

Mental Health Awareness in Formation

Recognizing, Accompanying, and Referring with Wisdom

Missionary Situation for Reflection

“Something Has Changed...”

Brother Daniel was in his second year of theology. He had always been responsible, prayerful, and well-liked in the community. He participated actively in classes, enjoyed recreation, and was known for his cheerful disposition.

Over several weeks, however, the formation team began to notice subtle but consistent changes. Daniel no longer joined community recreation and often remained alone in his room. His classmates reported that he had become unusually withdrawn and irritable. He appeared tired most mornings, frequently missed breakfast, and had begun submitting assignments late. During community prayer, he seemed distracted and emotionally distant.

His spiritual director noticed that Daniel repeatedly spoke of feeling “empty” and “without purpose.” When encouraged to speak more about his feelings, he simply replied, “I’m just tired. It will pass.”

A few weeks later, his formator observed that Daniel had neglected his personal appearance and had become increasingly suspicious of some community members, insisting that they were criticizing him behind his back. During one conversation he remarked quietly, “Sometimes I feel that God has abandoned me.”

The formation team wondered how best to respond. Was Daniel simply experiencing the ordinary pressures of formation? Was he going through a period of spiritual dryness? Was he struggling with unresolved personal issues? Or were these signs that he might need professional psychological help?

Rather than rushing to conclusions, the formators chose to observe carefully, listen attentively, accompany him with patience, and seek appropriate professional guidance when the pattern of concerns became clearer.

Reflection Questions

1. Which changes in Daniel’s behaviour would concern you most?
2. Which observations might be part of normal developmental struggles, and which might indicate a need for further assessment?
3. How would you begin a conversation with Daniel that is respectful, supportive, and non-judgmental?
4. At what point would you consider consulting the formation team or referring him to a mental health professional?
5. How can a formator accompany a formandus with compassion while respecting the limits of his own competence?

I. Why Mental Health Awareness Matters in Formation

Formation Insight

Formation is concerned with the growth of the whole person. A vocation does not develop in isolation from the psychological, emotional, relational, and spiritual dimensions of life. Healthy vocational discernment and faithful missionary living require not only generosity and spiritual commitment but also a reasonable degree of psychological well-being. While grace builds on nature, human limitations can either support or hinder a person’s freedom to respond fully to God’s call.

Mental health awareness is therefore not an optional addition to formation; it is an essential aspect of caring for the person entrusted to the formation community. Formators need not become mental health professionals, but they should possess sufficient awareness to recognize when a formandus is struggling beyond the ordinary challenges of formation and may benefit from specialized help.

1. Mental Health Is Part of Integral Human Formation

The Church understands formation as the harmonious development of the whole person. Human formation provides the foundation upon which spiritual, intellectual, pastoral, and charismatic formation are built. Emotional maturity, healthy relationships, balanced judgement, and interior freedom enable formandi to embrace their vocation with greater authenticity and perseverance.

Good mental health contributes to:

- realistic self-knowledge and self-acceptance;
- healthy emotional regulation;
- stable interpersonal relationships;
- responsible decision-making;
- resilience in the face of setbacks;
- openness to growth, conversion, and mission.

When psychological difficulties remain unrecognized or untreated, they may interfere with vocational discernment, community life, apostolic ministry, and personal well-being.

2. Psychological Struggles Are Not Signs of Weak Faith

Every formandus experiences periods of stress, disappointment, grief, loneliness, anxiety, or discouragement. Such experiences are part of ordinary human life and often become opportunities for growth when accompanied wisely.

At the same time, some individuals may experience more persistent psychological difficulties arising from biological, developmental, traumatic, or environmental factors. These difficulties should not automatically be interpreted as a lack of vocation, weak faith, insufficient prayer, or poor generosity.

An integrated understanding of the human person recognizes that psychological, social, physical, and spiritual dimensions influence one another. Respecting this complexity allows formators to accompany formandi with greater realism, compassion, and hope. Human growth and God's grace ordinarily work together rather than in opposition.

3. The Importance of Early Recognition

Many significant mental health conditions develop gradually rather than suddenly. A formator who knows the formandus well is often among the first to notice meaningful changes in behaviour, mood, relationships, or daily functioning.

Early recognition allows for:

- timely support before difficulties become more serious;
- appropriate professional assessment when needed;
- better collaboration between the formation team and qualified mental health professionals;
- reduced stigma surrounding psychological difficulties;
- greater opportunity for recovery and continued vocational growth.

Ignoring persistent warning signs may prolong unnecessary suffering and affect both the individual and the wider formation community.

4. Every Formator Has a Role

Although diagnosis and treatment belong to qualified mental health professionals, every formator has an important pastoral responsibility.

The formator is called to:

- cultivate a relationship of trust;
- observe significant patterns of behaviour with prudence;
- listen attentively and respectfully;
- encourage honest conversation about struggles;
- consult appropriately with the formation team;
- facilitate referral when professional assessment is indicated;
- continue pastoral accompaniment throughout the process.

In this way, the formator serves as a wise companion who helps safeguard both the well-being of the individual and the integrity of the formation journey.

Concluding Reflection

Mental health awareness is not about searching for illness but about fostering healthy human development. Most formandi will experience ordinary struggles that can be accompanied within the normal process of formation. Some, however, will need specialized care for a period of time. Recognizing this distinction requires attentiveness, humility, and collaboration. A formation community that promotes psychological well-being and responds promptly to genuine concerns creates an environment where persons can grow in freedom, maturity, and faithful response to God's call.

II. Understanding Mental Health in Formation

Formation Insight

Mental health is not simply the absence of mental illness. It is the capacity to live one's vocation with increasing freedom, emotional balance, responsible relationships, and openness to God's grace. Like spiritual and human growth, psychological well-being exists on a continuum. A formandus may experience periods of stress, sadness, or anxiety without having a mental disorder. At the same time, persistent or severe difficulties may require professional attention. Wise formation recognizes this distinction and accompanies each person according to his needs.

1. What Is Mental Health?

Mental health refers to a person's overall psychological and emotional well-being. It enables individuals to understand themselves realistically, regulate emotions, build healthy relationships, cope with ordinary life stresses, make responsible decisions, and contribute meaningfully to the community and mission.

For a formandus, good mental health supports the ability to:

- pray and discern with interior freedom;
- form healthy relationships with peers and formators;
- accept correction and learn from experience;
- persevere through difficulties without losing hope;
- integrate emotions, values, and behaviour;
- embrace the demands of religious or priestly life with growing maturity.

Mental health is dynamic rather than static. It develops throughout life and is influenced by physical health, personality, family experiences, relationships, culture, spirituality, and life events.

2. Mental Health Exists on a Continuum

Psychological well-being is not simply a choice between being “healthy” or “ill.” Most people move along a continuum depending on circumstances, developmental stages, and life experiences.

Level	Typical Characteristics
Healthy functioning	Emotional balance, healthy relationships, effective coping, stable functioning
Temporary distress	Stress, grief, homesickness, disappointment, anxiety during significant life changes
Persistent difficulties	Ongoing emotional or behavioural problems affecting community life, studies, or ministry
Mental disorder	Significant disturbance in thinking, mood, behaviour, or functioning requiring professional assessment and treatment

Most formandi will experience temporary periods of distress during formation. These are often opportunities for growth when accompanied with understanding and patience. Only a minority will develop mental health conditions requiring specialized care.

3. Normal Developmental Struggles Are Part of Formation

Formation inevitably involves transition, loss, challenge, and personal transformation. As formandi leave familiar environments and embrace a demanding way of life, they may experience:

- homesickness;
- self-doubt;
- temporary discouragement;
- anxiety before evaluations;
- interpersonal conflicts;
- grief over family situations;
- struggles with identity and vocational commitment.

These experiences are usually temporary and do not necessarily indicate mental illness. When accompanied well, they often foster resilience, self-knowledge, and deeper vocational commitment. Formation should therefore avoid pathologizing ordinary human struggles while remaining attentive to situations that persist or worsen over time.

4. When Ordinary Struggles Become Cause for Concern

A difficulty deserves closer attention when it is no longer temporary or begins to impair the person’s daily functioning.

Questions a formator may ask include:

- Has this behaviour changed significantly from the person’s usual pattern?
- Has it persisted despite appropriate support?
- Is it affecting prayer, studies, relationships, or community life?
- Is the person becoming increasingly isolated or unable to cope with ordinary responsibilities?
- Does the intensity of the difficulty seem disproportionate to the situation?

