

## OCTOBER - NOVEMBER 2010

### Greetings Network Members!

*Message from Deacon Tom Lambert:*

I recently spoke at a conference for clergy in Virginia Beach, Virginia. The conference was sponsored by the *Interfaith Committee of Virginia Beach Crisis Intervention Team (CIT) and City of Virginia Beach.*



I was very impressed by the way the City of Virginia Beach has embraced the CIT program. The conference was part of Virginia Beach's effort to involve the whole community in issues affecting people with mental illness and their families. They fully implemented the program last January. The program has literally saved lives and gotten people the help they needed instead of sending them to jail for crimes that are usually a result of the symptoms of their illness. It also has saved money; in three months they documented 488 hours of police time that was saved, demonstrating what we all know - that proper mental health care saves lives *and* is cost effective. The conference was designed to bring the faith communities up to speed on the issues of mental illness and the effects on the person and their family and how the community can effectively work together through public and private resources. It was very inspiring to see the high level of cooperation between a city's police, human services department, and community.

**What are CIT teams?** *As found on CIT websites:*

Crisis Intervention Teams (CIT) are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses.



The first CIT was established in Memphis in 1988 after the tragic shooting by a police officer of a man with a serious mental illness. This tragedy stimulated a collaboration between the police, the Memphis chapter of the National Alliance on Mental Illness, the University of Tennessee Medical School and the University of Memphis to improve police training and procedures in response to mental illness.

The Memphis CIT program has achieved remarkable success, in large part because it has remained a true community partnership. Today, the so-called “Memphis Model” has been adopted by hundreds of communities in more than 35 states, and is being implemented statewide in several states, including Maine, Connecticut, Ohio, Georgia, Florida, Utah, and Kentucky.



**The Memphis Model of CIT has several key components:**

- A community collaboration between mental health providers, law enforcement, and family and consumer advocates. This group examines local systems to determine the community’s needs, agrees on strategies for meeting those needs, and organizes police training. This coalition also determines the best way to transfer people with mental illness from police custody to the mental health system, and ensures that there are adequate facilities for mental health triage.
- A 40 hour training program for law enforcement officers that includes basic information about mental illnesses and how to recognize them; information about the local mental health system and local laws; learning first-hand from consumers and family members about their experiences; verbal de-escalation training, and role-plays.
- Consumer and family involvement in decision-making, planning training sessions, and leading training sessions.



## TEN TOOLS TO FEEL STRONGER & MORE HOPEFUL

NCPD Council on Mental Illness board member, Kay Hughes recommends the website for Mental Health America and their new *Live Your Life Well* series at <http://www.liveyourlifewell.org/>.

Part of the series talks about the *The 10 Tools* which can help you feel stronger and more hopeful. Check out each page for specific, easy-to-follow tips:

- Connect with others
- Stay positive
- Get physically active
- Help others
- Create joy and satisfaction
- Eat well
- Take care of your spirit
- Deal better with hard times
- Get enough sleep
- Get professional help if you need it



Kay also recommends checking out “SAMHSA”’s Recovery to Practice” initiative. Just “google” SAMHSA Recovery to Practice and you can find it on the SAMHSA website. [Click here](#) for a link to a news release from SAMHSA on the initiative.

## POSSIBLE BULLETIN MATERIAL

Here is a page from the Mental Illness Resource Binder available through NCPD on language that helps counteract stigma; stigma is one of the main reasons people do not seek treatment for their mental illness. The improper use of language isolates and marginalizes people. When it occurs in Church it further alienates people and families who have a mental illness. People who feel rejected by their Church community then feel rejected by God. So it is important to make our faith communities aware of the use of language.

It would be good teaching for school children as well, given the recent “bullying” tragedies across the nation.

## The Power of Language

Sticks and bones will break your bones...and words really can hurt you.

Words are powerful. Even in everyday casual conversation the way we speak about persons, groups and issues affects the attitudes and perceptions of our listeners.

The stigma of mental illness is still alienating and a major barrier to treatment. It is all the more important that our relationships and our language reflect a deep respect for the person and our understanding of the illness.

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### Person-First Language

You would not introduce someone as your cancer friend because this person is not their illness; they are your friend. Their cancer is a condition in their life. When speaking of a person with any type of disability refer to the person, and then if necessary, speak of the disability (i.e., a person with mental illness, a person who has depression, Betty who is the mother of a son with bi-polar disorder).

### Victimization

Just as actions can victimize people, words can victimize people. Words such as —afflicted, —suffers, or —victim of reflect prejudicial attitudes which can lead to the assumption that all aspects of a person's life are dominated by their illness or disability and that they are helpless and disempowered. Our language should always reflect our understanding that the illness is not the person; our language should not perpetuate stigmatizing attitudes.

### Humor and Name Calling

Using, or tolerating others' use of words that make fun of the condition of mental illness and persons who live with mental illness adds to the burden of stigmatization. This includes jokes and stories that mischaracterize mental illness.

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## REFLECTION

It has been my experience that the initial impact of a mental illness causes the person and their family to confront issues of "why me" and suffering. The illness can raise profound questions about God and faith. The appropriate response to these questions can be very healing and helpful in one's recovery.



I came across an article, *The Mystery of Suffering: How Should I Respond?*, by Fr. Kenneth Overberg, S.J. who is a professor of theology at Xavier University, Cincinnati. I found it to be helpful in dealing with the issues of suffering and a loving God.

In it he talks about how a loving image of God is something not everyone grew up with or has even today. Yet, as he states, "The life and teaching of Jesus highlighted the healing presence of a God of love and life." As part of the article, he offers four elements of a response to suffering:

"1. **Acknowledge suffering.** Being truthful means avoiding denial and admitting the pain and horror of the suffering, whatever the cause. We must never glorify suffering. Yes, it can lead us to deeper maturity and wisdom, but suffering can also crush the human spirit. ...

2. **Trust in God.** Lament renews our relationship with God. Trusting in God, of course, is especially challenging in the dark times of suffering. Our usual response is initially just the opposite. We question how God could cause this suffering or at least allow it. We ask why. ...

3. **Act.** Trust in God both allows and inspires our response to suffering in our action. We acknowledge that at times our choices have caused personal and social suffering, so one form of action is moving toward repentance and a change of heart. ...



4. **Stand in awe.** We know that it is a human reaction to ask "Why?", to search for meaning and reasons for our suffering. Yet suffering remains a mystery, not a problem to be solved. We stand with Job at the end of his bold contest with God: "What can I answer you? I put my hand over my mouth" (40:4).

...

Finally, however, suffering is not fully understandable. Rather than “why?” perhaps we should be asking, “How can I respond? What can we do now?” A profound trust in a compassionate God allows us to ask these questions and then to act, with surprising peace and hope.”

For the full article go to the following website:

[www.americancatholic.org/Newsletters/CU/ac0702.asp](http://www.americancatholic.org/Newsletters/CU/ac0702.asp)

## NEW INITIATIVES

Yolanda Halvarado from San Antonio sent us the following description on new initiatives in her area and how churches can be supportive:

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Dear Mental Health Faith Leaders & Advocates,

For some time now, NAMI San Antonio Education Chair Ed Dickey, also leader of a mental health ministry at Alamo Heights United Methodist Church, has worked with the Faithbased Mental Health Initiative to hold classes at churches where we have ministries. Among churches where NAMI classes have been held are Maria De La Garza's church, St. Benedict Catholic Church, Mary May's church, St. Stephen's Catholic Church; and Carmen Ortiz' church, St. Brigid Catholic Church.

Below is an announcement for a class beginning Nov. 1 at Jerry Fulenwider's church, St. George Episcopal Church. NAMI Basics is for family members of children and adolescents with mental illness. Consider scheduling a class at your church. Use the NAMI contact information below. [Click here](#) for a link to the NAMI San Antonio Newsletter for information.

*Yolanda, Coordinator, Faithbased Mental Health Initiative*

### **NAMI Basics**

**NEW NAMI BASICS CLASS STARTING SOON!!**

NAMI Basics is a six session course for any Parent or Primary Caregiver of a Child or Adolescent Living with Mental Illness.

November 1 through December 6, 2010

Time: 6:30pm - 9:00pm

Where: St. George Episcopal Church

6904 West Ave

## Core Elements Include...

- The trauma of mental illness for the child and the family.
- The biology of mental illness: getting an accurate diagnosis.
- The latest research on the medical aspects of illness and advances in treatment.
- An overview of treatment options.
- The impact of a child's mental illness on the rest of the family -caregivers and siblings.
- An overview of the systems involved in caring for children and teens.

### Contact Information

NAMI - San Antonio

510 Belknap

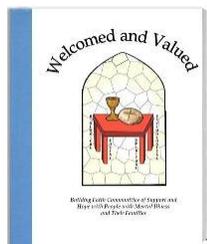
San Antonio, TX 78212

[www.nami-sat.org](http://www.nami-sat.org)

email: [namisat@aol.com](mailto:namisat@aol.com)

210-734-3349

## NCPD : *WELCOMED AND VALUED* DVD & RESOURCE MANUAL



The *Welcomed and Valued* DVD and *Resource Manual* can be ordered on the NCPD website at [www.ncpd.org/resources](http://www.ncpd.org/resources).

The DVD Discussion Starters and the Resource Manual are both available online for a free download ([Click here](#)).



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We are hopeful of getting funding to do more one-day awareness workshops and 3-day advanced trainings like what was piloted in 2009. The Council can also be a resource for people planning their own local meetings. Please let us know if we can be of assistance or if you know of any funding sources for our work.

## FROM THE EDITOR

We invite you to tell us about your ministry. What are you doing, what are your hopes, and what are your struggles? One of our goals is to network ideas and ministries so that we can all share in the day-to-day life of people trying to make a difference by being Christ to one another.



Please send all emails to me, Deacon Tom Lambert, at [olmcinfo2@aol.com](mailto:olmcinfo2@aol.com) and put **NCPD Council on MI Network** in the subject line. You can also call me at 773-525-0453 if you have any questions or ideas.

Please consider making a donation to support the mission of the Council on Mental Illness. Your help allows this effort to continue.



### **Our Mission:**

Following Jesus who embraced all, we assist the Catholic Community in reaching out to and accompanying our brothers and sisters with mental illness and their families, assuring their rightful place in the Church and society.

National Catholic Partnership on Disability  
415 Michigan Avenue, N.E., Suite 95  
Washington, DC 20017-4501  
202-529-2933; 202-529-2934 (tty); 202-529-4678 (fax)  
Email: [ncpd@ncpd.org](mailto:ncpd@ncpd.org) / Website: [www.ncpd.org](http://www.ncpd.org)

The logo depicts the Eucharistic table to which all are called. It also presents four dimensions to personal wholeness, each important to healing and recovery:

spiritual, biological, psychological, and social.

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