

CARING FOR COMMUNITY

A mental health resource for congregations



Uniting Church. **Uniting People.**

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this guide is intended for informational purposes only, with the understanding that no one should rely upon this information as the basis for medical decisions. Anyone requiring medical or other health care should consult a health care professional. Any actions based on the information provided are entirely the responsibility of the user and any health care professionals who are involved in such actions.

THEOLOGICAL REFLECTION

“Mental health problems are unique experiences that occur in the lives of irreplaceable individuals who have their own unique stories, histories, dreams, and desires; people who are deeply loved by God, and whom God desires God’s church to love without boundaries.”¹

The unique life of every person is held within the loving embrace of God. Our illnesses, our differences, are aspects of ourselves and they matter. Yet those aspects are not who we are. Christians believe that we are children of a creating and reconciling communion of love. We call this communion God. Yes, God calls us loved children (Rom 8:39). However, when we emphasise one aspect of a person, such as mental illness, we can dehumanise, stigmatise and marginalise that person. Thus it’s infinitely important for the church to remember the creative power naming can have (Gen 2:19-20). Naming mental illness can be beneficial for sufferers, assisting them in getting appropriate health care. However, as communities offering spiritual and pastoral care it is more important that we give primacy to the more holistic name God gives us, children.

For the church to be faithful to Christ’s compassionate, hospitable, broken and resurrected life she needs to be a fearless communion of friendship (1 John 4:18). Perfecting our love for one another, becoming one in Christ Jesus (Gal 3:28), is a place of deep friendship that so many people suffering the effects of mental illness seek desperately. The local congregation can be that place. It can be where we grow more fully into whom God calls us to be, through sharing our stories of pain and possibility. Together we can overcome the loneliness and rejection that so many people with mental illness suffer. Naming each other ‘sister and brother’ and becoming hopeful communities of communion in Christ.

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¹ Swinton, John. Time, Hospitality, and Belonging: Towards a Practical Theology of Mental Health. Word & World Vol 35 No 2. 2015 p173.

UNDERSTANDING MENTAL HEALTH

Mental health encompasses our emotional, psychological and social wellbeing. It affects our feelings, thoughts and actions, and determines how we handle stress, relate to other people and make decisions and choices.

Nearly half of all Australians, inside and outside the Christian community, will experience mental health problems at some stage in their lives. Yet the challenges faced by those living with mental illness and their supporters are rarely discussed openly in the church.

Fast facts

- Mental illnesses are health conditions that cause significant distress and disruption to life; affecting how a person thinks, feels and acts.²
- There are many different types of mental illness, including depression, bipolar disorder, anxiety disorders, schizophrenia, posttraumatic stress disorder, addiction/substance use disorders, personality disorders and eating disorders.
- Every year, about 1 in every 5 Australians will experience some form of mental illness, and most people will experience a mental health problem.³
- It has been estimated that around 45 per cent of Australians—almost half of us—will have a mental health disorder at some time in our lives.⁴
- Most people with mental health issues who receive appropriate treatment and support recover well and are able to lead fulfilling lives in the community; however only about half of those affected actually receive treatment.⁵
- Mental illnesses can affect anyone regardless of age, gender, income, social status, race/ethnicity, religion/spirituality, sexual orientation, background or any other aspect of cultural identity.⁶

Common mental illnesses

Mental illness can affect anyone, and it's not always possible to tell if someone is experiencing a mental illness just by looking at them. There are many different types of mental illness, some of the major types are:

- Depression
- Anxiety
- Schizophrenia
- Bipolar and mood disorder
- Personality disorders
- Eating disorders

The more we understand about mental health, the better prepared we can be to support those affected. Reading quality, evidence-based information on each disorder can equip us to provide better support, and recognise the early signs and symptoms of mental illness.

² Headspace, 2014, what is mental health?, webpage accessed 13 May 2015, headspace.org.au/is-it-just-me/findinformation/what-is-mental-health

³ Australian Bureau of Statistics, 2008.

⁴ Mental Health Council of Australia, Statistics on Mental Health, Fact Sheet, webpage accessed 19 May 2015, mhaustralia.org/sites/default/files/imported/component/rsfiles/factsheets/statistics_on_mental_health.pdf

⁵ Sane Australia, 2014, Facts and Figures about mental illness, Factsheet 13.

