

Basic Mental Health Literacy for Accompaniment



PARTICIPANT GUIDE

OVERVIEW

Purpose

- To equip Catholic parishioners, clergy, and religious with practical information about mental health
- To provide foundational understanding of mental health literacy within the context of our Catholic faith and practical strategies for creating supportive environments

This course DOES NOT prepare learners to diagnose mental illness, nor offer any other type of mental health clinical care, nor to offer advanced spiritual care

Components of mental health literacy

- Recognizing disorders and signs of distress
 - Knowledge of risk factors, causes and appropriate responses
 - Awareness of mental health professional support available to the community
 - Knowledge, attitudes and skills that encourage help-seeking behaviors
 - Acknowledging when to obtain mental health information and guidance
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LESSON 1

General considerations in mental health literacy

1. We are created as body, mind and spirit
2. Ethical considerations
 - a. Maintain appropriate ministerial boundaries (learn more in the CMHM Learning Center course, [*Communication Skills and Healthy Boundaries*](#))
 - b. A diocese and parish should have “Standards of Conduct” or “Ethical Standards” that outline expectations for all clergy, pastoral counselors, volunteers and lay ministers within that diocese
3. Risk of harm
 - a. The mental health minister's role in life threatening or crisis situations is to try to maintain the safety of themselves, the person in crisis, and others that may be in the area
 - b. Call for emergency services if:
 - i. Someone is in immediate danger of hurting themselves or others
 - ii. They are taking pills or dangerous substances, using a weapon, or threatening harm
 - iii. They are violent or suicidal

- iv. It is not safe to, or you cannot drive yourself or the person to the emergency room

Lesson 1 Reflection Questions

1. How can lay mental health ministers effectively engage in person-to-person conversations to ensure individuals feel seen and heard in a non-judgmental setting?
 2. How can lay mental health ministers effectively set boundaries while managing their emotional reactions, and ensuring the safety and well-being of those they serve?
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LESSON 2

Signs and Symptoms of Depression

- unhappiness and discontent
- an extreme feeling of sadness, pessimism, and despondency
- generally feeling down

These feelings are normal from time to time and by themselves do not indicate mental illness. If these feelings interfere with daily life and/or persist over a long period of time without improvement, they may indicate a depressive disorder or other mental illness.

Signs and Symptoms of Anxiety Disorders

- feeling apprehensive or tense
- anticipating danger or misfortune, a fear of something very bad happening

These feelings are normal from time to time and by themselves do not indicate mental illness. When feelings of apprehension and body tension with thoughts of terrible events that might occur dominate most days, this level of anxiety may be considered a mental illness.

Lesson 2 Reflection Questions

1. How might you respond to a parishioner who shares concerns about anxiety that is interfering with their everyday life?
 2. How might Sam's approach to offering reassurance and resources without pressuring Paul to talk immediately contribute to a supportive environment for someone struggling with mental health issues?
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LESSON 3

Signs and Symptoms of Schizophrenia and Psychotic Disorders

- an abnormal mental state
- significant problems with reality testing
- disruptions in higher brain function: perception, thinking, memory, judgement, emotions
- may experience delusions and/or hallucinations

When these thoughts, behaviors and perceptions significantly alter a person's functioning and connection with reality they may be indicative of a psychotic disorder.

Lesson 3 Reflection Questions

1. How can one assist when there may be signs of a psychotic disorder when hyper-religiosity and scrupulosity are present in a Catholic context?
 2. Considering the importance of early recognition and intervention in cases of schizophrenia and psychotic disorders. How can understanding the signs and symptoms, as demonstrated in the vignette with Kate and Sarah, help in providing timely support and resources to individuals experiencing these mental health challenges?
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LESSON 4

Signs and Symptoms of Bipolar Disorders

Mood episodes lasting days to weeks

- periodic intense emotional states
- affecting mood, energy, and ability to function
- including periods of neutral mood
- a. manic or hypomanic mood
 - intensely happy and/or irritable
 - decreased need for sleep
 - faster speech
 - uncontrollable racing thoughts, distractibility
 - increased activity and increased risk or impulsive behavior
 - may also experience psychotic symptoms: disorganized thinking, hallucinations
- b. depressive mood
 - intensely sad and/or lack of ability to experience joy or pleasure

People without bipolar disorder also experience mood fluctuations but mood changes that are part of common experience typically last hours rather than days and are not accompanied by extreme changes in behavior or changes in functioning, such as difficulties with daily routines and social interactions

Lesson 4 Reflection Questions

- a. How can one differentiate between normal mood fluctuations and the mood episodes characteristic of bipolar disorders?
 - b. Reflect on the key signs and symptoms of bipolar I and bipolar II disorders, how can recognizing these help in providing timely support and intervention?
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LESSON 5

Signs and Symptoms of Trauma

Immediate Reactions

- numbness and detachment
- anxiety or severe guilt
- anger
- sadness
- feelings of unreality or depersonalization
- feeling a loss of control

Delayed Responses

- irritability or hostility
- depression
- mood instability
- anxiety and fear
- avoidance of reminders of the traumatic event
- increase in high-risk behaviors as well as alcohol and substance abuse
- social isolation or decreased activity level

Signs and Symptoms of Post-traumatic Stress Disorders

- reexperiencing the trauma in painful recollections, flashbacks, or recurrent dreams or nightmares
- avoidance of activities or places that recall the traumatic event
- diminished responsiveness (emotional anesthesia or numbing)
- disinterest in significant activities

- feelings of detachment and estrangement from others
- Chronic physiological arousal
 - an exaggerated startle response
 - disturbed sleep
 - difficulty in concentrating or remembering
 - guilt about surviving the trauma when others did not

This disorder may be acute (i.e., lasting less than 4 weeks) or chronic/delayed (i.e., occurring months or years after the event).

Lesson 5 Reflection Questions

1. What are some normal emotional responses to trauma? What are some signs of Post-Traumatic Stress Disorder (PTSD)?
 2. How can recognizing avoidance behaviors and diminished responsiveness help in accompaniment for individuals who have experienced trauma?
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Mental Health Literacy Resources (to learn more about mental illnesses: signs, symptoms and treatments):

- NAMI is the National Alliance on Mental Illness. It is the nation's largest grassroots mental health organization: <https://www.nami.org/about-mental-illness/>
- SAMHSA is the Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/mental-health/what-is-mental-health>
- World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

International Association of Catholic Mental Health Ministers:

<https://catholicmhm.org/>