

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.

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 four people have a diagnosable mental disorder, such as depression, bi-polar disease, schizophrenia, among others. One in 17 people has 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 40 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 40 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 communities 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

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