THE INTER-RELATIONSHIP BETWEEN MENTAL AND SPIRITUAL HEALTH
Parish Nurse Roles and Expectations

Training Workshop Goals:

1. Understand co-occurring problems: depression, anxiety, post trauma, substance abuse and moral injury.
2. Introduced to a protocol of support that can serve as a model for other co-occurring disorders.
3. Relation of symptoms of post trauma, anxiety, depression and substance abuse (vulnerability, powerlessness and disconnection) to classic definition of sin as brokenness, alienation and separation from God, self and others.
4. The important of safety, trust and reconnection to community in emotional / spiritual health mediated through the parish nurse or caregiver as a consistent, supportive, validating other).
5. Notice Biblical texts of depression, trauma and texts of treatment
    a. Trust (faith) and safety (salve / salvation)
    b. Preventative, and remedial therapeutic strategies.
        i. Provide a safe, confidential space. PR stories / Paul
        ii. Validate feelings and experience, normalize and empower through choice.
            1. Encourage faith.
            2. Inspire hope.
        iii. Utilize scripture and prayer (reminiscence)
            1. Favorite Bible (read) and Passages
            2. Favorite hymns. (Reading the texts)
            3. Familiar Prayer (inquire)
6. Raise the climate of healing in the church for mental / emotional / spiritual health through:
    a. Education
    b. Screenings
    c. Support
7. Partnering with your pastor: Sermon series on mental health accompanied by self-screenings and option to talk (and pray) about results with the Parish Nurse.

OVERVIEW OF SUPPORT TRAINING PROGRAM

When a service member (SM) has received treatment for a mental health problem or co-occurring mental health problems best outcomes are directly related to what happens after treatment. Adherence and timely adjustments to the treatment plan result in better outcomes. And, the key factor to adherence to treatment (assuming that the SM is willing) is the presence of a consistent, knowledgeable primary support person (PSP) who watches the SMs back by listening and giving feedback that keeps the SM on track with achieving personal goals.

The following protocol utilizes the Parish Nurse as a 'go to' person in an oversight / training role. (Note: The Parish Nurse may also function as the Primary Support Person (PSP).)

There are nine components in this framework. Samples of written components are included in this folder.

1. A Parish Nurse consultant who may also function as the PSP of the service member (SM)
2. A basic education script on issues facing the SM:
    a. The SM, PN and PSP will use materials in the packet to begin personalizing an education script that will be used by the PSP to coach and support the SM. Together they will identify those items needed on the script. If the SM has completed *treatment or is on medication monitored by a physician the script will reflect key learnings gained in treatment (warning signs, triggers, skills learned) and medications prescribed.
    b. The script serves as a reminder, coaching and re-education tool. It is adjusted as needed by the SM, PSP and PN throughout the support phase
3. Significant Other Support. (SO) See Significant Other Support form)
4. Weekly contact with the PSP initiated by the service member where a Weekly Training Plan is reviewed and updated by the SM in consultation with the PSP for the following week.
5. The use of a basic measurement tool whose weekly scores and relevant information is recorded.
    a. For depression: the Patient Health Questionnaire (PHQ-9)
    b. For anxiety: the General Anxiety Disorder (GAD-7)
    c. For post trauma: the PTSD Primary Care Screen
    d. For moral injury: the Moral Injury Follow-up Questionnaire (MIFQ)
    e. For substance abuse (addiction): the escalation of warning signs based on discussion of ongoing warning signs and / or triggers identified in treatment and in the support phase.
6. A Confidential file kept by the PSP or SM (the SM always has access to the file).
7. A relapse prevention plan that will be activated by pre-agreed mutual decision. For example, relapse plan is activated if and when scores spike above a certain level or continue at unacceptable high levels over a one month period.
8. A Waiver of Liability

*Permission from the SM (release of information) would be necessary to talk to a therapist or physician for clarification of treatment and goals. This is recommended for SMs who have been through treatment. Better aftercare, support and accountability will obviously occur with common knowledge of the treatment plan and its details: medications, primary symptoms, triggers, warning signs, new skills, etc.

There are clearly defined roles for the Service member, Parish Nurse consultant and the Primary Support Person.