⁶ American Psychiatric Association Foundation: Mental Health: A Guide for Faith Leaders. Arlington, VA, American Psychiatric Association Foundation, 2016

Stigma

Mental illness is heavily stigmatised in our culture and is often defined by old superstitions. Many people fear mental illness and marginalise sufferers in a way not done to those affected by other forms of disease. We forget that mental disorders are illnesses with biological and environmental causes just like many other diseases⁷. Within the church, we add our own layers of stigma. From the earliest days of Christianity the church helped shape social attitudes and responses towards those who are affected. While much has changed over the centuries, some historical myths and misunderstandings about mental illness persist, contributing to ongoing fear and stigma within the Christian community.

Myths

- Mental illness is spiritual in nature and reflects a spiritual weakness or lack of faith.
- Mental illness is caused by demonic possession.
- Mental illness is meted out as punishment for sin.
- Mental illness doesn't happen to 'good people like us'.

These false beliefs about mental illnesses can cause shame, and delay individuals from speaking up, or seeking appropriate assistance for their problems.

Many people with mental health issues have had unfortunate experiences of church. As a result, they remain silent or simply stay away. Churches can play an important role in recovery and support by providing a safe space to talk about mental health, and by nurturing relationships that reflect understanding and acceptance of all.

Holistic care

Many churches add to the stigma about mental health by propagating the idea that Christians should view prayer as the only treatment for mental health. This practice stigmatises the use of evidence-based counselling, therapies and pharmacological interventions. It is important to allow those affected by mental illness to explore their preferred treatment option/s without judgement or stigma.

Some common, effective treatments can involve medication, cognitive and behavioural psychological therapies, and psycho-social support.

Who can help?

- GPs
- Psychologists
- Psychiatrists
- Social workers
- Counsellors
- Aboriginal and Torres Strait Islander Mental Health Workers
- Crisis Assessment or Acute Treatment Teams
- Ministers, Priests or Pastors

⁷ Helen Lee, 2013, Overcoming Mental Illness' Stigma in the Church: An Interview with Amy Simpson, Patheos Hosting the Conversation on Faith, webpage accessed 13 May 2015, patheos.com/blogs/christandpopculture/2013/04/overcoming-mental-illness-stigma-in-the-church-an-interview-with-amy-simpson/

CONVERSATIONS ABOUT MENTAL HEALTH

Conversations about mental health, whether public or private, can be difficult—especially in a religious context. It is important to treat people with respect, to establish trust, to be calm and responsive, and to recognise that others may not want to talk. Remember that touch is not necessarily reassuring, even when it is intended to be so. Most importantly, any disclosures about suicidal feelings must be taken seriously; see pages 16-20 for referral services.

Helpful hints

- Take time to talk with a person who has let you know they are living with mental health issues.
- Remember to ask the person how they are: “Are you OK?” is an important question.
- Remember that up to 70 per cent of communication is nonverbal, so talk calmly, keep an open posture, respect personal space and be sensitive as to whether eye contact is helpful or not.
- Always respect confidentiality and don’t share conversations or even the fact that the person has mental health issues unless they have given permission to do so. However, it is important to be clear that there are some situations, especially suicide crisis, where confidentiality must be broken for the safety of the individual.
- Remember to share about God’s unconditional love for them as well as your own care and concern.
- Offer (but don’t insist) to pray with the person. Remember to pray for them at other times, but never suggest that the person themselves pray harder.
- Treat people with mental illness and their families with compassion, not condescension. Most don’t want pity, just understanding and support.
- Remember that medication is commonly and helpfully used to control mental health symptoms. Someone with depression using antidepressants is no different to someone with diabetes using insulin.
- Encourage the person to sleep well, eat well and exercise if they can.
- Ask what you can do to help, and offer practical support where appropriate.
- Be clear about your own boundaries, and about what you are prepared to do and what you are not prepared to do.
- Look after yourself and seek support if you need it.
- Educate yourself about mental health issues. Learn to identify individuals who need more than spiritual counselling, and refer them to appropriate mental health professionals.
- If you suspect a person is at risk of suicide or self-harm, encourage them to seek help immediately. Lifeline can be contacted on 13 11 14 and there is a list of good referral options on pages 19–23.

What should I do?