These questions help the formator discern whether closer observation or professional consultation may be appropriate.

5. An Integrated View of the Human Person

Mental health should always be understood within an integral vision of the human person. Psychological, physical, relational, and spiritual dimensions constantly interact with one another.

For example:

- prolonged stress may affect both emotional well-being and prayer;
- unresolved grief may influence relationships and concentration;
- physical illness may contribute to discouragement;
- healthy community support may strengthen resilience during difficult periods.

Consequently, psychological suffering should neither be reduced to a purely medical issue nor explained solely in spiritual terms. Genuine accompaniment respects the complexity of the person and seeks appropriate responses from each discipline. Such an integral approach reflects a Christian anthropology in which human development is understood as the gradual integration of all dimensions of the person, allowing greater freedom for self-transcendence and response to God's call.

Concluding Reflection: The goal of formation is not to produce psychologically flawless individuals but mature disciples who continue to grow in freedom, humility, and love. Ordinary human struggles are part of that journey. At the same time, authentic care for the person requires recognizing when psychological difficulties exceed the normal challenges of formation and call for professional support. A formator who understands this distinction accompanies with both compassion and wisdom.

III. The Role and Limits of the Formator

Formation Insight

The formator occupies a unique position in the life of a formandus. Through regular interaction, personal accompaniment, and community life, the formator is often the first to notice significant changes in behaviour, relationships, or emotional well-being. This privileged position, however, does not make the formator a psychologist or psychiatrist. Rather, it calls him to accompany with attentiveness, discernment, and humility, recognizing both the possibilities and the limits of his role.

Authentic accompaniment seeks to understand the person before attempting to solve problems. It respects the mystery of each individual's journey while recognizing that psychological, relational, and spiritual dimensions are deeply interconnected. The formator's task is to foster growth, not to provide therapy.

1. The Formator as an Attentive Companion

The primary responsibility of the formator is to accompany the formandus in his journey of human, spiritual, and vocational growth. This accompaniment requires a relationship marked by trust, respect, empathy, and prudent guidance.

An attentive formator:

- knows the formandus personally over time;
- observes patterns rather than isolated incidents;
- listens with patience and without premature judgement;
- encourages honest self-reflection;
- helps the formandus integrate life experiences with vocational growth.

Many psychological difficulties first become evident not through dramatic events but through gradual changes in behaviour, relationships, motivation, or daily functioning. The formator's attentive presence often makes these changes visible.

2. What the Formator Should Do

The formator's role is fundamentally pastoral and formative.

He should:

- create an atmosphere where formandi feel safe to speak honestly;
- observe significant changes in behaviour, mood, relationships, or functioning;
- ask respectful and open-ended questions rather than make assumptions;
- distinguish observable facts from personal interpretations;
- accompany the person patiently without rushing to conclusions;
- consult other members of the formation team when appropriate;
- facilitate referral to qualified professionals when concerns exceed his competence;
- continue accompanying the formandus before, during, and after professional intervention.

The formator's steady presence often becomes an important source of stability during periods of psychological difficulty.

3. What the Formator Should Not Do

Equally important is recognizing the limits of one's competence.

The formator should not:

- attempt to diagnose mental disorders;
- interpret every emotional struggle as a psychological illness;
- explain all psychological difficulties solely in spiritual or moral terms;
- provide psychotherapy without appropriate professional training;
- make promises of absolute confidentiality when there are concerns about safety;
- delay professional referral because of fear, stigma, or misplaced optimism.

Recognizing these limits is not a sign of inadequacy but of responsible ministry. Collaboration with mental health professionals complements rather than diminishes the formator's role.

4. Working in Collaboration

Formation is best understood as a shared responsibility. When significant psychological concerns arise, the formator should work collaboratively with:

- the formation team;
- the designated superior, according to institutional policies;
- qualified psychologists or psychiatrists;
- the formandus himself, encouraging active participation in decisions affecting his care.

Professional assessment should never be viewed as a failure of formation. Rather, it is often an important expression of genuine concern for the person's dignity, well-being, and vocational future.

5. Accompaniment Continues After Referral

Referral does not end the formator's responsibility. While mental health professionals address clinical concerns, the formator continues to accompany the formandus in his human, spiritual, and vocational journey.

This ongoing accompaniment may include:

- maintaining regular personal contact;
- encouraging hope and perseverance;
- supporting healthy participation in community life as appropriate;
- respecting the confidentiality of professional treatment;
- helping the formandus integrate psychological growth with his vocational discernment.

Such collaboration reflects an integral understanding of formation, where professional care and pastoral accompaniment work together in service of the whole person.

Practical Guide for Formators

The Formator's Responsibility	The Mental Health Professional's Responsibility
Observe significant behavioural changes	Diagnose mental disorders
Listen and accompany	Conduct psychological assessment
Foster trust and self-reflection	Provide psychotherapy or psychiatric treatment
Encourage and facilitate referral	Develop and implement treatment plans
Continue pastoral accompaniment	Monitor clinical progress

Concluding Reflection: A wise formator does not seek to become a mental health expert but a discerning companion. By observing carefully, listening compassionately, respecting professional boundaries, and collaborating, when necessary, he creates a formation environment where both human growth and God's grace can work together. Such accompaniment protects the dignity of the formandus, supports healthy vocational discernment, and strengthens the formation community as a whole.

IV. Recognizing Common Psychological Difficulties in Formation

Formation Insight

Every formandus experiences periods of emotional struggle, stress, or discouragement. These experiences are often part of normal human development and can become opportunities for growth through prayer, community support, and wise accompaniment. However, some difficulties become more persistent, intense, or disruptive and may indicate the need for professional assessment.

The purpose of this section is **not** to equip formators to diagnose mental disorders. Rather, it helps them recognize common psychological difficulties that may arise during formation, distinguish them from ordinary developmental struggles, and know when referral may be appropriate. Formators accompany persons, not diagnoses.

1. Anxiety-Related Difficulties

Feeling anxious before examinations, new assignments, public speaking, or important vocational decisions is a normal part of life. Such anxiety usually subsides once the situation has passed. At times, however, anxiety becomes persistent and begins to interfere with daily functioning.

A formator may observe:

- excessive and persistent worrying;
- difficulty relaxing even in ordinary situations;
- frequent physical complaints such as headaches, stomach discomfort, or palpitations without clear medical explanation;
- avoidance of responsibilities because of fear;
- panic episodes accompanied by intense fear, rapid heartbeat, or breathlessness.

When these symptoms persist for several weeks or significantly affect formation, professional evaluation should be encouraged.

Role of the formator

- Provide reassurance without minimizing the person's experience.
- Encourage healthy routines of prayer, rest, exercise, and community participation.
- Explore possible sources of stress.
- Refer when anxiety becomes persistent or disabling.

2. Depression

Periods of sadness following disappointment, loss, or failure are part of normal human experience. Depression differs in that the sadness is deeper, more persistent, and significantly affects daily life.

Possible indicators include:

- persistent sadness or emotional numbness;
- loss of interest in activities previously enjoyed;
- fatigue or lack of energy;
- withdrawal from community life;
- difficulty concentrating;
- feelings of excessive guilt or worthlessness;
- hopelessness about the future;
- significant changes in appetite or sleep;
- recurrent thoughts about death or suicide.

The presence of several of these symptoms over two or more weeks warrants careful attention and professional assessment.

Role of the formator

- Listen patiently without offering simplistic spiritual explanations.
- Take expressions of hopelessness seriously.
- Encourage professional consultation.
- If suicidal thoughts are expressed, seek immediate assistance according to safeguarding procedures.

3. Trauma and Unresolved Grief

Some formandi carry unresolved experiences of loss, abuse, neglect, violence, or traumatic events that continue to influence their emotional life and relationships.

Possible indicators include:

- intrusive memories or nightmares;
- exaggerated fear or startle responses;
- avoidance of particular people or situations;
- persistent sadness following bereavement;
- difficulty trusting others;
- intense emotional reactions disproportionate to present circumstances.

Such experiences may remain hidden unless the person feels sufficiently safe to share them.

Role of the formator

- Receive disclosures with compassion and respect.
- Avoid pressing for unnecessary details.
- Ensure appropriate safeguarding procedures when required.
- Encourage specialized trauma-informed professional care.

4. Personality Vulnerabilities

Every person has unique personality traits and preferred ways of relating to others. These become concerns only when they are rigid, persistent, and repeatedly interfere with community life, relationships, or vocational growth.