The SM initiates the weekly contact. At each weekly (or bi-weekly) follow-up contact, by phone, email or face to face in a confidential setting, the service member completes the measurement tool(s) mutually decided on. For example, those who have been formally diagnosed with depression, post trauma, anxiety or moral injury will also complete the applicable instruments (PHQ-9, GAD-7, PCL-M, MIFQ). The SM reports the score and the PSP records them in the Confidential File. Even those with mild co-occurring problems may want to complete the applicable screening during the first couple months of support. During the weekly contact the SM fills out or updates the Weekly Training Plan. Those service members who have gone through treatment communicate with the PSP about adherence or obstacles to their treatment plans. Frequent contact helps to keep a person engaged in treatment and improves the likelihood of adherence and symptom reduction or remission. For example, PSPs notice when a person does not make the regular weekly contact and troubleshoot with the person accordingly.

Other people who are good candidates for PSPs are: nurses, social workers, counselors, Stephen ministers, Befrienders or wise, knowledgeable loved ones. The PN screens applicants to the program, but the SM needs to interview and agree to the person who will be his / her PSP. The PSP will be "trained to task" by the PN and the SM. The Parish Nurse consultant needs to have a solid basic understanding of the condition(s) facing the SM and of any co-occurring problems. Training to task simply means the PSP needs to understand the elements contained in the education script. The PSP needs good interpersonal skills and the SM must have a degree of trust in the PSP in order to start the program.

With the PSP or SMs weekly entry of the scores of the PHQ-9, GAD-7, PCL-M, MIFQ confidential file, the intensity of symptoms are closely monitored. The file should also contain up-to-date information on medication and current treatment. It should also document positive actions by the SM and any potential or recommended changes. The PSP and the SM will depend on the Confidential File and Weekly Training Plan to guide weekly discussions or communications.

When the Parish Nurse serves as overseer the PSP will have a brief staffing with the PSP (once or twice a month depending on need) to review progress, discuss any problems or trouble spots, review updates to the education script and possible changes in treatment (ie.. possible wrong or inadequate diagnosis) that may need to be communicated to the therapist or physician.

Other issues for discussion may include a SMs response after a change in medications (ie.. possible side effects) or after psychotherapy, non-adherence to medication or treatment plans, and problems with concurrent substance abuse or other co-occurring problems that may start to interfere with the goals of treatment. All must be alert when an SM does not progress over time. Pay particular attention to sleep patterns and watch carefully when there is a switch in meds or when a person in therapy changes treatment approach. The Parish Nurse should always have a competent therapist in the back pocket with whom to consult and to whom a quick referral can be made if and when necessary.

The PN is responsible for screening and deeming readiness for a service member to engage in this aftercare program. An SM is not ready if moderately severe or severe symptoms are interfering with day

to day functioning. The PN, PSP and service member will collaborate in completing a relapse prevention plan, which may include their current therapeutic maintenance plan and a list of key personal indicators that help them recognize an intensification of symptoms that signal the need to put the prevention plan in action. Should those symptoms occur, service members and PCs have a mutual plan of action on how to respond and re-engage in treatment if and when needed.

DEPRESSION EDUCATION SCRIPT
Causes and Treatments (part 1)

Everyone gets depressed from time to time and react to stressful life events with worry, sadness or anger. Normally these feelings go away with time, but sometimes they persist and become troublesome. Persistent and intensive feelings all of the time will affect work, relationships and your personal life. When that happens it's very likely that they are a sign of major depression, also known as clinical depression.

Effects of Clinical Depression

Clinical depression is a medical condition that:

- Affects a person's emotions, thoughts, actions and body
- Changes the way you think, feel and act
- Cause things that once were easy and enjoyable to require a lot of effort

Symptoms of Depression:

- A continuous low mood, which may be worse in the morning
- Constantly feeling angry, irritable and argumentative
- A loss of self-confidence
- Thoughts of death: killing yourself or someone else
- Loss of sex drive
- Change in eating or sleeping patterns
- Lack of energy and physically slower or the opposite – feeling agitated, fidgety.
- Tiredness and poor concentration resulting in difficulty making decisions
- Feeling guilty or worthless or hopeless or helpless (or all at the same time)
- Crying a lot

Causes of Depression

Depression does not mean you are a weak person or that you are lazy of have a character flaw. Causes most often start with a distressing external event.

