

A PASTORAL RESPONSE TO MENTAL ILLNESS

RESOURCES FOR THE CATHOLIC COMMUNITY



WHY IS THIS IMPORTANT TO MY PARISH COMMUNITY?

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with life's ordinary demands and routines (Mental Health America).

One in four families will at some time have to cope with mental illness and its effects on a loved one and the family unit.



DO PEOPLE WITH MENTAL ILLNESS FEEL WELCOME IN MY PARISH?

The stigma attached to mental illness forces many to hide the severity of their symptoms or those of a loved one. Many stop coming to church due to the stigma. Stigma is the single greatest barrier to people getting effective treatment. Leaders of a parish, diocese, or other Catholic organizations can fight stigma by learning the signs of mental illness and reaching out to those living with the illness.

IS RECOVERY POSSIBLE?

People can and do recover from mental illness. Recovery is the ability to live a fulfilling and productive life, to be a member of a community despite the continuing challenges of living with a mental illness.

Recovery can be thought of as a table with four legs. All four legs must be whole, strong and firmly attached for recovery to take hold. This depends on access to help that includes the four legs of recovery (p.2).



THE FOUR LEGS OF RECOVERY

1. **BIOLOGICAL**— since this is an illness of the brain, good medical care and often medication are needed.

2. **PSYCHOLOGICAL**— to ensure a lasting recovery, help is needed with understanding the effects of the disease along with assistance with the stresses of life.

3. **SOCIAL**— the presence of friends, family, acquaintances and other meaningful relationships is vital.

4. **SPIRITUAL**— belief, prayer and a welcoming community of faith help the individual to know the love and grace of God is essential and available.

DO YOU KNOW ABOUT THE NCPD COUNCIL ON MENTAL ILLNESS?

Mission: Following Jesus who embraced all, we reach out to accompany our brothers and sisters with mental illness and their families while assisting the Catholic community by providing resources and education for spiritual and pastoral support.

NATIONAL CATHOLIC NETWORK ON MENTAL ILLNESS

The Network, guided by the NCPD Council on Mental Illness, is an informal community of persons concerned about the inclusion and pastoral support of persons with mental illness and their families in the Church. Members of the network include persons with a mental illness and their families and friends, clergy, pastoral workers and mental health professionals. The Network provides a forum for this diverse group to share ideas, resources and offer support to one another.

THE WORK OF THE COUNCIL INCLUDES:

- Resources and training for pastoral staffs and parish leaders
- Information, referrals, and advice
- Advocacy for persons with mental illness and their families to promote a just society and an end to stigma

Email questions to minetwork@ncpd.org

LISTEN

Listen with compassion; form relationships.



VISIT

Visit at home, in the hospital, on the streets, or in jail.



PRAYERS

Include petitions relating to mental illness in Prayers of the Faithful.



BELIEVE

Believe in recovery and encourage it.



10 THINGS PARISH LEADERS CAN DO TO SUPPORT PEOPLE WITH MENTAL ILLNESS

INCLUDE

Include parents, siblings, spouses, children and extended family in your pastoral care; they are impacted as well.



LEARN

Learn about local mental health systems. Invite someone from there to speak to the parish staff.



REFERRALS

Know how and where to make a referral for adults, youth, and children.



HEALING

Specifically include mention of mental illness when inviting parishioners to a healing service.



HOST SPEAKERS

Invite parish groups to have speakers on mental illness at their meetings. Especially consider peer support specialists.



INVITE

Invite persons with mental illness who live in group homes or apartments near your parish to worship and social events.



CATHOLIC MENTAL ILLNESS LINKS

Catholic Charities USA -
National office will refer to local agencies.
www.catholiccharitiesusa.org

Mental Illness Ministry - Archdiocese of Chicago
<http://miministry.org>

NCPD
www.ncpd.org/mental-illness

National Association of Catholic Chaplains
www.nacc.org (search using "mental")

ADVOCACY



Every person has a fundamental right to those things required for human decency.

A major theme of Catholic social teaching is that human dignity can be protected and a healthy community can be achieved only if human rights are protected and responsibilities are met.

FROM SEVEN THEMES OF CATHOLIC SOCIAL TEACHING, UNITED STATES CONFERENCE OF CATHOLIC BISHOPS WEBSITE

To defend the dignity of individuals with mental illness, advocacy efforts are needed in the following areas:



Faith Community – Acceptance and socialization in one's faith community is key to a greater awareness of God's love. Being an active part of the faith community deepens one's spirituality and gives hope and support to people who may at times feel disconnected from the community due to a mental illness. If a person feels rejected by their church they may often feel rejected by God. When a faith community accepts the person for who they are, the faith community reflects God's unconditional love for all of us.