- If you know that someone has experienced mental health difficulties in the past, you might talk with them about what action they would like to be taken when and if problems occur again; for example, contacting a family member or close friend, encouraging them to take their medication, or accompanying them to see their doctor.
- If someone is distressed, ask them how you can help and what they would find useful; for example, someone to talk to, time on their own, or a specific person contacted.
- If someone is agitated, step back and give them physical space, avoiding holding or touching. Invite them to go into a safe, private area to express their emotions, let off steam or calm down.
- If someone is in crisis, contact the person of their choice if possible and offer to stay with them. Otherwise, contact Lifeline on 13 11 14 or another agency (See pages 15-18).
- If someone doesn't respond to your invitations, be aware that the person might not be able to respond to you right now, or ever. Unless they ask you not to, keep phoning, sending emails or cards. Doing this says "You are not alone; you are not forgotten" and is the greatest embodiment of the faithful God.

Setting healthy boundaries

You need to ensure your own safety when providing pastoral care for people affected by mental health issues. There may be times when you will need to set out boundaries expressing what you are prepared to do, and what you are not prepared to do.

"When you identify the need to set a boundary, do it clearly, calmly, firmly, respectfully, and in as few words as possible. Do not justify, get angry, or apologise for the boundary you are setting. You are not responsible for the other person's reaction to the boundary you are setting. You are only responsible for communicating your boundary in a respectful manner."⁸

Finding support for yourself

Working with people affected by mental ill health can be draining, and it is important that you look after your own health as well. If you are struggling, it may help to talk to someone. Sharing your experiences provides comfort and strength, and reduces feelings of isolation.

Lifeline offers advice for supporters and carers, and provides free telephone counselling at 13 11 14.

⁸ Terri Cole, 2012, How to Create Healthy Boundaries. Positively Positive, webpage accessed 29 May 2015, positivelypositive.com/2012/06/29/how-to-create-healthy-boundaries

HOW YOUR CHURCH CAN HELP

“Many factors contribute to recovery, including access to good clinical treatment, a safe home, strong relationships and financial security. Many factors can stop recovery or impede progress, such as discrimination, prejudice, and lack of understanding... We need to shift our culture to one of understanding, hope and optimism which recognises people’s capabilities and contribution.”⁹ Other factors highlighted by people as helpful include being believed in, being listened to, and feeling understood.¹⁰

Value people with mental health issues

Try to see the person first, rather than the illness. Pay attention to the words you use. Avoid stigmatising language and encourage others to do the same. Use terms like 'people with mental illnesses' rather than 'the mentally ill', 'crazy', 'psycho', 'mental' and so on. Remember that people with mental health problems have a great deal to offer by sharing their experiences and by participating in community work, religious groups and religious services.

Challenge stigma

Talk openly about the mental health needs of the whole community. This develops understanding of the issues and dispels notions of 'them and us'. Accepting and welcoming people with mental health issues into the church community sends a powerful message to those who might otherwise react with fear or mistrust.

Organise training or discussion groups to raise awareness and confront myths and stereotypes. Insights from mental health professionals, mental health service users and other agencies can help challenge stigma and discrimination. Faith leaders can model openness and resilience by encouraging their congregations to cultivate mental, physical and spiritual well-being and by being open to seeking timely help for themselves if needed.

Link people with appropriate services

Some people with mental health issues, particularly those from Indigenous or minority ethnic communities, face barriers to accessing mental health services. For some, faith communities may be a first point of contact, and can act as a link or referral system to formal mental health services and other community supports.

Offer friendship

Faith communities are an important source of friendship, belonging and support. Fostering mutual trust and respect is fundamental and will assist in offering informal neighbourly care, openness and genuine friendship to people who may be vulnerable.

⁹ UnitingCare Australia, 2013, Comprehensive Mental Health Support for a Decent Life, Position Statement 2013, accessed 13 May 2015, unitingcare.org.au

¹⁰ Mental Health Foundation, Recovery, webpage accessed 13 May 2015, mentalhealth.org.uk/help-information/mentalhealth-a-z/r/recovery/

Offer emotional and practical support

The church can act as a sanctuary. Some people with mental health problems find that the church is the one place they can go where they are treated the same as everyone else and accepted for who they are. The church setting presents opportunities to offer practical and emotional support for people with mental health issues and their families. This might include making pastoral visits, providing respite for families by sitting with people experiencing mental health problems, having information readily available about local support agencies, and facilitating social gatherings.

