

Early Serious Mental Illness Guide for Faith Communities

The sooner someone receives help, the less likely that person will need to be hospitalized or suffer long term disability. And that's definitely a good thing!

PSYCHOSIS IS COMMON AND PEOPLE CAN GET BETTER

One in five adults in the United States has a mental illness. Mental illness is a broad term, and types and severity of mental illness vary. About 4 percent of the population has a mental illness that limits their life activities, known as serious mental illness.

Over their lifetimes, about 3 percent of people will have a serious mental illness that includes psychosis. Psychosis can happen at any age, but it often begins when people are between ages 15 to 30. This means that about 100,000 young people will have an early episode of psychosis each year. 2

WHAT IS PSYCHOSIS?

The word psychosis means a brain condition where there has been some loss of contact with reality. Psychosis can be caused by many things, including substance use, traumatic experiences, and medical conditions, as well as schizophrenia or bipolar disorder.

During psychosis, a person's thoughts and perceptions are disturbed. The person may have difficulty understanding what is real and what is not. Symptoms of psychosis include false beliefs and seeing or hearing things that others do not see or hear. Other symptoms include speech that may not make sense and behavior that is not right for the situation.

A person having a psychotic episode may also have depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty doing other daily activities. Learn more about psychosis with this fact sheet from the U.S. Substance Abuse and Mental Health

Services Administration (SAMHSA): <u>Understanding a First Episode of Psychosis</u>. Or visit the website for the National Institute on Mental Health: (NIMH) <u>Fact Sheet: First</u> Episode Psychosis.

People who experience psychosis can get better, especially with treatment and recovery support. A particular approach to treatment called Coordinated Specialty Care helps to decrease the likelihood of future episodes of psychosis, reduce long-term disability, and help people pursue their goals. Thanks to support from SAMHSA and NIMH, Coordinated Specialty Care programs now exist in more than 250 communities across the country.

For people experiencing psychosis related to psychiatric conditions, early help leads to the best outcomes.³ Having psychosis can be lonely and can lead to disruptions in school, work, and relationships. Coordinated Specialty Care programs treat psychosis in part by helping people stay engaged

and connected to the things that matter to them – like school, work, and faith communities. It works best when it's offered within the first two years of a person's first episode of psychosis.

TREATMENT WORKS

Coordinated Specialty Care is a team-based approach that provides therapy and support to the person who is experiencing psychosis and their family. Typically, the team includes a psychiatrist, nurse, employment and education specialist, and case manager – and many programs also include peer support for both the person experiencing psychosis and their family members. All these people work together to help the person meet basic needs and navigate the health care system

In Coordinated Specialty Care, the goals of the person experiencing psychosis drive the treatment process. The team provides mental health treatment and coaches the person on skills needed to manage their illness and stay on their life course. Family education and support helps with home life and keeps the family as part of the team.

Although there are more than 250 Coordinated Specialty Care programs across the country, your community may not have easy access to one. In that case, faith leaders can encourage local mental health centers to provide as many of these services as possible. You can also work with local and state leaders to support a Coordinated Specialty Care program that serves your community.

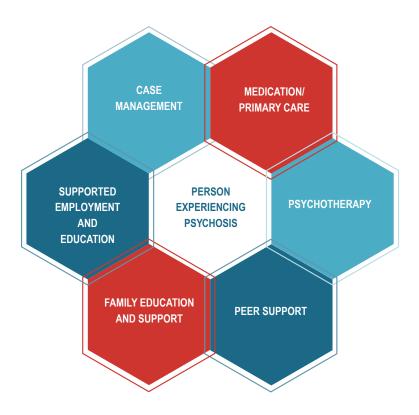


FIGURE 1: The Coordinated Specialty Care model is a collaboration between an individual and six types of support.

SIGNS OF EARLY SERIOUS MENTAL ILLNESS, INCLUDING PSYCHOSIS

Some of the signs that someone might be experiencing early serious mental illness, including psychosis, include⁴:

- · Seeing, hearing, feeling, smelling, or tasting things that others cannot
- Being distracted by mild or nonexistent stimuli (e.g., being more sensitive to lights or sounds)
- Preoccupation with unusual ideas
- Often saying things that do not make sense (e.g. using incorrect words, excessive rambling; going on tangents and being hard to follow in a conversation)
- Believing they are exceptionally better than others without any evidence (e.g., "I have
 a super high intellect)" or grossly distorted perceptions of their abilities (e.g., "I am a
 world-famous fashion designer")
- Feelings that there is something "off" with others or the world
- Feeling as if they are not in control of their own thoughts
- Decrease in self-care or hygiene
- · Showing inappropriate emotion (e.g., laughing at sad things) or extreme fear
- Spending less time doing hobbies or sports they previously enjoyed
- · Decrease in or lack of motivation
- Showing less emotion, or showing little expression or reaction to good or bad events



ACTION STEPS FOR FAITH LEADERS

No matter why a young person is experiencing psychosis, it can be a confusing and anxious time for both the person and their family. Continuing to include them as valued, contributing members of your faith community may help them stay in school, remain on track to establish careers, and fulfill their roles as parents. It will also help minimize isolation and may support more effective engagement in treatment.

As a trusted messenger, you can help support the person and their family and connect them with effective services, such as Coordinated Specialty Care. Remember, the sooner someone receives help, the less likely that person will need to be hospitalized or suffer long term disability.

HERE ARE SOME WAYS YOU CAN HELP:

- Educate and familiarize yourself with the signs and symptoms of early serious mental illness, including psychosis.
- Listen without judgment, empathize, and offer support. Try not to label or diagnose the
 person but offer to connect them with resources, including mental health professionals
 who can help.
- Remember that not all behavior that seems unusual is a mental illness; sometimes people
 just need to change the situations they're in. A health professional may be able to help sort
 out if someone is experiencing early serious mental illness.
- Take a Mental Health First Aid course and offer it to your community. You can find one near you at www.mentalhealthfirstaid.org.
- Understand that, for some individuals, the experience of psychosis can be a spiritual process. Helping a young person and their family navigate the experience using their faith can aid the recovery process.
- Remind the person of their strengths and talents and invite them to share these as part
 of your faith community.
- Be open and transparent. If you are worried about changes in someone's behavior, say so directly and respectfully and listen carefully to their response.
- If someone is already receiving treatment through a Coordinated Specialty Care program, encourage them to participate actively in their care plan.
- Educate others. Plan a training or community conversation to better understand mental illness and strategies for dealing with stigma. If you hear people saying things about mental illness that are not true or are offensive, share what you've learned and support inclusion.

REFERENCES

- 1 Simon, G., Coleman, K., Yarborough, B.J., Operskalski, B., Stewart, C., ... Beck, A. (2017). First Presentation With Psychotic Symptoms in a Population-Based Sample. *Psychiatric Services*. 68(5):456-461. https://doi.org/10.1176/appi.ps.201600257
- 2 National Institute of Mental Health. (2015). Fact Sheet: First Episode Psychosis. Online: https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis.shtml
- **3** Kane, J.M., Robinson, D.G., Schooler, N.R., Mueser, K.T., Penn, D.L., ... Heinssen, R.K. (2016). Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program. *Am J Psychiatry*. 2016 April 1; 173(4): 362–372. https://doi.org/10.1176/appi.ajp.2015.15050632
- 4 Schiffman, J., Hoover, S., Roemer, C., Redman, S., and Bostic, J. (2018). Supporting Students Experiencing Early Psychosis in Middle School and High School. Alexandria, VA: National Association of State Mental Health Program Directors.

RECOMMENDED CITATION

Kazandjian, M. (2018). Early Serious Mental Illness Guide for Faith Communities. Alexandria, VA: National Association of State Mental Health Program Directors.

ACKNOWLEDGMENTS

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS283201200002I/Task Order No. HHSS28342002T with SAMHSA, U.S. Department of Health and Human Services (HHS). Jeanette Miller served as the Contracting Officer Representative. Monique Browning served as the Task Lead.

CONTRIBUTORS

Thomas Pruski, R.N., MAPS, Wesley Theological Seminary (WTS), provided key input in the development of this guide. In collaboration with WTS, the following individuals provided feedback on early drafts. The guide reflects the author's final decisions regarding the material included and does not necessarily reflect their views.

Jamee Alston Kathy Jones

Jameisha Brown Kimberly D. King

Cynthia B. Burwell Jennifer Lafferty

Camille A. Cappiello Deborah Nix

Douglas Cappiello Jannie Lindsay

Linda Flory Artur Quicass

Angela Franklin Joy Rockenbach

DISCLAIMER

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS. Nothing in this document constitutes a direct or indirect endorsement by SAMHSA or HHS of any non-federal entity's products, services, or policies, and any reference to a non-federal entity's products, services, or policies should not be construed as such.