Employment – Employment is a key not only to economic stability, but to a person's well-being, sense of purpose, self-esteem and the ability to contribute in the work environment. Opportunities for supportive employment must be made available so that people can make the transition to full recovery.



Language – Every person is created in the image and likeness of God. Using language that recognizes the person rather than the condition acknowledges their dignity and value.

TESTIMONY



SUICIDE PREVENTION

According to the American Foundation for Suicide Prevention, ninety percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death. Suicide is the second leading cause of death among those between the ages of 10 and 34 in the U.S. (CDC). However, studies have shown that belonging to a faith community can be a protective factor against suicide. Parishes and other Catholic organizations can work collaboratively to make the causes of suicide more fully understood, support the identification and care of those most at risk, and provide support and consolation to the families and friends of those bereaved by suicide. Check these links for resources to help Catholic parishes and organizations develop suicide prevention strategies: www.ncpd.org/mental-illness <https://afsp.org> (American Foundation for Suicide Prevention) <http://chat.suicidepreventionlifeline.org> www.VeteransCrisisLine.net/chat

Criminal Justice – Lack of mental health services often leads to unnecessary and inappropriate incarceration for minor crimes. Concentrated efforts should be taken to: (1) ensure the availability within local police forces of crisis intervention teams; (2) ensure that adequate and properly trained legal representation is available for persons with mental illness; (3) ensure that jails and prison systems provide mental health services, both for assessment and treatment, including access to adequate medication, and discharge to recovery programs; (4) eliminate the death penalty; and (5) create diversion programs that provide treatment instead of incarceration.

Housing – Lack of affordable housing poses a major problem, since a person living with mental illness may rely on disability financial assistance, or may be unable to work or obtain a job with a decent wage. Advocacy efforts must concentrate on ensuring that there are comprehensive services and affordable housing options that permit people to live in the community and that also address the high prevalence of homelessness.

Health Care – Proper diagnosis, medication, and an appropriate range of community psychological rehabilitation support services will deliver cost-effective results. As with treatment of cancer, early intervention and treatment of mental illness is key to favorable outcomes. A major health care concern is the shortage of mental healthcare professionals.



LETTERS

MENTAL ILLNESS AND ADDICTION

The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders. Co-occurring disorders were previously referred to as dual diagnoses. According to the 2016 National Survey on Drug Use and Health (NSDUH), from the Substance Abuse and Mental Health Services Administration (SAMHSA) approximately 8.2 million adults in the United States had co-occurring disorders in 2016.

People with mental health disorders are more likely than people without mental health disorders to experience substance use disorder, commonly known as addiction (e.g. alcoholism, heroin addiction). Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as they may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because both mental and substance use disorders can have biological, psychological, and social components.



Other factors may include inadequate provider training or screening, an overlap of symptoms, or the need to first address other health issues. In any case, the consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.

People with co-occurring disorders are best served through integrated treatment by professionals. With integrated treatment, practitioners can address mental and substance use disorders at the same time, often lowering costs and creating better outcomes.

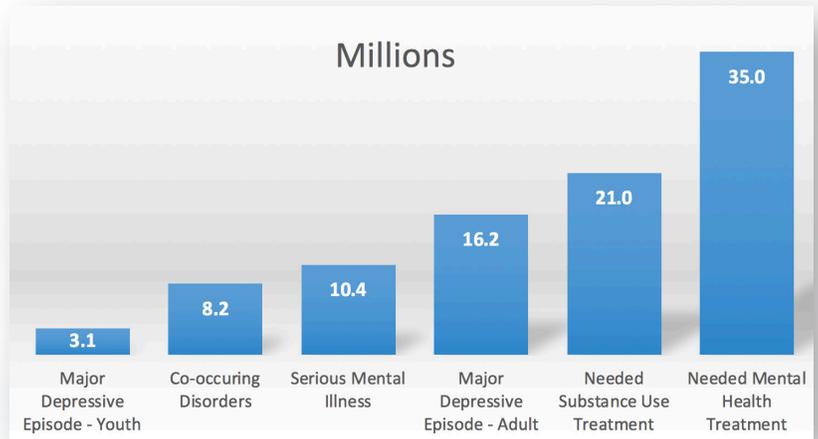
Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Early detection and treatment can improve outcomes and the quality of life for those who need these services.

TREATMENTS AND SUPPORTIVE SERVICES

Since each individual's path to recovery differs, packages of treatments and supportive services for mental and substance use disorders should be tailored to fit individual needs. For many people with behavioral health conditions (mental illness or addiction), the most effective approach often involves a combination of modalities including counseling, medication, supportive services, such as case or care management, and family education. Mutual support groups including 12-Step programs like Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Dual Diagnosis Anonymous (DDA) can also play an important role in promoting health and recovery.

SAMHSA's National Survey On Drug Use and Health

- an estimated 10.4 million adults (4.2%) aged 18 and older in the United States had a serious mental illness
- 2 million of those adults were aged 18 to 25
- 16.2 million adults (6.7%) (aged 18 or older) and 3.1 million youth (12.8%) (aged 12 to 17) had a major depressive episode during the past year
- an estimated 21 million Americans (7.8%) aged 12 and older self-reported needing treatment for alcohol or illicit drug use
- 35 million adults (14.4%) self-reported needing mental health treatment or counseling in the past year.
- approximately 8.2 million adults had co-occurring disorders
- for those adults surveyed who experienced substance use disorders and **any** mental illness, rates were highest among adults ages 18 to 25 (27.8%). For adults with past-year **serious** mental illness and co-occurring substance abuse disorders, rates were again highest among those ages 18 to 25 (34.9%)

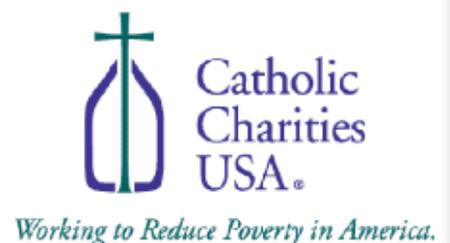


(2016 data - search NSDUH at www.samhsa.gov for additional stats.)

While not every Catholic Charities agency provides behavioral health services, almost 70% provide some type of treatment and support to individuals and families suffering from mental health or substance abuse issues. Catholic Charities agencies provide over two million sessions to almost 300,000 clients every year. Services range from counseling and medication management to residential treatment and trauma-informed care. Many programs have specialized culturally-competent services for immigrants and refugees.

Seeking to meet the needs of the whole person and of the family unit, Catholic Charities is focusing its energies on developing integrated physical health and behavioral health services, and is partnering with other providers to help clients establish a holistic approach to meet all of their needs.

To find a Catholic Charities agency near you, please call Catholic Charities USA at 703-549-1390 or write to info@catholiccharitiesusa.org.



NCPD RESOURCES ON MENTAL ILLNESS

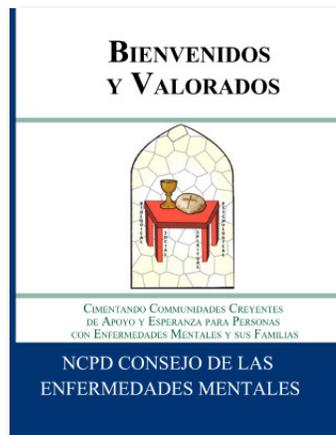
Available at 

WELCOMED AND VALUED RESOURCE MANUAL & DVD



The Resource Manual features 90+ pages of information, perspectives and tools to assist in ministry with people with mental illness (available in Spanish or English).

The DVD features in-depth looks at people with mental illness and how they participate in parish life (27-minute open-captioned DVD, with English or Spanish captions).



WELCOMED AND VALUED TRAINING AVAILABLE UPON REQUEST
CONTACT NCPD@NCPD.ORG

SIX WEBINARS ON MENTAL ILLNESS

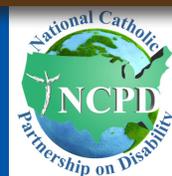
Available at 

- *Parish Support*
- *Sacramental Life*
- *Suicide Prevention*
- *Youth & Young Adults*
- *Veterans*
- *Physician-Assisted Suicide*



SPECIFIC RESOURCES FOR MAY AS MENTAL HEALTH MONTH & NATIONAL DAY OF PRAYER/AWARENESS WEEK IN OCTOBER

- BULLETIN ARTICLES • HOMILY TIPS • PRAYERS
 - PRAYER SERVICES • VIDEO STORIES • ARTICLES
- WWW.NCPD.ORG/MENTAL-ILLNESS



WWW.NCPD.ORG