A formator may observe:

- chronic interpersonal conflicts;
- inability to accept correction;
- excessive dependency on particular individuals;
- marked emotional instability;
- rigid perfectionism;
- persistent mistrust or suspiciousness;
- manipulative or controlling behaviour.

These patterns usually develop gradually and should never be judged on the basis of isolated incidents.

Role of the formator

- Observe long-term patterns rather than isolated behaviours.
- Promote self-awareness through accompaniment.
- Avoid labelling the person.
- Seek consultation when patterns significantly impair functioning.

5. Addictive Behaviours

Addictive behaviours may involve alcohol, drugs, gambling, pornography, gaming, social media, or other compulsive activities that progressively reduce personal freedom.

Warning signs include:

- inability to control behaviour despite repeated efforts;
- secrecy or dishonesty;
- neglect of responsibilities;
- increasing isolation;
- repeated broken resolutions;
- continued behaviour despite harmful consequences.

Addictive behaviours often coexist with anxiety, depression, loneliness, or unresolved emotional struggles.

Role of the formator

- Address concerns honestly but without condemnation.
- Encourage accountability and appropriate support.
- Recognize that serious addictions usually require professional treatment in addition to spiritual accompaniment.

6. Stress and Burnout

Formation itself can be demanding. Academic pressures, apostolic responsibilities, community life, and vocational discernment may lead to significant stress.

Persistent stress may result in burnout, characterized by:

- emotional exhaustion;
- loss of motivation;
- growing cynicism;
- reduced effectiveness;
- irritability;
- physical fatigue despite adequate rest.

Burnout often develops gradually and may be prevented through balanced living and supportive accompaniment.

Role of the formator

- Encourage realistic workloads.
- Promote healthy rhythms of prayer, work, rest, and recreation.
- Foster supportive community relationships.
- Help the formandus recognize personal limits without guilt.

Key Principles for Formators

When accompanying a formandus experiencing psychological difficulties:

- Look for **patterns**, not isolated events.
- Observe **changes from the person's usual way of functioning**.
- Consider whether the difficulty is **persistent, worsening, or affecting daily life**.
- Respond with compassion rather than fear or judgment.
- Remember that **recognition is different from diagnosis**.
- When in doubt, consult and refer rather than speculate.

Concluding Reflection: Most psychological difficulties begin quietly. A caring formator who knows the formandus well is often the first to notice that “something has changed.” Attentive observation, respectful dialogue, and timely referral can make a significant difference in a person's well-being and vocational journey. The formator's greatest contribution is not clinical expertise but a compassionate presence that recognizes when additional help is needed and ensures that no one struggles alone.

V. Recognizing Serious Warning Signs (“Red Flags”)

Formation Insight

Most emotional struggles encountered during formation can be accompanied within the ordinary process of personal growth. Occasionally, however, a formandus may exhibit behaviours that suggest a more serious mental health condition requiring prompt professional evaluation. These situations should not cause fear or stigma, but they do require careful attention and timely action.

The formator's responsibility is not to identify a particular mental disorder but to recognize when a person's behaviour has changed significantly, persists over time, or seriously affects his well-being, community life, or capacity for formation. Early recognition and referral often lead to better outcomes for the individual and the formation community.

1. Observe Changes Rather Than Isolated Incidents

Everyone has difficult days. Concern arises when changes are:

- sudden or progressive;
- persistent rather than temporary;
- significantly different from the person's usual behaviour;
- interfering with studies, prayer, relationships, ministry, or daily responsibilities.

The focus should always be on patterns of functioning rather than single events.

2. Warning Signs That Require Particular Attention

A. Marked Changes in Mood or Behaviour

Be attentive when a formandus:

- becomes persistently withdrawn or isolated;
- loses interest in activities previously enjoyed;
- displays unusual irritability or anger;
- appears emotionally flat or unresponsive;
- exhibits dramatic mood changes without obvious reason.

These changes are especially significant when they continue for several weeks.

B. Decline in Daily Functioning

A noticeable deterioration in ordinary functioning may indicate that the person is struggling beyond normal developmental stress.

Examples include:

- repeated absence from community activities;
- inability to concentrate on studies;
- neglect of personal hygiene;
- failure to fulfil ordinary responsibilities;
- significant decline in academic or pastoral performance.

C. Disturbed Thinking or Loss of Contact with Reality

Although uncommon, these signs require immediate professional attention.

A formator should seek urgent help if a formandus:

- reports hearing voices or seeing things others do not;
- expresses firmly held beliefs clearly disconnected from reality;
- becomes increasingly suspicious without reasonable cause;
- speaks in a markedly confused or disorganized manner;
- appears unable to distinguish imagination from reality.

Such behaviours should never be dismissed as merely spiritual experiences or personality differences.

D. Expressions of Hopelessness or Self-Harm

Every reference to self-harm or suicide must be taken seriously.

Examples include statements such as:

- “Life is no longer worth living.”
- “Everyone would be better off without me.”
- “I wish I could disappear.”
- “Sometimes I think about ending it all.”

Some individuals may also engage in deliberate self-injury.

These situations require immediate professional intervention and should never be managed by the formator alone.

E. Severe Anxiety or Panic

Professional assessment should be considered when anxiety:

- is overwhelming or persistent;
- repeatedly prevents ordinary functioning;
- causes frequent panic attacks;
- leads to avoidance of community or apostolic responsibilities.

F. Significant Personality Change

Sometimes those living closely with a person notice that “he is no longer himself.”

Examples include:

- increasing suspiciousness;
- extreme emotional instability;
- unusual impulsivity;
- rigid or bizarre behaviour;
- sudden inability to maintain ordinary relationships.

Such changes deserve careful evaluation, especially when they are progressive.

3. The “RED FLAGS” Checklist

A simple way to remember situations requiring closer attention is the acronym **RED FLAGS**.

Letter	Warning Sign
R	Rapid or marked change in behaviour or personality
E	Extreme emotional distress that persists
D	Decline in daily functioning or self-care
F	Fixed false beliefs or loss of contact with reality
L	Loss of hope , suicidal thoughts, or self-harm
A	Aggression or behaviour posing danger to self or others
G	Growing social isolation and inability to relate normally
S	Substance misuse or other compulsive behaviours causing significant impairment

The presence of one sign does not necessarily indicate mental illness. However, several signs occurring together, especially over time, should prompt consultation and possible referral.

4. Responding Wisely

When warning signs are observed, the formator should:

- remain calm and avoid alarmist reactions;
- speak privately with the formandus in a respectful and caring manner;
- describe observable behaviours rather than making interpretations;

- listen carefully before offering advice;
- consult the formation team according to institutional policy;
- arrange professional assessment when indicated;
- continue offering pastoral support throughout the process.

Avoid debating unusual beliefs, minimizing the person's distress, or attempting to solve serious psychological problems through spiritual advice alone.

Practical Reminder

A helpful principle for formators is: *Observe carefully. Listen compassionately. Consult prudently. Refer appropriately. Continue accompanying faithfully.*

Concluding Reflection: Recognizing warning signs is an act of pastoral charity rather than clinical expertise. Most formators will never diagnose a mental disorder, nor should they attempt to do so. Their contribution lies in noticing when a person's suffering has exceeded the ordinary challenges of formation and ensuring that appropriate help is sought. Such attentiveness protects both the dignity of the formandus and the health of the formation community.

VI. Distinguishing Normal Formation Struggles from Clinical Concerns

Formation Insight

Formation is a journey of growth, conversion, and gradual integration. As formandi respond to God's call, they naturally encounter periods of uncertainty, emotional struggle, interpersonal conflict, and spiritual dryness. These experiences are not signs of failure; they often become opportunities for deeper maturity when accompanied with patience and wisdom.

At the same time, formators must recognize that not every struggle is simply a stage of formation. When emotional or behavioural difficulties become persistent, intense, or significantly impair daily functioning, they may point to a mental health condition requiring professional evaluation. The challenge is neither to pathologize ordinary human experiences nor to overlook serious psychological concerns.

1. Ordinary Formation Struggles

Most formandi experience temporary difficulties as they adjust to community life, academic demands, apostolic responsibilities, and the ongoing call to personal conversion.

These may include:

- homesickness after entering formation;
- anxiety before examinations or new responsibilities;
- discouragement after personal failures;
- conflicts in community life;
- grief following family difficulties or bereavement;
- periods of spiritual dryness or questioning.

Such experiences generally:

- are linked to identifiable situations;
- lessen with time and appropriate support;
- do not significantly impair daily functioning;
- become opportunities for growth through accompaniment, prayer, and community support.

