

Mental Illness And Faith Community Outreach

COMMUNITIES OF COMPASSION AND JUSTICE

“AS INDIVIDUALS AND AS A NATION, THEREFORE, WE ARE CALLED TO MAKE A FUNDAMENTAL "OPTION FOR THE POOR". THE OBLIGATION TO EVALUATE SOCIAL AND ECONOMIC ACTIVITY FROM THE VIEWPOINT OF THE POOR AND THE POWERLESS ARISES FROM THE RADICAL COMMAND TO LOVE ONE'S NEIGHBOR AS ONE'S SELF. THOSE WHO ARE MARGINALIZED AND WHOSE RIGHTS ARE DENIED HAVE PRIVILEGED CLAIMS IF SOCIETY IS TO PROVIDE JUSTICE FOR ALL. THIS OBLIGATION IS DEEPLY ROOTED IN CHRISTIAN BELIEF.”

The Church in the Modern World #69- Second Vatican Council

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FORWARD

This pamphlet is intended to be a resource to parishes for ministry to people with a major mental illness and their families. Faith communities can be of tremendous help - offering hope, unconditional love, and support to people who often find themselves stigmatized and isolated from the community. Persons with a mental illness and their families frequently turn first to clergy for answers to this severe crisis in their lives. The illness can raise profound questions concerning God and faith. The Faith Communities response can make a difference in people's reaction to the crisis and their recovery from it. Since society in general has shirked its responsibility for adequate care of those who face serious mental illness, it is critical for Faith Communities to speak for those who often have no voice in the community seeking compassion for those affected and justice for what is rightfully theirs. The Faith Community is called upon not only to reach out to individuals and their families but also to bring about change in the systemic problems facing the mental health delivery system.

As stated by NAMI (The National Alliance for the Mentally Ill): "Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder. The good news about mental illness is that recovery is possible.

Mental illnesses can affect people of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character, or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups, and other community services can also be components of a treatment plan and that assist with recovery. The availability of transportation, diet, exercise, sleep, friends, and meaningful paid or volunteer activities contribute to overall health and wellness, including mental illness recovery."

The dignity of the individual is critical in the recovery process. The stigma of mental illness undermines the dignity of the individual. It is hoped that this pamphlet provides the spark and the resource for parishes to develop ministries of compassion and justice for those persons who suffer with a mental illness and their families. Faith communities can contribute greatly to a person's recovery as well change society's perception of people afflicted with serious mental illness. Parishes can offer needed support to families who are dealing with the difficult effects of this brain disease.

Deacon Tom Lambert
Chicago Archdiocese Commission on Mental Illness

MENTAL ILLNESS - WHAT CAN FAITH COMMUNITIES DO

A SOCIETY IS JUDGED ON HOW ITS MOST VULNERABLE ARE TREATED.

THE NEED

People who suffer with major mental illnesses such as schizophrenia, bi-polar disease, major depression, obsessive compulsive disorder, anxiety disorders, personality disorders, and others tend to be isolated and marginalized by society. Since the 1960's, the "deinstitutionalization" of mental hospitals sought to put mental healthcare into the community. Over the 40 plus years since, it is well documented that the lack of commitment and funding to community mental healthcare created a crisis of care for those who suffer with these brain diseases. Given the record of poor treatment of persons with mental illness across our nation, many persons with mental illness unfortunately are now among the poorest of the poor both in physical needs and psychological needs.

At least one third of people who are homeless have serious mental illness. According to Department of Justice reports, over 50% of the people in prisons and jails have mental illnesses. Many persons with mental illness lack adequate housing, lack job opportunities, or lack basic needs such as essential health care and supportive services. Some are living in nursing homes or institutions that only provide basic services or worse. Others are living in family homes or by themselves, feeling isolated and disconnected to society. Their communities often provide little if any of the comprehensive services needed to assist their ability to deal with these diseases.

The families of people with mental illness often do not know where to turn. Lack of community services and support for their loved ones drains them physically, emotionally, and financially. Families experience feelings of guilt, denial, loss, isolation, and loss of hope. They often ask: how could God do this to them? Why us?

The stigma associated with mental illness still persists despite scientific advancements and new medications that can help those with these brain diseases. The stigma isolates and marginalizes people, keeping them from seeking help or continuing with therapy and appropriate medications. Major mental illnesses such as schizophrenia, bi-polar disease, major depression, obsessive compulsive disorder, anxiety disorders, personality disorders, and others are treatable diseases that can be successfully managed by persons with the disease through the right use of professional help, medication, and community support. All too frequently, there is a lack of one or all three of these critical components. This is a morally unconscionable situation.

