

## ***SPECIFIC ACTIONS***

Once the Faith Community leadership has studied the issues, outreach can then effectively begin in a variety of ways. It is important that persons with mental illness feel welcomed and supported within the Faith Community. 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 and especially include them in this ministry. Then the ministry becomes mutual and we live our faith together and find solutions together.

The following are suggestions for creating an environment where people feel safe to share their experience:

- 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 sermons and communications that add to stigmatizing those who have mental illness.
- 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 one time 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 long term 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. The parish team can offer spiritual guidance.
- 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.
- 16) Show the DVD “Welcomed and Valued” to parish groups using the discussion guide provided. The DVD can be obtained through the National Catholic Partnership on Disability (NCPD) Mental Illness Council, their website is [www.ncpd.org](http://www.ncpd.org)