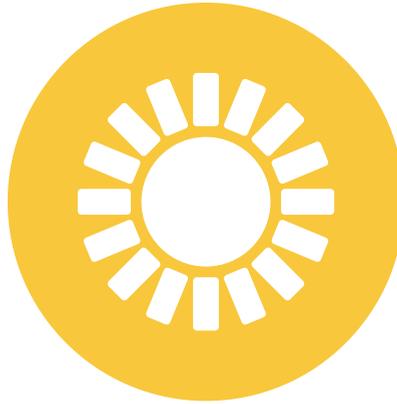


MENTAL HEALTH MATTERS

A Toolkit for Congregations



THEOLOGICAL PROLOGUE

Over and over again, Jesus befriended outsiders and marginalised people. Over and over again, Jesus stood alongside them, standing up for them, and treating them as equals.

The Gospels can be seen as one long lesson in who's really an insider, and who's an outsider. Stories were written about Jesus to help the early Christian community, and to understand God's message in their, and our, own situation. The Gospel points us to making the ones that society considers "outsiders" into "insiders" by helping them to be part of our community of faith, part of our ministry and mission, and part of our campaigns for justice and respect. As followers of Christ, members of His body (the Church) we are called to involve ourselves with "the least of these".

Historically, people experiencing mental illness have been shunned, vilified, demonised, exiled, and even imprisoned. The Church has mostly agreed with these responses. However, Jesus is our model for our Christian life and was a great one for approaching the vulnerable outcasts of His society. He accepted, loved, healed and included them in His everyday life and meals, receiving them as His followers and His friends.

Mental health has had a much bigger social profile in recent years. While some forms of mental illness, like depression and anxiety, have become better understood and those who are experiencing this have received better acceptance and compassion from the community, this is not so for other forms of mental illness. There is much that local congregations can contribute to supporting people with mental health problems. We have much to offer in Gospel values, to the welfare, acceptance and quest for justice.

Reverend Anne Ryan

UNDERSTANDING MENTAL HEALTH

CONGREGATION IN FOCUS

Working in co-operation with specialist support services for people with mental health has been rewarding for our congregation and the people we seek to assist. It began with an approach by an organisation [Richmond PRA] for space to hang some art works as part of a community wide exhibition of 'art therapy'. They now run the 'art therapy' program from our community centre.

We invited the organisation to provide some training to our members. Over time, as our connection became stronger, we shared with them the range of social activities we ran where some trained 'pastoral' workers would be in attendance and which might be helpful for their clients. This has become helpful in transitioning people, from intensive clinical support and social isolation, back into general community involvement.

In turn, we have been able to refer people to them as a soft, supported entry into clinical assessment and assistance. Additional activities have also been developed. Some by the organisation, some by us, and some jointly, all with cross-referral.

Manning Uniting Church

Mental health is vital for individuals, families and communities. It's defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community¹.

Every year, **about 1 in every 5 Australians will experience some form of mental illness**², and most of us will experience a mental health problem at some point in our lives.

The difference between a **mental illness** and a **mental health problem** is that a mental illness significantly affects how a person feels, thinks, behaves and interacts with other people. A mental illness can cause a great deal of suffering to an individual diagnosed with an illness, as well as their family and friends. Mental health problems, on the other hand, are more common and include temporary experiences as a reaction to the stresses of life. However, mental health problems can develop into a mental illness if they are not effectively dealt with.

Mental illnesses can affect anyone and it's not always possible to tell that someone is experiencing a mental illness just by looking at them. There are many different types of mental illnesses, ranging from common disorders such as excessive fear and worry (anxiety) or unusually sad mood (depression), to more severe

behavioural problems that can involve suspiciousness, violence, agitation and other unusual behaviours (psychosis).

Recognising the early signs and symptoms of mental illness and accessing effective treatment early is important. The earlier treatment starts, the better the outcome. Episodes of mental illness can come and go during different periods in people's lives. Some people experience only one episode of illness and fully recover. For others, it recurs throughout their lives. Effective treatments can include medication, cognitive and behavioural psychological therapies, psycho-social support, psychiatric disability rehabilitation, avoidance of risk factors such as harmful alcohol and other drug use, and learning self-management skills.

