

EARLY PSYCHOSIS: A Guide for Religious & Spiritual Leaders

As religious or spiritual leaders, you hold a special and important space in the communities you serve. The nature of these supportive roles, coupled with the deep level of trust established within these pillars, position you as potential key respondents to a young person in your community who may need support.

Through education, collaboration and the building of tools for intervention, you can help young people who may be suffering from early psychosis, possibly before they find themselves in a crisis situation. This help is often in the form of recognizing possible signs of mental illness, familiarizing yourself with the language useful to engage with that person, and knowing the best resources in your area to access for care.

Addressing Stigma

Navigating the experience of a mental health condition can be challenging on many levels. A person can often feel isolated, confused and worried about telling others in fear of how they will be perceived. Mental health stigma includes perceiving someone negatively just because they may be experiencing symptoms of a mental health condition.

Many people who describe their personal experiences with stigma report feeling shamed or judged for their experience. Delays in getting care are often fueled by stigma surrounding serious mental illness.

Religious leaders can minimize these feelings of personal shame by fostering inclusivity and openness. It is important to maintain a positive, shame-free environment to help uplift the safety of all young people. This security and trust can help to bolster pathways for disclosure regarding any mental health concerns an individual may have about themselves or their peers.

Religious leaders and their organizations set the tone around mental health awareness and can formally provide learning resources for young people and their parents that includes normalizing and hopeful language about psychosis.

When to Make a Referral to a Mental Health Professional

Many community leaders and liaisons have a hard time discerning when and if a referral to a mental health professional is necessary for an individual. If you are unsure, it is usually better to reach out.

Ways to Make a Referral for Mental Health Treatment:

- Find ways to communicate clearly about your concern and potential need for referral.
- Make this a collaborative process.
- Discuss similarities and differences of professional clinical care and faith support.
- Reassure that beginning professional help does not mean the spiritual support will end.
- Understand preconceived notions that can hinder the process of asking for and receiving professional mental healthcare.
- Have a list of local professional resources at hand.
- Remain connected and check in often, providing necessary spiritual encouragement.

SITUATIONS REQUIRING PROMPT OR IMMEDIATE REFERRAL

When a young person demonstrates threat to their personal safety and/or to the safety of those around them (for example, suicidal behavior, severe aggressive behavior, self-mutilation like cutting, or other self-destructive behavior).

Thoughts of suicide should always be taken seriously and be cause for referral. While a person may not share these thoughts with you, close family members and friends may be aware of concerning behaviors and bring these to your attention. When a person expresses suicidal thoughts or behaviors psychiatric evaluation/consultation should be sought. Be familiar with local crisis services in your area and keep their contact information on hand for easy reference in a crisis. If a person is in immediate risk of self-harm, or has engaged in self-injurious behaviors, call 911/Emergency Medical Services and specify that this is a mental health crisis. In some areas, a responder with Crisis Intervention Training can be requested.



WHAT IS PSYCHOSIS?

- More common than we may think, 'psychosis' is not an illness but a broad clinical term that embodies a range of symptoms in which a person's thoughts, perceptions, behaviors or feelings become disrupted. Psychosis can trigger misinterpretation or confusion when interacting with the world which can feel disorienting and cause distress.

It can be hard to tell when someone is experiencing early psychosis. An individual experiencing psychosis may have all or only a few of the symptoms. The intensity and impact of listed symptoms can also vary enormously from one individual to another. If a congregant shares that they are experiencing any of these symptoms, it is important to connect them to a First Episode Psychosis Center.

SPOT THE SIGNS

- Belief that ordinary events have special and personal meaning
- Suspiciousness or extreme uneasiness with others
- Hearing, seeing, feeling or smelling things that others don't
- Strong and inappropriate emotions, or no emotions at all
- Change in mood (depression or anxiety)
- Trouble thinking clearly or concentrating
- Withdrawing from family or friends
- A sudden decline in self-care (for example, not showering or bathing as frequently as before)
- Substance use problems

What is RECOVERY?

RECOVERY is defined by each individual in his or her own terms. We value each person's story which help to guide one's own treatment. Regardless of what recovery looks and feels like to an individual, the future ahead can be bright and hopeful.

What is HeadsUp?

HeadsUp is a collaborating organization whose mission is to help end the stigma around psychosis through education, advocacy, and support. We promote early intervention centered around personalized, accessible, and effective care for all people in Pennsylvania.

What is coordinated specialty care (CSC)?

No two stories are exactly the same. Treatment at one of our early psychosis centers is a collaboration between the individual and the team of professionals ready to help. Each person at our centers have access to a variety of services and options including:

- **Talk Therapy**
- **Supported Employment & Education**
- **Medication Management**
- **Peer Support**
- **Case Management**
- **Family Support and Education**

Our current PA First Episode Psychosis (FEP) sites are making tremendous strides to support recovery and avoid unnecessary trauma. *

91% Decrease in number of participant hospitalizations

85% Increase in school enrollment in those over 18

82% Decrease in suicide attempts

76% Decrease in homelessness

***At 24 months; Compared to before enrollment in an FEP center.**

**to learn more
or find a center near you, visit:**

heads-up-pa.org

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