2. When Should a Formator Become Concerned?

Greater attention is needed when difficulties:

- continue for several weeks without improvement;
- become progressively more severe;
- interfere with studies, prayer, ministry, or relationships;
- isolate the person from community life;
- significantly change the person's usual behaviour or personality.

The question is often not “What is the diagnosis?” but rather: *“Is this person able to live and function in a healthy and responsible manner?”*

3. Practical Comparisons

Ordinary Formation Experience	Possible Clinical Concern
Temporary sadness after disappointment	Persistent sadness lasting several weeks with loss of hope
Homesickness during the first months	Progressive withdrawal from community and relationships
Anxiety before examinations	Persistent anxiety interfering with ordinary responsibilities
Occasional fatigue after intense work	Ongoing exhaustion without improvement despite adequate rest
Difficulty accepting correction initially	Persistent inability to receive feedback accompanied by hostility or marked emotional reactions
Temporary doubts in discernment	Persistent inability to make ordinary decisions because of overwhelming fear or confusion
Spiritual dryness while remaining engaged in community life	Complete loss of motivation accompanied by withdrawal and inability to function
Occasional interpersonal conflicts	Continuous conflict with many people regardless of circumstances
Eccentric personality traits	Increasingly bizarre behaviour or loss of contact with reality

These comparisons are intended only as practical guides. They do not replace professional assessment.

4. Consider the Whole Person

Before assuming that a difficulty is psychological, the formator should consider the broader context.

Questions worth exploring include:

- Has the person experienced a recent loss or disappointment?
- Is there a physical illness contributing to the symptoms?
- Has there been excessive workload or prolonged stress?
- Are there unresolved family concerns?
- Has community conflict contributed to the present situation?

Understanding the person's life context often helps distinguish temporary reactions from more serious concerns.

5. Avoid Two Common Mistakes

A. Pathologizing Ordinary Struggles

Not every experience of sadness, anxiety, or conflict is a mental disorder.

Formation naturally involves:

- leaving familiar environments;
- confronting personal limitations;
- learning new ways of relating;
- growing in freedom and responsibility.

These experiences often produce temporary emotional discomfort that is part of healthy development.

B. Spiritualizing Serious Psychological Difficulties

Conversely, persistent psychological symptoms should not simply be explained as:

- lack of faith;
- insufficient prayer;
- weak vocation;
- absence of generosity;
- failure in ascetical practice.

Although spiritual growth is an essential part of formation, psychological conditions often require professional care alongside pastoral and spiritual accompaniment.

Practical Discernment Questions

When accompanying a struggling formandus, the following questions may be helpful:

- Is this behaviour new or longstanding?
- Has it persisted despite appropriate support?
- Is it becoming more severe?
- Is it affecting his capacity to study, pray, work, and relate to others?
- Does the person recognize that he is struggling?
- Would professional consultation be a prudent next step?

These questions guide observation without leading to premature conclusions.

Concluding Reflection: One of the marks of a wise formator is the ability to distinguish between the normal struggles of growth and signs of deeper psychological distress. This discernment requires attentive observation, patient listening, knowledge of the person's ordinary way of functioning, and the humility to seek professional assistance when needed. Such balanced accompaniment protects the dignity of the formandus while fostering an environment in which both human maturity and vocational growth can flourish.

VII. Accompanying Formandi Experiencing Psychological Difficulties

Formation Insight

One of the most important gifts a formator offers is not the ability to solve problems but the willingness to accompany persons with patience, respect, and hope. When a formandus experiences psychological difficulties, he often feels vulnerable, confused, or even ashamed. At such moments, the

quality of the relationship with the formator can significantly influence whether he feels safe enough to seek the help he needs.

Accompaniment does not replace professional treatment. Rather, it creates a supportive environment in which the formandus experiences acceptance, grows in self-understanding, and remains engaged in his vocational journey. Even when specialized care becomes necessary, the formator continues to be a companion who walks with the person in faith and hope.

1. Create a Safe and Trustworthy Relationship

A formandus is more likely to share his struggles when he experiences the formator as approachable, respectful, and trustworthy.

This requires the formator to:

- receive the person without judgment;
- listen attentively before offering advice;
- respect the person's dignity and privacy;
- avoid criticism, ridicule, or premature conclusions;
- communicate genuine concern and hope.

Psychological struggles often become easier to bear when a person feels understood rather than judged.

2. Listen Before Trying to Solve

Many people experiencing emotional distress are looking first to be heard rather than immediately advised.

Helpful responses include:

- inviting the person to describe his experience;
- allowing silence without rushing to fill it;
- asking gentle, open-ended questions;
- reflecting back what has been heard;
- acknowledging the person's emotions without exaggerating or minimizing them.

Listening itself is often a profoundly healing pastoral act.

3. Help the Formandus Remain Connected

Psychological difficulties often tempt people to withdraw from others. While respecting the person's need for rest and privacy, the formator can gently encourage continued participation in community life according to the person's capacity.

This may include:

- maintaining regular personal conversations;
- encouraging participation in prayer and community activities without pressure;
- supporting healthy routines of sleep, exercise, work, and recreation;
- helping the formandus remain connected with trusted members of the community.

Isolation often deepens emotional suffering, while supportive relationships foster resilience.

4. Respect the Person's Freedom and Dignity

The formator should avoid treating the formandus as a problem to be managed. Instead, he should recognize him as a person whose dignity remains unchanged even in times of psychological distress.

This involves:

- involving the formandus in decisions affecting his care whenever possible;
- encouraging personal responsibility;
- respecting appropriate confidentiality;
- avoiding unnecessary discussion of the person's difficulties within the community.

Accompaniment seeks to strengthen the person's freedom rather than create dependence.

5. Encourage Professional Help Without Stigma

Some formandi hesitate to seek psychological assistance because they fear being misunderstood or considered unsuitable for religious life.

The formator can help by explaining that:

- seeking professional help is a sign of responsibility, not failure;
- psychological care is compatible with spiritual growth;
- many emotional difficulties respond well to appropriate treatment;
- receiving help does not diminish the dignity of one's vocation.

A calm and respectful attitude from the formator often reduces fear and encourages openness.

6. Continue Accompanying During Professional Care

When a formandus begins counselling or psychiatric treatment, the formator's role changes but does not end.

The formator continues to:

- provide pastoral and spiritual support;
- encourage hope and perseverance;
- accompany vocational discernment;
- collaborate appropriately with the formation team while respecting confidentiality;
- avoid asking about confidential therapeutic discussions unless the formandus freely chooses to share them.

Professional therapy and formative accompaniment serve different but complementary purposes.

7. Caring for the Formation Community

Psychological difficulties affect not only the individual but also the community. The formator should therefore help foster an atmosphere of compassion and discretion.

This includes:

- preventing gossip and unnecessary speculation;
- encouraging respect for the person's privacy;
- helping the community respond with understanding rather than fear;

- maintaining normal community life while offering appropriate support.

A compassionate community often becomes an important source of healing.

Good Practices for Formators

Do

- Listen with empathy.
- Observe patiently over time.
- Respect the person's dignity.
- Encourage appropriate professional help.
- Maintain hope.
- Continue accompanying after referral.

Avoid

- Acting as a therapist.
- Giving simplistic spiritual explanations.
- Making promises that cannot be kept.
- Pressuring the person to disclose more than he wishes.
- Sharing confidential information unnecessarily.
- Treating the person differently in ways that undermine his dignity.

Concluding Reflection: Authentic accompaniment is expressed not through having all the answers but through faithful presence. A formator who listens with compassion, respects professional boundaries, and continues to walk with the formandus through periods of psychological difficulty reflects Christ, who met people in their vulnerability with understanding, hope, and healing. Such accompaniment helps formandi discover that seeking help is not a sign of weakness but an important step toward greater human maturity, vocational freedom, and openness to God's transforming grace.

VIII. Referral: When and How to Seek Professional Help

Formation Insight

One of the strengths of a good formator is knowing when accompaniment alone is sufficient and when additional professional support is needed. Referring a formandus for psychological or psychiatric evaluation is not an admission of failure, nor does it imply that the person's vocation is necessarily in question. Rather, it is a responsible expression of pastoral care that recognizes the limits of one's competence and seeks the best possible support for the person's integral growth.

Timely referral often prevents minor difficulties from becoming more serious and enables the formandus to continue his formation with greater freedom and well-being.