Churches can contribute to mental wellbeing and help reduce social exclusion through activities such as youth groups, older people's groups and playgroups.

Be alert to the signs of mental distress, but do not attempt to diagnose or treat the problem. Know where and how to guide people towards professional help, self-help groups and other sources of support.

Pastoral care

Offer some educational input on mental health-related topics throughout the year. This can be presented to the pastoral care group or be open to the whole congregation and local community. Ensure there is ongoing support for individuals with mental health issues and their families.¹²

Types of pastoral care churches may offer include:

- Visit in the hospital and at home
- Send cards and flowers to those who are unwell as you would for other illnesses
- Listen and provide moral support
- Offer to provide a meal or help with childcare
- Offer to help with transportation (to appointments or to attend religious services)
- Encourage engagement with community support and advocacy groups
- Continue to support people who are bereaved by suicide, and those who survive a suicide attempt.

Recognise national mental health days

Churches and faith communities may utilize local, national or international campaigns or days to help inform people about mental health and reduce stigma. The following occasions provide avenues to do this:

- May, 29th – National White Wreath Day
- September, 8th – R U OK? Day
- September, 10th – World Suicide Prevention Day
- October, 3rd – Mental Health Week begins
- October, 4th – Mental Health Day of Prayer
- October, 10th – World Mental Health Day
- November, 19th – Suicide Survivor Day

IDEAS FOR CHURCH GROUPS

Sometimes people with mental health issues feel cut off from God and excluded from their faith community. It is our Christian calling to communicate that God loves all of us equally, even when we do not feel the love of the Holy Spirit in our lives. People with mental health issues have gifts to offer, and we want everyone to feel fully welcomed, included, supported and engaged in the life, work and leadership of the church.

Worship and prayer

Ensure that specific prayers of petition and thanksgiving related to mental health issues are included regularly. Offer special services on mental health themes or related issues, for example Mental Health Day of Prayer, National White Wreath Day, Missing Persons Week, Blue Knot Day, Mental Health Week, or Blue Christmas service. The Uniting Church website offers liturgies relating to mental health issues. For details, visit www.sa.uca.org.au/no-secret/how-do-i-help/church-help.

Church council/Property committee

Provide well-located noticeboards or wall-mounted frames specifically for the ongoing display of posters and other information from mental health organisations such as Lifeline, Beyondblue, PANDA (Post & Antenatal Depression Association) and COPMI (Children of Parents with a Mental Illness). This encourages people to seek help, challenges stigma and discrimination, and reduces social exclusion.

Church office

Display a list of contact details for local mental health supports, such as Uniting Care organisations or Uniting Communities. Keep a copy of this booklet close to the telephone.

Outreach

Contact mental health groups and respite centres within the local community and find out what support would be helpful. What activities might the church community become involved with or help to establish. Projects such as a community garden, op shop, drop-in centre, regular social barbeque or an arts and crafts group may be beneficial.

Advocacy

Get involved in tackling the systemic problems that entrench disadvantage. More people with mental illnesses are in prison than in psychiatric hospital. Programs for people with mental illnesses tend to be underfunded and axed quickly when budgets need to be cut. Many homeless people have chronic mental illnesses. Housing and jobs are critical to the recovery process. Encourage members of your community to help find jobs and provide housing options for people with mental illnesses.

Youth

Organise training or discussion groups for young people and their families to raise awareness and dispel myths about mental health issues such as self-harm, schizophrenia and eating disorders. Invite speakers from a local mental health services. Conduct a fundraiser for Kids Helpline or a similar youth service and/or participate in a fundraising event within the local community.

SUICIDE: IT'S NO SECRET CAMPAIGN

In 2011, the Uniting Church in South Australia launched a campaign called Suicide: It's No Secret. The aim of the campaign is to encourage conversations to change the culture of silence around suicide. The Uniting Church in SA has held a concern around how suicide is being addressed, or not addressed, in our community.

Suicide: It's No Secret focuses on stamping out the stigma and removing the secrecy around what is a tragic reality for so many Australian families. The Church wants to see media, community and personal conversations open up so that people can get the real help they need- before it's too late.

