From Fear to Care: Mental Illness in the Church

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The Working Group for the Promotion of Mental Health in Faith Communities
Agenda

- Introduction to mental illness
- Myths & facts, stigma
- Overview of specific mental illnesses
- Suicide info and prevention
- Recovery model
- Practical tips and solutions
- Q&A’s
Introduction

What is mental illness?

- “Mental illnesses are characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning” (Public Health Agency of Canada, 2013)

- These illnesses occur over a period of time and make it difficult to do daily tasks
Introduction

What are the effects of mental illness?

- Can lead to impairments in many different life domains
- 70 - 90% of people with serious mental illness are unemployed
- Mental illness accounts for ~30% of short- and long-term disability claims
- People with serious mental illness die up to 25 years earlier than the general population
- In Canada, people with serious mental illness are disproportionately affected by homelessness

Introduction

What is the prevalence?

- 20% of Canadians (1 out of 5) will experience a mental illness in their lifetime
- Affects people from all walks of life, regardless of age, education, income levels, or culture
- ~8% of adults will experience major depression, ~12% of Canadians will experience an anxiety disorder, ~1% of Canadians will experience schizophrenia
- Suicide remains one of the leading causes of death from adolescence to middle age

(CMHA, 2014; Health Canada, 2002)
Introduction

What are some common causes?

- No single cause, and no one is to blame
- A complex combination of factors
- Believed to be triggered by:
  - A chemical imbalance in the brain
  - Genetics
  - Psychological and social/environmental factors (e.g., a traumatic life event, prolonged stress)

(My Mental Health, 2015)
1. Mental illnesses aren’t “real illnesses”
   - Mental illnesses are not the regular ups and downs of life – they involve clinical symptoms that create distress and impact functioning, and should be taken seriously like any other illness (when someone breaks a bone, we wouldn’t expect them to just “get over it”, and we wouldn’t point blame if they needed a cast or other help while they recovered)

2. Bad parenting causes mental illnesses
   - No one factor causes mental illnesses, as they are triggered by a combination of brain chemistry, genetics, environment, and social factors
   - Family members can play a significant role in providing support through the recovery process

3. People with mental illnesses are dangerous
   - Research shows that mental illness itself is not a good predictor of violence
   - People who have a mental illness are no more violent than people without a mental illness, and are actually much more likely to be victims of violence than perpetrators of violence

(CMHA, 2014)
Myths and Facts

4. People don’t recover from mental illnesses
- People can and do recover from mental illnesses
- There are many types of treatments and supports that are effective in enabling individuals to lead productive, meaningful lives
- Though some people may not be free of all symptoms, there are many strategies that can be used to manage symptoms and to continue to make progress in one’s recovery

5. Mental illness shows “weakness”
- Mental illness has nothing to do with lacking strength or willpower; nobody chooses to have a mental illness
- People with mental illnesses may actually be better at managing stress than people who haven’t experienced mental illnesses, as many have learned effective stress management and coping skills

(CMHA, 2014)
A Word on Stigma

- *Stigma* is thinking less of a person because of his or her condition, often based on preconceived assumptions.
- Stigma about mental illness is still a *widespread issue* that can lead to people feeling blamed, shamed, harassed and shunned from society.
- Stigma *adds to the suffering* associated with mental health issues and can *create a barrier* for those seeking help.
- Labeling people as their diagnosis is a form of stigma (e.g., calling someone a “schizophrenic” vs. “a person who has schizophrenia”)

(CAMH, n.d.)
Overview of Specific Mental Illnesses

- Major Types of Mental Illnesses
  - 1. Anxiety Disorders
  - 2. Mood Disorders
  - 3. Psychotic Disorders
  - 4. Eating Disorders
  - 5. Personality Disorders

- The Diagnostic Process
  - DSM 5: *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the standard classification of mental disorders used by mental health professionals that contains a listing of diagnostic criteria for every psychiatric disorder
  - In Canada, only physicians are qualified to provide assessment and diagnosis
  
