

FEBRUARY 2011

EDITOR'S REFLECTION

Reflecting on the tragedy in Arizona brings to mind a lot of questions about our mental health system and how we are to get help to people in need. It also reminded me how little people understand about mental illness and how the stigma still gets in the way of access to recovery. The local college Jared Loughlin attended asked him not to come back until he was being treated. I can understand their concern for the safety of all their students but it seems unrealistic to expect a person to get help who is incapacitated with a thought disorder. It would be like asking a person lying in the street with a broken leg to go on his own to the hospital and get his leg taken care of. In either case, someone needs to bring that person to treatment.

Our mental health system is somewhat like the “health care system” depicted in the parable of the pool of Bethesda. In John’s Gospel, chapter 5, a large number of people who were “blind, lame, and crippled” lay by the pool waiting for an angel to stir the water. It was believed that once the water “stirred,” the first person to reach the pool would be cured. The man Jesus healed by the side of the pool had been lying there for thirty-eight years! How could he ever expect to be the first one to the water given his physical condition?



[Picture Credit](#)

Aren’t we as a society placing those unrealistic expectations on those with mental illnesses? Asking them to get help, but not providing the access or crisis assistance to adequate mental healthcare.

Our oldest daughter who has a mental illness has to fill out many forms to get the assistance she needs. My wife and I help her and we struggle with the questions asked, data requested, and numbers of forms to fill out. Our daughter could never do it on her own. In my ministry at the parish, I come across many people who have no one to help them and some are on the streets because of it. Most have given up on the “system” because it has failed them too often in the past.



[Picture Credit](#)

We are now seeing major cuts in social programs due to the budget problems at the federal and state level. Too often these cuts are disproportionately made to already underfunded programs that assist those in most need. Each time funding is cut, I see what happens on the streets in my neighborhood. The challenge for us as followers of Christ is great. We are called not to be overwhelmed by it but to make a difference where and when we can. This upcoming Lent is an opportunity for us as individuals and collectively as parishes to call for compassion and justice for those who are in need. Education programs and outreach programs can make a difference in someone's life.

Deacon Tom Lambert
Catholic Archdiocese of Chicago - Commission on Mental Illness
Co-Chair, NCPD Council on Mental Illness

BISHOP OF WHEELING-CHARLESTON ISSUES PASTORAL LETTER ON BEHAVIORAL HEALTH

Bishop Michael Bransfield, Diocese of Wheeling-Charleston issued a pastoral letter *Hearts Made Whole – A Pastoral Response to Behavioral Health in West Virginia*. It is an excellent letter outlining the issues and the needed response. Although it addresses the people of West Virginia it could be a model for the church and community of any state. I highly recommend you read the whole pastoral at the Diocese of Wheeling-Charleston website ([click here](#).)

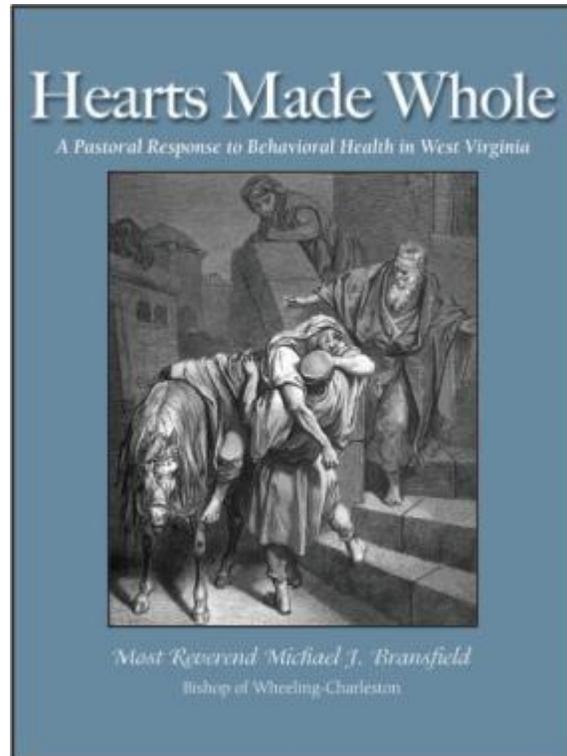
Some excerpts from his pastoral letter about the crisis of healthcare:

"Part of the answer to this crisis will be to devote more funds to proven prevention strategies and treatments, a matter for legislatures, but a great deal of the answer lies in our response, as individuals and as members of communities, to those dealing with addictions and with mental illness. In *A Church That Heals*, I observed that 'We know that a sense of being loved and supported best predict health. In contrast, isolation and loneliness best predict disease and injury.'