The fact that we often feel we can't talk about suicide is contributing to the problem. We believe that healthy and responsible discussion about suicide by the media, our community and each other is key to breaking the shame and discomfort associated with suicide. We must be aware of suicide's reality to have an understanding of it – and to do something about it. Talking about suicide and being realistic about its present darkness is a necessity.

Warning signs of suicide

Changes in behaviour can be warning signs that someone may be thinking about suicide. ⁷

- Fixation with death, and frequent talking or writing about death, dying or suicide
- Comments about being hopeless, worthless or helpless
- Verbal cues expressing having no reason to live, no purpose in life, or the idea that things would be 'better if I wasn't here'
- Increased alcohol or drug use
- Social withdrawal, decreased engagement with community or religious activities
- Increased reckless behaviour or out of character engagement in risky activities
- Changing eating or sleeping habits, or changes to personality and attire
- Dramatic mood changes, especially deep sadness or withdrawal
- Giving away prized possessions or making preparations for death, such as changing a will, putting affairs in order or tying up loose ends

Risk factors for suicide ¹¹

Given the complexity of the issue, it would be misleading to suggest a list of definitive risk factors for suicide. However, certain situations may increase the risk of suicide, including but not limited to:

- previous suicide attempts
- history of trauma or abuse
- exposure to the suicidal behaviour of others
- a history of suicide in the family
- history of self-harm
- recent stressor or loss
- chronic physical illness

¹¹ Suicide Risk Factors, Substance Abuse and Mental Health Services Administration, and Warning Signs and Risk Factors, American Association of Suicidology

How to ask about suicide¹²

Many people fear that mentioning suicide will plant the idea into a troubled mind. This is unlikely, because if they haven't already thought about suicide they will give a firm denial. Otherwise, asking about suicide may make them feel that someone is taking their level of pain seriously.

The following questions are suggestions for starting a conversation about suicide:

- Do you ever feel like giving up?
- How does the future seem to you?
- Does your life ever seem so bad that you wish to die?
- How severe are your thoughts? How frequent are your thoughts?
- Have you made any plans?
- How close have you come to doing something? (Protective factors could include religious beliefs or love for family members or friends)

How to respond to a potential suicide

- Don't act alarmed. Remain calm and trustworthy.
- Don't judge. Their pain is real and deep, and they will quickly withdraw.
- Don't joke or use dismissive language.
- Don't label them as attention seekers. They are crying out for help, warning you of their intention.
- Be empathetic. Actively listen.
- Be aware of ambivalence: most people feel that the pain of living is too great. It is not LIFE they want to end, but their PAIN.
- Check out the seriousness of their intention. Do they have a plan, a method or a time?
- Know and use the referral pathways of support.
- Find ways to keep them safe for the present, including removing the method if possible, referral, staying with them if they have no other resources.
- Ensure your own safety and find professional help for yourself.
- Do not promise secrecy.

For more information, resources and news visit www.sa.uca.org.au/no-secret/

¹² Mental health risk assessment: a guide for GPs, Sivasankaran Balaratnasingam, Australian Family Physician Vol. 40, No. 6, June 2011

WHEN TO MAKE A REFERRAL TO A MENTAL HEALTH PROFESSIONAL

An important skill to develop when working alongside individuals with mental health issues is to know when it is necessary to seek professional assistance. There are a number of health professionals who can help: a GP, a psychiatrist, a psychologist, a psychotherapist or counsellor. Some mental health professionals work in private practice, while others are available in community health centres and hospitals.

A general principle regarding when to make referrals is that they should be made if: ¹³

- You find they are working with certain problems beyond their scope of practice or ability to handle.
- You suspect that another agency or professional is more appropriate for a particular client (this may include gender or culture-specific care).

Prompt or immediate referral to a mental health professional is required when: ¹³

- A person poses an immediate danger to their self or others (for example, suicidal behaviour, severe aggressive behaviour, an eating disorder that is out of control, self-mutilation like cutting, other self-destructive behaviour, or when the person's behaviour makes it too hard to function within their community).
- A person indicates desire or plans for suicide. Thoughts of suicide should always be taken seriously. A person who is seriously suicidal should be considered a psychiatric emergency and immediate psychiatric evaluation/ consultation should be sought. Do not hesitate to call the emergency services on 000, the Mental Health Triage on 13 14 65, or Lifeline on 13 11 14 for 24 hour support.

