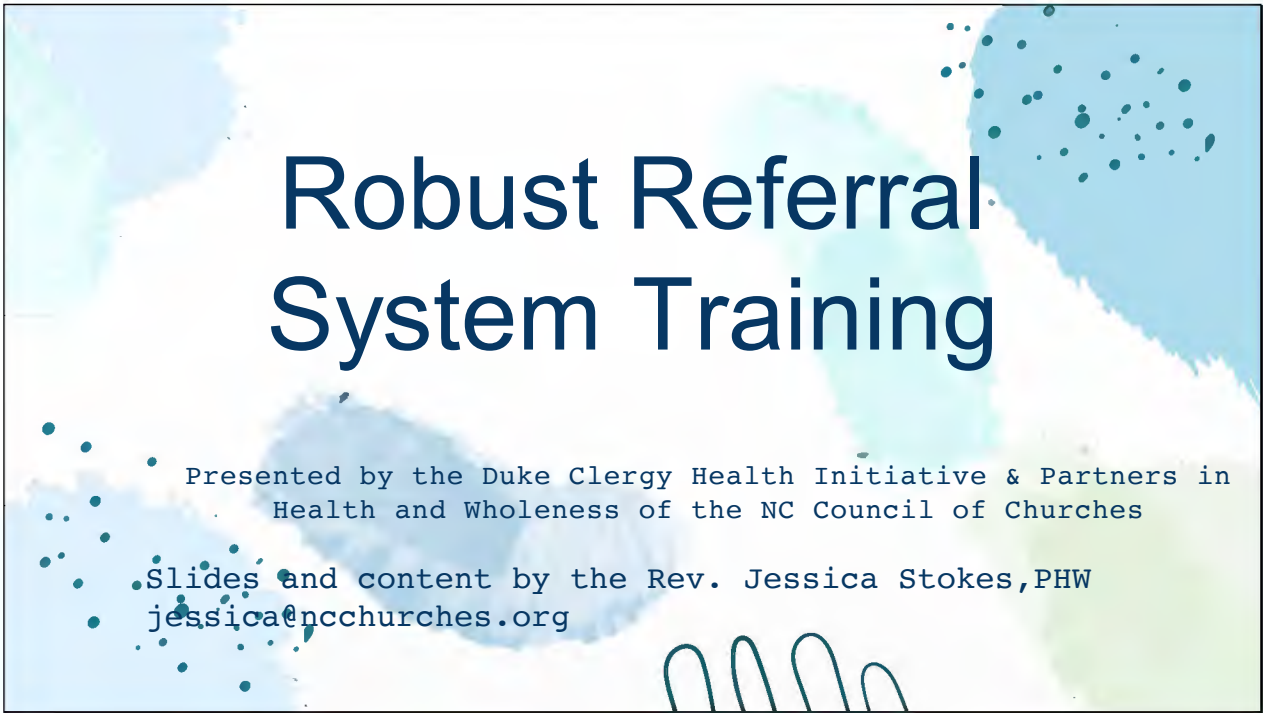


Begin Training Video 2



# Robust Referral System Training

Presented by the Duke Clergy Health Initiative & Partners in Health and Wholeness of the NC Council of Churches

Slides and content by the Rev. Jessica Stokes, PHW  
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# Our Goals Today

1

## Review

Take a look at your referral list so far.

2

## Learn

Identify when a referral is needed, and how to respond to a crisis.

3

## Practice

Use prompts from real life situations to gain experience with the process.

4

## Plan

Determine who in your faith community can make referrals, and how to keep your list current.



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**Pause the video here.** Your assignment from Training 1 was to develop your referral list. Let's begin this time with a discussion of your progress. What were some of the challenges to compiling your referral list? Where did you find success? Which part of the referral list still needs work? How will you tackle it?



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## Quick Reference on Mental Health for Faith Leaders

### MENTAL ILLNESS IS COMMON. In the United States in the last year:

Any mental illness—  
nearly 1 in 5 people (19%)

Serious mental illness—  
1 in 24 people (4.1%)

Substance use disorder—  
1 in 12 people (8.5%)

### SUICIDE IS THE 10<sup>TH</sup> LEADING CAUSE OF DEATH IN THE U.S.

#### OBSERVABLE SIGNS:

#### Some Signs That May Raise a Concern About Mental Illness

*These observations **may** help identify an individual with a mental illness; they are not definitive signs of mental illness. Further mental health clinical assessment may be needed.*

