

HOW TO SUPPORT PEOPLE WITH MENTAL ILLNESS

As Officers, Local Officers and Soldiers within The Salvation Army we are called to respond appropriately to those we encounter in our congregations, our outreach opportunities and our programs, experiencing mental illness. We should see the person rather than the illness first and recognize the need to respond in the best way for everyone involved. How can we ensure that our corps are a welcoming environment for everyone, including those who are facing mental illness, and their family members?

HOW CONGREGATIONS CAN BE MORE INCLUSIVE & WELCOMING

- Educate yourself about mental illness – acknowledge any myths and stigmas
- Create a safe environment – mental illness can be very isolating for individuals & family members
- Offer workshops, share sermons, host guest speakers, collate community resources to educate & reduce stigma
- Help congregants understand that mental illness is not a spiritual weakness, but simply an illness

WHEN SHOULD YOU MAKE A REFERRAL TO A PROFESSIONAL?

- When a person poses an immediate threat to themselves or others (suicidal behavior, aggression, eating disorder, self-mutilation, etc.)
- Suicide behavior/intent should always be taken seriously. Do not hesitate to call 911 for assistance
- When levels of functioning or distress are causing concern, or prolonged difficulty managing stressful situations on their own
- Also, look out for developmental problems (in children/teens), abnormal bereavement, family dysfunction, substance misuse, significant changes in sleep, lack of improvement even after 6-8 weeks of help, inappropriate sexual behavior, unjustified changes in mood, motivation and appetite.

OTHER SIGNIFIERS THAT SOMEONE COULD NEED HELP...

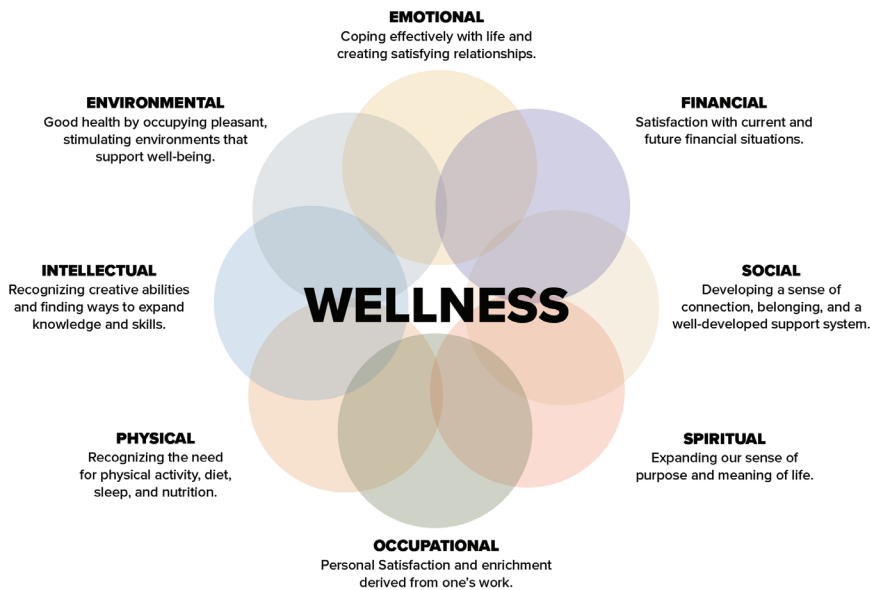
- Cognition – confused, disoriented, inappropriate responses to questions
- Appearance – poor hygiene, disheveled, unable to stand/sit still, inappropriate attire
- Logic – responds to unusual voices/visions, expresses racing, disconnected, bizarre thoughts
- Mood – Extreme unjustified sadness, depressed, or overly high-spirited, overwhelmed with hopelessness, abrupt changes in mood and isolation
- Speech – speaks very quickly/slowly, misses words, stutters or leaves long pauses, inconsistent with level of education

STIGMAS

- Remember, the person has an illness; the person is not the illness!
- Acknowledging the problem in order to receive help can be a scary/embarrassing step for the individual/family
- Mental illness is not a sign of weakness, lack of faith, inadequate prayer life, anxiety over an unforgiven sin, or possession by an evil spirit
- The use of medication does not reveal a lack of faith in God's healing power – medication is often needed for mental illness just as it is needed for sickness, e.g. chemotherapy is needed for cancer
- Some mental illnesses include intrusive thoughts – these voices/visions are not of the devil
- Going to therapy is not a sign of weakness or lack of faith, it can also be used as a preventative measure and does not need to be saved for a crisis

You don't need to be the expert, but for your own safety and for that of your congregation it is helpful to be informed.

Recovery, Wellness and Building Resilience



NOW, MORE THAN EVER...

We need to cultivate openness and resilience by encouraging our congregations to focus on their mental, physical, and spiritual well-being, as we invite the Lord to dwell in every area of our lives. In June 2020 the CDC reported that over 40% of those surveyed said they had experienced a mental or behavioral health condition related to the coronavirus epidemic. Overall, 25.5% of respondents said they had experienced symptoms of anxiety disorder, while 24.3% said they had experienced symptoms of depression. Further, the researchers found that 10.7% of all respondents said they had considered suicide at some point during the 30 days leading up to the survey.

ENCOURAGE YOUR CONGREGATION (& YOUR FAMILY) TO START TAKING CARE OF THEMSELVES...

- Seek help if overwhelmed
- Take Breaks
- Are you feeling ok? Recognize the way you feel, pause & breathe
- Reach out & stay connected
- Take care of your body

Our desire is to welcome all people but is it possible, despite our allegiance to justice and compassion, that we have left the mentally ill on the fringes, that we are guilty of being selective in our compassion? Have we neglected to “invite . . . the crippled, the lame, the blind” to the feast of grace? (Luke 14:13)

Sadly, this happens with the disabled in our gatherings. Too often, the disabled are isolated, not welcomed. Of course, this isolation can be created or intensified by parents (or caregivers) who are too ashamed or exhausted to “make it to church,” and too embarrassed to ask for help. It is hard to grasp the weariness that comes with caring for someone who is mentally disabled.

The mind of Christ will not allow us to hide, but empower us to embrace the most marginalized minority in our world: the disabled. They are not an optional upgrade to our ministry endeavors. They are vital and precious members of Jesus’ body.

No matter the type of brokenness — physical or mental — Christian identity is found not in a diagnosis, but instead in our position as redeemed children of God (Romans 8:16-17).

National Suicide Prevention Lifeline 1800-273-TALK (8255)



SA JUSTICE
on earth, as it is in heaven

Resources...
SAMHSA Wellness Initiative
American Psychiatric Association