  (APA, 2014)
### Overview of Specific Mental Illnesses

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Symptoms</th>
<th>Common Diagnoses</th>
<th>Population Affected</th>
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</thead>
<tbody>
<tr>
<td><strong>Anxiety Disorders</strong></td>
<td>Avoid feared situations; performing rituals to calm anxiety</td>
<td>Phobias, OCD, PTSD, Panic Attacks</td>
<td>10% (PHAC, 2013; STATSCAN, 2013; ADAC, 2014; WHO, 2009)</td>
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<td>Fear that is illogical and irrational</td>
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<td><strong>Mood Disorders</strong></td>
<td>Withdrawn; lack of interest; engaging in high risk behaviors</td>
<td>Major Depressive Disorder, Bipolar Disorder, SAD</td>
<td>5% to 10% (PHAC, 2013; STATSCAN, 2013; MDAO, 2014)</td>
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<td>Pronounced changes in mood, sleep, appetite &amp; energy</td>
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<tr>
<td><strong>Psychotic Disorders</strong></td>
<td>Disorganized or unusual behaviors; social withdrawal</td>
<td>Schizophrenia, Delusional Disorder, Schizoaffective Disorder</td>
<td>1% to 3% (MHFA, 2011; SSO, 2014)</td>
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<td></td>
<td>Cannot distinguish what is real from what is not real</td>
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| **Eating Disorders** | Fear of getting fat; binge eating; preoccupation with food, weight, counting calories and what people think | Distorted self image | • Anorexia nervosa  
• Bulimia nervosa | Ages 15 - 25, 1-2% have anorexia and 3-5% have bulimia (PHAC, 2013; NEDIC, 2014; PHAC, 2006) |
| **Personality Disorders** | Patterns of behaviour, mood, social interaction, and impulsiveness that cause severe disturbance to one experiencing them, as well as to significant people in their lives | Difficulties establishing a coherent sense of self or identity; may be seen as impulsive, irritable, fearful, demanding, hostile, manipulative, even violent | • Borderline Personality Disorder (PD)  
• Antisocial PD  
• Narcissistic PD  
• Dependent PD | 6% to 15% (PHAC, 2013; PHAC, 2006; STATSCAN, 2013) |
Suicide Info and Prevention

- 90% of suicide victims have a diagnosable psychiatric illness
- 80% of suicides are carried out by persons who have a depressive illness
- Women make 3-4 times more suicide attempts than men, but men complete suicides more often
- 40% of people with schizophrenia attempt suicide and 10% complete the act
- Thoughts of taking one’s own life is a common symptom of a mood disorder
- Suicide is primarily about losses and feeling alone

(SFT, 2014; Statscan, 2012)
Suicide Info and Prevention

- Deaths from Suicide in Canada
  - 10.8 per 100,000 population
  - 2% of all deaths
  - 22% of all deaths among those aged 15 – 24 years
  - 16% of all deaths among aged 25 – 44 years
  - Among those aged 15 to 34, suicide was the second leading cause of death, preceded only by accidents

(Statscan, 2012; PHAC, 2013)
Suicide Info and Prevention

- Suicide Warning Signs:
  - Sudden changes in mood
  - Feelings of worthlessness
  - Hopelessness about the future
  - A sense of powerlessness to change situation
  - Hears voices instructing him/her to hurt or kill himself/herself
  - Abuses drugs and/or alcohol
  - Talks about killing himself/herself

(SFT, 2014)
Suicide Info and Prevention

- Suicide Warning Signs Cont’d:
  - Recently experienced a loss
  - Neglects physical appearance and personal welfare
  - Makes “goodbye” gestures (e.g., giving pets/important items away; calling a long lost relative)
  - Feels indestructible when in a manic or delusional state
  - Previous attempts
  - Makes suicidal gestures
  - Access to lethal means
  - Has a specific plan

