



## Mental Health Quick Reference Card (1)

### COMMON DIAGNOSES

This quick reference card presents signs and symptoms of common diagnoses. All disorders are marked by significant distress or impairment in important areas of functioning.

#### Generalized Anxiety Disorder

*(Symptoms last for at least 6 months)*

- Excessive anxiety and worry
- Difficulty controlling worries associated with the following: restless, feeling on edge; easily fatigued; difficulty concentrating, mind blank; irritable; muscle tension; difficulty falling or staying asleep
- Physical symptoms: Heart – palpitations and chest pain; Lungs – hyperventilation and shortness of breath; Gastrointestinal – choking, dry mouth, stomach pains, nausea, vomiting, diarrhea; Musculoskeletal – muscle aches and pains; Neurological – dizziness, headaches, sweating

#### Major Depressive Disorder

*(Symptoms last 2 weeks or more)*

- Depressed mood: sad, empty, hopeless, appears tearful. In children/teens, seen as irritable mood.
- Loss of interest or pleasure in almost all daily activities
- Significant weight loss or gain, or loss of appetite. In children and adolescents, failure to make expected weight.

- Insomnia or hypersomnia; more common in children and adolescents
- Fatigue or loss of energy every day
- Worthlessness, excessive inappropriate guilty
- Having difficulty thinking and concentrating
- Recurrent thoughts of death; suicidal ideation

#### Attention Deficit Hyperactivity Disorder

*(Symptoms present prior to age 12, present for at least 6 months, inconsistent with developmental level, present in 2 or more settings)*

##### Examples of inattention, often:

- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring sustaining mental effort
- Loses things
- Is easily distracted
- Is forgetful in daily activities

##### Examples of hyperactivity and impulsivity, often:

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively, extreme restlessness in adults
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside as if they are driven by a motor
- Talks excessively
- Blurts out answers
- Difficulty waiting or taking turns

- Interrupts or intrudes upon others

#### Marital Issues 'Red Flags'

- Repeated instances of critical, undermining, blaming, sarcastic, disrespectful, or manipulative comments indicating verbal abuse
- A pattern of withholding communication, affection, or sex (often a sign of underlying anger)
- Lying or keeping secrets from one another
- Past or current affair whether it has been exposed or is being kept a secret
- Controlling behavior, including giving unwanted advice, ordering, or withholding money for affordable expenses, etc.
- Repeated deference to a friend or relative, or meddling by parents and in-laws over the couple disagreements/issues
- Aggressive behavior, including shoving or breaking objects
- Repeated unwillingness to compromise on decisions such as social activities, chores, moving, having children, etc.

#### Substance Abuse Disorder

- Physical signs: change in sleep and/or appetite, poor physical coordination, clammy and/or shaking hands, change in eyes (red, watery, pupils dilated or constricted), deterioration of hygiene
- Behavioral signs: decreased work or school performance, frequent dishonesty, oversensitivity, inattentiveness, paranoia irritability, unreachable

## **Eating Disorders**

*(Significant impairment in physical health and/or psychosocial functioning)*

- Binge eating; overeating with marked loss of control
- Abstinence from food
- Dramatic weight gain or loss in a short period of time
- Preoccupation with food
- Intense fear of gaining weight/becoming fat
- Disturbance in the way one's body weight or shape are experienced from self-evaluation
- Compensatory behavior such as purging, excessive dieting, exercising, use of laxatives

## **Schizophrenia Disorder**

- Chronic, severe, mental disorder that affects the way a person thinks, acts, expresses emotions, perceives reality, and relates to others
- Presence of positive and negative symptoms
  - Positive – hallucinations (visual, auditory), delusions, confused thoughts and disorganized speech, trouble concentrating, movement disorders
  - Negative – lack of pleasure, trouble with speech, flattening, withdrawal, struggling with basics of daily life, no follow-through on tasks (avolition)

## **Bipolar Disorder**

Alternating periods of mania, depression, and hypomania

*Mania (symptoms last at least 1 week)*

- Extremely high energy, grandiose

- Levels of self-esteem, loud, rapid speech, very little need for sleep, engagement in risk taking behaviors (e.g., unprotected sex with multiple partners) – present for at least 1 week

*Hypomania (symptoms last 4 days)*

- Same criteria as mania

*Depression (symptoms last at least 2 weeks)*

- Physically and mentally lethargic/sluggish, worthlessness, dramatic change in appetite, excessive sadness, suicidality

## **Trauma and Stress related Disorders**

If any of the following events have occurred, be aware that the individual might be experiencing symptoms of trauma.

- Loss of a loved one, physical and/or sexual abuse or assault, emotional abuse, witnessing physical abuse, long-term illnesses (i.e., cancer), substance abusing parent(s), car accident, divorce, severe financial hardship, etc.

*Symptoms of Trauma*

- Emotional withdrawal
- Lack of social and/or emotional responsiveness
- Unexplained irritability, sadness, fear not appropriate to the situation
- Feelings of detachment
- Loss of control over emotions
- Experience of 'reliving the moment'
- Physiological panic attacks
- Hypervigilance
- Difficulty concentrating

- Avoidance of people, places, and things associated with the trauma (i.e., cannot get into a car after a car accident)

## **Personality Disorders (PD)**

Enduring pattern of inner experience and behavior that significantly deviates from the expectations of the individual's culture. Is pervasive and inflexible. Has an onset in adolescence or early adulthood. Is stable over time and leads to distress or impairment.

*Total of 10, only 5 listed below:*

- Narcissistic PD – Displaying grandiosity, need for admiration, and a lack of empathy. Can lead to paranoia or aggression
- Borderline PD – A pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity. Non-suicidal self-harm is a common symptom.
- Dependent PD – A pattern of submissive and clinging behavior related to an excessive need to be taken care of
- Obsessive Compulsive PD – Displaying rigid obedience to rules, perfectionism, and control to the point of exclusion of activities and friendships
- Antisocial PD – Displaying disregard for and violation of the rights of others, lack of empathy, bloated self-image, manipulative and impulsive behavior



## Mental Health Quick Reference Card (2)

### HELP & RESOURCES

#### **Mental Health First Aid Action Plan →**

##### **ALGAE**

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

#### **Managing Crisis Situations (*where there is concern of imminent danger*)**

- If there is a suspicion due to other signs and symptoms, do not be afraid to ask the question directly.
  - Have you decided how you would kill yourself (or someone else)?
  - Have you decided when you would do it?
  - Have you taken steps to secure the things you would need to carry out your plan?
- If there is imminent danger, something must be done immediately to keep the congregant safe. It is recommended that Clergy consult with a mental health / medical professional to determine the best plan of action immediately upon finding out about the imminent danger situation.
- Actions that may need to be taken:
  - Informing emergency contact (parent if a minor)
  - Voluntary or involuntary (call 911) admission to ER for psychological / psychiatric evaluation

- If congregant is already receiving psych services, identify if they have a 'safety plan' and help them set up the soonest appointment with their mental health provider for an evaluation, no later than 24 hours. If there is no provider in place, make referral to mental health professional.
- Examples of imminent danger include:
  - thought, intention, and plan to harm self (suicide) or another person (homicide)
  - minor in danger of ongoing sexual, physical, emotional abuse and/or reported and/or observable neglect (hygiene, nutrition, etc.)
- If there is no imminent danger but concern for a congregant's mental and/or physical well-being, it is recommended that Clergy consult with a mental health/medical professional as soon as possible (within 24 hours) in order to determine the best plan of action.
- Always work to refer congregant to mental health professional and try to get release to work collaboratively with provider
- **DO NOT** leave a suicidal or homicidal individual alone after their report of imminent danger until you have taken some action to keep that individual safe from themselves or others. Parent/guardian/law enforcement, etc. is aware of the situation and has plan to stay with the individual until they have been cleared by an evaluation and no longer report intention to harm self or others.

#### **Mental Health Resources**

National Suicide Prevention Lifeline

800-273-8255

<https://suicidepreventionlifeline.org/>

National Domestic Violence Hotline

800-799-7233

<https://www.thehotline.org/>

Rape, Sexual Assault, Abuse, and Incest National Network (RAINN)

800-656-4673

<https://www.rainn.org/>

National Eating Disorders Center Helpline

800-931-2237

Open M-F, 9-9pm

<https://psychcentral.com/eating-disorders>

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline

800-662-4357

<https://www.samhsa.gov/find-help/national-helpline>