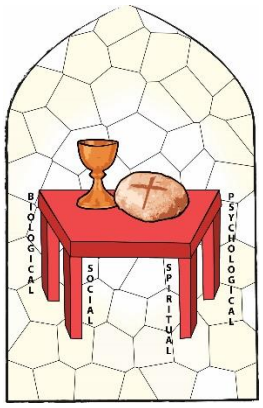
National Catholic Partnership on Disability

NCPD

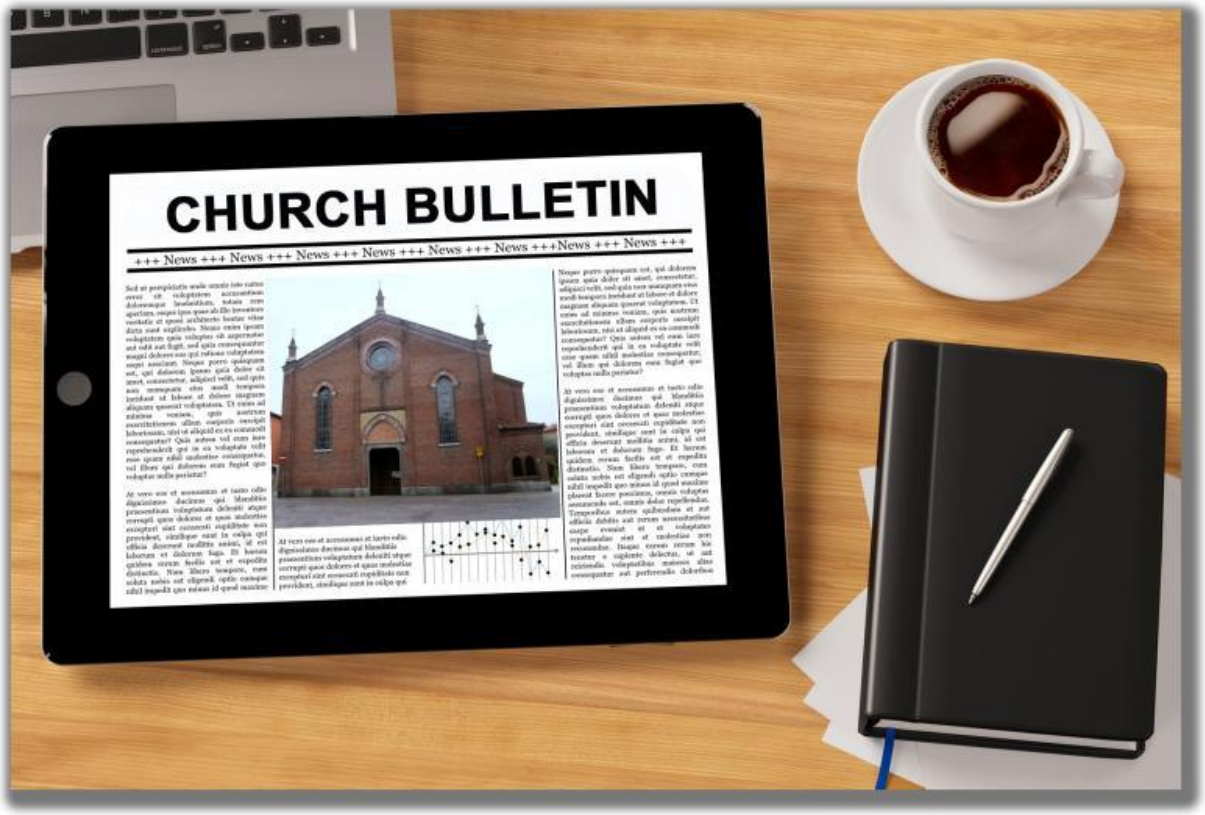
www.ncpd.org

The NCPD Council on Mental Illness



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 mental health challenges, and their families. After each article, a contact person within the Faith Community should be identified for people who want further information.



Week 1 – First in a series of what our Faith Community can do to minister to those with mental health challenges, and their families.

We all have Mental Health. Along the Mental Health Continuum are three major mental health states in which individuals can be located at various times in their lives. At the “healthy” end of the continuum are individuals experiencing Well-Being, a state of good mental and emotional health. These individuals may experience stress and discomfort resulting from occasional problems of everyday life, but they experience no impairment to daily functioning. All other individuals, for whom problems are more serious or prolonged, and for whom coping become progressively more difficult, are described as having “mental health problems.” People experiencing Emotional Problems have mild to moderate distress, and mild to temporary impairment in functioning (insomnia, lack of concentration, or loss of appetite). This may include people with situational depression, general anxiety, or mild attention deficit disorder (ADD). People having emotional problems that rise to the level of Mental Illness experience marked distress, and moderate to disabling or chronic impairment. It may include relatively common disorders such as depression and anxiety as well as major disorders such as schizophrenia. The distinguishing factor in Mental Illness is typically chronic or long-term impairments that range from moderate to disabling in nature. As a faith community, we can offer spiritual comfort through our prayerful presence in people’s lives by acknowledging their pain and supporting them through the healing and recovery process. For more information, visit the National Catholic Partnership on Disability at http://www.ncpd.org/ministries-programs/specific/mentalillness

