spiritual Practices:** Utilize personal spiritual practices to find renewal and strength.

Burnout

Burnout is a state of chronic physical and emotional exhaustion, often accompanied by cynicism and a sense of reduced professional efficacy. It is not a mental health condition, but left untreated, it can give way to mental health conditions.

Symptoms

- Chronic fatigue
- Depersonalization (feeling detached from one's work and colleagues)
- Reduced performance and productivity
- Physical symptoms (e.g., headaches, stomach issues)
- Increased negativity or cynicism towards one's role

Strategies to Manage Burnout

- **Recognize the Signs:** Early recognition of burnout symptoms is critical for timely intervention.
- **Balance Workload:** Delegate tasks and seek assistance when needed. Avoid overcommitting.
- **Take Breaks:** Regular breaks and vacations are essential to recharge.
- **Professional Development:** Engage in activities that promote growth and development to keep the work stimulating.
- **Healthy Lifestyle:** Maintain a balanced diet, exercise regularly, and ensure adequate sleep.

Self-Care for Faith Leaders

Self-care is crucial for maintaining personal well-being, which in turn enhances the ability to care for others effectively.

Self-Care Strategies

1. Physical Self-Care

- Exercise regularly
- Maintain a healthy diet
- Get adequate sleep

2. Emotional Self-Care

- Seek counseling or therapy if needed
- Engage in hobbies and activities that bring joy and relaxation
- Practice gratitude and positive thinking

3. Social Self-Care

- Cultivate supportive relationships outside of work
- Spend quality time with family and friends
- Participate in community activities

4. Spiritual Self-Care

- Dedicate time to personal spiritual practices (prayer, meditation, etc.)
- Attend retreats or spiritual gatherings
- Reflect on personal beliefs and values regularly

Implementing Self-Care Plans

- **Assessment:** Regularly assess personal well-being and identify areas needing attention.
- **Planning:** Develop a self-care plan that includes specific, achievable goals.
- **Accountability:** Find an accountability partner to help maintain a commitment to self-care practices.
- **Flexibility:** Adapt the self-care plan as needed to respond to changing circumstances and needs.
- **Evaluation:** Periodically evaluate the effectiveness of the self-care plan and make necessary adjustments.

Faith leaders can better serve their communities by addressing compassion fatigue and burnout through proactive self-care. Prioritizing their well-being ensures they remain resilient and effective in their roles.

Resources for Individuals and Families:

National and local resources and support

Mental Health America <https://mhanational.org/>

Get Help <https://mhanational.org/get-help>

- Online screening tools (depression, bipolar, anxiety, PTSD and more) <https://screening.mhanational.org/screening-tools/>

National Alliance on Mental Illness (NAMI) nami.org

- Find a 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

Anxiety and Depression Association of America adaa.org

- Find a local support group

American Foundation for Suicide Prevention <https://afsp.org/>

American Academy for Child and Adolescent Psychiatry aacap.org

Family's and Youth webpage

https://www.aacap.org/AACAP/Families_Youth/AACAP/Families_and_Youth/Home.aspx?hkey=fb0befff-aae9-4867-958b-d8b45f5ecb2f

Alcoholics Anonymous aa.org

Narcotics Anonymous na.org

Al-Anon Family Groups al-anon.org

SAMHSA Find Help <https://www.samhsa.gov/find-help>

Suicide Prevention Resource Center <https://sprc.org/>

Resources for Faith Leaders:

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

General Mental Health Resources

American Psychiatric Association

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

Understanding Mental Disorders: Your Guide to the DSM-5-TR® [https://www.appi.org/Products/DSM-Library/Understanding-Mental-Disorders-\(1\)](https://www.appi.org/Products/DSM-Library/Understanding-Mental-Disorders-(1))

A book from APA based on the latest, fifth edition, text revision of the Diagnostic and Statistical Manual of Mental Disorders- known as the DSM-5-TR.

Culturally Responsive Mental Health

Mental Health America BIPOC Resource

<https://mhanational.org/bipoc>

MHA's online BIPOC Mental Health Resource Center provides information and tools to highlight

the unique experiences of BIPOC communities and support their mental health journeys.

Crisis Connections BIPOC Resource

crisisconnections.org/bipoc-mental-health-resources/

When navigating mental health journeys and crises, it's crucial to seek support from someone who understands and incorporates cultural and racial identities into their care. These resources help facilitate that effort.

LGBTQ Resource

Group for the Advancement of Psychiatry. "Faith Communities and the Well-Being of LGBT Youth"

<https://www.ourgap.org/resources/faith-communities-and-the-well-being-of-lgbt-youth>

Faith-Based Mental Health Initiatives

Pathways to Promise <https://www.pathways2promise.org/>

Mental Health Ministries <https://www.pathways2promise.org/mental-health-ministries>

Mental Illness and Families of Faith: How Congregations Can Respond*: Study guide for congregations.

The Companionship Movement

pathways2promise.org/companionship

NAMI FaithNet www.nami.org/faithnet

National Catholic Partnership on Disability

https://ncpd.org/resources_and_toolkits/pastoral-response-persons-mental-illness

Pastoral Response to Persons with Mental Illness

Catholic Mental Health Ministries www.catholicmhm.org/

The Association of Catholic Ministers

Support for parishes and dioceses in establishing mental health ministries.

Blue Dove Foundation <https://thebluedovefoundation.org/> Resources and programs on mental illness and addiction in the Jewish community and beyond

Institute for Muslim Mental Health www.muslimmentalhealth.com/about/

Mobilizing professionals and providing culturally relevant mental health resources.

Muslim Mental Health Consortium (Michigan State)

<https://muslimmentalhealth.psychiatry.msu.edu/>

Promoting research and training in Muslim mental health.

Interfaith Mental Health Networks

United Church of Christ Mental Health Network <https://www.mhn-ucc.org/>

The United Church of Christ Mental Health Network aims to reduce stigma and promote the inclusion of people with mental illnesses in congregations. They envision a future where these individuals feel welcomed, supported, valued, and included.

Interfaith Network on Mental Illness www.inmi.us

Resources for mental health initiatives across different faiths

Suicide Prevention

National Action Alliance for Suicide Prevention www.theactionalliance.org/faith-hope-life

Faith.Hope.Life.: Initiative for faith communities to engage in suicide prevention.

American Foundation for Suicide Prevention <https://afsp.org/>

Training and Education

Association for Clinical Pastoral Education (ACPE) www.acpe.edu/

Education and certification for spiritual care and pastoral counseling.

Community Support and Education

The GW Institute for Spirituality and Health (GWish) <https://gwish.smhs.gwu.edu/>

Leadership in integrating spirituality and health care.

The Family and Youth Institute www.thefyi.org/mental-health-research/

Research and programs to support family and youth mental health.

Government Resources

SAMHSA Faith and Community Engagement <https://www.samhsa.gov/faith-based-community-engagement>

Initiatives to support mental health in faith communities.

How to Talk About Mental Health – For Faith Community Leaders

<https://www.samhsa.gov/mental-health/how-to-talk/community-and-faith-leaders>

The Partnership Center, Center for Faith and Opportunity Initiatives, U.S. Dept. of Health and Human Services www.hhs.gov/about/agencies/iea/partnerships/index.html

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