THE FAITH COMMUNITIES' ROLE

Clearly a priority mission of the Faith Community today is to be involved in compassion ministries to individuals and families who suffer with the effects of mental illness AND to advocate for change in the systemic immorality of the current mental health delivery system. Since mental illness statistically strikes one in five families at some time in their life, the incidence among church members is reason enough to prioritize this issue. Due to the misperception of society about these diseases people often do not talk about or acknowledge mental illness in their family or themselves. As a result, Faith Communities generally do not spend energy or resources on this critical need.

Since mental illness is hidden and not readily apparent, it takes on an even greater urgency for ministry - especially since persons with mental illness are vulnerable and discriminated against in the workplace, in housing opportunities, and in the healthcare system. Persons with mental illness have no PAC money and no voting bloc. If ever there was a mission for the Faith Community, outreach to persons with mental illness and their families is one!

Faith Communities can address mental illness needs through already established ministries in the life of the Faith Community and by incorporating mental illness issues into the ministerial agenda. It is important to recognize that the disease is rarely talked about due to the stigma associated with the disease and lack of understanding about mental illness. Therefore it is critical for pastors and church leaders to recognize their own misconceptions and/or prejudices, conscious or subconscious, toward persons with mental illness. This can be done through education and training on the facts concerning mental illness. One does not have to become a mental health professional but it is important to get accurate information about mental illness in order to effectively minister to and advocate for those suffering with these diseases. Videos, educational materials, and speakers can be obtained from NAMI and its affiliates, the Mental Health Association, and other resources which will provide Faith Community leadership with sufficient information to initiate this important ministry.

SPECIFIC ACTIONS

Once the Faith Community leadership has studied the issues outreach can then effectively begin in a variety of ways. It is important that persons with mental illness feel welcomed and supported within the Faith Community. As people of faith, we do this by loving unconditionally. Faith Communities should be places of non-judgmental love for its members experiencing mental illness and for those who have a family member with mental illness. Then parishioners can feel safe to acknowledge their needs and overcome their fears of rejection. A Faith Community can establish that reputation with persons who have a mental illness and their families in a variety of ways.

- 1) People with mental illness and their families will often come to a clergy person and Faith Community leaders first when symptoms of the illness strike. It is important for clergy and leaders listen with compassion and to know when to refer people to mental health professionals rather than attempt to solve psychological problems themselves or dismiss the problem. It is also important to know where in the community one can refer people for competent professional help and services. This can be done by forming relationships with mental health professionals and agencies. And it is equally important to stay in touch with the person and/or their family after a referral as major mental illness can cause a crisis of faith. People with mental illness and their families need the ongoing support of the Faith Community as well as professional help. The Faith Community can make a real difference in people's lives when it reaches out and continues to support individuals and families affected by this disease.
- 2) Incorporate into intercessory prayer at worship services specific prayers for those suffering with schizophrenia, manic depression, anxiety disorders etc. This lets the Faith Community know that the community prays and cares for people with mental illness. The prayer sends the welcoming message to those who suffer with mental illness and to their family members that their community supports them.
- 3) Preach on the subject. Include references to persons with mental illness and their issues in homilies about social justice, caring for the poor, discrimination, and compassionate outreach to others. Avoid words or phrases in all sermons and communications that add to stigmatizing those who have mental illness.
- 4) Let Faith Community members know that their leaders and/or ministers want to visit people with mental illness when they are hospitalized. A hospitalization for mental illness is a traumatic time for the person and their family. It is an important time for ministerial presence. As for any major disease, the individual and family will have questions about God, faith, and "why me." Ministerial presence and support will help them to understand and accept that this disease of the brain is not a punishment from God and not due to lack of faith.
- 5) Give the peace and justice ministry the opportunity to get involved in the systemic problems that affect persons with mental illness. At least one half of the prison population suffers with mental illness and at least one third of the homeless population suffers with mental illness. The high recidivism rate among prisoners and the issues of capital punishment and mental illness raise serious questions about the legal systems ability to deal with this disease. The failure of the mental health system to meet the basic needs of persons with mental illness and their families is a moral issue for us as a very wealthy country that has the means to provide not only basic services but much more. The community mental system throughout the country continues to be under funded and provides inadequate or incomplete services for persons with mental illness and their families. Mental health workers are generally the poorest paid. Programs for persons with mental illness are the last to receive budget increases and the first to receive budget cuts. This is morally unconscionable.

