# An understanding of Mental Health in the context of a Christian community



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#### **Introduction to Mental Illness**

- 1 in 5 adults at any one time; 1 in 2 adults experience some form of mental illness in their lives
- Mental illness does not discriminates in that it affects all types of people (Christian, non-Christian, rich, poor, male, female, all ages, etc)

# The range of Mental Health issues:

Mood disorders
Anxiety disorders
Trauma and stress disorders
Psychotic or thought disorders
Personality disorders
Other mental health issues

	Mental health problems	
Health Well-being	Emotional problems or concerns	Iliness Mental iliness
Occasional stress to mild distress	Mild to moderate distress	Marked distress
No impairment	Mild or temporary impairment	Moderate to disabling or chronic impairment

## **Understanding Mental Illness**

- A continuum a matter of degrees, amplification or intensity
- DSM-V provide the internationally agreed upon "lines in the sand"

#### **Risk factors for Mental Illness**

- Family history and genetics
- Psychosocial stressors in the home or at work
- Chronic medical conditions
- Substance dependence
- Poor sleep (not enough or poor quality)
- Past trauma (e.g., childhood abuse, or a traumatic event in adulthood)

# Physical Spiritual Psychological

### **General Tips.**

- Early detection and response is important
  - Do not ignore or assume symptoms will go away
  - If you notice changes in a person's mood, their behaviour, energy, habits or personality, consider mental illness as a possible reason.
- Help the person to speak honestly about what's going on, and include others
- Access appropriate professional help GP, Psychologists, Clinical Psychologists and Psychiatrists.

# What if the person doesn't want help?

- Find out if why they do not want to seek help is because of mistaken beliefs.
- If the person still does not want help after you have explored their reasons, respect their choices unless they are at risk of harming themselves or others.
- However, establish appropriate boundaries.
   Keep relationship and keep encouraging, but do not get trapped into being a substitute counsellor.

# What doesn't help?

- Telling people to 'snap out of it' or 'get over it'
- Being over-involved or over-protective
- Trivialising a person's experience by pressuring them to 'put on a smile' or live out a platitude
- Belittling or dismissing the person's feelings by saying things like 'You don't seem that bad to me.'
- Trying to cure the person or come up with quick fix solutions for their problems.

# How can I be supportive?

- Treat the person with respect and dignity
- Do not blame the person for their illness
- Offer consistent emotional support and understanding within boundaries
- Encourage the person to talk to you
- Be a good listener
- Respect how the person interprets their symptoms
- Give the person hope for recovery

# **Suicide Risk**

# Helping people who are suicidal:

- Instil hope
  - o Talk about the future and who would miss them.
- Do they have:
  - o A plan?
  - o The means?
  - o The intent?

#### What to do:

- Try to get assurance from the person of their safety
- If they can, write a safety plan:
  - Who are your supports? Connect or reconnect with them (you may have to help!)
  - o Go to see your GP
  - O Who can you talk to?
  - o Plan for the person to come back and see you to check in
- If the person cannot give you that assurance and is likely to follow through (i.e., has the plan, means and intent), call the police or an ambulance.
- If they take off, call 000. Only if it is safe, follow at a safe distance so you can inform emergency services of their location. If it is not safe, write down as many of the person's key identifying details so you can inform emergency services
- If the person is willing to wait with you to see emergency services and be taken to hospital, sit with them and call 000. Wait for emergency services to get there.
- Let the person know that you are concerned about them and that is why you have to act.
- Sit with them. Validate the negatives they are experiencing, and the pain they are in and try to encourage them to talk about anybody in their life that loves them or some other reason that they would be missed.

#### Referral - who to call

- In the case of immediate rick of harm to self or to others call:
  - Psychiatirc triage (administration, information, assessment and referral):
     1300 TRIAGE (1300 874 243) (a 24/7 service) or the Police 000.
- Where the issue is less urgent but may need attention call:
  - o St Vincent's Mental Health 1300 558 862 (a 24/7 service)
- Women's Domestic Violence Crisis Service: 1800 015 188 or 9322 3555 (a 24/7 service that includes safe accommodation)
- Drug and Alcohol counselling: 1800 888 236 (a 24/7 service)

Further resources:		
Beyond Blue:	www.beyondblue.org.au 1300 22 4636	
Lifeline:	13 11 14	
Black Dog Institute: www.blackdoginstitute.org.au		
Headspace:	1800 650 890	