



MAY: MENTAL HEALTH AWARENESS MONTH,
The Greek Orthodox Ladies Philoptochos Society
affirms its commitment to building our community's understanding of
mental illness, increasing access to treatment,
and ensuring we create a stigma-free church environment in which those who
are struggling with mental illness know they are not alone.

In recognition of May, **MENTAL HEALTH AWARENESS MONTH**, we focus on **DEPRESSION** – a condition that is more prevalent in women than men. Depression is not *“just feeling sad”*. It is not something a woman can *“snap out”* of, nor is it brought on by anything a woman has or has not done. **Depression is a medical condition** caused by a combination of biological factors, inherited traits, and personal life circumstances and experiences.

MENTAL HEALTH & MENTAL ILLNESS:

To understand mental illness, we first recognize that mental health and mental illness are not separate entities but rather a continuum of points on a spectrum. Mental health is our emotional, psychological and social well-being that enables us to realize our abilities, work productively, and contribute to our community, while mental illness refers to diagnosable conditions affecting thinking, emotion, and behavior, potentially causing distress and impacting daily life. A strong foundation of mental health is essential for resilience and coping with life's challenges, while mental illness requires understanding, support, and possible treatment to manage its impact.

MENTAL HEALTH AND SELF-CARE:

Mental health is more than the *“absence”* of mental illness. It is prioritizing **self-care** through which the person consciously engages in activities to improve mood, promote resilience, manage daily challenges and help build a positive outlook. Promoting a positive outlook means actively choosing to see the good and finding ways to cope with adversity with a hopeful attitude.

Self-care can lower our risk of illness and prevent the onset of mental health problems. It increases our energy and can complement treatments such as therapy or medication. Self-care, which is different for everyone, is not being ‘selfish’ – it is being self-aware. Take the time to find what works for you. Here are some self-care tips:

- **Get regular exercise.**
 - 30 minutes/ day of walking – outdoors or indoors - can boost our mood and improve our health.
- **Eat healthy, regular meals and stay hydrated.**
 - A balanced diet and plenty of water can improve both our energy and focus throughout the day.
 - Pay attention to caffeine and alcohol intake – do they affect your mood and well-being?
- **Make sleep a priority.**
 - Set a schedule to get enough sleep. Turn off phones and computers well before bedtime.
- **Try a relaxing activity.**
 - Explore relaxation or wellness programs or apps that incorporate meditation, muscle relaxation, or breathing exercises.
 - Schedule regular time for healthy, low-stress activities such as listening to music, working on a home improvement project, reading, learning a new skill, swimming, mowing the lawn, knitting, journaling, woodworking, or doing arts and crafts.
- **Set goals and priorities.**
 - Ask yourself what must get done “now” and what can wait? Learn to say “no” to not overdo it.
- **Mindfulness**
 - Appreciate the present moment and notice the positive aspects of your surroundings and experiences
- **Focus on positivity.**
 - Surround yourself with positive people and engage in activities that bring you joy and well-being.

- Cultivate a positive mindset. Try to appreciate what you've accomplished at the end of each day.
- Identify and challenge your negative and unhelpful thoughts.
- **Staying connected.**
 - Reach out to friends / family members who can provide emotional support and practical help.
- **Reducing Burnout:**
 - Self-care can help reduce stress and prevent burnout by allowing individuals to take breaks, recharge, and reconnect with themselves.
- **Practice gratitude.**
 - Remind yourself what you are grateful for. Write them down or replay them in your mind.
- **Pray.**
 - Learn to pray from the Psalms through particular verses.
 - Ask us for a copy of the Psalms' *Cheat Sheet* prepared by Rev. Dr. Harry Pappas (*Stamford, CT*)

DEPRESSION: SIGNS AND SYMPTOMS:

- Ongoing feelings of sadness, guilt, hopelessness, emptiness or numbness.
- Loss of interest in things you once enjoyed
- Significant changes in your sleep pattern, e.g., unable to fall or stay asleep, sleeping too much
- Fatigue or unexplained pain or other physical symptoms without an apparent cause
- Problems concentrating or remembering things
- Changes in appetite leading to significant weight loss or weight gain
- Physical aches and pains
- Feeling as though life isn't worth living, or having thoughts of suicide

