

MENTAL ILLNESS

AND

JUSTICE ISSUES

“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.”

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Scope of the Issue

- Mental illnesses include such disorders as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, panic and other severe anxiety disorders, borderline personality disorder, and other severe and persistent mental illnesses that affect the brain.
 - “A mental illness is a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day. Each person will have different experiences, even people with the same diagnosis.”¹
 - Recovery, including meaningful roles in social life, school and work, is possible, especially when you start treatment early and play a strong role in your own recovery process.²
 - A mental health condition isn't the result of one event. Research suggests multiple, linking causes. Genetics, environment and lifestyle influence whether someone develops a mental health condition. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime. Biochemical processes and circuits and basic brain structure may play a role, too.”³

- Mental illnesses are common in the United States and internationally.
 - About one in five adults — suffer from a diagnosable mental disorder in a given year. One in 25 suffers with serious mental illness.⁴
 - Suicide is the tenth leading cause of death in the United States. Second leading cause of people ages 15 to 34.⁵
 - 90% of those who die by suicide have an underlying mental illness. Suicide is the tenth leading cause of death in the United States.⁶
 - Families are affected making the impact of mental illnesses much greater.

THE DIGNITY OF THE INDIVIDUAL

Catholic social teaching calls us to recognize that each person has dignity and all life is sacred. In Pope Benedict XVI's message for the 2006 World Day of the Sick he specifically addresses the issue of mental illness. He states, "Every Christian, according to [their] specific duty and responsibility, is called to make [their] contribution so that the dignity of these brothers and sisters may be recognized, respected and promoted."⁷

Pope John Paul II's 1997 message to healthcare workers states, "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."⁸

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. Stigma erodes the dignity of the person and hinders us from seeing a person as an image of God.

- Stigma detracts from a person's dignity and keeps people from receiving the treatment and care they need for recovery.
 - Many people with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people.⁹
 - Stigma pushes people to the margins of our society. People fear what they do not know and the stigma of mental illness exacerbates the misconceptions people have about who the person really is.
- As Church we are called to counter the sinful effects of stigma by:
 - Seeing the person as a person not an illness. No one wants to be known as a disease we have, we want to be known for the person we are.
 - 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 not just at our liturgies but also in our leadership.
- Educating and informing faith communities about the facts concerning mental illness

PREFERENTIAL OPTION FOR THE POOR

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 that 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)

“In his encyclical *Caritas in Veritate*, Pope Benedict XVI states: “One of the deepest forms of poverty a person can experience is isolation. If we look closely at other kinds of poverty, including material forms, we see that they are born from isolation, from not being loved or from difficulties in being able to love” (n. 53). By its very nature many people with a mental illness can suffer from extreme isolation, resulting in poor quality of life. For example, a person with clinical depression may suffer social isolation due to symptoms such as extreme feelings of guilt, anxiety, and the inability to find joy in formerly enjoyable activities. Coupled with medication noncompliance, this can lead to suicidal ideation and in some cases suicide. At the very time when social contact is critical, the person with mental illness is prone to isolation and severe loneliness, which, without treatment, can lead to disease progression as well as relationship difficulties.”¹⁰

- Prisons and Jails have become the largest deliverers of mental health services in the United States
 - Largest mental health “providers” in the country are Los Angeles County jail, Chicago Cook County Jail, New York City County Jail, and Miami County Jail
 - 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.¹¹

- 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.”¹²
- Death penalty
 - The majority of countries 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 could 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 people have a mental illness.¹³ Mental illness among people who are homeless is generally acknowledged as much higher.
- As church
 - We are called to change the systemic problems that result in prisons and jails being the largest mental healthcare provider in the country. In addition to individual acts of compassion and caring for people with mental illness we are called to work for better laws and policies 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.

FUNDAMENTAL RIGHT TO LIFE AND A RIGHT TO THOSE THINGS REQUIRED FOR HUMAN DECENCY.

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.
 - While effective treatments exist for most common mental [illnesses], studies have shown that many people with mental illnesses seen in primary care settings do not receive them. 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 [illnesses].
 - Reasons for not receiving care vary:
 - Stigma
 - Lack of Insurance
 - Lack of services in the community
 - Ineffective services
 - Lack of knowledge about the illness
 - Cultural biases
 - 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 services and housing close to their families and in their own neighborhoods.
- 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 problem. If a person is unable to work, obtain a job with a decent wage, and/or on disability housing options are very limited.
 - In 1999, the Court ruled in *Olmstead v. L. C. by Zimring*. That Title II of the ADA requires individuals with mental disabilities to be placed in the least restrictive treatment possible, since excessive treatment can be stigmatizing and is a form of discrimination. 527 U.S. 581. While the *Olmstead* decision was qualified (i.e. there must be a doctor’s order that the individual is appropriate for less restrictive treatment and program resources are to be taken into account) the decision was still a benchmark in the history of protection from discrimination.¹⁴ Although the Supreme Court decision outlined what should be done it did not set a timetable leaving the states to work out the implementation. This requires advocates to push for change as funding and change is at a slow rate.
- Employment
 - People with mental illness need supportive employment opportunities so they can make the transition to full recovery. Employment provides purpose and meaning to one’s life. Discrimination against people with mental illness is immoral.

THE ROLE OF THE CHURCH IN JUSTICE FOR PEOPLE WITH MENTAL ILLNESS AND THEIR FAMILIES

- The people of God, the church, are called to be communities of compassion, hope and justice for people with mental illness and their families.
 - 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 people with mental illness are vulnerable and discriminated against in the workplace, in housing opportunities, and in the healthcare system.
 - Parishes can address mental illness needs through already established ministries in the life of the parish and by incorporating mental illness issues 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 church leaders and parishoners 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.
 - It is important that persons with mental illness feel welcomed and supported within the parish. This requires the purest spiritual outreach, i.e., non-judgmental love and acceptance of the individual. The more that parishes can project non-judgmental love, the more its members suffering with mental illness, or those who have a family member with mental illness, are likely to acknowledge their needs and overcome their fears of rejection.
 - Families often find it difficult to navigate the mental health system and social services that are available. Due the inconsistencies of the mental health

delivery system families often go through cycles of crisis trying to find help for their loved one. Too often families are overcome by the crisis and become alienated from one another. The church can offer support and accompaniment as families try to navigate

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."¹⁵

The church needs to be a sign of hope to persons with mental illness and their families, supporting them in every possible way with prayer and friendship—welcoming them unconditionally. Vatican II's document *Gaudium et Spes* calls us as church to "establish a political, social, and economic order which will to an ever better extent serve [humankind] and help individuals as well as groups to affirm and develop the dignity proper to them."

Persons with mental illness and their families are in need and are asking for the Church, you and I, to help in their search for Justice. In Matthew's Gospel story of the final judgment, Jesus tells us "whatever you did for one of these....you did for me." Our call is clear - our response is not optional.

¹ <http://www.nami.org/Learn-More/Mental-Health-Conditions>

² *ibid*

³ *ibid*

⁴ American Psychiatric Association's "Mental Health Guide for Faith Leaders"

⁵ *ibid*

⁶ NAMI

⁷ "Message of His Holiness Benedict XVI for the 14th World Day of the Sick", December 8, 2005

⁸ "Mentally Ill are also made in God's image," L'Osservatore Romano Weekly Edition in English 11 December 1996

⁹ "Understanding the impact of stigma on people with mental illness" by Patrick Corrigan and Amy Watson in World Psychiatry

¹⁰ Mental Illness in the Light of Catholic Social Teaching by Mair Moran

¹¹ DOJ Study, Mental Health Problems of Prison and Jail Inmates, September 6, 2006

¹² DOJ Study, Mental Health Problems of Prison and Jail Inmates, September 6, 2006

¹³ SAMSA

¹⁴ www.nami.org/Template.cfm?Section=Court_Watch1&template=/ContentManagement/ContentDisplay.cfm&ContentID=15684

¹⁵ "Mentally Ill are also made in God's image," L'Osservatore Romano Weekly Edition in English 11 December 1996