1. When Should a Referral Be Considered?

Referral should be considered when psychological difficulties:

- persist despite appropriate accompaniment;
- become progressively more severe;
- significantly impair daily functioning;
- interfere with studies, community life, prayer, or ministry;
- repeatedly affect interpersonal relationships;
- cause serious emotional distress;
- raise concerns about the person's safety or the safety of others.

The decision to refer should be based on **observable patterns of behaviour**, not on assumptions or isolated incidents.

2. Situations Requiring Immediate Referral

Some situations require urgent professional assessment and should not be managed solely within the formation setting.

These include:

- suicidal thoughts or threats;
- deliberate self-harm;
- loss of contact with reality;
- hearing voices or persistent hallucinations;
- severe confusion or disorganized behaviour;
- threats of serious violence toward others;
- severe substance dependence;
- extreme emotional or behavioural instability that places the person or others at risk.

In such situations, safeguarding the person's life and well-being takes priority over all other considerations.

3. How to Introduce the Idea of Referral

Many formandi initially experience anxiety or embarrassment when professional help is suggested. The way the formator introduces the conversation often determines how it is received.

A helpful approach is to:

- begin by acknowledging the person's struggles;
- explain the observations that have raised concern;
- emphasize that seeking help is a normal and responsible step;
- reassure the person that accompaniment will continue;
- present referral as a means of promoting growth rather than as a punishment or judgement.

For example: *"Over the past several weeks, I have noticed that you have been struggling more than usual. Because I care about your well-being, I think it would be helpful for you to speak with someone who has professional expertise in this area. I will continue to accompany you throughout this process."* Such an approach preserves the person's dignity and reduces unnecessary stigma.

4. Working with Mental Health Professionals

Once referral has been made, each person contributes according to his or her own competence. The mental health professional:

- conducts assessment;
- establishes a diagnosis when appropriate;
- recommends treatment;
- provides counselling or psychotherapy;
- prescribes medication when medically indicated.

The formator continues to:

- accompany the person's vocational journey;
- provide pastoral and spiritual support;
- encourage healthy participation in formation;

- collaborate appropriately while respecting professional boundaries.

Mutual respect between the formator and the mental health professional serves the best interests of the formandus.

5. Respecting Confidentiality

Professional counselling and psychiatric treatment are confidential.

The formator should:

- respect the privacy of therapeutic conversations;
- avoid requesting confidential clinical information;
- receive only the information necessary for formation decisions and only with appropriate consent or according to institutional policies;
- protect the dignity of the formandus by limiting discussion of personal matters to those who have legitimate responsibility.

Confidentiality fosters trust and encourages individuals to seek help without fear of unnecessary exposure.

6. Continuing Formation During Treatment

Professional treatment does not necessarily interrupt the formation journey. Depending on the nature and severity of the difficulty, many formandi continue their formation while receiving appropriate care.

The formation team should:

- review responsibilities when necessary;
- provide reasonable support and flexibility;
- encourage realistic expectations;
- monitor the person's overall well-being;
- periodically evaluate readiness to continue formation responsibilities.

The goal is always to support the person's integral growth while ensuring that formation remains beneficial for both the individual and the community.

7. Referral as Part of Integral Formation

- Healthy formation recognizes that psychological care, spiritual accompaniment, community support, and vocational discernment complement one another.
- Professional treatment addresses clinical needs.
- Pastoral accompaniment nurtures faith, hope, vocational identity, and personal integration.
- Community life provides belonging, encouragement, and opportunities for growth.
- Together, these dimensions contribute to the holistic development of the formandus.

Practical Guide

Refer promptly when:

- symptoms persist or worsen;
- daily functioning is significantly affected;
- there are concerns about safety;
- specialized assessment is clearly needed.

Continue accompanying by:

- maintaining regular contact;
- encouraging hope;
- respecting confidentiality;
- collaborating appropriately with professionals;
- supporting the person's vocational discernment.

Concluding Reflection: Seeking professional help is not contrary to faith or vocation. Just as physical illness requires appropriate medical care, psychological difficulties sometimes require specialized treatment. A wise formator recognizes this with humility and confidence. By referring when necessary and continuing to accompany with compassion, he demonstrates genuine care for the whole person and contributes to a formation process that is both humane and deeply evangelical.

IX. Building a Mentally Healthy Formation Environment

Formation Insight

Promoting mental health is not limited to responding when difficulties arise. A healthy formation community seeks to create an environment in which formandi can grow in psychological well-being, emotional maturity, spiritual freedom, and healthy relationships. Prevention is often more effective than intervention. When formators cultivate a climate of trust, openness, realistic expectations, and mutual support, they reduce many of the pressures that contribute to emotional distress and help formandi develop resilience for lifelong missionary living.

A psychologically healthy environment also reflects the Gospel. It is a community where persons are welcomed with respect, accompanied with patience, corrected with charity, and encouraged to grow in freedom and responsibility.

1. Foster a Climate of Trust and Respect

Formandi are more likely to seek help when they know they will be received with understanding rather than judgement.

A healthy formation environment is characterized by:

- mutual respect among formators and formandi;
- openness in communication;
- consistency between words and actions;
- fairness in decision-making;
- respect for confidentiality;
- appreciation of each person's dignity.

Trust develops gradually through daily interactions and becomes the foundation for authentic accompaniment.

2. Promote Healthy Human Development

Formation should intentionally foster habits that strengthen psychological well-being.

Encourage formandi to develop:

- realistic self-awareness;
- healthy emotional expression;
- responsible decision-making;
- resilience in facing setbacks;
- balanced interpersonal relationships;

- healthy ways of managing stress;
- appropriate self-care.

These capacities contribute not only to personal well-being but also to effective missionary service.

3. Encourage a Balanced Way of Life

Psychological health is supported by healthy daily habits.

Formation programmes should promote a balanced rhythm of:

- personal and community prayer;
- study and intellectual growth;
- apostolic engagement;
- physical exercise and recreation;
- adequate rest and sleep;
- meaningful interpersonal relationships;
- periods of silence and reflection.

Persistent imbalance in any of these areas may gradually weaken both psychological and spiritual well-being.

4. Reduce Stigma Around Mental Health

Many people hesitate to seek help because they fear being judged as weak or unsuitable for religious life.

Formators can reduce stigma by:

- speaking about mental health in a calm and respectful manner;
- recognizing that emotional struggles are part of human life;
- presenting professional help as a normal resource;
- avoiding language that labels or humiliates persons;
- encouraging openness rather than secrecy.

When mental health is discussed without fear or prejudice, formandi are more likely to seek assistance early.

5. Strengthen Community Support

Community life itself is a powerful resource for psychological well-being when lived authentically.

Healthy communities:

- welcome each member with respect;
- encourage mutual care;
- address conflicts constructively;
- celebrate achievements together;
- support members during periods of difficulty;
- avoid gossip, exclusion, and unhealthy comparisons.

A supportive community often becomes an important protective factor against loneliness, discouragement, and burnout.

6. Formators Must Care for Their Own Well-being

Formators cannot effectively accompany others if they neglect their own human and spiritual health.

They should therefore:

- maintain their own prayer life and ongoing formation;
- seek accompaniment or supervision when needed;
- recognize personal limitations;
- maintain healthy boundaries;
- cultivate supportive relationships with fellow formators;
- attend to their own physical and emotional well-being.

A formator who models healthy living teaches as much by example as by instruction.

7. Promote a Culture of Prevention

Rather than waiting for serious difficulties to emerge, formation programmes should intentionally promote psychological well-being through:

- regular personal accompaniment;
- programmes on emotional maturity and interpersonal skills;
- education on stress management and healthy lifestyles;
- opportunities for recreation and community building;
- periodic assessment of personal growth;
- timely support during significant transitions.

Such preventive initiatives help formandi develop the resilience needed for lifelong missionary service.

Characteristics of a Mentally Healthy Formation Community

A healthy formation community is one where:

- people feel safe to speak honestly;
- differences are respected;
- mistakes become opportunities for learning;
- accompaniment is regular and meaningful;
- professional help is viewed positively when needed;
- prayer, work, rest, and recreation are well integrated;
- charity, hope, and mutual responsibility shape daily life.

Concluding Reflection: A mentally healthy formation environment does not eliminate all struggles, nor does it produce perfect individuals. Rather, it creates the conditions in which formandi can face life's challenges with increasing freedom, resilience, and trust in God. By fostering supportive relationships, balanced living, and a culture of compassionate accompaniment, the formation community becomes a place where both human maturity and vocational commitment can flourish together.