External events: Causes that fit this category are external events that cause deep emotional distress: war-related experiences, poverty, relationship breakdown, abuse (physical, sexual abuse or verbal as an adult or in childhood), having a long term serious illness, excessive use of alcohol / drugs, homelessness, seasonal changes (SAD), post-partum adjustment, unemployment , unabated stress and bereavement. Any traumatic experience has the potential to trigger depression.

Physical / medical causes: Puberty and menopause may cause depression in some. Thyroid disorders or stroke can cause depression. The side effects of some drugs can cause depression. (birth control pills, steroids, some blood pressure meds..)

Internal biochemical factors: All of the above causes in turn affect brain chemistry and function – and precipitate the internal biochemical causes of depression. Brain particles, called neurotransmitters operate like on / off switches and affect and change the way brain cells communicate with each other. The external causes (external events, physical and medical causes) precipitate changes in brain chemistry that cause depression. External causes affect the way brain cells communicate and the way the brain functions. Medications, carefully prescribed and well-monitored, can be very effective in treating the internal biochemical causes of depression.

Treatment of Depression

There are a number of treatments for depression. The two main treatments are talking (counseling) and antidepressant medications. The kind of treatment will depend on the nature and severity of the depression.

Self-help: In addition to medication and counseling regular exercise, good diet and stabilized adequate sleep patterns will help re-build a strong foundation for recovery. For some, relaxation and meditation may also help alleviate symptoms.

Medication: Antidepressant medication isn't always needed in mild or moderate depression. A large number of people with mild to moderate depression get better within six months without medication. However, talking about your stress with a friend or confidant, regular exercise and adequate diet and sleep will aid your recovery.

There are several different types of antidepressant medicine available. All can have side-effects, so it's important to find the medicine that suits you best. Always ask your doctor for advice and read the patient information leaflet that comes with your medicine.
Tricyclic antidepressants (TCAs) alter your brain chemistry (delaying the absorption of the natural brain chemicals noradrenaline and serotonin, so that there is more of these chemicals in your brain for a longer period of time). This is thought to help with depression. TCAs can have troublesome side-effects, including increased appetite, weight gain, dizziness, sweating, drowsiness and shaking. Dosulepin and clomipramine are examples of TCAs.
Monoamine oxidase inhibitors (MAOIs) such as phenelzine, are used less frequently than other antidepressants because they can cause serious side-effects if you eat certain foods such as cheese. Your GP will explain these side-effects and give you a card with a list of foods to avoid.
Selective serotonin re-uptake inhibitors (SSRIs) such as fluoxetine and paroxetine increase the level of serotonin in the brain. This in turn appears to lift your depression. SSRIs tend to cause fewer side-effects than other antidepressants, so many people find them easier to take. They are often the first type of antidepressant used.

There are many other types of antidepressant, which work in a different way. These include venlafaxine and mirtazapine. They can be useful for people who experience side-effects with other medicines, or people who have specific symptoms.
Taking your medication for at least six months after you start to feel better can help prevent the depression coming back. Ask your physician for more information on each medicine. When stopping antidepressant medication, your physician will usually reduce your dose gradually over at least four weeks. Don't stop taking your medication suddenly because you may experience withdrawal reactions.

Talk Therapy:

Your Primary Physician can often arrange for you to have talking therapy as part of your treatment. Talk therapy can gets at the root causes of the depression and facilitate grieving.

Counseling is usually a one-to-one session where you have a chance to express your feelings and problems, with the counselor listening and asking questions. There are many different types of counseling, but generally you won't be told what to do about your feelings. Instead, a counselor listens to what you have to say and then helps you to try and see your feelings and problems in a different way. You will normally have a fixed number of sessions - often six to 12.

The type of talking therapy you have will depend on what's available, your preferences, and how severe your depression is.

Complementary therapy: St John's wort (Hypericum perforatum) is a complementary medicine that can help mild or moderate depression. You can buy this as tablets in health food stores and pharmacies. You should always ask for advice from your physician or pharmacist before taking St John's wort, especially if you are also taking prescription or over-the-counter medicines (including antidepressants). This is because St John's wort can interact with some other commonly used medicines, such as the contraceptive pill.

Hospital treatment:
Most people who have depression can be successfully treated without being admitted to hospital. However, if you have severe depression and have suicidal thoughts, you, your family, or your psychiatrist may feel you need the shelter and protection of a secure hospital setting.

