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Finding a person's gift in music, gardening, or another area may bring comfort and a sense of belonging.

Reaching Out with Hospitality to People with Mental Illness

Thomas P. Welch

For more than twenty years, I have worked as a psychiatrist in various settings, primarily with adults with severe and persistent mental illness. I have grown accustomed to the unusual comments or behaviors someone might have while in the midst of an exacerbation of a condition like schizophrenia or bipolar disorder. I know that people with mental illness are far more likely to be the victims of violence than they are to be the perpetrators of it. But most importantly, I have met people who, even in the depths of severe depression or disabling psychosis, have shown deep faith and who have reflected back to me the image of God, in whose image they were created.

Because mental illnesses are so common, every parish will have members with a variety of conditions; some might be read-

ily apparent, while others could be less visible. Regardless of the nature of their mental illness, people should feel welcomed and valued in their parish. Ways to promote an environment of welcome can be as simple as including intentions for people who have mental illness in the Prayer of the Faithful and hosting support groups such as those offered by the local chapter of the National Alliance on Mental Illness. Attention to language in homilies or parish communications is necessary to avoid the use of derogatory or outdated terms for people with mental illness or other disabilities that can inadvertently alienate.

At times a person with a mental illness might demonstrate behavior that brings them to the attention of parish staff or parishioners. Although I have gained a level of comfort interacting with people whose speech or actions are out of the ordinary, I understand how alarming it can be for the average parishioner

or pastoral staff member faced with a person yelling or exhibiting other odd behaviors. Despite my experience I have been less effective at times than parishioners without any professional training because of their gifts for showing hospitality. I am aware of parishioners and staff who have responded in ways that were kind and respectful, and others who were harsh and dismissive; the former should be the goal for a parish that wants to be a truly welcoming and hospitable place. Through training and experience this goal can be realized.

The celebration of the Eucharist is a critical focus of every Catholic parish. We are called to the table of the Lord. But what happens when one of those present is disruptive or frightening? How do we deal with someone who lingers in the church, talking to himself or gesturing at unseen others? I will offer some ways to respond in a spirit of hospitality and welcome that takes into account the dignity of each person, the special nature of the celebration of the Eucharist, and the need for the safety of parishioners and parish staff. Although other conditions such as intoxication or dementia also can be the cause of an individual's inappropriate behavior, I will focus on interacting with people with severe and persistent mental illness. I will propose a shift in perspective from viewing people as problems to be fixed to seeing them as fellow children of God to be treasured.

DISTRACTIONS AND DISRUPTIONS

It is helpful to distinguish between distractions and disruptions. For some people a distraction might be a crying baby, people talking loudly during Mass, a slamming door, a noisy furnace, or someone pacing up and down the side aisle mumbling to himself. Distractions, if focused upon, can draw a person's attention away from the Eucharistic celebration but generally do not interfere with the celebration or place the safety of anyone in danger. A disruption, however, interferes with the celebration of the Mass and can cause great distress. Examples of disruptions include loudly interrupting the priest, deacon, or lector while they are speaking, wildly gesturing while standing in front of the altar or ambo, banging on the keys of a piano or organ, destroying property, and threatening physical harm.

Distractions are ultimately harmless and often are best dealt with by making a conscious effort not to focus on them. Disruptions, on the other hand, often require some sort of intervention. This might include asking the person causing the disruption to stop, redirecting them, or asking them to leave. In extreme situations, where there is an imminent threat of physical harm to people or the destruction of property, emergency personnel need to be summoned. Later, I will address some additional ways to respond to distractions and disruptions. The ideal however would be to prevent distractions and disruptions from arising in the first place.

To begin to prevent distractions and disruptions caused by someone with severe and persistent mental illness, it is useful to consider why the person is at church in the first place. For people who are homeless, the church might be a safe place out of the elements. The relative peace and quiet can serve to calm the distress that comes with the uncertainty and fear of living on the street. For people who are cold and hungry, a cup of coffee and a doughnut can be a welcome repast. They might also be trying to



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Viewing people with mental illness as among God's children will encourage a positive response to hospitality.

meet other basic needs such as access to a restroom or food or bus fare. However, the reason that the person has been drawn to the church at that particular time cannot be assumed.

Simply because people appear disorganized or speak in ways that are unusual does not mean they are not at church for the same reasons everyone else is—a desire for closeness to God, the Real Presence of Christ in the Eucharist, the following of traditions, or to be part of a community of believers. They might have been raised in the Catholic faith and received the sacraments of initiation before the onset of their mental illness, which usually occurs in late adolescence or early adulthood. They could have grown up in the parish or attended its school. The person might be someone who has attended Mass faithfully for years without ever coming to anyone's attention until a worsening of their illness resulted in uncharacteristic behavior. They might identify with another religion, or there may be no obvious reason for why they are there. But perhaps they are there because God has led them there, lovingly drawing them to the table of the Lord. They might not be able to express this experience because of their level of disorganization or because it is an experience beyond words. It would be a tragedy if such a person were to be chastised, shooed away, or made to feel unwelcome.

HOSPITALITY

Hospitality is at the core of positive interactions among people, especially people with severe and persistent mental illness. Welcoming the stranger and forming relationships is not only the Christian thing to do, but it can help mitigate distracting and disruptive behaviors or even prevent them altogether. A friendly greeting and exchange of names can begin to help the person feel safe and not threatened, which in turn makes them less likely to act out of fear and more likely to respond to interventions. If the first attempt at hospitality seems to be ignored, try again later. Persistence is often necessary to form a relationship with someone who is fearful or highly guarded. A gentle

goodbye or casual conversation after Mass can help someone feel that their presence was valued and that they can return.

Although anyone can extend hospitality, ushers, greeters, and welcome committee members are often best positioned to be the first to welcome. Training and support specifically about welcoming people with severe and persistent mental illness can be helpful to these ministers. Many organizations with online resources exist to help better understand people with mental illness and the role of faith in their lives (see sidebar). The local mental health clinic and parishioners who are mental health providers can be useful resources as well. Parishes might consider forming a separate committee or subgroup specifically tasked with taking the lead on engaging with people with severe and persistent mental illness, inviting them to participate in parish life and formulating responses to those who might cause distractions or disruptions. This could include discussing recent situations, what worked and did not work, and ways to be more effective in the future. If members of the group have already formed cordial relationships with people with severe and persistent mental illness, they will be in a much better position to offer assistance in the event of a disruption.

INTERVENTION

When someone does something disruptive, the first and often most effective intervention is to do nothing. The disturbance might last only a few seconds, after which the person regains composure or leaves the area. If the disturbance continues, then an active intervention should be considered. Ideally, a person or two who have formed a relationship with the person can approach, allowing ample space between them, and calmly address the person by name. That simple connection might be enough to redirect the person's attention. The person can then be engaged and redirected back to their pew or invited to step out of the sanctuary for a while. The conversation should be reassuring and not corrective. If approached in an authoritarian manner, the person might resume disruptive behaviors.

When addressing someone who is engaging in disruptive behavior, attention should be given to one's body language and choice of words. This point was driven home to me recently when I tried to intervene in a disruptive situation. I was seated near the entrance to the confessional when midway through the Mass, a man emerged from the confessional brandishing a large stick. His appearance was disheveled, and he was mumbling as he walked toward the front of the church. Many heads turned in

his direction and some people appeared uncomfortable with the situation. He turned and went to the back of the church and into the foyer. I followed him out, intending to monitor the situation for safety. What followed was a great example of how *not* to intervene. I caught up to him and said, referring to the confessional, "That's a special room only Father uses, you shouldn't have been in there." I immediately cringed at my patronizing and belittling introduction to this man. He then began loudly quoting Bible passages. In my attempt to invite him into conversation in a quieter place, I replied, "I would really like to hear

more, let's go outside." What I suspect he heard, however, was the stereotypical invitation to a barroom brawl, "Let's take this outside!" He declined my offer by quickly leaving the building and walking away. However, he stopped his loud outbursts when a grandmotherly woman looked kindly at him and gently held a finger to her lips.

This example could have had a much different outcome if there had been a more coordinated effort. The man had been coming to the church for several weeks, often slipping in as soon as the doors were unlocked and finding his way to the confessional, it appeared, to take a nap. I learned later that a few of the ushers had, at times, engaged him with small talk. If they had spoken with each other about ways to interact with the man, they could have stepped in before Mass started

and redirected him from the confessional in a way that would have been more effective and respectful than my awkward improvisation. The individual who had the best rapport with him could have invited the man to leave the confessional and join the congregation by sitting in a pew and suggest that he leave his stick outside.

The people on the front lines of hospitality could also anticipate some common situations and prepare responses that both respect the person and keep from interfering with the celebration of the liturgy. An example is someone pacing back and forth in front of the altar. The person could be invited to pace in a less conspicuous part of the church. Such coordinated efforts would need to be rehearsed, and the people best able to respond would need to be empowered to act rather than assume someone else will handle the situation.

Priests, deacons, and other parish leaders can take an active role in promoting an effort to coordinate both hospitality and response to disruptive behavior. By designating specific parishioners to be the ones to respond, the priest can be reassured that he can celebrate the Eucharist without involvement in



Photo © John Zich

An individual with mental illness may be at Mass for the same reasons as the rest of the congregation.



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It is important to be watchful for opportunities to welcome and invite people with severe and persistent mental illness into the parish community.

disruptive situations. Allowing the priest to be removed from interventions promotes his ability to subsequently engage with the person in a pastoral manner.

OPPORTUNITY

In addition to helping form a relationship from which to prevent or successfully intervene with disruptive behavior, hospitality can bring about the inclusion of a person into the parish community. Support and encouragement may reconnect the individual with musical gifts or other artistic ability, gardening, or a sense of hospitality. People who are shy might need to be drawn out and shown that they are in a safe, loving environment. Seeing the person not as a problem to be managed but as an equal, valued member of the community can be transformative for the individual and the parish.

One never knows the content of a person's heart or what their relationship with God or the Church is. Several years ago a young man started attending Mass at my parish with a neighbor and decided he wanted to become Catholic. Baptized in another Christian denomination, he took part in the parish's initiation process. The man had difficulty following the content of the weekly groups. He frequently made bizarre and offputting comments and revealed many delusional ideas. It became disruptive to the group, and he did not appear to benefit from the meetings. Hearing of this, the pastor did not ask the man to leave the Christian initiation process. Instead, he asked me to work with the man individually as his sponsor. The pastor provided me with materials to use and asked that the meetings be brief

enough to sustain his attention before or after Mass, which he continued to attend faithfully. In addition to these meetings we would talk on the phone about a variety of topics, including Catholicism and what we had heard in the readings and homily that week.

Although the man continued to share delusional ideas and speak of hallucinations of various entities talking to him, he was unwavering in his desire to become a Catholic and grew through slow, but undeniable, formation. Even when he learned that he would not be ready to make his profession of faith at the Easter Vigil, he accepted the pastor's explanation and continued to meet with me with periodic check-ins with the pastor. When the pastor eventually was satisfied that the man was ready, he made his profession of faith and was welcomed into the Church. He continued to attend Mass, had a favorite spot to sit in, and came to know the people who regularly sat around him. With some encouragement, he occasionally participated in parish events. In the midst of his often unusual and disorganized thinking, he would periodically make profound statements that demonstrated a deep faith and connection with a loving God. This faith-sharing relationship allowed us just to be two people on a journey of faith. The fact that I was a psychiatrist and he was someone with severe and persistent mental illness was immaterial.

HOPE

While it is important to be prepared to respond to problematic situations with someone with severe and persistent mental illness, it is far more important to be watchful for opportunities to

welcome and invite people with severe and persistent mental illness into the parish community. My hope is that parishes will accept the challenge of hospitality and be open to the transformation and grace that come from being a truly welcoming community. ♦

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At www.PastoralLiturgy.org

Find and share this article with parish staff and the liturgy committee at the following URL:
<http://www.pastoralliturgy.org/resources/ReachingOutwithHospitalitytoPeoplewithMentalIllness.pdf>.

Mental Health Resources for Parishes

A number of agencies and organizations offer assistance to parishes seeking to support people with mental illness and/or addictions. Among the resources are bulletin inserts, support groups, training opportunities, and workshops.

The Council on Mental Illness of the National Catholic Partnership on Disability provides downloadable resources pastoral staff can use to educate themselves and parishioners about mental illness. The theological framework on mental illness from which the council works begins by stating, “Every life is sacred. Every person is created in God’s image.” The framework’s statements from Pope John Paul II, pastoral documents, and the *Catechism of the Catholic Church* will be helpful for parish discussions on valuing people with mental illness. Other resources available at www.ncpd.org/ministries-programs/specific/mentalillness include:

- information on peer support, suicide, and implementing an environment of welcome and appreciation for people with mental illness;
- sixteen specific actions a parish can do to support people with mental illness;
- the DVD “Welcomed and Valued: Supporting People with Mental Illness in Parish Life,” which includes a discussion guide;
- bulletin articles on mental illness;
- homily preparation tips; and
- a list of links with resources on mental illness.

The National Catholic Council on Addictions (ncca.today.org) is a service of Guest House. The site provides contact information for Substance Addiction Ministry training, for workshops, guidance for helping people suffering from addictions, and links to a number of websites that address addiction. Available through the website are complimentary copies of the booklet *Prayers and Reflections for Addicted Persons and Their Loved Ones*.

Pathways to Promise (www.pathways2promise.org) is an interfaith organization founded to assist faith communi-

ties in reaching out to people with mental illness and their families. It offers training and consultation, educational materials, program and ministry models, assistance to lay leaders, and networking information. Among its resources are:

- *Walking Together: A Training Workshop for Faith Communities Interested in Supporting People with Mental Illness*, originally published by the Anglican Diocese of Auckland, New Zealand. This book provides nine activities aimed at reducing the stigma of mental illness.
- *Mental Illness Awareness Interfaith Resources*, which includes three booklets put together in response to requests for material during Mental Health Awareness Week, Mental Health Month, and other times of the year. The booklets focus on worship resources, materials for sermons and articles, and observations and commentary on caring congregations.
- *The Companionship Series*, which consists of three booklets: *Mental Health Ministry: An Introduction*, *The Way of Companionship*, and *Organizing a Congregational Mental Health Team*.

The National Alliance on Mental Illness FaithNet (www.nami.org/namifaithnet) is a resource for people of all faiths who want to help congregations be supportive of families and those with mental illness. Among the resources it offers are:

- sample sermons and worship services
- support groups
- prayers
- faith and spirituality groups
- blogs and articles, and
- a listing of a number of faith-based organizations that provide assistance around mental health concerns to parishes.