FACTORS THAT CONTRIBUTE TO DEPRESSION IN WOMEN:

- **PUBERTY** - fluctuating hormones, and other experiences such as conflicts with parents, increasing pressure to achieve in school, sports or other areas of life.
 - As girls typically reach puberty before boys, they are likely to develop depression at an earlier age.
- **PREMENSTRUAL PROBLEMS** - Some are short-lived, such as PMS, abdominal bloating, breast tenderness, headache, anxiety, irritability and experiencing the blues.
 - However, some women have **severe and disabling symptoms** that disrupt their studies, jobs, relationships or other areas of their lives. At that point, PMS may cross the line into **premenstrual dysphoric disorder (PMDD)** – a type of depression that generally requires treatment.
- **PREGNANCY / ATTEMPTS TO BECOME PREGNANT** - In addition to hormonal changes, other issues that affect mood during pregnancy or attempts to become pregnant are lifestyle or work changes or stressors, relationship problems, previous episodes of depression, postpartum depression, PMDD; lack of social supports; unintended / unwanted pregnancy; miscarriage; infertility; stopping use of antidepressants.
- **POSTPARTUM DEPRESSION - occurs in about 10% - 15% of women.**

While many new mothers find themselves sad, angry and irritable and experience crying spells soon after giving birth, these feelings – sometimes called the *baby blues* – are normal and generally subside within a week or two. However, more serious or long-lasting depressed feelings may indicate a clinical diagnosis of postpartum depression, a serious medical condition that requires prompt treatment.

 - **Signs and symptoms of postpartum depression:** Crying more often than usual; feeling like you're a bad mom; anxiety or feeling numb; trouble sleeping; problems with daily functioning; inability to care for your baby; thoughts of harming your baby or yourself.
 - **Factors associated with postpartum depression** may be complications during pregnancy or birth, breast-feeding problems, infant complications or born with special needs, and poor social supports.
- **PERIMENOPAUSE AND MENOPAUSE.** During the transition to menopause or after menopause, hormone levels may fluctuate erratically. Although most women with bothersome menopausal symptoms don't develop depression, factors that can increase the risk include poor sleep, stressful life events, weight gain, menopause caused by surgical removal of the ovaries.

- **LIFE CIRCUMSTANCES & CULTURE.** The higher rate of depression in women isn't only due to biology.
 - Life circumstances and cultural stressors can play a role: including unequal power and status, uncertainty about the future, limited access to community and health care; working outside the home and still handling all/ most home responsibilities; single parenthood, caring for children while also caring for a sick or older loved one; living in an abusive relationship, whether sexual, emotional, physical or financial; drug or alcohol misuse or dependence; eating disorders and more.

DENIAL IS NOT A RIVER IN AFRICA:

Depression is common and treatable. If you or a family member - of any age - are exhibiting signs of depression or other forms of mental illness, do not go into “denial” mode. Recognizing symptoms early should be regarded as a loud call to seek professional help, not only so parents can seek help for their child but also for themselves.

One such way parents can get help is through family support groups. Support groups help relatives evaluate and access appropriate resources including therapists, treatment programs, services, and public benefits. They help relatives improve their ability to communicate skillfully with mental health and medical professionals, with educators, and with extended family members who may or may not understand what the parents are experiencing. For referrals to a support group, see section below, NAMI: National Alliance on Mental Illness.

A parent's comment: “You may never know why your child is ill. You may feel guilt or intense grief, but you need to hunker down and get help. And you need to understand that there is no ritual in life that allows you to publicly mourn your lost dreams for your child”.