Parish Nurse Role
The parish nurse can provide screenings and suggest a referral. During and after treatment, the parish nurse or a primary support person can provide much needed support, coaching and monitoring. Good support is directly related to adherence to treatment and successfully achieving personal treatment goals.

Some of this information was obtained from the Bupa website:
http://www.bupa.co.uk/individuals/health-information/directory/d/hi-depression

DEPRESSION EDUCATION SCRIPT
Side Effects (part 2)

SIDE EFFECTS AND STRATEGIES

Sedation: Take medication at bedtime

Side effects: Orthostatic hypotension/dizziness
- Adequate hydration
- Sit-stand-get up slowly
- Consult with PCP regarding support hose
- Consult with PCP about switching antidepressant

Side effects: Anticholinergic (dry mouth/eyes, constipation, urinary retention, tachycardia)
- Hydration
- Sugarless gum/candy
- Dietary fiber
- Artificial tears
- Consult with PCP about switching antidepressant

Side effects: GI distress/nausea
- This often improves or resolves over 1-2 weeks
- Take with meals
- Consult with PCP about consideration of antacids or H2 blockers

Side effects: Activation/jitters/tremors
- Consult with PCP about starting with small doses (especially with underlying anxiety disorder) or reducing dose

Side effects: Headache
- Consult with PCP about lowering dose
- Consult with PCP about acetaminophen

Side effects: Insomnia
- Make sure activating antidepressants are taken in a.m.

Side effects: Sexual dysfunction
- May be part of depression or medical disorders
- Consult with PCP about switching or adding medication
- Consult with PCP about decreasing dose

PERSONAL WEEKLY TRAINING PLAN

(delete or edit items as necessary… for example this may be a bi-weekly care plan)

Name: Date:

Parish Nurse: Church:

Primary Support Person: Primary Support Person Phone Number:

Training in good habits and life skills is an important aspect of your overall physical and mental health. The following is your personal training plan based on our discussion today.

Physical Training:

Make sure you make time to address your basic physical needs, for example, walking for a certain amount of time each day, three squares a day and regular, adequate sleep.

Every day during the next week, I will spend at least minutes doing

Make time for positive activities

Even though you may not feel as motivated, or get the same amount of pleasure as you used to, commit to scheduling some fun activity each day – for example, doing a hobby, listening to music, or watching a video.

Every day during the next week, I will spend at least ____ minutes (make it easy, reasonable) doing :

.

Spend time with people who can support me

It's easy to avoid contact with people when you're feeling anxious or depressed, but you need the support of friends and loved ones. Explain to them how you feel, if you can. If you can't talk about it, that's OK—just ask them to be with you, maybe accompanying you on one of your activities.

During the next week, I will make contact for at least ___________ minutes with (name) doing/talking about .

Relaxation Training:

For many people, the changes that come with anxiety, post trauma, depression, substance abuse can be daunting. Usual activities and responsibilities are difficult to address. A person can feel increasingly sad and hopeless. Since physical relaxation can lead to mental relaxation, practicing relaxing is another way to help yourself. Remember tactical breathing, or a warm bath, or just finding a quiet, comfortable, peaceful place and saying comforting things to yourself like, "This too will pass." Remember it usually does.

Every day during the next week, I will practice physical relaxation at least _____ minutes doing

_______________________________________.

Training in simple goals and baby steps:

It's easy to feel overwhelmed when you're depressed or anxious. Some problems and decisions can be delayed but others cannot. It can be hard to deal with them when you're feeling sad, have little energy, and are not thinking clearly. Try breaking things down into small steps. Give yourself credit for each step you accomplish.

The problem is

My goal is

Step 1:

Step 2:

Step 3:

How likely are you to follow through with this/these training activities before our next contact?

Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

Additional Comments

Your signature: ________________________________Today's date: _______________

Next contact with your primary support person: ________________(date) ____________ (time)

SUPPORT NETWORK FORM

Family and friends refer to:

- Spouse
- Partner
- Friends
- Significant others
- Caregiver

To assess for social support:

- How many buddies, friends or relatives do you see or hear from at least once a month?
- Which buddies, friends or relatives do you have the most contact with?
- Do you talk to any of these people about personal stuff?
- Do you ask any of them for advice on personal concerns?