People with a mental illness need the same understanding and support given to people with a physical illness. A mental illness is no different; it is not an illness for which anyone should be blamed.

Communities often have many false beliefs about mental illnesses, including what they are, what causes them, and how to respond to a person with a mental illness. As a result, many people with mental illnesses experience stigma and discrimination that causes delays in them seeking appropriate help for their problem.

¹ World Health Organisation

² Australian Bureau of Statistics, 2008

COMMON MENTAL ILLNESSES

There are many different types of mental illnesses which also vary in their degree of severity. Some of the major types are:

- depression
- anxiety
- schizophrenia
- bipolar mood disorder
- personality disorders
- eating disorders

MORE COMMON

The most common mental illnesses are **anxiety and depressive disorders**. While everyone experiences strong feelings of tension, fear, or sadness at times, an anxiety or depressive disorder is diagnosed when these feelings become so disturbing and overwhelming that people have great difficulty coping with day-to-day activities. Logical reasoning and decision making may also be reduced.

At their most extreme, people with a depressive disorder may not be able to get out of bed or care for themselves physically. People with certain types of anxiety disorder may also not be able to leave the house, or may have compulsive rituals to help them alleviate their fears.

LESS COMMON

Less common mental illnesses are those that involve **psychosis**, such as **schizophrenia and bipolar mood disorder**. People experiencing an intense episode of psychosis lose touch with reality and perceive their world differently from normal. Their ability to make sense of thoughts, feelings, and the world around them is seriously affected. A psychotic episode may involve delusions, such as false beliefs of persecution, guilt, or grandeur. It may also involve hallucinations, where the person sees, hears, smells, or tastes things that are not there. Psychotic episodes can be threatening and confusing to other people who are not familiar with them.

MAKING A DIFFERENCE



1. COMMUNICATE

Communication can be a struggle for many people with a mental illness. Some people don't have the motivation to communicate, while others lack the confidence to say what they really want to. Some people experience hallucinations, which can affect how they communicate.

Often, people with mental health problems feel cut off from other people. Encourage and reassure them if they get upset or appear to be struggling with their emotions.



2. LEARN

Learn more about mental health – the more you understand, the more you can be prepared. Read quality, evidence-based information and become familiar with the signs and symptoms of the mental health issue.



3. SUPPORT

An important part of caring is to support the treatment process. If medication is prescribed, encourage the person to persist with taking it. If they are undergoing counselling or psychotherapy, remember that this often results in the person 'thinking over' their life and relationships. While this can be difficult for everyone concerned; allow the person to talk through these issues.

REMEMBER TO:

- Ask the person how they are
- Be available to listen and be positive and encouraging when you do
- Choose a good time and place to talk, when you are both relaxed
- Use 'I' statements, such as 'I'm worried...' or 'I've noticed...'
- Talk about other things too. Don't let a mental health issue become the centre of your relationship
- Encourage the person to sleep well, eat well and exercise if they can
- Offer support to make appointments and assist with getting there if the person is open to this
- Look after yourself too and seek support if you need it
- Ask what you can do to help and offer practical support, such as shopping and cooking meals
- As a supporter, establish and communicate a clear set of boundaries about what you're prepared to do and what you're not prepared to do
- Maintain contact even when it's difficult
- Provide information, such as books or brochures for the person to read in their own time
- Encourage the person to seek help immediately if you think they are at risk of suicide or self-harm; Lifeline can be contacted on 13 11 14
- Give HOPE when you can and until the person is holding their own hope

TRY NOT TO:

- Say "I know how you feel" as it invalidates the person's experience
- Point out that there are others that are worse off
- Blame the person for changes in their behaviour, even if this is frustrating for you
- Avoid the person
- Pressure the person to talk about the issue if they say they don't want to
- Think of mental illness as a personal weakness or failing
- Avoid discussing suicide and self-harm, usually when people talk about suicide they are looking for help
- Use words that stigmatise, like 'psycho' or 'crazy'
- Feel guilty if you didn't recognise that a family member or friend has a mental illness
- Give comparison stories which may take the focus off the person's own experience

SUPPORTING VERSUS ENABLING

There is a fine line between supporting and enabling. The core principle is this: don't do for others what they can do for themselves.

This principle often changes when mental health issues are present. Parents, spouses and friends adjust their relationships and try to provide additional emotional, social and financial support to a loved one or friend experiencing a mental illness.

In order to clarify the distinction between supporting and enabling a loved one or friend, listed are some examples of supporting behaviour:

- Be attentive to any warning signs of a coming difficult phase of the illness
- Together make a list of the things they need to do to maintain their recovery
- Be aware of possible self-esteem issues. Help build their esteem with positive emotional support, even when you are frustrated. Avoid blaming them.
- Help establish a network of caregivers, other people who know about the illness and are willing to support in whatever practical way
- The goal of support is for a person to become as self-sufficient as possible

Doing everything for someone is the quickest and most reliable path to making them dependent on you.





HOW CONGREGATIONS CAN HELP

Increase Awareness

- Publish newsletter articles related to mental illness
- Encourage congregation members who are willing to share their own story or that of a loved one or friend dealing with mental illness; consider a small group setting for this activity
- Contact a mental health organisation or support group for a speaker at a Congregation meeting
- Become informed about local agencies that provide education and services and invite them to participate in a health expo
- Encourage congregants to attend a Mental Health First Aid Training course or similar

Ideas for Liturgies

- Consider focusing a liturgy on mental illness, incorporating mental illness concerns in congregational prayers
- Use religious language that offers hope, strength and faith rather than that which perpetuates the concepts of sin, guilt and lack of faith as the reasons for mental illness
- Recognise the role of congregations and clergy in influencing opinions of mental illness; work to dispel myths and alleviate fears

Activities to Support Congregants

- Respond with support, interest and care for people with mental illness and their families and friends; listen and be available
- Keep in touch with congregants and/or their family members who are going through inpatient or outpatient care
- Provide space for support groups to meet and plan activities that promote positive mental health

LOOKING AFTER YOURSELF



If you are giving support to someone with mental health problems, it is essential to look after your own mental health as well. If you start to feel depressed, anxious or overwhelmed, it may be time to speak to your doctor about the impact your caring role is having on your emotional and mental health.

If you're struggling in your supporter role, it may help to talk to others in a similar situation to you.

A person with a mental disorder may become increasingly reliant on you. It's common for people with a

mental health diagnosis, such as depression, to become insular and lose interest in social activities. You may be one of the few people they have contact with.

It's important to maintain your own social activities. You may need to have a conversation with the person about what you're prepared to do and what you're not prepared to do. You may need to be firm with your decision. If you feel you're doing too much, see if someone else can share the caring responsibility with you.

CONGREGATION IN FOCUS

Being close to someone with a mental illness can be very exhausting and challenging. The hardest thing is to continue just being there for that person, despite repeated verbal attacks, or the continual negativity of deep depression.

One of my friends was diagnosed with schizophrenia about 30 years ago after a slow descent into depression which one day, resulted in an outburst at work where the police were called and she was 'scheduled' (admitted to hospital until she was stabilised).

Even before this dramatic incident, there had been several other signs of mental illness where she had become paranoid about being watched and manipulated, insisting that "they" were programming her and her dog, and even programming her television. Several other friends had walked away from her during these episodes as she became quite rude, critical and aggressive. The only thing I could do at the time was sit there and listen, and try to divert her thoughts away from her paranoia. Then I made sure I contacted her daily. I believe that education about mental illness will help to eliminate some of the fear, ignorance and myths that many people have, to help them support those with a mental illness.