When assessing the need for mental health referral, the following three levels need to be evaluated: ¹³

- **Level of distress** – How much distress is the person experiencing? How well is the person able to manage or cope?
- **Level of functioning** – Is the person capable of caring for themselves? Is the person able to problem solve and make decisions? Is the person able to manage their daily routine and function appropriately within their community?
- **Possibility for danger** – Is there danger to self or others, including thoughts of suicide, self-harm or risky behaviour?

Where to refer

The best place to start when referring someone to a mental health professional is to send them to their GP. A GP will be able to provide someone with information on a range of options for treating and managing mental health issues. It is recommended that when consulting a GP about mental health issues that you ask for a longer appointment so there is plenty of time to discuss the situation.

For more information about finding and seeing a psychologist, you can also contact the Australian Psychological Society at www.psychology.org.au or call 1800 333 497 toll-free.

¹³ American Psychiatric Association Foundation: Mental Health: A Guide for Faith Leaders. Arlington, VA, American Psychiatric Association Foundation, 2016

TRAINING OPPORTUNITIES

We understand that community members play a crucial role in supporting and encouraging someone experiencing mental ill health. The following are some training opportunities available for individuals and congregations, designed to empower individuals within our community to support other members of their congregation during times of need.

Uniting Church in South Australia provides church-based training opportunities for leaders and congregations who want to learn more about specific mental health issues. Our team of chaplains provide 6-8 week workshops, which include a two hour training session each week.

These training sessions can have a specific focus on either

- General mental health
- Depression
- Anxiety
- Bipolar
- Grief and mental illness
- Dealing with difficult people
- Managing conflict
- Maintaining healthy boundaries
- Suicide prevention

For more information, please contact Rev Mark Boyce on markboyce@optusnet.com.au

“Doing life together” 21 Day Hope Pack offers training and resources; equipping members with knowledge on mental health issues and building their capacity to support those with mental health issues. The “Doing life together” 21 Day Hope Pack works with a ‘buddy-system’, where participants are trained to provide emotional, spiritual and practical support to someone over a 21 day intensive period, and empowering participants to provide ongoing support and build lasting friendships.

Training sessions and Hope Packs are available for individuals, groups and congregations. For more information, please contact Lindy Gower by email lindygower@bigpond.com or phone 0419 601 966.

Suicide Prevention community training is available through Wesley LifeForce. They workshops and seminars designed to teach people how to identify signs that someone may be at risk of suicide and to take appropriate action. These workshops will equip participants with a variety of skills such as managing suicidal crisis, understanding risk and protective factors, as well as how to recognise potential warning signs. More information is available at www.wesleymission.org.au/home/our-services/wesley-mental-health-services/wesley-suicide-prevention-services/suicide-preventionwesley-lifeforce-training/community-training/

Mental Health First Aid Training teaches people how to identify and help others with mental health problems. A number of organisations provide this training, including:

- Lifeline Adelaide www.lifelineh2h.org.au
- MIFSA www.mifsa.org.au/index.php/our-services/programs/mental-health-first-aid
- St John’s www.stjohnsa.com.au/training/mental-health-first-aid
- Mental Health First Aid www.mhfa.com.au/courses/public

REFERRAL GUIDE: SUICIDE

High suicide risk

Emergency services: provides immediate support call 000 to access police and ambulance services

24 hour Mental Health Triage: provides assistance in a mental health emergency, contact the mental health triage service - telephone 13 14 65 available 24 hours, seven days a week.

Prevention and early intervention

NewAccess Early Intervention Mental Health Coaching: provides free specialised coaching services. A coach is someone who can provide guidance in setting practical goals to help get lives back on track. Call 1800 010 630, or visit beyondblue.org.au/NewAccess

Suicide Prevention Support Line and Access to Allied Psychological Services (ATAPS): provides support to clients at risk of suicide 24 hours a day to ensure clients have access to professional support around the clock. Call 1800 85 95 85 or email ATAPS@ontheline.org.au

Suicide Call Back Service: provides telephone (24/7) and online (24/7) counselling for people 18 years and over who are suicidal, caring for someone who is suicidal, bereaved by suicide, and health professionals supporting people affected by suicide. Call 1300 659 467 or visit suicidecallbackservice.org.au