CATEGORIES OF OBSERVATION	<b>Cognition:</b> Understanding of situation, memory, concentration	<b>Affect/Mood:</b> Eye contact, outbursts of emotion/indifference	<b>Speech:</b> Pace, continuity, vocabulary <i>(is there difficulty with the English language?)</i>	<b>Thought Patterns and Logic:</b> Rationality, tempo, grasp of reality	<b>Appearance:</b> Hygiene, attire, behavioral mannerisms
<b>EXAMPLES OF OBSERVATIONS</b> <i>(Does something not make sense in context?)</i>	<ul style="list-style-type: none"> <li>Seems confused or disoriented to person, time, place</li> <li>Has gaps in memory, answers questions inappropriately</li> </ul>	<ul style="list-style-type: none"> <li>Appears sad/ depressed or overly high-spirited</li> <li>Overwhelmed by circumstances, switches emotions abruptly</li> </ul>	<ul style="list-style-type: none"> <li>Speaks too quickly or too slowly, misses words</li> <li>Stutters or has long pauses in speech</li> </ul>	<ul style="list-style-type: none"> <li>Expresses racing, disconnected thoughts</li> <li>Expresses bizarre ideas, responds to unusual voices/visions</li> </ul>	<ul style="list-style-type: none"> <li>Appears disheveled; poor hygiene, inappropriate attire</li> <li>Trembles or shakes, is unable to sit or stand still (unexplained)</li> </ul>

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## COMMUNICATION: When a Mental Health Condition Is Affecting an Individual

- Speak slowly and clearly; express empathy and compassion
- Treat the individual with the respect you would give any other person
- Listen; remember that feelings and thoughts are real even if not based in reality
- Give praise to acknowledge/encourage progress, no matter how small; ignore flaws
- If you don't know the person, don't initiate any physical contact or touching

### EXAMPLES OF COMMON OBSERVATIONS

**Loss of hope: appears sad, desperate**

**Recommendations for Responses:**

- As appropriate, instill hope for a positive end result
- To the extent possible, establish personal connection

**Appears anxious, fearful, panicky**

**Recommendations for Responses:**

- Stay calm; reassure and calm the individual
- Seek to understand

**Loss of control: appears angry, irritable**

**Recommendations for Responses:**

- Listen, defuse, deflect; ask why he/she is upset
- Avoid threats and confrontation

**Has trouble concentrating**

**Recommendations for Responses:**

- Be brief; repeat if necessary
- Clarify what you are hearing from the individual

**For more information,** see *Mental Health: A Guide for Faith Leaders*, [www.psychiatry.org/faith](http://www.psychiatry.org/faith)

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**IMMEDIATE CONCERN: Approaching a Person With an Urgent Mental Health Concern**

- Before interacting, consider **safety** for yourself, the individual, and others
- Is there a family member or friend who can help?
- Find a good, safe place (for both) to talk
- Express willingness to be there for the person
- **Seek immediate assistance if a person poses a danger to self or others; call 911; ask if a person with Crisis Intervention Team (CIT) training is available**



**SUICIDE:**  
Thoughts of suicide should always be taken seriously. A person who is actively suicidal is a psychiatric emergency. Call 911.

**WARNING SIGNS OF SUICIDE**

- Often talking or writing about death or suicide
- Comments about being hopeless, helpless, or worthless, no reason for living
- Increase in alcohol and/or drug use
- Withdrawal from friends, family, and community
- Reckless behavior or engaging in risky activities
- Dramatic mood changes

**RISK FACTORS FOR SUICIDE**

- Losses and other events (e.g., death, financial or legal difficulties, relationship breakup, bullying)
- Previous suicide attempts
- History of trauma or abuse
- Having firearms in the home
- Chronic physical illness, chronic pain
- Exposure to the suicidal behavior of others
- History of suicide in family

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## Resources

[NC Crisis Resources](#)

[SC Mental Health State Resources](#)

[SC Mobile Crisis Response, 833-364-2274](#)

[NC Crisis Resources](#)

[SC Mental Health State Resources](#)

[SC Mobile Crisis Response](#)



# REFERRAL:

## Making a Referral to a Mental Health/Medical Professional

### WHEN TO MAKE A REFERRAL

#### Assessing the person

- **Level of distress**— How much distress, discomfort, or anguish is he/she feeling? How well is he/she able to tolerate, manage or cope?
- **Level of functioning**— Is he/she capable of caring for self? Able to problem solve and make decisions?
- **Possibility for danger**—danger to self or others, including thoughts of suicide or hurting others

#### Tips on making a mental health referral

- Identify a mental health professional, have a list
- Communicate clearly about the need for referral
- Make the referral a collaborative process between you and the person and/or family
- Reassure person/family you will journey with them
- Be clear about the difference between spiritual support and professional clinical care
- Follow-up; remain connected; support reintegration
- Offer community resources, support groups

### DEALING WITH RESISTANCE TO HELP

Resistance to seeking help may come from stigma, not acknowledging a problem, past experience, hopelessness, cultural issues, or religious concepts

- **Learn about mental health** and treatments to help dispel misunderstandings
- **Continue to journey** with the person/family; seek to understand barriers
- **Use stories** of those who have come through similar situations; help the person realize he/she is not alone and people can recover
- **Reassure** that there are ways to feel better, to be connected, and to be functioning well
- If a person of faith, **ask how faith** can give him or her strength to take steps toward healing

If you believe danger to self or others is imminent, call 911

#### REFERENCES

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Suicide Prevention Lifeline, *Suicide Prevention*

American Association of Suicidology, *Warning Signs and Risk Factors*

Judges Criminal Justice/Mental Health Leadership Initiative, *Judges Guide to Mental Illness*

Missoula Peak Unlabeled Universalist Congregation, *Mental Health Information for Ministers*

Interfaith Network on Mental Illness, *Caring Clergy Project*

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[psychiatry.org/faith](https://www.psychiatry.org/faith)



How to make a referral: From the *American Psychiatric Association's "Mental Health: A Guide for Faith Leaders"*.