X. Integration into the Stages of Formation

Formation Insight

Mental health awareness is not confined to one stage of formation. The psychological, emotional, and relational challenges faced by a formandus change as he progresses through his vocational journey. Consequently, the formator's approach should also develop according to the person's stage of growth, responsibilities, and readiness for ministry.

The purpose of this stage-wise approach is not to look for psychological problems at every stage but to promote healthy development, recognize emerging concerns early, and provide appropriate accompaniment throughout the formation journey. Regular personal accompaniment remains the primary means through which growth is fostered and difficulties are recognized.

1. Aspirancy and Pre-Novitiate

Formation Focus: At this stage, candidates are adapting to a new way of life while discerning the authenticity of their vocation. Many experience significant transitions involving family separation, community living, academic expectations, and cultural adjustment.

The formator should pay particular attention to:

- adjustment to community life;
- emotional maturity;
- capacity for healthy relationships;
- openness to accompaniment;
- realistic understanding of vocation;
- resilience in facing ordinary challenges.

Many struggles at this stage are temporary and reflect normal adaptation. Patient accompaniment, encouragement, and a welcoming community are usually the most effective responses.

2. Novitiate

Formation Focus: The novitiate invites deeper self-knowledge, interior freedom, and integration of the evangelical counsels. Increased silence, prayer, and personal reflection may also bring unresolved emotional issues to greater awareness.

The formator should observe:

- the capacity for honest self-reflection;
- emotional stability during periods of solitude and prayer;
- openness to personal accompaniment;
- patterns of interpersonal relationships;
- ability to accept guidance and correction;
- healthy integration of affective life.

When deeper psychological struggles emerge, early assessment and appropriate support can greatly assist the novice's growth.

3. Post-Novitiate (Temporary Profession)

Formation Focus: As formandi assume greater academic, pastoral, and community responsibilities, they are challenged to integrate their human, spiritual, and missionary identity more fully.

Particular attention should be given to:

- managing increasing responsibilities;
- balancing study, ministry, prayer, and community life;
- healthy interpersonal relationships;
- coping with stress and setbacks;
- growing personal responsibility;
- consistency between values and daily life.

This stage often reveals patterns of coping that will influence future ministry. Healthy habits developed here contribute significantly to lifelong well-being.

4. Preparation for Perpetual Profession or Ordination

Formation Focus: Approaching definitive commitment often brings renewed vocational questions, increased responsibility, and greater awareness of personal strengths and limitations.

The formator should accompany the formandus in reflecting on:

- emotional and psychological readiness for lifelong commitment;
- capacity to sustain healthy relationships;
- ability to manage stress and loneliness;
- personal support systems;
- realistic awareness of personal limitations;
- willingness to seek help when needed.

This stage is not about expecting perfection but about recognizing sufficient human maturity and responsible self-awareness for lifelong missionary service.

5. Ongoing Formation

Formation Focus: Psychological growth does not end with profession or ordination. New responsibilities, changing ministries, intercultural living, leadership roles, ageing, illness, and personal loss continue to shape the missionary throughout life.

Communities should therefore encourage:

- regular personal accompaniment;
- continuing human and spiritual formation;
- healthy work-life balance;
- opportunities for rest and renewal;
- periodic evaluation of personal well-being;
- readiness to seek professional support when needed.

A mature missionary recognizes that caring for one's psychological health is part of faithful stewardship of one's vocation.

The Formator's Role Across All Stages

Although the focus changes from one stage to another, certain responsibilities remain constant. Throughout formation, the formator seeks to:

- know each formandus personally;
- accompany with respect and empathy;
- observe patterns of growth and difficulty;
- promote psychological well-being;

- encourage self-awareness and personal responsibility;
- recognize when professional assistance may be beneficial;
- collaborate with the formation team while respecting appropriate boundaries.

The emphasis is always on fostering healthy development rather than searching for pathology.

Summary Table

Stage	Primary Formation Focus	Formator's Particular Attention
Aspirancy / Pre-Novitiate	Adaptation and initial discernment	Emotional adjustment, relationships, openness to formation
Novitiate	Self-knowledge and interior integration	Emotional stability, affective maturity, openness to accompaniment
Temporary Profession	Integration of life and mission	Stress management, responsibility, balance, resilience
Preparation for Perpetual Profession / Ordination	Readiness for lifelong commitment	Psychological maturity, self-awareness, healthy coping
Ongoing Formation	Lifelong growth and renewal	Well-being, resilience, accompaniment, timely support

Concluding Reflection: Mental health awareness accompanies the entire formation journey because human growth is a lifelong process. Each stage presents new opportunities, responsibilities, and challenges. By adapting accompaniment to the developmental needs of each stage, formators help formandi grow in self-knowledge, emotional maturity, vocational freedom, and missionary availability. Such stage-sensitive accompaniment fosters not only psychological well-being but also a lifelong capacity to respond faithfully to God's call with generosity, resilience, and hope.

XI. Practical Guidelines for Formators

Formation Insight

The effectiveness of accompaniment depends less on having extensive psychological knowledge and more on being a wise, attentive, and compassionate presence. Ordinary formators are not expected to diagnose mental disorders or provide psychotherapy. Their primary task is to recognize when a formandus is flourishing, when he is struggling with the ordinary challenges of formation, and when his difficulties require additional support.

These practical guidelines summarize the attitudes and actions that enable formators to accompany confidently while respecting the limits of their competence.

Good Practices for Formators

1. Build Relationships Before Problems Arise

Regular personal accompaniment enables formators to know the ordinary patterns of a formandus' personality, behaviour, and relationships. This makes it easier to recognize significant changes when they occur.

Make accompaniment:

- regular rather than occasional;
- personal rather than merely administrative;
- focused on growth rather than only on evaluation.

2. Observe Carefully

Notice changes that are:

- persistent rather than temporary;
- significant rather than minor;
- affecting several areas of life;
- different from the person's usual pattern.

Record observable behaviours rather than personal interpretations.

For example:

Instead of "He is depressed."

Write: "He has withdrawn from community recreation for the past three weeks, has missed several classes, and reports difficulty sleeping."

Objective observations are more helpful than subjective conclusions.

3. Listen More Than You Speak

Good accompaniment begins with attentive listening.

Allow the formandus to:

- describe his experience;
- express emotions freely;
- reflect without interruption;
- discover insights gradually.

Resist the temptation to solve every problem immediately.

4. Ask Helpful Questions

Open questions encourage reflection.

Examples include:

- "How have you been feeling recently?"
- "What has changed for you?"
- "How is this affecting your daily life?"
- "What has been most difficult?"
- "Who has been supporting you during this time?"

Avoid questions that sound accusatory or suggest predetermined answers.

5. Encourage Healthy Habits

Many difficulties are reduced when formandi maintain healthy routines.

Encourage:

- regular sleep;
- balanced nutrition;
- physical exercise;
- personal prayer;
- community participation;
- recreation;
- healthy friendships.

These habits support both psychological and spiritual well-being.

6. Consult When in Doubt

A formator should not carry serious concerns alone.

Seek appropriate consultation with:

- the formation team;
- designated superiors;
- qualified mental health professionals.

Seeking advice demonstrates prudence, not weakness.

7. Refer Early Rather Than Late

- Early referral often prevents unnecessary suffering.
- Do not wait until difficulties become overwhelming before suggesting professional assessment.
- Prompt referral allows earlier intervention and better outcomes.

8. Continue Accompaniment

Referral does not end the relationship.

Continue to:

- meet regularly;
- encourage hope;
- accompany vocational discernment;
- support community integration;
- pray with and for the formandus.

Professional treatment and pastoral accompaniment complement one another.

Behaviours to Avoid

A formator should avoid:

- diagnosing mental disorders;
- interpreting every problem as purely spiritual;
- dismissing emotional struggles as lack of faith;
- making promises of absolute confidentiality when safety is at risk;
- discussing personal information unnecessarily with others;
- attempting psychotherapy without appropriate training;
- delaying referral because of fear of stigma.

A Simple Guide: OBSERVE

The following acronym summarizes the formator's approach.

Letter	Guideline
O	Observe significant changes in behaviour and functioning.
B	Build a relationship of trust through regular accompaniment.
S	Support with empathy, patience, and respect.
E	Encourage healthy living and responsible self-care.
R	Refer when professional help is needed.
V	Value the dignity and uniqueness of every formandus.

E	Evaluate progress together with the formation team when appropriate.
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Remember

A formator is **not expected to be**

- a psychiatrist,
- a psychologist,
- a psychotherapist,
- a crisis specialist.

A formator **is called to be**

- an attentive observer,
- a compassionate listener,
- a prudent discerner,
- a trustworthy companion,
- a responsible collaborator,
- a faithful witness to hope.

Concluding Reflection: The greatest contribution a formator makes is not providing all the answers but helping each formandus discover the freedom to grow in truth. When accompanied with patience, wisdom, and humility, most struggles become opportunities for deeper self-knowledge and vocational maturity. When professional assistance is needed, referring promptly and continuing to accompany with compassion demonstrates genuine pastoral care. In this way, formators help create a formation culture where seeking help is understood not as a sign of weakness but as an expression of responsibility, trust, and openness to God's ongoing work of healing and growth.

XII. Reflective Questions for Formators

Formation Insight

Effective accompaniment begins with the formator's own capacity for self-reflection. The way a formator perceives, interprets, and responds to psychological struggles is influenced by his own life experience, emotional maturity, attitudes toward mental illness, and openness to collaboration. Regular reflection helps formators accompany with greater humility, wisdom, and compassion.

The following questions are intended for personal reflection, supervision, or discussion within the formation team. They are not meant to assess psychological expertise but to deepen the formator's awareness of his pastoral responsibility.

Personal Reflection

1. How comfortable am I in accompanying formandi who experience emotional or psychological struggles?
2. How do I usually respond when someone shares painful or confusing experiences with me?
3. Am I more inclined to give advice quickly or to listen patiently?
4. Do I recognize the limits of my own competence and know when to seek professional assistance?
5. What attitudes or assumptions do I hold about mental illness? Could any of these unintentionally affect my accompaniment?

Reflection on Accompaniment

6. Do the formandi entrusted to me experience me as approachable, trustworthy, and non-judgmental?
7. How regularly do I meet individually with each formandus?

8. Do I pay attention to gradual changes in behaviour, relationships, and daily functioning, or only to major crises?
9. When difficulties arise, do I first seek to understand the person before trying to solve the problem?
10. How well do I balance compassion with appropriate accountability?

Reflection on the Formation Environment

11. Does our formation community promote psychological well-being as well as spiritual growth?
12. Is there an atmosphere in which formandi feel safe to seek help without fear of stigma or judgement?
13. How effectively do we work together as a formation team when concerns arise about a formandus?
14. Are professional psychological services accessible when needed?
15. Do we treat referral as a normal part of responsible formation rather than as a sign of failure?

Reflection on Personal Growth

16. How do I care for my own psychological, emotional, and spiritual well-being?
17. Who accompanies me in my own personal and vocational journey?
18. Am I willing to continue learning about human development and mental health as part of my ministry as a formator?
19. How do I respond when I realize that I have made mistakes in accompanying someone?
20. In what area of accompaniment do I most need to grow?

Reflection for the Formation Team

As a team, reflect together on the following questions:

- Are we attentive to the psychological as well as the spiritual development of our formandi?
- Do we have clear procedures for consultation and referral when concerns arise?
- How effectively do we collaborate with qualified mental health professionals?
- How can we strengthen a culture of trust, openness, and compassionate accompaniment within our formation house?
- What practical steps can we take to promote psychological well-being as an integral part of formation?

Concluding Reflection: Every formator is called to accompany others with the mind and heart of Christ. This ministry requires not only knowledge and experience but also continual self-reflection, humility, and openness to growth. As formators become more attentive to their own strengths and limitations, they are better able to accompany formandi with wisdom, compassion, and hope, fostering an environment where human maturity and vocational commitment can flourish together.

Appendix A. Red Flags Checklist for Formators

Purpose: This checklist is **not a diagnostic tool**. It is a practical aid to help formators recognize situations in which a formandus may benefit from further assessment by a qualified mental health professional. Most emotional struggles during formation are temporary and resolve with appropriate accompaniment. Concern arises when behaviours are **persistent, worsening, or significantly impair daily functioning**.

Step 1. Observe the Pattern

Before becoming concerned, ask yourself:

- ✓ Has this behaviour continued for several weeks?
- ✓ Is it becoming more severe?

- ✓ Is it different from the person's usual behaviour?
- ✓ Is it affecting community life, studies, prayer, or ministry?
- ✓ Have several warning signs appeared together?

If the answer to several of these questions is **Yes**, closer attention is warranted.

Step 2. Red Flags Checklist

Mark any behaviours you have consistently observed.

Emotional Well-being

- ☐ Persistent sadness or hopelessness
- ☐ Marked loss of interest or motivation
- ☐ Extreme anxiety or panic
- ☐ Unusual emotional numbness
- ☐ Frequent unexplained crying
- ☐ Intense irritability or anger

Behavioural Changes

- ☐ Withdrawal from community life
- ☐ Avoiding responsibilities
- ☐ Significant decline in academic or pastoral performance
- ☐ Neglect of personal hygiene
- ☐ Major changes in eating or sleeping patterns
- ☐ Persistent fatigue without obvious cause

Relationships

- ☐ Increasing isolation
- ☐ Frequent conflicts with others
- ☐ Extreme dependence on one person
- ☐ Persistent suspiciousness
- ☐ Difficulty trusting anyone

Thinking and Perception

- ☐ Marked confusion
- ☐ Disorganized speech
- ☐ Hearing voices others cannot hear
- ☐ Strong beliefs clearly disconnected from reality
- ☐ Severe difficulty concentrating over an extended period

Safety Concerns

- ☐ Self-harm
- ☐ Suicidal thoughts or statements
- ☐ Threats of violence
- ☐ Serious substance misuse
- ☐ Behaviour placing self or others at risk

Any item in this section requires immediate consultation and professional assessment.

Step 3. Decide on the Appropriate Response

Continue Ordinary Accompaniment

Appropriate when:

- difficulties are temporary;
- functioning remains generally intact;
- the person remains open to accompaniment;
- improvement is gradually evident.

Increase Observation and Support

Appropriate when:

- several warning signs are emerging;
- symptoms persist;
- functioning is beginning to decline.

Actions:

- meet more regularly;
- observe carefully;
- discuss concerns respectfully;
- consult the formation team if appropriate.

Arrange Professional Assessment

Appropriate when:

- symptoms significantly impair daily functioning;
- warning signs continue despite accompaniment;
- there are concerns about safety;
- serious mental illness is suspected.

Continue pastoral accompaniment throughout the process.

The “OBSERVE” Reminder

O – Observe behavioural changes carefully.

B – Build a relationship of trust.

S – Support with empathy.

E – Encourage healthy living.

R – Refer when appropriate.

V – Value the dignity of the person.

E – Evaluate progress together with the formation team.

Important Reminders

A formator should:

- observe rather than diagnose;
- accompany rather than provide therapy;
- consult rather than work alone;
- refer rather than delay when concerns persist;
- continue accompanying after referral.

A referral is **not** a judgement about a person’s vocation. It is an expression of responsible care for the person’s well-being and integral formation.

Final Reflection: The best formators are not those who identify every psychological condition but those who notice when “something has changed,” respond with compassion rather than fear, and ensure that the formandus receives the support he needs. Careful observation, prudent discernment, and timely referral are important expressions of genuine pastoral accompaniment.

Appendix B. Normal Developmental Struggles or Mental Health Concern?

Purpose: Formation is a journey of growth that naturally includes periods of stress, uncertainty, emotional struggle, and spiritual testing. Most of these experiences are normal and become opportunities for greater maturity through prayer, accompaniment, and community support.

This guide helps formators distinguish between **ordinary developmental struggles**, which usually respond to accompaniment, and **situations that may require professional assessment**. It is intended as a practical aid, **not as a diagnostic tool**.

Comparative Guide

Ordinary Formation Struggles	Possible Mental Health Concern
Temporary homesickness after entering formation	Persistent social withdrawal and inability to adjust over an extended period
Sadness after disappointment or failure	Persistent sadness, hopelessness, or loss of interest lasting several weeks
Anxiety before examinations or new responsibilities	Persistent anxiety or panic that interferes with daily functioning
Temporary difficulty concentrating during stressful periods	Ongoing inability to concentrate affecting studies and daily responsibilities
Occasional conflicts with community members	Continuous interpersonal conflicts accompanied by increasing suspiciousness or hostility
Spiritual dryness while remaining engaged in prayer and community life	Withdrawal from prayer, community, and daily responsibilities because of severe emotional distress
Fatigue following periods of intense work	Persistent exhaustion unrelated to workload and not relieved by rest
Temporary discouragement after correction	Persistent feelings of worthlessness or excessive guilt
Adjustment difficulties in a new culture or community	Progressive inability to relate to others despite prolonged support
Personality differences or eccentric habits	Marked personality change, bizarre behaviour, or loss of contact with reality

Questions That Help Discern

When observing a formandus, ask:

1. Duration

- Is this a temporary reaction to a recent event?
- Has it persisted for several weeks without improvement?