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

According to the National Institute of Health, in a given year about one in four people have a diagnosable mental disorder, such as depression, bipolar disease, schizophrenia, among others. One in 17 people has a severe mental illness. These mental health challenges encompass biological, psychological, social, and spiritual dimensions of the individuals affected. These challenges also impact the

lives of the person's family. This situation is compounded by stigma attached to mental illness by others in society. Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common. Others' judgments almost always stem from a lack of understanding rather than information based on the facts. Due to the stigma associated with mental illness, people with mental illness and their families often feel isolated from their faith community and thus isolated from God. As a faith community, we are called to support individuals and their families through their time of crisis when the illness first occurs and in the ensuing life with and ongoing recovery from it. The spiritual dimension is critical to the recovery process. We can offer spiritual comfort and practical support of their physical needs. In justice, our advocacy is needed to address stigma and the resulting discrimination that can occur.

May 15 – Feast of St. Dymphna, Patron Saint of Those with Nervous Disorders and Mental Illness For more information, visit the National Catholic Partnership on Disability at http://www.ncpd.org/ministries-programs/specific/mentalillness

Week 3 – Third in a series of what our Faith Community can do to minister to those with mental health challenges, 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 should reflect our belief. When talking about mental health challenges, we need to use "people first language." We refer to people as the persons they are – not the disease or disability they have. So we say, "a person who is experiencing mental health challenges" or "a man or woman with a mental illness." We avoid referring to people using terms like "the mentally ill" or "the depressed." As people of compassion and justice we should never use stigmatizing language or demeaning terms. Careful use of language is more than being "politically correct." It is a way of communicating that people with

mental health challenges, 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.” As a faith community, we can reflect on our words and our willingness to make people welcome in our parish community. For more information, visit the National Catholic Partnership on Disability at http://www.ncpd.org/ministries-programs/specific/mentalillness

Week 4 – Fourth in a series of what our Faith Community can do to minister to those with mental health challenges, and their families.

Many people with mental health challenges are in recovery and lead normal lives – doing the same every day activities that everyone else does. Due to the stigma associated with mental illness, you and I are probably not aware of their challenges. They are not likely to tell anyone at work or in the neighborhood that they have a major mental illness. Some, while they are able to work, sometimes find the illness debilitating. They miss work for periods of time; and can’t do every day activities. Tragically, they might have health insurance while they can work – and not need it; and then have no health insurance when they can’t work and are in need of the health care. Some will never be able to work, and have to rely on public assistance and programs to help them throughout their life. Still others find themselves in a constant cycle of crisis due to the lack of health insurance or inadequate and inconsistent systems of mental health services. As a faith community, we can make a difference in people’s lives by being accepting of their illness, comforting them in times of crisis, supporting them when needed, and assisting them in their search for mental health services. In justice, our advocacy is needed for better systems of care, and fair employment and housing practices that serve people with mental health challenges, and their families. For more information, visit the National Catholic Partnership on Disability at http://www.ncpd.org/ministries-programs/specific/mentalillness

Week 5 – Fifth in a series of what our Faith Community can do to minister to those with mental health challenges, and their families.

A rapid increase in suicide in our time is cause for alarm among our faith community. According to the Substance Abuse and Mental Health Administration, the great majority of people who experience a mental illness do not die by suicide. However, of those who die from suicide, more than 90 percent have a diagnosable mental disorder. People who die by suicide are frequently experiencing undiagnosed, undertreated, or untreated depression. The depths of depression can rob a person of his or her desire to live. The research implies that a person is not capable of making a rational and moral decision at that point. With the knowledge now available about suicide, the Church takes a much more compassionate stance on this issue than it has in the past. A Catholic who has died by suicide is deserving of a Catholic funeral and burial in consecrated ground.

Good pastoral practice demands that survivors of a suicide attempt, and family members and others of someone who has died by suicide be treated with the utmost compassion and care. It is helpful to refer to this death as “death by suicide,” rather than saying a person “committed suicide,” which infers a deliberate decision choice to end one’s life. The decision is more likely a choice to end the pain and anguish that a victim of suicide is suffering. If a person survives the attempt, great care and love can be offered by family, friends, and professionals to assure the person he/she is loved and can find help in coping with the issues that caused such a depth of pain. As a faith community, we can offer spiritual comfort through our prayerful presence in people’s lives by acknowledging their pain and supporting them through the healing and recovery process. For more information, visit the National Catholic Partnership on Disability at http://www.ncpd.org/ministries-programs/specific/mentalillness

Next Steps:

As a healing community, we can support people with mental health challenges and their families with unconditional non-judgmental love in the following ways:

* Increase our awareness of mental health, and where to get help when its needed

* Offer prayers and support to individuals and families who are affected by mental health challenges

* Serve on parish committees for outreach to individuals and families affected by mental health challenges

* Review your parish’s inclusiveness of people with mental health challenges in community life, ministry, and leadership

* Get involved in peer-to-peer ministry

* Work on justice issues affecting people with mental health challenges such as health care, and employment.