SEEKING HELP:

- **TALK TO YOUR PRIMARY CARE PROVIDER** (*Medical Doctor, OB/GYN, Physician's Assistant, Nurse Practitioner*).
 - Today, most medical practitioners ask patients about their mental health, but if yours doesn't, take this opportunity to talk to your PCP so they can help refer you to a mental health professional.
 - Visit the *NIMH Find Help for Mental Illnesses* for help finding a provider or treatment. (<https://www.nimh.nih.gov/health/find-help>)
- **PREPARE FOR YOUR VISIT.**
 - Prepare a list of medications you are taking including over-the-counter (*non-prescription*) drugs, herbal remedies, vitamins and other supplements.
 - Make a list of the questions and concerns you want to discuss.
- **KNOW YOUR FAMILY HISTORY.**
 - Certain mental illnesses tend to run in families, so knowing your family's mental health history can help assess your risk for certain disorders, help your health care provider recommend actions for reducing your risk, and enable you and your provider to look for early warning signs.
- **CONSIDER BRINGING A TRUSTED FRIEND OR RELATIVE WITH YOU TO YOUR APPOINTMENT.**
 - Sometimes, it's difficult absorbing everything you are told during your appointment, so it can be helpful to bring a trusted friend or relative with you who can be there for support, and who can help you take notes and remember what you and the provider discussed.
- **BE HONEST.**
 - Discussions between you and your health care provider are confidential and cannot be shared with anyone without your expressed permission.
 - Since your health care provider can only help you get better if you open and honest with them, describe all your symptoms, be specific about when they started, how severe they are, how often they occur and whether you have taken any legal or illicit drugs to help you manage symptoms.
 - Share any stressors or recent life changes that could be triggering or exacerbating symptoms.
- **ASK QUESTIONS.**
 - If you don't quite understand what your health care provider is telling you about your mental health diagnosis or treatment, ask for clarification and more information – in terms you can understand.
 - If the medical provider appears “*offended*” by you asking questions, find someone else.

- If the provider suggests a treatment option you are not comfortable or familiar with, express your concerns and ask if there are other options.
- There is no “one-size-fits-all” treatment. To find a treatment or combination of treatments that works best for you, you may need to talk to a few health care providers to find the one you are comfortable with

FINDING TREATMENT:

- As noted above, your first line of contact should be your **PRIMARY CARE PROVIDER** to discuss a referral to a mental health professional such as a psychologist, psychiatrist or clinical social worker who specializes in diagnosing and treating depression. Only psychiatrists, who are medical doctors, nurse practitioners and PAs (Physicians Assistants) can prescribe medications; however, most psychologists and social workers partner with a psychiatrist to refer patients if psychotropic medications may be needed.
- **SAMHSA LOCATOR - Substance Abuse and Mental Health Services Administration**
 - Online resource for locating mental health treatment facilities and programs nationwide including public, private, nonprofit and for profit / private programs.
 - **Access the Locator online or by phone:**
 - **Online:** <http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jspx>
 - **Telephone help line:** 1.800.662.4357 | SAMHSA 24/7 Treatment and Referral line
- **NAMI, THE NATIONAL ALLIANCE ON MENTAL ILLNESS** is the nation’s largest grassroots mental health organization. More than 500 local affiliates work in communities to raise awareness and provide support and education:
 - Sponsors a **NAMI TOLL FREE HELPLINE** that responds to thousands of requests each year, providing free information and support – a “much-needed lifeline” for many.
 - 1-800-950-NAMI (6264) or info@nami.org
 - Trained NAMI volunteers offer peer-led education programs
 - Gives presentations about mental illness to schools, communities and more
 - Sponsors support groups for people with mental illness (NAMI Connection)
 - Sponsors support groups: family members, significant others, friends of those with mental health conditions
 - Provides hands-on advocacy training that helps people living with mental illness, friends and family transform their experiences into skillful grassroots advocacy.
- **YOUR HEALTH INSURANCE:** If you or your loved one have health insurance that includes mental health coverage, contact the insurance company for a list of in-network providers. Go to the website for each to learn their specialties and populations served. Interview the ones that seem most aligned to your needs.
 - Ask if the insurance company contributes toward out-of-network providers.
- **FINANCIAL ASSISTANCE:**
If help is needed towards paying for mental health services, contact the National Philoptochos Department of Social Services at socialwork@philoptochos.org to find out whether you may be eligible for financial assistance and how to apply for help.

CREATING A STIGMA-FREE CHURCH ENVIRONMENT

Orthodox Christians often use the phrase “*the Church is a hospital*” -- a place of healing, a place for people to come and be restored and strengthened in their struggle to be God’s people, and a place where individuals feel comfortable seeking help without fear of judgment or discrimination.

This can be accomplished by taking steps to create a supportive environment that treats all persons – regardless of their condition, physical or mental illness or disability - with compassion and understanding, that dispels myths, stereotypes and misconceptions about mental illness, and that educates parishioners about the challenges faced by those with mental illness and their families.

Suggested ways to respond:

- Reach out to and partner with local therapists and counselors to ensure their services are conducted with sensitivity to our community’s characteristics including our perspectives of religion, faith, and spirituality.

- Invite a mental health professional to speak at a Coffee Hour, a Philoptochos or other parish ministry—including a GOYA meeting - to ensure parishioners understand the personal, emotional and societal challenges faced by those with mental illness and their family members, and who can offer local and broader resources to help individuals and families manage their lives.
- To ensure those with mental illness and their families do not feel alone in their struggles, it is crucial to be “present” in their lives, including being mindful about what you say and how.
 - A family member recently told us she hesitates attending church services and events after a fellow parishioner asked her, “Did your mother lose her mind?”
- Reaching out to the individual and /or their family:
 - A periodic phone call to ask, “How are you doing?” or even just to say “Hello, I’m thinking of you.”
 - A personal invitation asking them to participate in a church event or ministry
 - Making it a point to speak to the person with a mental illness during Coffee Hour – even if their behavior is not what may be considered “normal”.
 - Not too long ago, a parent of a child with a mental illness spoke of “casseroles v criticism”, noting that there is a clear distinction in responses: families of those with a physical illness are supported and visited, while those whose children or other family members suffer from mental illness often encounter criticism and rejection, and sometimes, blame.
- A very concrete way a parish can respond – and more and more are doing so - is by hosting a periodic special needs liturgy that thoughtfully accommodates persons – of any age - who may not be able to sit still or remain quiet for the entire liturgy, or whose singing voices may not always be “on key”.

We urge Orthodox Christians, not only during May, but year-round, to make a concerted effort to reach out to all our brothers and sisters, with intention and attention, with love, kindness and hope regardless of their illness, condition, physical, behavioral, intellectual or developmental disability, difference or challenge.

*“For I know the plans I have for you,” declares the Lord;
“plans to prosper you and never to harm you; to give you a future and a hope.”*

Jeremiah 29:11

9-8-8: 24/7 Nationwide Suicide and Crisis Line

If you or a loved one are experiencing emotional distress, thoughts of suicide, or are facing a substance use crisis, and intervention is needed but there are no weapons, violent elements or serious injuries, call or text 988 or chat at 988lifeline.org

9-1-1: To save a life or stop a crime.

Call 9-1-1 if the situation is dangerous and urgent medical care or law enforcement intervention is needed.

Resources used in the development of this document:

- “Mental Illness: Our Community’s Journey to Understanding, Compassion and Hope”. 2014 National Philoptochos Convention Social Services program. Summary of panel discussion and subsequent audience Q&As. Available at <https://www.philoptochos.org/program-on-mental-illness/>.
- SAMHSA: Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/find-help/helplines/national-helpline>
SAMHSA offers a national helpline at 1-800-662-HELP (4357) and a text-based service by texting your zip code to 435748 (HELP4U). It also provides a confidential and anonymous online resource for finding treatment for mental and substance use disorders at FindTreatment.gov.
- NIMH: National Institute of Mental Health <https://www.nimh.nih.gov/health/publications>
- NIH/ National Institutes of Health <https://newsinhealth.nih.gov/>
- Mayo Clinic: <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/mental-health/art-20044098>
- NAMI: National Alliance on Mental Illness: <https://www.nami.org>
- Family Connections Program of the National Educational Alliance for Borderline Personality Disorder (NEA BPD) <https://www.borderlinepersonalitydisorder.org/family-connections/>

•WHO: World Health Organization.

<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

*For questions, comments or concerns, please contact the National Philoptochos
Department of Social Services at socialwork@philoptochos.org.*