Mental Health Training

One in five Americans is affected by mental health conditions. Stigma is toxic to their mental health because it creates an environment of shame, fear, and silence that prevents many people from seeking help and treatment.

How to respectfully meet someone living with a mental health condition:

- Talk to them in a space that is comfortable, where you won't likely be interrupted, and where there are likely minimal distractions.
- Ease into the conversation gradually. It may be that the person is not in a place to talk, and that is OK. Greeting them and extending gentle kindness can go a long way. Sometimes less is more.
- Be sure to speak in a relaxed and calm manner.
- Communicate in a straightforward manner and stick to one topic at a time.
- Be respectful, compassionate, and empathetic to their feelings by engaging in reflective listening, such as "I hear that you are having a bad day today. Yes, some days are certainly more challenging than others. I understand."
- Instead of directing the conversation at them with 'you' statements, use 'I' statements.
- Be a good listener, be responsive, and make eye contact with a caring approach.
- Give them the opportunity to talk and open up, but don't press.
- Share some easy insights as a way of encouraging easy conversation, such as comments about the weather, the community, or other.
- Reduce any defensiveness by sharing your feelings and looking for common ground.
- Speak at a level appropriate to their age and development level. Keep in mind that mental illness has nothing to do with a person's intelligence.
- Be aware of a person becoming upset or confused by your conversation with them.
- Show respect and understanding for how they describe and interpret their symptoms.
- Genuinely express your concern.
- Offer your support and connect them to help if you feel that they need it. Ask, "How can I help?" if appropriate, or even, "Can I pray with you now?" if appropriate.
- Give the person hope for recovery and offer encouragement and prayers.
- Don't belittle someone's mental illness. Everyone has occasional anxiety, depression, or some small form of a mental health condition, but this is not the same thing as living with a mental health condition. Don't tell someone that everyone goes through what they're going through or that you know exactly how they feel.
- Follow up with the person and/or family. Mental illness is a very lonely struggle and people battling it often feel isolated.

Use person-first language to reduce stigma and shame.

Things to Avoid Saying:

- "Just pray about it."
- "You just need to change your attitude."
- "Stop harping on the negative, you should just start living."
- "Everyone feels that way sometimes."
- "You have the same illness as my (whoever)."
- "Yes, we all feel a little crazy now and then."

Instead of:	Try:
She is bipolar.	She is living with bipolar disorder
She's schizophrenic	She is a person with schizophrenia
She is mentally ill	She has a mental health condition
He committed suicide	He died by suicide

Things to Avoid Doing:

- Criticizing blaming or raising your voice at them.
- Talking too much, too rapidly, or too loudly. Silence and pauses are OK.
- Showing any form of hostility towards them.
- Assuming things about them or their situation.
- Patronizing them or saying anything condescending.

When to Make a Referral to a Mental Health Professional

- When a person poses an immediate danger to self or others.
- When a person demonstrates an emotional or behavioral problem that constitutes a threat to the safety of the person or of those around him/her (e.g. suicidal behavior, severe aggressive behavior, an eating disorder that is out of control, self-harming behaviors like cutting, or other self-destructive behavior).
- Suicide. Thoughts of suicide should always be taken seriously. A person may not share these thoughts with you, but the family members may be aware of concerning behaviors like isolation. Use the suicide assessment that follows to help assess the risk and response. But if in doubt, err on the side of professional health, and do not hesitate to call 911.

For assistance with referrals and scheduling appointments with Mental Health Professionals, please contact Jessica Sterling (jsterling@gracechurchsc.org).

All calls for suicide intervention are to be documented and recorded in pastoral care notes and/or to your immediate supervisor.

Suicide Rating Scale

In the U.S. there's an average of more than 110 suicides a day. More people die by suicide than in traffic accidents.

Suicide ideation definitions and prompts:	Past month	
Ask questions in bold.	Yes	No
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore or wishes to fall asleep and not wake up. **Have you wished you were dead or wished you could go to sleep and not wake up?**		
2) Suicidal thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. **Have you had any actual thoughts of killing yourself?**		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without specific plan or intent to act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place, or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it… and I would never go through with it." **Have you been thinking about how you might do this?**		
4) Suicidal Intent (without specific plan): Active suicidal thoughts of killing oneself, and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." **Have you had these thoughts and had some intention of acting on them?**		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out, and person has some intent to carry it out. **Have you started to work out or worked out the details of how to kill yourself?** **Do you intend to carry out this plan?**		
6) Suicide Behavior Question **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: Was this within the past 3 months?	Lifetime?	
	Past 3 months	

Any YES indicates the need for further care.

However, if the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care call 1-800-273-8255, text 741741 or call 911. DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP.