

PASTORAL SUPPORT FOR PEOPLE WITH MENTAL ILLNESS AND THEIR FAMILIES

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. People 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.

Faith Communities are like a stain glass window. When we see a stain glass window in a church, we are struck by the beauty of the story it tells. The window usually depicts a story from scripture or an aspect of our faith. Taken as a whole, the window gives a complete picture of a particular story or inspiring moment. When we approach the window and look closely at the art, we see that the window is made up of many pieces of glass. The pieces have different shapes and sizes, some are large and some are tiny. We see that the pieces are made of different colors. Upon closer inspection, we see that the pieces have flaws in them, some have lines or cracks, other have tiny air bubbles in the glass. But taken together as a whole, the unique pieces, big and small, of various colors, with all their flaws transcend their individuality and come together at the hand of the artist to give a dynamic story of faith. But what happens if part of the window is missing? What if we were to

remove all the brown pieces of glass, or remove the large pieces, or the ones with bubbles in them? The picture would be incomplete. We would not get the whole story. The body of Christ, the faith community, in one sense, is like a stain glass window. It lives the story of redemption and salvation in the reality of everyday life. The pieces of the story are made up of many kinds and sorts of people – young people, elderly people, married people and single people, people of color, people of different shapes and sizes, people who are divorced, people with various disabilities, etc.... Like the stain glass window, the body of Christ is made up of many parts. If we intentionally or unintentionally exclude, discriminate against or ignore one or more of the parts, we do not get the whole picture. We are missing the full story. The picture is incomplete. For people with mental illnesses the societal stigma and misperceptions of the disease often keep people from participating in our parishes because the stigma and misperception by society is felt within their own community of faith. Parishes, rather than mirroring the cultural biases of society, should be challenging those assumptions and accepting and reaching out to all people - to open doors and minds to the gifts of all God's people. Parishes that truly welcome and include everyone in a proactive way portray the story of redemption and salvation as a clear and beautiful image of God's Kingdom.

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

In our parishes and communities:

- About one in five people have a diagnosable mental disorder in a given year – one in about 25 suffers with persistent and severe mental illness according to the National Institute of Health.
- Death by suicide is the 3rd leading cause of death for young people ages 10 to 24 and over 90% of those who die by suicide have a diagnosable mental disorder.
- Four of the ten leading causes of disability are mental disorders.
- Sadly, less than one-third of adults and half of children with a diagnosable mental disorder receive any mental health services in a given year.

People who experience major mental illnesses such as schizophrenia, bipolar disease, major depression, obsessive-compulsive disorder, anxiety disorders, personality disorders, and others tend to be isolated and marginalized by society. They and their families often feel excluded from the community they grew up in and from their own parish. The myths and the misunderstanding of the causes of mental illness keep people and their families from participating in the life of the church because they feel judged or “different.” Often people with mental illness will say that they do not feel valued any more by their parish or that they are not invited to participate in the life of the Church. These perceptions, real or imagined, are concerns parishes need to recognize and address.

Parishes should include people with mental illness and their families in addressing these issues as they will have insights into the solutions that those who are not affected can overlook.

Serious mental illness can cause a crisis of faith for the person with mental illness and their family. Why me/us? How could God do this to me/us? Is God punishing me/us? These and other questions can shake one's faith and be detrimental to recovery. A supportive faith community can help work through doubts and questions in a way that leads to recovery and wholeness.

The need for church involvement is great. Since the 1960's, the "deinstitutionalization" of mental hospitals sought to put mental healthcare into the community. Over the 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 experience these brain diseases. Given the record of poor treatment of people with mental illness across our nation, some people with mental illness unfortunately are now among the poorest of the poor both in physical needs and psychological needs.

Many people with mental illness are in recovery and lead normal lives. Due to the stigma, you and I are probably not aware of their illness because they are not likely to tell anyone at work or in the neighborhood that they have a major mental illness. Other people are able to work but, at times, find the disease debilitating. (Ironically, they might have insurance when they work but not need it and no insurance when not working and in need of it) Others will never be able to work and have to rely on public assistance and programs to help them throughout their lives.

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.

The good news is that these diseases are treatable and manageable – 70 to 90% of people receiving the proper combination of psychiatric care, medication, therapy, community and spiritual support have significant reduction of symptoms and improved quality of life. Early detection is crucial. Unfortunately, people are often reluctant to get help or seek treatment because of the stigma society puts on the disease. 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 people with mental illness from seeking needed help or continuing with therapy and appropriate medications.

Once people do seek help they often run into a mental health system that fails them due to lack of programs and funding; or people lack enough health insurance for adequate care; or people do not get the continuity of services that are needed for recovery.

Families are affected as well. The families of people with mental illness often do not know where to turn for help. Lack of community services and support for their loved ones drains them physically, emotionally, and financially. The stigma surrounding mental illness keeps them from seeking information about the disease. Families experience feelings of guilt, denial, loss, isolation, and loss of hope. The lack of mental health resources creates cycles of crisis for people with a mental illness and their families.

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 about 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 people with mental illness are vulnerable and discriminated against in the workplace, in housing opportunities, and in the healthcare system. 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 and pastoral care 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.

**YOU PRAY FOR THE HUNGRY. THEN YOU FEED
THEM. THAT'S HOW PRAYER WORKS. POPE
FRANCIS**

SPECIFIC ACTIONS

Awareness, acceptance, and accompaniment are key roles for pastoral outreach to people with mental illness and their families. Awareness means educating the parish about mental illness. Too often the same misconceptions that society has are the same with the parish community.

Acceptance means valuing a person for who they are not who we think they should be. We all are created in the image and likeness of God. We each have value and something to offer.

Accompaniment means journeying in faith with people who have a mental illness and their families. The illness can be overwhelming for individuals and families. Pastoral presence can lighten the burden. Pastoral people do not have to be professionals but ideally would have some training. Just as a person doesn't have to be an oncologist to accompany people with cancer one doesn't have to be a psychiatrist to accompany people with mental illnesses.

Once the Faith Community leadership has studied the issues outreach can then effectively begin in a variety of ways. It is important that people with mental illness and their families 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. It is important to recognize the contributions people with mental illness can make to the church's life. Then the ministry becomes mutual and we live our faith together and find solutions together.

- 1) An integral part of recovery for people with mental illness is to have a supportive faith community to rely on for spiritual needs in the recovery process. Families also need support in their need to deal with the mental illness of a family member. The parish community can offer much to people and families facing serious mental illness through inclusive, non-judgmental, and unconditional love. A very effective means for a parish to help is to provide people to befriend persons with mental illness and listen compassionately to them, taking them seriously and offering them the simple gift of presence. It often takes time, even a year, to gain the trust elicited by compassion and care.
- 2) People with mental illness and their families will often come to a clergy person and parish leaders first when symptoms of the illness strike. It is important for clergy and leaders to 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.
- 3) 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.

- 4) 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 homilies and communications that add to stigmatizing those who have mental illness. Words matter!

- 5) 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.

- 6) 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 often creates a continuous cycle of crisis for people with mental illness and their families. This is morally unconscionable.

- 7) 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.

- 8) 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.

- 9) 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 onetime 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.

- 10) 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.

- 11) 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.

- 12) 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.

- 13) 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.

- 14) 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 longterm 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.

- 15) 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.

INTERACTING WITH PEOPLE WITH MENTAL ILLNESS

People with mental illness have many gifts and talents that add to our life as a community of faith. The first step in interacting with people with a mental illness is to recognize that each person has dignity. The next step is to recognize in ourselves any preconceived negative images and prejudices we may have toward people with mental illnesses. These usually are formed by distorted media images, isolated bad experiences of people with mental illnesses, or the many myths surrounding mental illness. Once we strip away the generalizations and distortions, we are better able to see a person for who they truly are, a person created in the image of God.

People with mental illness should not be defined by the disease they have but by the person they are. When we start labeling people as a disease, we see them as problems rather than a person. So, it is important to separate the illness and symptoms from the person.

Each illness carries with it symptoms that may affect how people interact with us and we with them. The intensity and severity of the illness impacts one's ability to communicate. Mental illness can affect a person's ability to think sequentially, to manage emotions or mood swings, and to be in relationship with others.

Someone with depression may seem uninterested or distant. That is a symptom to be recognized but not indicative of the person they are outside the illness. A person with schizophrenia may hear voices or experience hallucinations which are very real to them and is their reality. It is important not to deny that they are experiencing those symptoms but to help them understand it is not what you are experiencing and that you are willing to learn more about what they are going through. A person who has a panic disorder may be uncomfortable in Church or at meetings so it is

important to be sensitive to the person's need for space or need to get up and move around.

In crisis situations, people with a mental illness may exhibit symptoms relative to the intensity of their illness and the treatment they are or are not receiving. A person exhibiting untreated symptoms of mental illness such as severe depression, schizophrenia, bi-polar disease may need crisis intervention by trained professionals. Therefore, it is important to know the resources available in your area to get a person help. We should not engage the person in arguing or confrontation about the symptoms but rather comfort them and calmly help them to seek treatment. We should at all times act in a safe manner for ourselves and the person we are ministering to.

We are not psycho-therapists who treat the symptoms of mental illness just as we are not oncologists who discuss remedies for a person with cancer. We are spiritual friends and companions who journey in faith with those who are in need or suffering and often isolated by their illness. In the recovery model, we are part of the social and/or spiritual component in a person's life. Understanding the symptoms of the particular mental illness of the person will help us to better communicate, minister, advocate, and pray with people with mental illness.

Listening is an important part of interacting with people with mental illness. People's personal stories are sacred. A person's story of suffering, coping with a life changing illness can be frightening and lonely experiences. Often a major mental illness is accompanied by doubts about God and can cause a crisis of faith. Holy listening, that is, listening in the context of the healing presence of God, means hearing what a person tells us and letting their story unfold. We respond and react to their story in a non-judgmental way with an unconditional love for the person. Holy listening allows and encourages people to relate their experiences

in a supportive atmosphere that leads to comfort and healing. Holy listening brings one to a richer understanding of God's unconditional love for us through our acceptance of one another. Holy listening leads to a mutuality of understanding that allows the person who is ministering to another to begin to see that they are being ministered to as well. This supportive process leads to solidarity and mutuality that enriches faith and hope. The listener then becomes the learner and both journey the path to wholeness and holiness.

As individuals and as church we are called to create an environment that sends a message of acceptance that encourages people to tell their story. Such an environment in fact gives a person "permission" to tell their story which they may otherwise feel too uncomfortable or too embarrassed or too stigmatized to tell. This process usually develops over a significant period of time. We need to patiently allow the story to unfold

"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 JohnPaul 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 & 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. These are especially good to run before any presentations in the parish.

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

According to the National Institute of Health, in a given year about one in five people have a diagnosable mental disorder such as depression, bipolar disease, and schizophrenia, among others. About one in 25 people have a severe mental illness. Mental illness encompasses biological, psychological, social and spiritual dimensions of the individuals affected. The illness also impacts the lives of the person's family. Severe mental illness often raises profound questions of faith such as why does God allow sickness or why me? 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 through our prayerful presence in people's lives by acknowledging their pain and supporting them through the healing and recovery process.

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 mental illness are in recovery and lead normal lives. Due to the stigma associated with mental illness, you and I are probably not aware of their illness. They are not likely to tell anyone at work or in the neighborhood that they have a major mental illness. Others with mental illness are able to work but at times find the disease debilitating.

Tragically, they might have health insurance while they can work and not need it and have no health insurance when they cannot work and are in need of it. Others 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 no insurance or inadequate or inconsistent systems of mental health care. As a faith community we can make a difference in people's lives by being accepting of their illness, comforting them in time of crisis, supporting them when needed, 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.

In 1963 President John Kennedy signed into law the Community Mental Health Centers Act 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 this 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 50 years later, we are faced with an alarming dilemma which is felt nationwide. Many of those with a mental illness are now living at home with their families who are not equipped to handle the illness, or are residing in nursing homes, county homes etc. in a small scale "re-institutionalization" with the same conditions that were decried years ago, or are living by themselves uninsured and not connected to services, or are homeless, (greater than 30% of all homeless have a mental illness), or in prisons and jails where more than 50% of the prison population need mental health care. In justice, our advocacy is needed for better systems of care that serve people with mental illness and their families.

Week 4 – Fourth 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 should reflect that belief. When talking about mental illness, we need to use “people first language.” 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.” 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 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.”

Week 5 – Fifth 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 often feel isolated from their faith community and thus isolated from God. Isolation is often caused by the stigma of the disease, or fear of being judged as inadequate or weak willed, or the misperception that God is punishing them because they did something wrong, or the community’s misperception of what mental illness is and how it affects the individual and their families. 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 to 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.

WEEK 6 – Sixth 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

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 (or similar presentation)

“Welcomed and Valued” available through Amazon.com and produced by The National Catholic Partnership on Disability — short discussion. The purpose of this section is to provide information about mental illness and its affects on the individual

and the family. Other videos may be used to accomplish this purpose.

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 Speaker
Models of Ministry – this should be a presentation of how we as a faith community can be effective in our own community.

2:15 Fifteen Minute Break

2:30 Group discussion
Discuss models that might work and how to implement them with Action Items, i.e., the next steps.

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 and services 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 in our outreach and support for people with mental illnesses and their families 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.

JUSTICE ISSUES CONCERNING PEOPLE WITH MENTAL ILLNESS

Dignity of the Individual

Pope John Paul II's 1997 message to healthcare workers states that "Whoever suffers from mental illness 'always' bears God's image and likeness in [themselves], as does every human being. In addition, [people with mental illness] '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."

One of the greatest obstacles for people with mental illness and for their families is overcoming the stigma the general public associates with mental illness. These misperceptions hinder us from seeing a person as the image of God.

Per the Mayo Clinic website:

- Stigma keeps people from receiving the treatment and care they need for recovery.
- Stigma creates a lack of understanding by family, friends, co-workers or others you know
- Fewer opportunities for work, school or social activities or trouble finding housing
- Bullying, physical violence or harassment
- Health insurance that doesn't adequately cover your mental illness treatment
- The belief that you'll never be able to succeed at certain challenges or that you can't improve your situation

Church's Response

- As Church we are called to counter the sinful effects of stigma by:
 - Using “people first” language to reinforce the dignity of the person, e.g., “people with a mental illness” not “the mentally ill.” This allows people with mental illness to be recognized as a person not a disease.
 - Recognizing that everyone has something to contribute. We value the individual for who they are and what gifts he or she brings to the community.
 - Debunking myths and mental illness characterizations that portray people by generalizations that have no basis in fact and are negative and demeaning.
 - Welcoming and including all people into our faith community and treating each person with dignity and respect. Finding ways to proactively include people.
 - Educating and informing faith communities about the facts concerning mental illness

Priority of the Needs of the Poor and Marginalized

Another theme of Catholic Social teaching is our priority for those who are most vulnerable and pushed to the edges by society. A basic moral test for our or any society is how the most vulnerable members are treated. Our society is flawed by a widening gap in health care and services between the rich and the poor. We look to the story of the Last Judgment which instructs us to put the needs of the poor and vulnerable first -

....Lord, when did we see you hungry and feed you, or thirsty and give you drink? When did we see you a stranger and welcome you,

or naked and clothe you? When did we see you ill or in prison, and visit you? And the king will say to them in reply, Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me. (Mt 25:37-40)

- Prisons and Jails

- Prisons and Jails have become the largest deliver of mental health services in the United States
- At midyear 2005 more than half of all prison and jail inmates had a mental health problem, including 705,600 inmates in State prisons, 70,200 in Federal prisons, and 479,900 in local jails. These estimates represented 56% of State prisoners, 45% of Federal prisoners, and 64% of jail inmates.
- Very few prisoners in general prison and jail populations receive the treatment they need
- [Only] Over 1 in 3 State prisoners and 1 in 6 jail inmates who had a mental health problem had received treatment since admission.

- Death penalty

- Virtually every country except the U.S. prohibits the death penalty for people with mental illness
- Although precise statistics are not available, it is estimated that 5-10 percent of people on death row have a serious mental illness.
- In 1986, the Supreme Court ruled that people with mental illness can be executed if they understand the punishment that awaits them and why they are being put to death. This ruling has prompted some states to provide psychiatric treatment to offenders with mental illness on death row in order to “restore their competency.” Also some states are medicating defendants involuntarily in order to make them competent either to stand trial or to be executed.

- Homelessness

- Deinstitutionalization of public “mental hospitals” created an increase in homelessness because of poorly funded community programs.
- Lack of an array of services and affordable housing in the community adds to the mental health crisis.
- At least 20 to 25% of homeless have a mental illness. Mental illness among people who are homeless is generally acknowledged as much higher.

Church’s response

- “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
- We are called to change the systemic structures imprison people rather than address their mental health needs. We are called to work for better laws and polices that end discrimination and marginalization of people with mental illnesses, cause homelessness, and add to the high recidivism rate for people who are in prisons and jails.

Rights and Responsibilities

Another 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. Every person

has a fundamental right to those things required for human decency including healthcare. It is our responsibility to protect these rights.

The mental healthcare system in the United States is often described as dysfunctional and uneven in its care for people with mental illness. Mental Illness is a treatable brain disease with better success rates than many other diseases. Studies have shown that proper diagnosis, medication, and an appropriate range of community psycho-social rehab support services will deliver cost effective results that are actually less expensive than the current disconnected delivery system now in place. Yet the needs of many go unmet which is unconscionable.

- Poor Health Care systems foster continuous “cycles of crisis” for people with mental illness and their families.
 - Over 40 million people in the United States have no healthcare insurance
 - While effective treatments exist for most common mental disorders, studies have shown that many consumers seen in primary care settings do not receive them. Even in the 1990s, most adults with depression, anxiety, and other common mental disorders did not receive appropriate care in primary care settings. Older adults, children and adolescents, individuals from ethnic minority groups, and uninsured or low-income patients seen in the public sector are particularly unlikely to receive care for mental disorders.
 - Quality treatment and flexible supports for adults with a serious mental illness lead to employment and recovery, reduced substance abuse and incarceration, and greatly improved quality of life.....Multiple Barriers Impede Access to Effective Treatments, Services and Supports. The array of programs that deliver or pay for treatments, services and supports are offered by multiple levels of government and the private sector. The varying missions, settings and financing of these health, housing, disability

and employment programs create a mental health maze instead of a coordinated system. Navigating this maze is left to the people with the mental illness and their families, who are least equipped to deal with the complexities of the system. As a result, it is often impossible for families and consumers to find the care that they urgently need. Overall, one in two people who need mental health treatment do not receive it. For ethnic and racial minorities, the rate of treatment is even lower than that for the general population and the quality of care is poorer..... The Commission has identified five barriers in the interim report that needlessly impede access to care: "Fragmentation and Gaps in Care for Children, Fragmentation and Gaps in Care for Adults, High Unemployment and Disability for People with Serious Mental Illness, Insufficient Attention to Older Adults, and Mental Health and Suicide Prevention are not yet National Priorities."

- Since the Healthcare system is inadequate people do not receive the continuity of Care needed to remain healthy. The range of services varies widely from community to community, from urban settings to rural settings.
 - Need to offer full array of services in all communities
 - Need to overcome the “not in my backyard” syndrome that keeps people from getting care close to their families and in their own neighborhoods.
 - NAMI, National Alliance for the Mentally Ill, in a 2006 survey rated the United States with a “D” for its care of people with mental illness
- Parity legislation
 - People with mental illness deserve the same coverage as people with physical illnesses.

Currently many insurance plans discriminate against people with mental illness by limiting benefits for mental health care.

- Housing
 - Affordable housing for people with mental illness is a major issue. If a person is unable to work, obtain a job with a decent wage, and/or on disability housing options are very limited.
- Employment
 - People with mental illness need supportive employment opportunities so they can make the transition to full recovery.

Church's Response

- As Church, we are called to respond to Pope Benedict XVI's message for the 2006 World Day of the Sick "I therefore encourage the efforts of those who strive to ensure that all [people with mental illness] are given access to necessary forms of care and treatment..... I commend pastoral workers and voluntary associations and organizations to support in practical ways and through concrete initiatives, those families who have [people with mental illness] dependent upon them. I hope that the culture of acceptance and sharing will grow and spread...
 - As people called to witness Christ to the world we must first examine our own views and actions toward people with mental illness and their families. Do we have misconceptions, prejudices, or attitudes toward people with mental illness that are based on irrational ideas or myths unsupported by fact?
 - Since mental illness is often hidden, it takes on an even greater urgency for a proactive ministry - especially since persons with mental illness are vulnerable and

discriminated against in the workplace, in housing opportunities, and in the healthcare system.

- In “*THE IMAGE OF GOD IN PEOPLE WITH MENTAL ILLNESS*” Pope John Paul II says “...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.”

SUFFERING AND ILLNESS – WHO SINNED?

In John's Gospel, Jesus passes a blind man and the disciples ask this question "Who sinned, the blind man or his parents?" The question was embedded in the disciples' consciousness because in those days it was believed that sicknesses, diseases, and disabilities were God's punishment for sins committed by the person or their ancestral family. Some of these same perceptions can be heard today when we hear faithful people ask, "Why did God do this to me?" "What did I do wrong" or "Why does God allow suffering to exist" or when someone tells us "God gave you this cross to make you a better person."

Illness and suffering provoke questions about God and can cause a crisis of faith in the person affected by the illness as well as in their family and friends who love them. The questions go to the root of our beliefs about God. How can a loving God permit suffering to happen? What does God say to us about illness? When we ponder these mysteries we discover a few surprises about suffering: that it can actually be a gift, redemptive and a source of grace in our spiritual journey; that it can instill compassion for others and give us insights into the communal body of Christ.

In John's Gospel, Jesus' answer to why the man was blind was "it is so that the works of God might be made visible through him." Some might take this to mean God actually gave the blind man this disease so that he can be a witness to God's miracles. In reality, God does not give anyone diseases or illnesses. As described in Genesis, chapter 1 verse 31, God created humanity and at the end of the 6th day, with creation complete, "God looked at everything He had made, and He found it very good." Throughout the scriptures we hear about a God who loves us and creates good despite humanity's failures. Yet paradoxically suffering exists and even God's own Son suffered death on the cross. However, Christ did not come to suffer, He came to redeem us. As Christ said during His agony in the garden "My Father if it is possible, let this cup pass from me; yet, not as I will, but as you will." With great love for us Christ was

willing to endure the suffering in order that we may be redeemed. The existence of suffering is rooted in humanity's inability to live in right relationship with God from the very beginning of creation. Yet the history of God's relationship with us is that God so loves us that He is always willing to embrace us and comfort us despite our shortcomings and failures. In fact Jesus worked to eliminate suffering as told by Mathew Chapter 9 verse 35, "Then Jesus went about all the cities and villages, teaching in their synagogues and proclaiming the good news of the kingdom, and curing every disease and every sickness"

As part of our fallen human condition, diseases, illnesses, disabilities are caused by many factors such as genetic vulnerabilities, environmental factors, or poor lifestyle choices but not as part of God's plan. God gives us His unconditional love not illnesses. When as part of our human condition we have a disease or disability, Jesus showed us how God's grace is transformative. We can see light and be light even in the darkness of an illness or disease. Belief and trust in God gives us a vision of hope rather than a life of darkness.

The blind man in the John's gospel was sent to wash in the pool of Siloam - Siloam meaning sent. He was called to immerse himself in Jesus Christ so that he may be sent as a witness to the power of Jesus love. The blind man was transformed, he came to believe, and was a witness of God's love. So too we can be transformed when we wash in the pool of the one sent by God, we can become a sign to others in need. We can rise above our human condition to be the light of Christ to others. We can make the works of God visible to the world around us.

In our suffering we can identify with the suffering of Christ. The late Cardinal Bernadin, Archbishop of Chicago, suffered greatly from false accusations and pancreatic cancer. In his book *"The Gift of Peace"* he states that "our participation in the paschal mystery - in the suffering, death and resurrection of Christ - brings a certain freedom: the freedom to let go, to place our selves completely in His hands, knowing ultimately that He will win out." This redemptive suffering means we do

not allow the suffering or illness to paralyze us or embitter us but rather it graces us. In her book *“Sacred Therapy: Jewish Spiritual Teachings on Emotional Healing and Inner Wholeness”* Estelle Frankel says “...spiritual healing is essentially about breaking out of the narrow prison of our own personal heartbreak to enter the heavenly palace of compassion and connection. It is about how the human heart can be broken open, so that the veils that keep us separate from one another and from our connection to the divine can be removed.” As Catholics it means we allow the light of Christ to shine through us as we become visible witnesses of God’s unconditional love which empowers us to use our suffering for the betterment of others. As Jesus suffered and showed us the way, we too are called to step out beyond our suffering. We are called not to be defined by our suffering of physical or mental disabilities, we are called to be people of hope known by our capacity to love and to bring God’s grace into a world hurt by a lack of compassion and justice for those who struggle with an illness, are physically disabled or mentally ill. When we have suffered an illness or disability we have also been given a gift of compassion for others who have experienced something similar. By sharing that gift of compassion we can bring light and hope to those in darkness and despair.

Adding to people’s suffering is the misperceptions about an illness or disease. The blind man in the gospel story could not worship in the temple because he was blind and labeled with the stigma that came with the disease. Unfortunately, we too live in a stigmatizing culture that looks down on people with disabilities and diseases. Disability or illness is sometimes viewed as a weakness. People with disabilities or diseases are seen by some as no longer useful. People, who are blind or deaf, in a wheel chair or mentally ill, are sometimes seen as less than whole. The stigma for people with mental illness and other illnesses is so great that some do not want to even come out of their houses. Rejected by the community they feel rejected by God. Yet in reality, people with disabilities show us the path to God – they help us to see!

At a recent meeting on disabilities, people attended who were in wheelchairs, people who were blind, people who were deaf and people who were mentally ill. They were there because they were leaders not because they were people with diseases or disabilities. One is a motivational speaker, another runs parish programs, another heads a program to distribute medical supplies. All were people letting the works of God be visible through them. The purpose of the meeting was to spread the word about the ABILITIES of all God's people. To tell us that people should be known **not** by their diseases or illnesses or disabilities but by the gifts they have to offer. That the body of Christ is made up of many parts each contributing to the life of the body. That when part of the body is missing the body is not whole. The conference participants were transformed and now were bringing the message of hope to others.

At the close of John's story about the blind man, Jesus says to the Pharisees: "if you were blind you would have no sin, but now you are saying "we see" so your sin remains."

Who are the blind in our world? Who are the disabled and infirmed? Are they those who have physical and mental disabilities? Or are they those who are disabled by their prejudices toward people with illnesses and disease and think they see but really don't!

Deacon Tom Lambert

Archdiocesan Commission on Mental Illness

Programs

FAITH AND FELLOWSHIP

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

CHICAGO 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. Deacon Tom Lambert 773-525-0453 x 21, or see our website at www.miministry.org

COMMISSION SUPPORT AND EDUCATION

Resource informational website www.miministry.org

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 x 21

Post Script

People who have a mental illness, like all people, 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 people 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. We are called to be instruments of that light.

May God bless you and your work,

Deacon Tom and Rita Lamber

Contact for More information:

Mental Illness ministries: www.miministry.org
Archdiocesan Commission on
Mental Illness - Deacon Tom Lambert
Our Lady of Mt Carmel parish
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Chicago, IL 60657
773-525-0543x21
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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