Lifeline: provides a 24 hours crisis line and supports people at risk of suicide or bereaved by suicide. Calls to Lifeline from any phone are free, call 13 11 14 (24 hours) or visit www.lifeline.org.au

Suicide postvention services

Uniting Communities StandBy Response Service: provides crisis counselling, information and links to anyone who has been bereaved through suicide. Call 0437 752 458 or visit www.unitingcommunities.org/find-a-service/services/standby-response-service/

S.O.S. Survivors of Suicide Bereavement Support Association Inc.: is a non-profit and charitable self-help association formed for and by people bereaved by suicide and offers: friendship and support; bereavement and support groups; a grief and loss helpline; awareness and education; and a Crisis Intervention Helpline (24/7) -1300 767 022.

Living Beyond Suicide: provides support in the days and hours after a suicide. Living Beyond Suicide offers survivor-sensitive early support for families bereaved through suicide. They help families navigate service systems and get the assistance they need. Call 1300 76 11 93 between 10am–10pm any day.

Griefline: provide support telephone services for people who are experiencing grief, and are experienced in providing support for those bereaved by suicide, call 1300 845 745

Bereaved Through Suicide Support Group: provides counselling and support for those who have been bereaved through suicide, call 08 8332 8240

REFERRAL GUIDE: MENTAL HEALTH

General mental health

Lifeline: provides telephone (24/7) and online (7 pm–4 am AEST) counselling for anyone experiencing depression and anxiety, domestic and family violence, family and relationship problems, financial problems, loneliness and isolation, grief or loss, panic attacks, problem gambling, recovering from a natural disaster, self-harm, stress, substance abuse and addiction, and suicide bereavement.

Call 13 11 14 or visit lifeline.org.au

Beyondblue: provides telephone (24/7) and online (3 pm–12 am AEST) counselling for those experiencing depression, anxiety, grief or loss, self-harm and self-injury, and mental health conditions associated with pregnancy and early parenthood. Call 1300 224 636 or visit beyondblue.org.au

SANE Australia: provides information about mental illness, treatments, and where to go for help. The website hosts a support forum for those with lived experience of mental illness and their carers. Call 1800 187 263 (9 am–5 pm AEST weekdays) or visit sane.org

Healthdirect Australia: provides telephone (24/7) health advice by registered nurses, an after-hours GP helpline, and a 'Find a Health Service' tool on its website. Call 1800 022 222 or visit healthdirect.gov.au

Grow: provides mental health support through support groups and programs. Grow is a community-based organisation that helps people recover from mental illness through a program of mutual support and personal development. Call 08 8298 9299 or visit grow.org.au

ACIS (Adult Crisis Intervention Service): provides a mental health service for those experiencing a mental health crisis. The service is available 24 hours a day, call 13 14 65

Salvos Care Line: Trained Christian telephone counsellors are available to listen, assist you and provide appropriate referrals. Phone 1300 36 36 22.

Uniting Church in Australia: South Australian Synod provides information and resources on mental health and suicide. Visit www.sa.uca.org.au/justice-advocacy/mental-health or, for information on suicide visit www.sa.uca.org.au/no-secret

Support for mental health carers

Carers Australia National Carer Counselling Program: provides short-term counselling services (telephone, email and Skype) for carers. Call 1800 242 636 or visit carersaustralia.com.au/how-we-work/nationalprograms

Life Goes On: provides telephone counselling service for patients and families facing the challenges of a serious illness, care at the end of life, or bereavement. All counsellors are highly trained and have lived experience surviving a serious illness or caring for someone they loved. The service is available 24/7, call 1300 364 673.

Children, adolescents and young adults

Headspace: provides in-person counselling and advice for people 12–25 years on health, education, employment and other services, and alcohol and other drug services. Call 03 9027 0100 or visit [headspace.org.au](https://www.headspace.org.au)

Eheadspace: provides telephone (9 am–1 pm AEST daily) and online (9 am–1 am AEST) counselling on a broad range of issues by qualified youth mental health professionals for people 12–25 years. Call 1800 650 890 or visit [eheadspace.org.au](https://www.eheadspace.org.au)

Kids Helpline: provides telephone (24/7) and online (7 days a week) counselling for people 5–25 years. Call 1800 55 1800 or visit [kidshelp.com.au](https://www.kidshelp.com.au)

ReachOut.com: provides practical tools, forums and information for people under 25 years on a range of mental health topics. Visit [au.reachout.com](https://www.au.reachout.com)

MindMatters: provides resources to support Australian secondary schools in promoting and protecting the mental health of members of the school community. Visit [mindmatters.edu.au](https://www.mindmatters.edu.au)

Child and Adolescent Mental Health Service (CAMHS): provides a free community-based mental health service provided through SA Health's Women's and Children's Health Network. We provide mental health services to infants, children, adolescents and perinatal women. Call (08) 8161 7198 to access information about community based services provided across South Australia.