Recognize when your skill-set does not meet the needs of the person, this is critical. By practicing this use of professional boundaries, we better serve our people.

- Communicate clearly, from the start, how many pastoral care visits you are willing to provide before referral. If referral is needed, communicate clearly about the need for referral.
- Reassure the individual and family that you will journey with them.
- **Have your referral list nearby for immediate reference.**
- Follow-up: check in to make sure the referral was completed and to see how they are.

Two to three times of meeting is preferable, with a plan and intention of meetings clear to the person in need.

Offer reminders and reassurance that you will make the referral along with the person, and not abandon them.

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ASSOCIATION  
FOUNDATION



Pause the video when instructed to work on *Worksheet 2 – Ongoing Use*. When you are finished with the worksheet, resume the video again.

**Delegate**

**Consider how to delegate:**

With privacy in mind, find ways to delegate so that referrals are spread out and do not fall on the same one or two persons.

**Make a referral?**

Who in your church will you empower to make referrals? To have access to your Robust Referral Network? What training will you offer them? Think broadly, from the nursery to the front desk.

**Update the list of resources for referrals?**

Who will be the lead in making sure that list is routinely checked for current, up to date resources? This can be a coordinated effort with a team.

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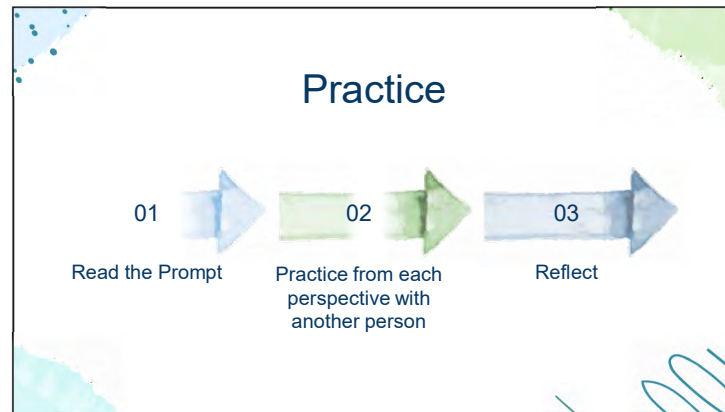
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**Pause the video** here and organize in groups of two. Read the following prompt and take 3-5 minutes to act out one of the two roles. After you have acted the scenario out once, switch roles and try again. If there need to be groups consisting of more than two people, the additional participants can serve as observers.



**Two speaking roles: Jada (an individual needing support) and one faith leader**

Jada is a 32-year-old with two small children under age four. Jada is married and meeting with her pastor to discuss her marriage. She has been afraid in her marriage and has experienced intimidation, physical and emotional abuse, and ongoing paranoia from her husband. These issues have been long-term, but she mentions that they are getting worse.

Listen to Jada and try to identify how this is impacting her, acknowledge the difficulty of her situation, how scary it is, and the severity of it. Also acknowledge that you appreciate her coming to you and speaking about this. Then, help her develop a safety plan that she is comfortable with. The National Domestic Abuse Line has a great resource for creating this: <https://www.thehotline.org/plan-for-safety/create-a-safety-plan/>

Ask if she is willing or when she will be willing to get help by calling the National Domestic Abuse Line to see what the best next steps are. Offer to call them together, from your phone, if she is worried about using her own phone and would like support making the call.

Offer prayer and reminders of your church's support for her, even in complicated, scary situations. Make plans with her for your own follow up and find ways to help support her safety plan.

Repeat the process with this prompt for additional practice!

**Two speaking roles: Ken (individual needing support) and one faith leader**

Ken is a 62-year-old who unexpectedly lost his spouse recently. Ken is experiencing typical symptoms of grief and needs ongoing support. As his pastor, you are meeting with him to pray together and support him.

In the waves of grief and isolation, it would benefit Ken to process this deeper with a grief support group. Explain to Ken that his church family is always here for support, and that includes you, but alongside the church's support, there are grief circles and support groups where he could be with others in similar situations.

Practice listening to Ken, acknowledging his pain, and providing the idea of a grief or widow support group, and ways that could benefit him, and help connect him to local groups. Tell Ken you will help him reach out to the groups, and text him the day of the group to make sure he is able to make it, and that you will follow-up after the group to see how it went.

Resources for finding a grief support group: <https://www.griefshare.org> and <https://findtreatment.samhsa.gov>

**Now consider these questions for reflection, in smaller groups or in the larger group.**

1. How did it feel to be in the supportive role? How did it feel to be in the role of the person needing support?
2. How did it feel to have a resource available to which to refer the parishioner for additional support?
3. As the person coming for help, how did it feel to be offered a tangible resource?

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