

Crisis Care and Support from Everyday People

Friends, family and the faith community learn to be first responders for people in need of mental healing

It was subtle at first—expressing “odd ideas” during casual conversations, ideas that did not fit within the discussion. Then Jennifer noticed her friend Rafael displaying emotions that were inappropriate to the situation: laughing while discussing something sad, or, showing no emotion when she shared news that would usually be followed by his uproarious laughter. Jennifer was unsure of what was going on with her friend. He started missing work, and when he did show up he was not appropriately dressed, often looked disheveled, and appeared not to have taken a shower in some time. He was not himself. Yet, it was not immediately obvious to family and friends exactly what was wrong.

Both 24, Jennifer and Rafael became friends when they met at their historically black college three years ago. They immersed themselves in the fun and culture in their school, famous for soulful marching bands and exquisite drumlines. They became “besties” from day one.

Over the years the pair spent a lot of time together. They attended the same church, went to the movies every Saturday evening, and shared Sunday dinners. They supported each other through tough times and celebrated one another’s successes. So, Jennifer knew her friend well enough to know that he was in some sort of emotional pain, but could not get him to open up about it. He also began to isolate himself.

Spiral of Realization

Jennifer realized that something more serious was happening to Rafael than him just feeling tired or overwhelmed. He was usually intelligent, thoughtful, and energetic, and an especially stylish dresser. Lately, though, he grew distant, suspicious, unusually sullen, uninterested in social activities he once found fun and exciting, and paid little to no attention to his personal hygiene. The easy-going, fun-loving exchanges Jennifer once enjoyed with Rafael seemed to disappear suddenly and without warning.

Rafael’s family noticed the change in their son as well, and was scared and confused. They did not know what to do so they asked their pastor to come over and pray for Rafael. The pastor prayed for him and his family, but also suggested professional counseling. While he was grateful for the prayers and support, Rafael refused to go to counseling. Jennifer was heart-broken as she watched her friend slowly deteriorate into someone she no longer recognized.

A Different World Now

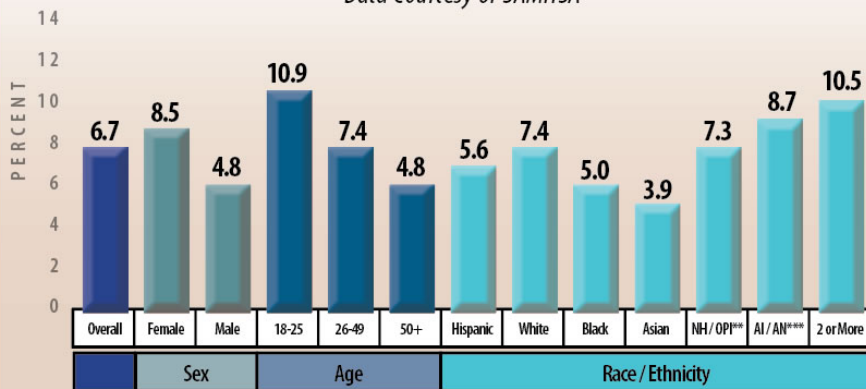
Rafael was in the throes of psychosis and deep depression. At first he denied anything was wrong. He later confided that he was “not sure what was happening” to him. “The world is different now” he simply said.

Rafael’s world truly was different now. However, it was not so uncommon, as the following data from 2015 National Prevalence Rates of Serious Mental Illness (SMI) and Substance Use Disorder (SUD) Diagnoses indicate:

DEPRESSION: NIMH’s Prevalence Rates by Sex, Age, and Race/Ethnicity

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2016)

Data Courtesy of SAMHSA



SOURCE : <https://www.nimh.nih.gov/health/statistics/major-depressions.html>

- Anxiety: 18.1% (42 million people)
- Depression: 6.9% (16 million people)
- Bipolar: 2.6% (6.1 million people)
- Substance Use Disorder: 20.8 million people

Sources: National Alliance on Mental Illness (NAMI)

Substance Abuse and Mental Health Services Administration (SAMSHA)

As the data above indicate, behavioral health challenges (mental illness and substance use disorders) are far more common than most people realize. Experiencing mental illness, and or, substance use disorder is also no respecter of persons, as it impacts all races and ethnicities, gender, age, social economic status.

Research shows (and as you can see on the graph above) that mental illness affects young people at an alarming rate. NAMI research indicates that “one half of all lifetime cases begin by age 14 and 75 percent begin by age 24”. Even more astounding is that even after an onset of symptoms, “the average young person does not get treatment until 8-10 years after onset of symptoms.”

Community of First Responders

Several health seminars teach everyday citizens how to support those suffering from mental illness or substance use disorders, and those experiencing behavioral health crises. Mental Health First Aid (MHFA) is one such resource that my city (Philadelphia, Pennsylvania) and many other cities, countries, states, and local communities have adopted to support people in crisis or experiencing behavioral health challenges until professionals can step in.

According to the National Council for Behavioral Health (NCBH): “One in five

Americans has a mental illness or substance use disorder, yet many are reluctant to seek help or simply don't know where to turn for care. Recognizing mental health and substance use challenges can be difficult, which is why it's so important for everyone to understand the warning signs and risk factors.

What is Mental Health First Aid?

"Mental Health First Aid teaches how to identify, understand and respond to signs of mental illnesses and substance use disorders. The 8-hour course introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and provides an overview of common treatments. Through role-playing and simulations, it demonstrates how to assess a mental health crisis; select interventions; provide initial help; and connect people to professional, peer and social supports as well as self-help resources." Mental Health First Aid USA is operated by the National Council for Behavioral Health. Read more about the program in their special 5th Anniversary edition of *National Council Magazine*. In Philadelphia and other places around the country MHFA has been taught in faith-based organizations, churches, masjids, and synagogues to add behavioral health supports as a ministry in those communities.

"I was able to use what I learned to help my mother in a crisis situation," said one participant. "My mother was expressing thoughts of suicide and I was able to use the right words to assess the situation and convince her to seek treatment. I saved my mother's life!"

Fortunately for Rafael, Jennifer took the MHFA course a few weeks after she noticed her friend experiencing difficulties. Even more fortunately, Rafael trusted Jennifer as she put to work the "ALGEE" acronym she learned in the course:

- A – Assess for risk of suicide or harm
- L – Listen non-judgmentally
- G – Give reassurance and information
- E – Encourage appropriate professional help
- E – Encourage self-help and other support strategies

Rafael trusted his friend's support, which encouraged him to seek professional help. Because of Jennifer's compassion, support, and training, Rafael received the help he needed, was diagnosed with a mental health condition, and is responding well to treatment.

This situation could have resulted in a negative outcome like in so many cases with similar challenges. However, there was an additional, unanticipated positive result in that Rafael and Jennifer received permission from their pastor and church leadership to start a behavioral health support group for young people ages 14-24. Their church also signed up to receive training to become a "trauma-informed" congregation, thereby embracing behavioral health support as a legitimate and much needed ministry for their community.

The positive outcome for Rafael and others in the community was the result of a domino effect that all began with Jennifer putting her faith and friendship into practice. She is a great example of what the scripture says in Ephesians 4:32, of how we should treat one another: "Be kind and helpful to one

another, tender-hearted [compassionate, understanding] ..." (AMP).
Because mental illness and substance use disorder are becoming more prevalent in our communities, in our faith-communities, and in our families, we must be prepared. Showing kindness, love, and support to people in need is what being "Christ-like" is all about (Matthew 25:40).
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