2. Intensity

- Is the emotional response proportionate to the situation?
- Does it appear unusually intense or overwhelming?

3. Functioning

- Is the person able to continue his ordinary responsibilities?
- Are studies, prayer, ministry, or community life significantly affected?

4. Pattern

- Is this an isolated incident?
- Or is it becoming an established pattern?

5. Risk

- Is there any indication of self-harm, suicidal thinking, aggression, or loss of contact with reality?

If the answer to several of these questions raises concern, professional consultation should be considered.

When Ordinary Accompaniment Is Usually Enough

Continue normal formative accompaniment when the formandus:

- remains engaged in community life;
- accepts guidance and support;
- gradually improves with time;
- maintains hope despite difficulties;
- fulfils ordinary responsibilities with reasonable consistency.

Many struggles at this level contribute to deeper human and spiritual maturity.

When Professional Assessment Should Be Considered

Referral is advisable when the formandus:

- shows little or no improvement over time;
- becomes progressively more withdrawn;
- loses the ability to function normally;
- exhibits severe emotional or behavioural changes;
- expresses hopelessness or suicidal thoughts;
- appears confused or detached from reality;
- presents behaviours that place himself or others at risk.

Professional assessment should be viewed as an act of responsible care rather than a judgement about the person's vocation.

A Helpful Principle

A useful guideline for formators is: *Do not focus first on identifying a disorder; focus on understanding whether the person's overall functioning has changed significantly and whether he is still able to live, relate, work, pray, and discern in a healthy manner.*

When functioning deteriorates significantly, consultation and referral are prudent.

Final Reflection: Discernment in formation requires both compassion and realism. A wise formator neither minimizes genuine psychological suffering nor interprets every emotional struggle as a mental disorder. By observing patiently, listening attentively, accompanying faithfully, and referring when appropriate, formators help each formandus receive the support he needs while safeguarding his dignity and fostering his integral human and vocational growth.

Appendix C. Decision Guide for Formators: Observe – Accompany – Refer

Purpose: This decision guide offers a simple process to help formators respond wisely when they notice changes in a formandus. It is not intended to replace professional assessment but to support prudent

pastoral judgement. The aim is to ensure that concerns are addressed early, compassionately, and appropriately while respecting the dignity of the formandus and the limits of the formator's role.

Step 1. OBSERVE

Begin by carefully observing **patterns**, not isolated incidents.

Ask yourself:

- Has the person's behaviour changed significantly?
- Is this different from his usual way of functioning?
- Has the change persisted for several weeks?
- Is it affecting studies, prayer, ministry, or community life?
- Have others noticed similar changes?

Record **observable behaviours**, not conclusions.

Observe:

- ✓ Withdrawal from community
- ✓ Decline in personal hygiene
- ✓ Persistent sadness
- ✓ Marked anxiety
- ✓ Changes in sleep or appetite
- ✓ Increased irritability
- ✓ Difficulty concentrating
- ✓ Loss of motivation
- ✓ Declining academic or pastoral performance

Step 2. ACCOMPANY

If concerns are present but there is no immediate risk, begin with attentive accompaniment.

Meet Personally

- Create a calm and private environment.
- Begin with observations rather than assumptions.

For example: "I have noticed that you seem quieter than usual and have missed several community activities recently. How have you been feeling?"

Listen Attentively

Allow the formandus to:

- describe his experience;
- express emotions freely;
- reflect without interruption.

Avoid:

- premature advice;
- moral judgments;
- attempts to diagnose;
- simplistic spiritual explanations.

Continue Observing

During the following weeks ask:

- Is he improving?
- Is he engaging with community?
- Is he responding to accompaniment?
- Is daily functioning returning?

If improvement is evident, continue ordinary accompaniment.

Step 3. DISCERN

After a period of accompaniment, evaluate the situation.

Ordinary Formation Struggle

If the person:

- gradually improves;
- remains engaged in formation;
- accepts guidance;
- continues functioning reasonably well,

continue regular accompaniment.

Increasing Concern

If the person:

- becomes progressively worse;
- withdraws further;
- loses the ability to function normally;
- develops several warning signs,

consult the formation team.

Consider professional referral.

Immediate Concern

Immediate action is required when the formandus:

- expresses suicidal thoughts;
- harms himself;
- threatens serious violence;
- loses contact with reality;
- becomes severely confused;
- is unable to care for himself safely.

In these situations:

- ensure immediate safety;
- follow institutional safeguarding procedures;
- arrange urgent professional assessment;
- continue pastoral presence.

Step 4. REFER

Referral should be presented positively.

Explain that:

- psychological assessment is part of responsible self-care;

- seeking help does not imply lack of vocation;
- accompaniment will continue;
- professional care complements formation.

Whenever possible, involve the formandus respectfully in the referral process.

Step 5. CONTINUE TO ACCOMPANY

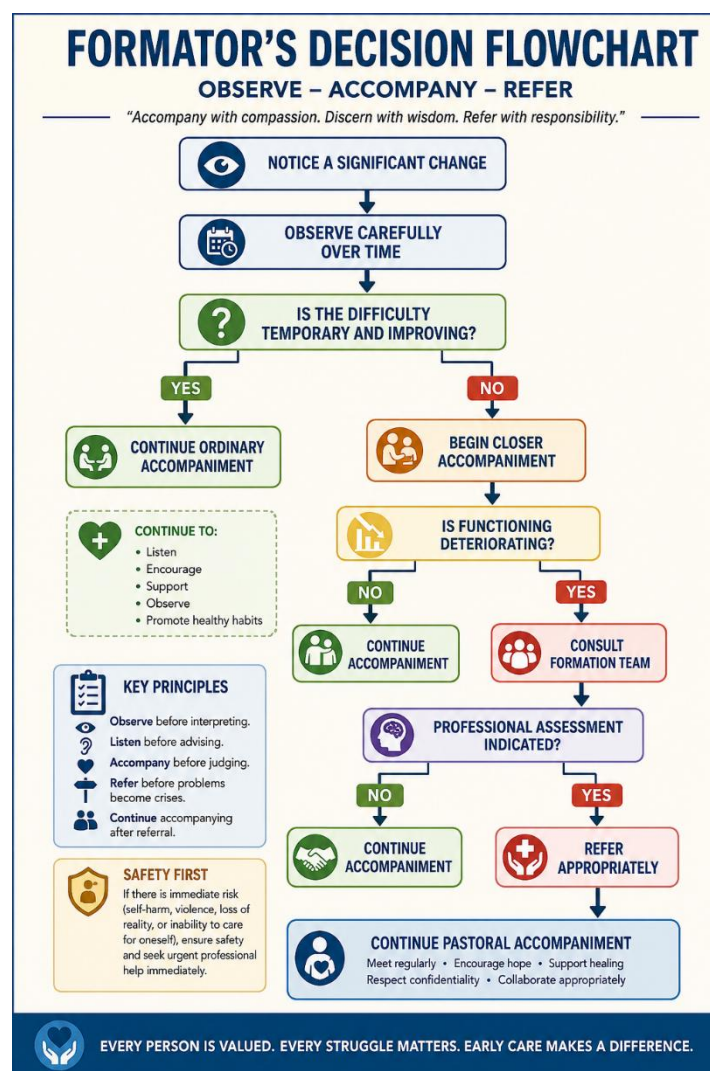
Referral is **not the end** of accompaniment.

Continue to:

- meet regularly;
- encourage hope;
- accompany vocational discernment;
- support healthy participation in community life;
- respect confidentiality;
- collaborate appropriately with professionals.

The relationship of accompaniment remains an important source of stability throughout the person's recovery and growth.

Quick Decision Flow



Final Reflection: Good formation is neither overly anxious nor complacent. It recognizes that most struggles are part of the normal journey of growth, while remaining attentive to signs that indicate the need for additional support. A formator who observes carefully, accompanies compassionately, discerns prudently, and refers responsibly becomes an instrument of God's healing and care. In doing so, he safeguards both the well-being of the formandus and the integrity of the formation process.

Further Reading

- American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR). Washington, DC: Author.
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- Yarhouse, M. A. (2018). *Counseling Persons with Psychological and Emotional Difficulties: A Christian Perspective*. Downers Grove, IL: IVP Academic.