Written by a congregation member

PEOPLE THAT CAN HELP



Different health professionals offer different types of services and treatments for mental disorders. Below is a guide to the range of practitioners available and the types of treatment they provide.^{3,4}

General Practitioners (GPs)

GPs are the best starting point for someone seeking professional help. Before consulting a GP about depression or anxiety, it's important to book a longer or double appointment, so there is plenty of time to discuss the situation without feeling rushed. It is also a good idea to raise the issue of depression or anxiety early in the consultation as some GPs are better at dealing with mental health problems than others. The GP will discuss various treatment options and take the person's treatment preferences into account.

Psychologists

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy and interpersonal therapy. Clinical psychologists specialise in the assessment, diagnosis and treatment of mental health problems. Psychologists and clinical psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists

Psychiatrists are doctors who have undergone further training to specialise in mental health. They can make medical and psychiatric

assessments, conduct medical tests, provide therapy and prescribe medication. A referral from a GP is needed to see a psychiatrist. Rebates can also be claimed through Medicare.

Social Workers

Social workers in mental health can support people with depression and anxiety by helping them find ways of effectively managing the situations that trigger these disorders. These may include family issues, financial problems, work stress and living arrangements.

Aboriginal and Torres Strait Islander Mental Health workers

Aboriginal and Torres Strait Islander Mental Health Workers understand the mental health issues of Indigenous people and what is needed to provide culturally-safe and accessible services.

Counsellors

Counsellors can work in a variety of settings, including youth services, private practices, community health centres, schools and universities. A counsellor can talk through different problems a person may be experiencing and look for possible solutions. While there are many qualified counsellors who work across different settings, some

counsellors are less qualified than others and may not be registered. Unfortunately, anyone can call themselves a 'counsellor', even if they don't have training or experience. For this reason, it is important to ask for information about the counsellor's qualifications and whether they are registered. A good counsellor will be happy to provide this information.

Complementary Health Practitioners

There are many alternative and complementary treatment approaches for depression and anxiety. However, many of these services are not covered by Medicare. Some services may be covered by private health insurance. When seeking a complementary treatment, it is best to check whether the practitioner is registered and to make sure they use treatments which are supported by evidence that shows they are effective.

Hospitals

If people are experiencing severe depression or anxiety and are at risk of harming themselves or others, it may be necessary for them to spend time in hospital for intensive treatment and monitoring. It might also be necessary to go to hospital for treatment if the person has complicated medical problems. Some hospitals, both public and private, have their own mental health units.

Crisis Assessment or Acute Treatment teams

Crisis Assessment or Acute Treatment teams (sometimes called CAT teams) provide emergency psychiatric care in the community to people experiencing a mental health crisis. They can be assessed and treated in the community and therefore, avoid an admission to hospital. However, when people are a potential danger either to themselves or others, they will be admitted to hospital. The nearest Crisis Assessment or Acute Treatment team can be contacted by phoning your local hospital or community health centre.

Ministers, Priests or Pastors

Ministers are in a position to provide a listening ear and spiritual guidance in dealing with the questions of meaning that may arise for people with mental health problems. These may include things like guilt forgiveness, the role of prayer, self-worth, and the value of life. It is not usual for Ministers to have specialised training in mental health or counselling.

People living in rural and remote communities

People living in rural and remote communities may find it difficult to access the mental health professionals listed here. If a GP or other mental health professional is not readily available, there are a number of help and information lines that may be able to assist and provide information or advice.



RESOURCES AND SUPPORT



For information on services, check the Community Help and Welfare Services and 24-hour emergency numbers in your local telephone directory.

For immediate counselling assistance, contact Lifeline on 13 11 14. Lifeline can also supply further information and help.

To access public mental health services and assistance, call the Mental Health Line on 1800 011 511

Other useful sources of information about mental illness are:

beyondblue

1300 22 4636

www.beyondblue.org.au

SANE Australia

www.sane.org

Mental Illness Fellowship of Australia Inc

www.mifa.org.au

The Blackdog Institute

www.blackdoginstitute.org.au

Australian Government Health Direct

www.healthdirect.gov.au

Mind Health Connect

www.mindhealthconnect.org.au

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