As people of faith, we are called to bring those suffering from addictions and, or, mental illness out of a place of loneliness and isolation. Above all, we cannot forget that, 'For Jesus, healing is never just the healing of the body but also mind, heart and spirit'; healing 'is about hearts made whole, sins forgiven and a world healed.'"

"Today the Church is being called not simply to change but to transform the health of her communities, rebuilding and restoring in such a way that equitable opportunities for health are available to all and a new vision of what it means to be a healthy community is created. We, as members of the body of Christ, can no longer, however, afford to let our fellow family members and neighbors wait until they are broken for us to reach out and attempt to support their health."

"Reducing stigma is certainly in part a matter of investing dollars in education efforts, but it is largely a matter of sustained effort by people of good will. And this is precisely where we, as a Diocesan Church, called to be the Good Samaritan, can be the most effective. Recalling the context of the parable itself, we become the neighbor of those who are struggling with behavioral health issues when we treat them 'with mercy,' binding up their wounds and pouring in the oil of compassion. This step, overcoming the social stigma placed on those living with behavioral health issues, is the one where, as a people of faith and A Church That Heals, we can and should provide the leadership and example."



Bishop Bransfield gives us six principles of "A Church That Heals" as they apply to behavioral health needs. They are fully explained in the pastoral; below is a summary:

1) Community

The first principle states that as the Church enlarges its vision of health, "our perspectives will also need to shift to address the root problems of illness and involve the community in finding appropriate solutions."

2) Compassion and Justice

The second principle explains, "For Jesus, compassion and love of neighbor are central principles in the life of anyone centered in God..." a truth well illustrated in the Good Samaritan parable. The principle continues, saying, "Our compassion must be combined with a sense of justice forged in the crucible of our awareness of our interdependence, our respect for the human dignity of each person and our awareness that Jesus resides in each of us."

3) Healing the Wounded

The third principle reminds us that, "our role as healers in need of healing puts us at the heart of the central tenet of our faith, the Paschal Mystery—of death and life, woundedness and healing, and the extraordinary significance of ordinary acts of kindness—that gives us hope in the face of fear and doubt."

4) Solidarity

In place of isolation, a caring community, inspired by the Good Samaritan, creates an environment in which those in trouble or in need feel able to reveal their situation with a minimum of fear and shame.

5) Caring for the Marginalized

The fifth principle tells us that "The dignity of human persons is not determined by what they have but because they are children of God. Luke especially reminds us that Jesus, by example and word, reached out to the least favored. He went so far as to announce that service to them is service to God."

6) Moral Resources

"Unlike other resources, which we know all too well we have depleted, our moral resources increase with our use of them."

FROM THE NCPD COUNCIL ON MENTAL ILLNESS RESOURCE BINDER

The following is taken from the NCPD's Council on Mental Illness Resource Binder. The entire binder is available at the NCPD website <http://www.ncpd.org/ministries-programs/specific/mentalillness>:

Advocating for Justice

As parish communities become more welcoming and understanding of the life realities of persons with mental illness, they need to recognize the importance of advocating in partnership with persons with mental illness on issues directly affecting their lives. People who live with mental illness are disproportionately impacted by the social injustices of prejudice, poverty, inadequate housing, unemployment or underemployment, lack of access to health care (especially mental health care) and inequalities within the criminal justice system. Advocacy efforts require action at all levels: parish, local, state and national government. The following issues merit particular attention.



[Picture Credit](#)

Health Care – The mental health care 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 rehabilitation support services will deliver cost-effective results that are actually less expensive than the current disconnected delivery system now in place.

Work for comprehensive health care reform.