Men

MensLine Australia: provides telephone (24/7) and online counselling and referral specifically for men. Call 1300 78 99 78 or visit [mensline.org.au](https://www.mensline.org.au)

Men's Sheds: provide friendly environments that cater for men of all interests, ages and cultures. Visit [mensshed.org](https://www.mensshed.org) or call 1300 550 009.

The Shed Online: provides an online social community for men. It is a place to socialise, network, make friends, share skills, and feel confident to discuss anything. Visit [theshedonline.org.au](https://www.theshedonline.org.au)

Women

Postnatal and Antenatal Depression Association (PANDA): provides specialist support for women is available through PANDA's mental health telephone counselling service. The helpline is available 10am-5pm Monday to Friday at 1300 726 306

Women's Health Service: provides clinical and emotional health and wellbeing services as part of the Women's and Children's Health Network, call 08 8444 0700

Family

Family Relationship Advice Line: provides online services, information, dispute resolution and advice (8.00am-8.00pm Monday to Friday), call 1800 050 321

Relationships Australia: provides relationship counselling for couples, families and individuals. Call 1300 364 277 or 1800 182 325 (country callers).

Parentline: provides counselling, information and referrals for parents of children 0-18 years old. Phone 1300 30 1300 or access online counselling at www.parentline.com.au

Rural

Rural and Remote Service: provides recovery-focused mental health services to people over 18 years of age with mental illness living in regional and remote areas of South Australia. The Rural and Remote Distance Consultation and Emergency Triage and Liaison Service is available 24 hours a day, seven days a week on 13 14 65.

The Country Women's Association of Australia: provides community service, support networks, welfare, educational opportunities and social opportunities. Visit cwaa.org.au

People of diverse sex, genders and sexualities

Qlife: provides telephone (5.30 pm–10.30 pm AEST daily) and online (5.30 pm–10.30 pm AEST daily) counselling for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people of all ages. Call 1800 184 527 or visit qlife.org.au

People experiencing or at risk of homelessness

Uniting Communities Homelessness Gateway: provides information, advice and support, crisis accommodation, referrals and confidential counselling services. They offer a range of services including support for adult homelessness (call 1800 003 308), and youth homelessness (call 1800 807 364)

Street to Home Service: provides emergency case management for people who are rough sleeping and not connected to services. Call 08 8342 8642

Families SA Crisis Care: provides telephone services through their afterhours crisis support helpline, call 131 611

Aboriginal and Torres Strait Islander people

Aboriginal Medical Services (AMSs): provides culturally appropriate health services to Aboriginal and Torres Strait Islander people. Visit healthinfolnet.ecu.edu.au

People from culturally and linguistically diverse backgrounds

Multicultural Youth SA: provides assistance for vulnerable and at risk youth in South Australia in a range of areas including mental health. Call 08 8212 0085 or email info@mysa.com.au

Survivors of Torture and Trauma Assistance and Rehabilitation Service, STTARS: provides assistance for people from a refugee and migrant background who have experienced torture or been traumatised as a result of persecution, violence, war or unlawful imprisonment prior to their arrival in Australia. Call (08) 8206 8900 or visit www.sttars.org.au

PEACE Multicultural Services: Relationships Australia (Personal Education and Community Empowerment): provides support and assistance for individuals, families and communities from culturally and linguistically diverse backgrounds to lead balanced and healthy lives. Call 1300 364 277 or 1800 182 325 (outside the Adelaide metropolitan area) or visit www.rasa.org.au/services/couples-families/peace-multicultural-services/

Migrant Resource Centre: provides a number of specialist support services through early intervention programs to young people, women, men and families at risk. These programs aim to develop coping skills and resilience. Call 08 8217 9510 or visit www.amrc.org.au