(SFT, 2014)
Suicide Info and Prevention

- Responding to suicidal thoughts and gestures
  - 1. Stay with the person
  - 2. Call for help (do not deal with the situation alone)
  - 3. Call 911, a distress centre, or other professional help

*In Toronto, call Distress Line 416-408-HELP (4357)*

In York Region, call 310-COPE (2673)
The Recovery Model

• A paradigm shift
  ◦ Focusing on the whole person vs. solely their illness/symptoms
  ◦ Recognizing that recovery is possible
  ◦ Seeing these individuals as people who want all the normal entitlements, roles and responsibilities of being a person

• Creating a safe culture of healing
  ◦ Celebrating successes and focusing on strengths
  ◦ Promoting hope and empowerment

(Slade, 2009)
How You Can Help: Practical Solutions and Tips

- The Church should be an extension of Christ’s love; people of faith should ensure individuals feel safe, accepted and care for
- YOU can play a significant role in contributing to the recovery of someone with mental illness, through simply being part of their support system

Micah 6:8: He has shown you, O mortal, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.
How You Can Help: Practical Solutions and Tips

Reach out
- Avoid isolating the person or defining them by their illness; rather adopt a “person-first” approach; demonstrate empathy and nonjudgmental love
- Demonstrate the same kind of support that you would for a person with any other type of illness

Engage
- Visit individuals at home/in the hospital, ask how they are doing with their treatments, provide phone check-ins, show genuine interest in their lives, listen to their stories
- Pray for/with them, engage them in volunteering or community work

Connect
- Foster friendships and help the individual build a support network
- Connect individuals to the appropriate level of support – if you feel the issues are too complex, then the person would likely benefit from professional support
How You Can Help: Practical Solutions and Tips

- **Three recommendations:**
  - 1) Consistency
  - 2) Boundaries
  - 3) Capacity building
How You Can Help: Practical Solutions and Tips

- **Consistency:**
  - Demonstrating consistent love and support
  - *Examples:*
    - Link individual to 1-2 specific members who will act as their key support person(s)
    - Demonstrate consistent levels of support that is pre-arranged and mutually agreeable by all parties
How You Can Help: Practical Solutions and Tips

• **Boundaries**
  ◦ Setting limits to avoid burnout
  ◦ *Examples:*
    • Set limits on how often you meet with the person and what types of supports you are willing to provide
    • Do not allow ongoing disruption or inappropriate behaviour to endure (mental illness is not an excuse for bad behaviour)
    • Implement a fairly structured approach
How You Can Help: Practical Solutions and Tips

- **Capacity building**
  - Encourage the individual to “meet you halfway” and to take ownership of their own recovery
  - Work in a collaborative fashion
  - *Examples:*
    - If their goal is to reconnect with their family, you can help them facilitate this, but they should be showing *just as much effort* to connect with them
    - You should not be doing more work than the individual!
Take Home Messages

• Mental illness can be complex and debilitating, but there is always hope in recovery; many individuals can and do experience recovery gains in many life areas.

• Always take suicide seriously – watch out for warning signs and know how to respond if someone is in crisis.

• Do not be afraid to reach out, engage, and connect with individuals with mental illness – you can be a significant part of their support system and recovery journey!

• You can effectively show love and support through taking time to invest and listen, and demonstrating consistency, persistent hope, and challenging each individual to take more ownership of their own recovery.
References


• Mental and substance use disorders in Canada, Pearson, Janz and Ali, Health Statistics Division, Statistics Canada, September 2013

• Mental Health First Aid Handbook

References


• National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses, Mental Health Commission of Canada, May 2013

• Out of the shadows at last-transforming Mental Health, Mental Illness and Addiction Services in Canada, The Standing Senate Committee on Social Affairs, Science and Technology, May 2006


• Rays of Hope, 4th edition, Schizophrenia Society of Canada

• SAMHSA Issues Consensus Statement on Mental Health Recovery


• Strengthening Families Together, Schizophrenia Society of Ontario
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THANK YOU!!! 😊

Questions, comments?