While effective treatments exist for most common mental illnesses, studies have shown that many individuals with mental illness do not receive referrals for these services in primary care settings.

Recent health care parity legislation seeks to ensure more adequate benefits for mental health care. It is important to be informed about this legislation and to monitor that it is being implemented on behalf of people with mental illness

Employment – Employment is key not only to economic stability, but to a person's well being—a sense of purpose, self esteem, and ability to contribute to society. Some individuals whose mental illness is managed may need some flexibility in the work environment to accommodate a possible episode due to the cyclical nature of the illness. Those with more serious, persistent mental illness may need supportive employment opportunities.

Some people with mental illness face hiring and promotion discrimination because of their illness.

Labor statistics indicate a 25% salary disparity between working-age people with disabilities compared to those without disabilities.

The high incidence of unemployment throughout the country puts at greater risk those who live with mental illness and are seeking employment in a challenging job market.

Housing – Catholic Social Teaching has long recognized housing as a basic human right. However, for persons with disabilities this right is being seriously jeopardized by the crisis that worsens as housing costs continue to spiral upward.

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 is on disability financial assistance, housing options are very limited.

Deinstitutionalization of public psychiatric hospitals created an increase in homelessness because of poorly funded community mental health programs and support services. Advocacy for comprehensive services and affordable housing in the community is necessary to address the issue of homelessness for people with mental illness.



[Picture Credit](#)

Criminal Justice – Lack of adequate mental health care services has often led to the unnecessary and inappropriate incarceration of people with mental illness for minor crimes. In addition, the unjust system of death penalty sentencing of people with serious mental illness has long been an advocacy issue.



[Picture Credit](#)

appropriate medications.

There is need for adequate and properly trained legal representation. All too often, attorneys are ill prepared about mental illness, and therefore fail to provide a proper defense for their clients.

Within the jail and prison systems there is need for adequate mental health services, both for assessment and treatment, including access to

Advocacy is needed to ensure that the death penalty is not a sentencing option for a person with mental illness. In the cases of prisoners with mental illness serving on death row, actions can be taken to request a commutation of the sentence to life in prison.

Guided by the Catholic Church's rich teaching on social justice—affirming the innate dignity of each person, calling everyone to community and solidarity, and stressing the preferential option for the poor—parishes can be leaders in the community as concerned and active citizens, employers and business people, advocating for just social policies that protect the rights of all people, especially those who are most vulnerable in society.

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UPCOMING EVENTS



Coping and Hoping

**Are you living with a mental health diagnosis?
Do you have a loved one living with mental
illness?**

Come to a day of Prayer and Reflection

Saturday, March 19, 2011

9 am – 4 pm

Our Lady of the Pines Retreat Center
1250 Tiffin Street, Fremont, OH 43420

Presenters:

Mrs. Connie Rakitan & Deacon Tom Lambert
Co-Founders of the Commission on Mental Illness
and Faith & Fellowship Archdiocese of Chicago

***Connie and Tom together have worked over
50 years helping people with mental illness
and their families find solace in spirituality.***

Cost: \$10 -includes continental breakfast and lunch
OR \$15 -includes \$5 donation*
Overnight lodging is available for additional charge.

The Pines is wheelchair accessible. Please let us know if you
need any other accommodations to participate in this day,
such as transportation or special diet.

For more information & to register contact Marsha Rivas 419-
244-6711 or 800-926-8277 mrivas@toledodiocese.org

*Retreat costs are being subsidized by
the Diocese of Toledo Equal Access Ministries;
NAMI of Seneca,
Sandusky, & Wyandot Counties;
and the Pines Partners

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.

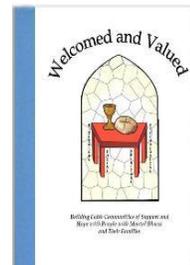
The DVD Discussion Starters and the Resource Manual are both available online for a free download ([Click here](#)).



We are hopeful of getting funding to do more one-day awareness workshops and three-day advanced trainings like those piloted in 2009 and conducted in 2010. 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 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, or for more information on workshops, DVDs, speakers, and our Resource Binder.

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 / Website: 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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