- 6) Advocacy is needed with the political leaders and the legislative process. Since much of the problem with obtaining adequate care comes from the lack of funding for existing programs and decent wages for healthcare workers, state legislators who pass laws and control the budget are key to improving the system. Faith Communities can write letters and/or advocate directly with their elected officials to bring about justice to these inequities. Mental illness and the legislative process is a Faith Community issue since it deals with justice and compassion for people in need. The Faith Community can speak powerfully about doing what is right and just.
- 7) Housing and jobs are critical to the recovery process and to the dignity of the individual. Many people in our Faith Communities own businesses and housing or work in the real estate industry. Faith Communities can encourage their members to help find jobs and places to live for persons with mental illness.
- 8) Publicize the issues in the church bulletin or newsletter through a series of short articles on the subject. It is important to have a series of articles rather than one or two. A series, more than 5, keeps the information readable by not giving too much to digest at one time. It also keeps the issue in the minds of people rather than a one time exposure soon forgotten like yesterday's news. A series also gives a chance to explain the facts, the moral implications, and what we as Faith Communities can do.
- 9) Healing prayer and services, e.g. Sacrament of Anointing of the Sick, for illnesses should include mental illnesses. This gives a sign to the community that all forms of illnesses are included in the Faith Communities care and concern. Faith Communities have to be particularly sensitive in this area as there is a history of misguided prayer in the past. Mental illness is not demon possession or God's specifically giving us a cross to bear or God's lack of love for us. It is a disease like any other disease. The healing prayer should reflect the biological nature of the illness just like any other disease. We should pray for a healing and continue with sound medical practices.
- 10) Many organizations and groups within the Faith Community are looking for speakers and topics for their meetings. The topic of mental illness should be encouraged as subject matter for one of their meetings. Speakers could be from the medical community, mental health field, or advocacy groups. It is important to check out ahead of time what the speakers have to say on the subject as there is a lot of misinformation about mental illness. The Chicago Archdiocesan commission on Mental Illness, The National Catholic Partnership on Disability, The National Alliance for the Mentally Ill, the American Psychiatric Association, and the Mental Health Association are just a few of the good resources for information and speakers.
- 11) Peer to Peer ministry is an important outreach for persons suffering with major mental illness. People with mental illness often do not have a circle of friends that care for them. An important element to recovery and healing is a caring community. The peer is not a professional but is a person who is caring and able to be a good listener. Peer to peer program information is available through NAMI.

- 12) Network within your vicariate or with other Faith Communities in the area, and have an annual liturgical celebration of the lives of persons with a mental illness, their families, and mental health workers/professionals. This gathering should be celebratory and positive with a gathering after the liturgy to share fellowship and conversation.
- 13) Host speakers, workshops, and educational events for families of persons with a mental illness. NAMI groups can help organize these gatherings. Families in crisis need spiritual guidance and advice. The long term nature of serious mental illnesses means the family also needs long term spiritual guidance. NAMI has an excellent “Family to Family” program that assists families with education and networking.
- 14) Promote the dignity of the individual. God loves us each as we are. Use “people first language” e.g., phrases like “people with a mental illness” rather than “the mentally ill.” No one wants to be known as a disease.

“The Church will not hesitate to take up the cause of the poor and to become the voice of those who are not listened to when they speak up, not to demand charity, but to ask for Justice.”

The Image of God in People with Mental Illness

Pope John Paul II

THEOLOGICAL FRAMEWORK

The National Catholic Partnership on Disability's Council on Mental Illness sets forth the following framework as a guide to the Church's ministry for and with people with mental illness:

HUMAN LIFE IS SACRED. EVERY PERSON IS CREATED IN GOD'S IMAGE.

“One of the fundamental truths of Christian belief is that each human being is created in the image and likeness of God (Genesis 1:26-27). The Catholic Church unconditionally embraces and faithfully proclaims this truth. It is the foundation for human dignity. Our commitment to this truth is measured through actions on behalf of the vulnerable and alienated in society, especially the poor and suffering.” *Affirming the Dignity of the Mentally Ill, Nebraska Bishop's Conference, January 2005*

SINCE ALL PEOPLE ARE CREATED IN THE IMAGE OF GOD, THEIR DIGNITY AND WORTH CANNOT BE DIMINISHED BY ANY CONDITION INCLUDING MENTAL ILLNESS.

"Whoever suffers from mental illness 'always' bears God's image and likeness in themselves, as does every human being. In addition, they 'always' have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such. *Pope John Paul II, International Conference for Health Care Workers, on Illnesses of the Human Mind, November 30, 1996*

SUFFERING IS REDEMPTIVE WHEN UNITED TO CHRIST.

“Those who share in the sufferings of Christ are also called, through their own sufferings, to share in (eschatological) glory.” *Salvifices Doloris, p22, Apostolic Letter from John Paul II, July 15, 1999*

WE ARE THE BODY OF CHRIST.

“The great strength of community is the uniqueness and giftedness of each member. The more each person uses their gifts, the stronger the community and the richer the relationships in that community. People are liberated if and when they use their gifts. People are imprisoned when they are prohibited or not enabled to use their gifts. Parishes are communities with great potential to receive and nurture the giftedness of people with disability. The Christian community is one in which all people can claim an equal place and contribute through presence and action.” *A pastoral document for parishes, Bishops' Committee For The Family And For Life, Australian Catholic Bishops Conference 2004*

"It is everyone's duty to make an active response; our actions must show that mental illness does not create insurmountable distances, nor prevent relations of true Christian charity with those who are its victims. Indeed it should inspire a particularly attentive attitude..." *Pope John Paul II, International Conference for Health Care Workers, on Illnesses of the Human Mind, February 11, 1984*

THE WORD OF GOD AFFIRMS THE DIGNITY OF ALL PEOPLE. INTERPRETATION OF SCRIPTURE SHOULD BE CONSISTENT WITH THE CURRENT UNDERSTANDING OF MENTAL ILLNESS.

“.....To interpret sacred scripture correctly, the reader must be attentive to what the human authors truly wanted to affirm and what God wanted to reveal to us by their words. In order to discover the sacred author's intention, the reader must take into account the conditions of their time and culture, the literary genres in use at that time, and the modes of feeling, speaking, and narrating then current.....” *Catechism of the Catholic Church #109, 110*

The following is a spiritual exercise for persons with a mental illness to be said EACH DAY.

From a workshop on spirituality by Rita Sebastian Lambert

EACH DAY

I will recall that I am a child of God. I am one who is created out of Love. I am chosen, good, holy and have purpose...a task to perform here on Earth before I return to the Father. I deserve to be treated as a person who has value and dignity.

I will embrace my illness or my family members illness as a friend this day looking for what it is teaching me about the mystery of God and Life.

I will not allow the stigma of mental illness to defeat me this day. I will choose to have power over stigma by detaching myself from the stigma.

I will talk to someone today who will encourage me to see my goodness and holiness as a child of God. Maybe we will share a prayer together for one another.

I will look for humor and reasons to laugh and be happy. Quiet joy will be my goal.

I will read a passage from Scripture or something from a book of devotion, inspiration or spiritual reading that will encourage me to trust and hope in the power and love of God.

I will seek twenty minutes of solitude, silence, prayer this day. If my mind won't quiet down, if my thoughts keep racing, I will offer that as my prayer to God. If necessary and helpful, I will listen to soothing instrumental music or inspirational/religious music to quiet me and remind me that God is present.

I will walk outdoors marveling at a sunrise, a sunset, the song of a bird, the soothing colors of nature...the serenity of green grass, a blue sky, the softness of the pastel colored blossoms of Springtime and the peaceful waters of a river, lake or stream that ripple and flow. I will remind myself that everything in nature is a reflection of the Creator and pleases the Creator just as it is and so do I just as I am.

I will delight in the knowledge that we are each created different because it is in our differences we make a more powerful and beautiful whole. We each reflect a different aspect of the mystery of Life and God. Individually and together we are a Masterpiece!

In God is my hope and my joy. I will give honor, glory and praise to God knowing and trusting what God has in store for me. We do not seek or like suffering but our suffering can make us strong in many ways and more compassionate and loving to others...our brothers and sisters in the Lord.

Knowing for sure that although I long for God, God's longing for me is even greater. I will rest in that knowledge this day.

SAMPLE ARTICLES FOR Bulletins and NEWSLETTERS

It is recommended that the following be introduced with an article from the pastor asking the parish to be aware and involved at some level in outreach to persons with a mental illness and their families. After each article a contact person within the Faith Community should be identified for people who want further information

Week 1

1ST in a series of what our Faith Community can do to minister to those with mental illness and their families.

As a Faith Community we are concerned about all people especially those who are affected by life changing diseases, stigmatized, or marginalized by society. We are now called to reflect on the effects of major mental illness within our homes, our Faith Community and the community-at-large. Mental illness strikes one in five families. The challenge to us as a Faith Community is to develop ways to pastorally reach out and support persons suffering the effects of this tragic disease and to the family members who are also affected.

When mental illness strikes in a family it changes the world for the person and the family. It can be devastating. There is a sense of loss. Due to the stigma surrounding the disease, it can be humiliating and carry a sense of shame. It is a tragedy that often raises questions of faith and sometimes a crisis of faith. A Faith Communities support is critical at this time.

Mental illnesses such as schizophrenia, bi-polar disease, major depression, anxiety disorders, personality disorders, and others are brain diseases that are treatable with the appropriate professional help, medication, and support services. Yet persons with mental illness are often met with isolation and fear due to stigma and misperceptions of the disease. We as a Faith Community can make a difference through our awareness and understanding of the issues facing those with this disease. For more information contact.....

Week 2

2nd in a series of what our Faith Community can do to minister to those with mental illness and their families.

Mental illnesses are disorders of the brain that disrupt a person's thinking, feeling, moods, and ability to relate to others. Just as diabetes is a disorder of the pancreas, mental illnesses are brain disorders that often result in a diminished capacity for coping with the ordinary demands of life. Mental disorders fall along a continuum of severity. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 Americans — who suffer from a serious mental illness. It is estimated that mental illness affects 1 in 5 families in America. The World Health Organization has reported that four of the 10 leading causes of disability in the US and other developed countries are mental disorders. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.

The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.

For more information contact.....

Week 3

3rd in a series of what our Faith Community can do to minister to those with mental illness and their families.

In 1963 President John Kennedy signed into law the Community Mental Health Centers Act (PL.88.164) which mandated the de-institutionalization of mental institutions, asylums, and hospitals. It seemed evident to the joint commission who recommended de-institutionalization of these facilities that the institutions were little more than warehouses or custodial care facilities. The tragedy of de-institutionalization is that the local communities who were to provide services never received the necessary and promised funding. As the hundreds of thousands of patients were released they had no place to go.

Now, more than 40 years later, we are faced with an alarming dilemma which is felt nationwide. Despite the fact that there are newer more effective medications, therapy and better understanding of the brain that help many people with mental illness to live on their own contributing in many ways to our society, sadly many others are homeless, (greater than 30% of all homeless), living at home with their families not connected to services, residing in nursing homes, members of foster homes, board and care homes, county homes, living by themselves, or in prisons and jails (greater than 50% of prison population). Tragically, the largest deliverer of mental health services in Illinois is Cook County jail, and the largest in the country is the Los Angeles County jail.

Some institutional settings that are still in existence are overcrowded, understaffed and being investigated for incidents of neglect and abuse. People who have a mental illness, like all of us, share in God's love. Some, not all, need continuous, befriended, empowered to share their gifts and talents, protected, and spiritually ministered to and nurtured. They are the marginal, often forgotten and seemingly misunderstood. They are our brother and sister filled with the dignity of the Lord Himself. They cry out for understanding and companionship.

For more information contact.....

Week 4

4th in a series of what our Faith Community can do to minister to those with mental illness and their families.

People with mental illness and their families in the past have looked to their local and state officials to mercifully reach out and ease the burden brought on by mental illness. Unfortunately not enough has been done on both local and state levels in the areas of

comprehensive community services, housing, job training/employment, socialization programs, out reach to the homebound, ongoing therapy and empowerment of the mentally ill to utilize their gifts and talents.

The cry of people with mental illnesses for services is being heard louder and louder with each passing year. Due to lack of funding, throughout the United States tens of thousands of people with mental illness are inappropriately living in nursing homes. Some have become numbered among the homeless population, while others wind up in prison. Many are cared for by families in communities ill equipped to meet their needs.

People with serious mental illness often cannot speak in their own behalf and therefore need advocates to work for them. "Citizens have a number of opportunities to have an impact on the mental health system. They can join an advocacy group or perhaps a citizens' advisory group. They can become volunteers in state facilities or local agencies. They can testify at hearings and comment on regional plans, block grants, rule changes, accreditation and appropriations." (Ill. League of Women Voters) For more information contact.....

Week 5

5th in a series of what our Faith Community can do to minister to those with mental illness and their families.

What can we do as a faith filled people? We can recognize that the brain is a major organ of the body and it too can become ill! There should be no stigma attached to being mentally ill and those afflicted by it should not be avoided or unwelcome in our Faith Community, neighborhood, or family. Statistics indicate one in four families is affected by mental illness and that it can strike at any age and can occur in any family.

Long term mental illness tends to isolate people. We can be a friend to the person who may have no other friends or other support systems. We can write notes, call, visit and most of all avoid judging the person for saying or doing things they have no control over.

We should let the person know they are not alone; we need to welcome him or her into the Faith Community. Their illness is not a punishment from God or caused by demons or the devil or a matter of weak faith.. We should integrate the person into the church community on a regular basis not just special occasions.

We can support efforts to obtain housing and jobs, be willing to work to improve the quality of life for the mentally ill and their families. Don't let false or stigmatizing statements about mental illness or mentally ill persons go unchallenged. Object in writing or by telephone when media and public events stigmatize persons with mental illness.

We can support the families of persons with chronic mental illnesses who often are going through their own crisis trying to deal with their loved one's disease and are trying to find help in a system that is overwhelming doesn't seem to care.

We can write our State and National Representatives about the need to address the inequities in the health care system and about the need to fund programs at a level that provides for success. For more information contact.....

WEEK 6

6th in a series of what our Faith Community can do to minister to those with mental illness and their families.

The Faith community can be a powerful advocate for change as it responds to God's call for justice for people in need.

“One of the emphases in contemporary moral theology is, therefore, an emphasis on the fact that our radical acceptance of God is tied to love of the neighbor -- a love that secures rights, relieves suffering, promotes growth. God is speaking to us in history and we are not free to be uninvolved. This means not simply individual one-on-one action for those we generally avoid (the mentally ill, the starving, the sick, criminals, poor minorities, etc.); it means organizing the corporate power of the community in such a way that so-called “sinful structures” are changed. The structures and institutions which oppress people, alienate them, deprive them of rights, are embodiments of our sinful condition. The signs and selfishness of one generation become the inhibiting conditions of the next. The impoverishment of the exploited embodies the selfishness of the exploiter.” (*The Critical Calling* by R. A. McCormick, S. J.)

Beyond the compassion ministry to those who suffer with mental illness and their families, we can as a Faith Community work toward justice for persons with mental illness by changing those instances of institutional behavior of elected officials, the mental health delivery system, and societal perceptions that stigmatize, marginalize, discriminate and under serve a population of people who have no power of their own. We invite you to become more involved in this issue. Next week we will discuss ways for you to be supportive. For more information contact.....

WEEK 7

7th in a series of what our Faith Community can do to minister to those with mental illness and their families.

At this point the specific goals for the Faith Community can be outlined. Some suggested beginnings are:

Plan an educational evening with a speaker, video, or panel discussion regarding issues facing persons with a mental illness and their families.

Have groups or organizations in the parish community meet to discuss further steps to be taken.

Invite a group of parish leaders to develop this ministry.

Meetings should be Faith based rooted in prayer, scripture, or appropriate readings. This effort should be done in the context of spiritual growth on the part of the community as well as compassion and justice for those being helped.

A bruised reed shall not be broken and a burning wick shall not be quenched. God will faithfully bring forth justice. Isaiah 42:3

Here are some important facts about mental illness and recovery: (cited on the NAMI website)

- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.
- Mental disorders fall along a continuum of severity. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 Americans — who suffer from a serious mental illness. It is estimated that mental illness affects 1 in 5 families in America.
- The World Health Organization has reported that four of the 10 leading causes of disability in the US and other developed countries are mental disorders. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.
- Mental illnesses usually strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.
- Early identification and treatment is of vital importance; By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized.
- Stigma erodes confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.

SAMPLE WORKSHOP ON MENTAL ILLNESS AND FAITH COMMUNITY OUTREACH

Each participant receives a packet of information regarding mental illness. Resource material can be obtained through the National Alliance for the Mentally Ill—NAMI and Pathways to Promise

- 8:45 Arrival—Registration
- 9:00 Opening Prayer
- 9:15 Welcome and Introduction
Introduction of speakers and agenda. Attendees give brief introduction of themselves. Go over handouts. It is important that attendees understand and know what is in their packets.
- 9:25 Group Processing
Personal experience with a person with mental illness. Separate into groups of four and share an experience that you have had of a person with a mental illness. The person may have been a relative, friend, someone at work or on the street, or if they do not know anyone then a TV/movie portrayal or what they imagine a person would be like. This is very important to engage the participants in the day. No one should be made to share if they are not comfortable but everyone should be given the opportunity to share within the small group.
- 9:50 Video
“When the Music Stops”— short discussion. The purpose of this section is to provide information about mental illness and its affects on the individual and the family. More recent videos may be used to accomplish this purpose but the videos should encompass all the issues.
- 10:30 Fifteen Minute Break
- 10:45 Family member / Person with a mental illness input.
This should be a talk by a family member and a person with a mental illness to give a “first person” account of the issues people encounter.
- 12:00 Lunch
- 12:30 Speaker
Psychiatrist—This section should be given the professional information/insight on mental illness. It is important to be sure to have a professional that is updated on mental illness. Some time should be allowed for Q & A.
- 1:45 Video
“A Place To Come Back To”— This video, or one similar, describes the importance of Faith Community involvement and the contribution Faith Communities can make.
- 2:15 Fifteen Minute Break
- 2:30 Speaker
Faith Community opportunities/models for ministry. This section describes successful models of Faith Community involvement and possibilities for new types of outreach.
- 3:00 Wrap-up and question and answer period. Attendees fill out evaluation form.

Sample petitions to be included in the Prayers of the Faithful or as a Litany:

For persons with a mental illness, and their families that they may find effective treatment for their disease and understanding and acceptance in society, we pray to the Lord.

For our elected officials to come to an understanding of the need for increased funding for mental health care, we pray to the Lord.

For people who live on the streets without homes or hope, we pray to the Lord.

For families who strive to understand and help their loved ones with mental illness, we pray to the Lord.

For people with mental illness who are confined in jails and prisons, we pray to the Lord.

That the darkness of stigma, labels, exclusion and marginalization might be dispelled by the light of greater understanding, acceptance and respect for the dignity of every person, we pray to the Lord.

In thanksgiving for the compassion and dedication of mental health professionals and those who provide care, and for new discoveries in brain research, we pray to the Lord.

For each of us to reach out with support as we form a caring community, we pray to the Lord.

APPROPRIATE LANGUAGE WHEN DISCUSSING MENTAL ILLNESS

The words we use matter, especially when speaking about people who are often stigmatized by society through inappropriate or thoughtless use of language. For people with mental illness, the stigma surrounding the illness, rooted in misconceptions and erroneous beliefs, is compounded by the language and descriptions we use.

The dignity of the individual is paramount in our belief that we are all created in the image and likeness of God. Our language should reflect that belief. What is the right language to use when talking about mental illness? We need to use “people first language,” that is, we refer to people as the persons they are - not the disease they have. So we say “a person who has a mental illness” or “a man or woman with a mental illness.” We avoid referring to people using terms like “the mentally ill” or “the depressed.” There are also differences in the degree and severity of mental illnesses. So we use the terms “serious mental illness”, or “prolonged mental illness” or “major mental illness” to describe the more severe disorders.

As people of compassion and justice we should never use stigmatizing language that refers to people as “crazy”, “psycho”, “lunatic”, “mental” or other demeaning terms. We should use appropriate language to describe diseases of the brain careful not to use generalizations or misuse terms, e.g., schizophrenia is an illness that has symptoms of delusions and hearing voices. It is not having a split personality.

Careful use of language is more than being “politically correct” it is a way of communicating that people with mental illness, as Pope John Paul II said, “have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such.”

Outreach Programs

FAITH AND FELLOWSHIP

Communities of Faith with Adults with Mental Illness

The purpose of Faith and Fellowship is to provide Faith experiences in a way suited to the needs of persons with a mental illness within the context of a small community of believers and to offer opportunities for integration into the life and activities of the parish community.

People with mental illness are often socially isolated and even feel isolated from God. Faith and Fellowship is a ministry where persons with a mental illness can experience the love of Gods and their sisters and brothers.

Faith and Fellowship groups consist of 10 to 15 adults including approximately equal numbers of persons with a mental illness and volunteers from local churches. They meet semi-weekly as partners in prayer and socialization.

The meetings feature:

- A time for prayer
- A time for quietly shared activities
- A time for a reflection on the meeting theme
- Symbol
- Life experience
- Scripture
- Music
- A time for Agape

For more information contact Connie Rakitan at 708-383-9276

ARCHDIOCESAN COMMISSION ON MENTAL ILLNESS

The Commission is part of the Chicago Archdiocesan Office for Persons with Disabilities. The purpose of the Commission is to educate and resource parishes on the spiritual and supportive needs of persons with serious mental illnesses such as bi-polar disease, major depressive illnesses, schizophrenia, and personality disorders. Since mental illness not only affects the individual with the disease but also family members, the needs of the entire family are addressed. For more information contact 708-383-9276.

COMMISSION SUPPORT AND EDUCATION

Annual Mass for persons with Mental Illness, their families, friends, and mental healthcare workers is held each fall at St. Josaphat Church, Chicago. Regional Masses are held periodically throughout the archdiocese with parish sponsorship.

Educational workshops for clergy, parish ministers and parishioners.

Speakers who will address parish groups/organizations

AVAILABLE RESOURCE MATERIAL FROM THE COMMISSION

“Mental Illness and Parish Outreach”

A booklet describing the issues facing persons with mental illness and their families and providing ideas for churches to minister to them.

Pamphlet on Peace and Justice issues facing people with mental illness and their families

Bulletin Articles

For more information contact Deacon Tom Lambert 773-525-0453

ST DYMPHNA SOCIETY

The St. Dymphna Society inspires prayers and devotions to St. Dymphna who is the patron saint of persons with mental illnesses, conducts informational and support meetings for persons with mental illnesses and their families, and provides information on mental illnesses to all parishes in the Catholic Archdiocese of Chicago. For more information, please contact Jim and Shirley Weber at: (773) 777-6022

Post Script

Persons who have a mental illness, like all persons, are children of God; made in the image and likeness of God.

Once we accept we are children of God, we know we are to be in right relationship with one another. Our neighbor no matter who they are or what they have done falls under Jesus command to love God and your neighbor as yourself. A person who has a mental illness is our brother, sister, mother, father, son, daughter, extended family member, friend, neighbor, member of the community we live in, the stranger, the person in the pew next to us, a coworker, the homeless person on the street or whoever. Each person is made with profound dignity in the image of God.

We know from psalm 139 “we are wonderfully beautifully made.” The prophet Isaiah tells us in chapter 55, we are here for a purpose until God calls us back. St. Matthew outlines for us in his scene of our last judgment before God that we will be judged on how well we looked after one another who hunger and thirst, for those without shelter or in prison, for those who are sick or dying. St. Paul paints for us a mosaic of the mystical body and the importance of each member of the body.

The pages of sacred scriptures are filled with wisdom, insight, inspiration and knowledge of how we are to nourish one another and ourselves through our faith in God’s providence and love. How we are to be implements of God’s mercy and justice.

Prayer is essential for us to stay aligned with God. A time for solitude and silence helps us to listen attentively to the word of God allowing God’s word to form us as people of compassion and unconditional love. We are encouraged to pray for and with persons who have a mental illness and their families. God is the light in the deepest darkness of the illness reminding them they are never alone.

May God bless you and your work,

Deacon Tom and Rita Lambert

Contacts for More information:

Mental Illness ministries: www.miministry.org
Archdiocesan Commission on
Mental Illness - Deacon Tom Lambert
Our Lady of Mt Carmel parish
708 W Belmont
Chicago, IL 60657
773-525-0543x21
email: olmcinfo2@aol.com

NAMI (National Alliance for the
Mentally Ill) - ILLINOIS
218 West Lawrence
Springfield, IL 62704
Phone 217-522-1403
Email: amiil@sbcglobal.net
Website: <http://il.nami.org>

NAMI (National Alliance for the
Mentally Ill) - Faithnet
Colonial Place Three
2107 Wilson Blvd. Suite 300
Arlington, VA 22201
Phone: 703-524-7600
Website: www.nami.org

NCPD – National Catholic Partnership on
Disability
National Catholic Partnership on Disability
415 Michigan Avenue, N.E. Suite 95
Washington, D.C. 20017-4501

NCPD CONTACT #'S
202-529-2933 (v); 202-529-2934 (tty); 301-
641-7195 (cell); 301-927-7290 (h)
202-529-4678 (fax)
Executive Director Jan Benton
jbenton@ncpd.org
www.ncpd.org

Pathways to Promise
5400 Arsenal Street
St. Louis, Mo 63139
314-644-8834
Website: <http://pathways2promise.org>
Resources for Faith community outreach

Faith And Fellowship
38 N. Austin
Oak Park Illinois
708-383-9276
Contact: Connie Rakitan
Faith based program for persons with a
mental illness.

St Dymphna Society
6309 N. Knox Ave
Chicago, IL 60646
773-777-6022

Lord, make us instruments of your peace.
Where there is hatred, let us sow love;
Where there is injury, pardon;
Where there is discord, union;
Where there is doubt, faith;
Where there is despair, hope;
Where there is darkness, light;
Where there is sadness, joy;
Grant that we may not so much seek
to be consoled as to console;
to be understood as to understand;
to be loved as to love;
For it is in giving that we receive;
It is in pardoning that we are pardoned;
and it is in loving you that we are born to eternal life