Discuss early warning signs of (depression, anxiety, PTSD, substance abuse):

Service members and significant others can learn to recognize such early warning signs and get help before relapses become severe. Common early warning signs include changes in sleep, appetite, or energy level, loss of interest in usual activities, irritability or withdrawal from others. These early warning signs differ from person to person. The service member or significant others may remember early signs of depression from their most recent episode of depression. In many cases, spouses or significant others may notice such warning signs before the service member does, and it can be very helpful to involve them in the monitoring for such signs.

Sample scripts for involving family/friends

1) It can be helpful to have a buddy, a family member or a friend involved in helping us set-up a plan that will work best for you. Could *name(s)* join us?
2) Would you like anyone in your family or a friend or buddy to have information about your depression (anxiety, post trauma, substance abuse)? It can be helpful to share with another trusted person. (If working with a PCP or therapist) I do need your written permission to allow communication with your buddy/family member/friend. Would you be willing to sign a release form to allow this?
3) Having someone close to you who knows the signs and symptoms of your (depression anxiety, post trauma, substance abuse) and is clued in and aware of how you are feeling on a daily basis, can help successfully meet your goals and prevent relapse. And, if you relapse… to get you back on track sooner rather than later. Is there a buddy, family member or friend who could help watch your back?

CONFIDENTIAL FILE (sample)

Name: ____________________

Session #1: Contact Date: _______ PHQ-9 score _____ GAD-7 score ____ Other ______

Discussion of ups and downs (comments):

Personal Care Form reviewed and updated: Yes / No

Next contact date:

+ + + + + + +

Session #2: Contact Date: _______ PHQ-9 score _____ GAD-7 score ____ Other ______

Discussion of ups and downs (comments):

Personal Care Form reviewed and updated: Yes / No

Next contact date:

+ + + + + + +

Session #3: Contact Date: _______ PHQ-9 score _____ GAD-7 score ____ Other ______

Discussion of ups and downs (comments):

Personal Care Form reviewed and updated: Yes / No

Next contact date:

+ + + + + + +

PARISH NURSE / PSP FOLLOW UP CONTACT WORKSHEET

Name: ________________________ Date of Contact: ________________________

This session was: __ At church __ By phone __ In group __ At other location __ No Session

PHQ-9 Score	Depression Level
0-4:	__ No Depression
5-9:	__ Mild
10-14:	__ Moderate
15-19	__ Moderately Severe
20-27:	__ Severe

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Not at All Several Days More Than Half the Days Nearly Every Day

1. Little interest or pleasure in doing things __ 0 __ 1 __ 2 __ 3

2. Feeling down, depressed, or hopeless __ 0 __ 1 __ 2 __ 3

3. Trouble falling or staying asleep, or sleeping too much __ 0 __ 1 __ 2 __ 3

4. Feeling tired or having little energy __ 0 __ 1 __ 2 __ 3

5. Poor appetite or overeating __ 0 __ 1 __ 2 __ 3

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down
   __ 0 __ 1 __ 2 __ 3

7. Trouble concentrating on things, such as reading the newspaper or watching television
   __ 0 __ 1 __ 2 __ 3

8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
   __ 0 __ 1 __ 2 __ 3

9. Thoughts that you would be better off dead, or of hurting yourself in some way
   __ 0 __ 1 __ 2 __ 3

Total score =

Current Medications

Name of Medication Dosage Start Date: Took as Prescribed

1.

2.

3.

Medication Concerns (Side effects / dosage):

Allergies:

Mental Status (changes):

Stressors, Strengths and Resources:

Behavioral Activation/Positive Events Scheduling:

Other Treatment (psychotherapy/counseling, etc):

Questions / relevant information possible recommendation to Primary Care Physician

Follow-up Appointment
Primary Support Person: ____________________________
Date: __________________
Time: ____________
__ At church __ By phone __ other: _____________________

Parish Nurse: ______________________ Date: ___________________

WAIVER OF LIABILITY

I understand that I am solely responsible for my own care, treatment and support. I understand that I can choose to discontinue participation in this support program at any time. In the event of adverse consequences, relapse or death I waive (name of Church) any member or any employees of responsibility.

Name of Participant:

Birthdate:

Address:

City: State: Zip:

Phone (Home):

(Work):

(Cell):

Signed and witnessed by:

Parish Nurse: Date:

Primary Support Person: Date: