

SAMPLE ARTICLES FOR BULLETINS & 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 One

First in a series of what our Faith Community can do to support those with mental health challenges and their families.

These past few months many of us if not all of us have at some level experienced anxiety, mood swings, depression and other challenges to our mental well-being. Mental illnesses, whether mild or severe, are health conditions involving changes in thinking, emotion, behavior or a combination of these. According to the National Institute of Health, in any given year, 1 in 5 people will have a diagnosable mental illness, such as depression, anxiety, bi-polar disease, schizophrenia, post-traumatic stress, among others. For one 24 people it will be severe and persistent. Mental illness affects the biological, psychological, social and spiritual dimensions of individuals. For those who already have a mental illness the past few months most likely have heightened their symptoms. The illness also impacts the lives of the person's family and their friends. These conditions often raises profound questions of faith such as why does God allow sickness and/or why me?

As a faith community we are called to support individuals and their families when the illness first occurs and in their ongoing managing of their illness and their recovery. Spiritual supports and companionship are critical to the recovery process. As a faith community, we can offer spiritual support through our prayerful presence in people's lives and our understanding of what people are experiencing. Mental illnesses often isolate people from their communities due to the lack of knowledge and understanding of these illnesses by the person and by the community. When we acknowledge the pain of a person's illness, understand the facts versus the myths surrounding mental illness, and provide support and companionship throughout the healing and recovery process, we can make a huge difference in the ability of people and families to manage these types of illnesses.

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

Many people with serious mental illness and their families are doubly challenged. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people.

Many people with mental illness are in recovery and lead normal lives, others struggle with symptoms and are not able to work full time, and some may not be able to work at all. Due to the stigma associated with mental illness, you and I are probably not aware of the severity of their illness or their struggles to find the right doctors, medications, or the right services for their condition. As a result of stigma and misconceptions about mental illness, people are not likely to tell anyone at work or in the neighborhood or at Church that they have a mental illness and need help and support. Many will not seek professional help feeling that they will be judged or treated differently once their illness becomes known. Sadly, some who do not seek help may wind up homeless or in jail due to the symptoms of their illness.

As a faith community we can make a difference in people’s lives and in the lives of the families who support them by educating ourselves on the facts about mental illness, being accepting of a person’s illness, comforting them in time of crisis, supporting them in their ongoing need, and assisting them in their search for mental health services.

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

The dignity of the individual is paramount in our belief that we are all created in the image and likeness of God. Our language and our actions should reflect that belief. When talking about mental illness, we should use “people first language.” We refer to people as the person 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,” or even worse terms. We all want to be known for the person we are not the illness we have. We are more than the illness we have! As people of compassion and justice we should never use stigmatizing language or demeaning terms when referring to people with an illness.

Careful use of language 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.”

We make the dignity of the individual real by following the example Jesus gave us. Jesus calls us to seek out and include people in our faith community who are suffering and isolated. Jesus gave us many examples like story of the Good Samaritan who helped someone when no one else would, and the story of the father of the prodigal son that teaches us about unconditional love. It is when we love in these ways that we experience the love that God has for us.

Week 4 – Fourth 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 may feel isolated from their faith community and thus isolated from God. If someone feels rejected by church they feel rejected by God. Isolation is often caused by the stigma associated with having a mental illness. The fear of being judged as inadequate or weak willed, or the misperception that God is punishing them because they did something wrong, or the communities misperception of what mental illness is and how it affects the individual and their families are powerful contributors to the isolation and loneliness that people feel. As a healing community we can support people with mental illness and their families with unconditional non-judgmental love in the following ways: increase our awareness of mental illness and where to get help; offer prayers and support for individuals and families who are affected by mental illness; serve on parish committees for outreach to individuals and families, get involved in peer to peer ministry; and work on the justice issues affecting mental health care.

Our parish outreach will be..... (Insert next steps)