



Mental Illness Network News

*The Monthly Newsletter of the
National Catholic Network on Mental Illness*



JANUARY 2012

Being present to one another

One of the most powerful things we can do for one another is to be present to one another as Christ is present to us. The following, from Josie Setzler, is a poignant reminder. Thanks Josie for sharing it with us!!

Reflection: Candlelight Vigil
Sycamore UCC, October 13, 2011

I'd like to remember 3 NAMI friends who have passed away this year: Kandy Owens, who was a long time member of the Connections Recovery Support Group in Fremont, Gary Shoup, past NAMI Board member and valued speaker and instructor in several NAMI programs, and David Van Der Laar, son of John Van Der Laar and brother to our Board treasurer Mary Jo Wagner and to me. I would like to take a moment of silence to honor their lives and their journeys with our affiliate.

I would like to reflect further on the life and death of my brother David Van Der Laar. David died at the age of 48 on July 1 at Buckeye Group Home in Clyde as a result of lung cancer. It was David's struggle with schizophrenia that inspired this NAMI affiliate's formation in 1988. His father John joined with other families who cared deeply and advocated passionately for their loved ones and others who lived with mental illness in our communities.

Over the years NAMI has taught us again and again to see the person rather than the illness. We learned this at a deeper level, when David was diagnosed with Stage 4 cancer this spring. David, like anyone faced with this news, had trouble believing it was true. But as he came to accept it, he began to "live like he was dying," reaching out toward people in new ways. As we sat together when he grew weaker, he was present to us with a new sort of urgency and a clarity we had not seen in a long time. And we in turn became more present to him out of that same urgency.

Spending many hours at the Buckeye Home in his last months, we got to know residents and caregivers better. Sharing stories, consolation, and hugs, we found that labels faded away and we were all one. In those moments there was no diagnosis other than human and no remedy other than love.

David's favorite caregiver was a compassionate woman named Weezie. Weezie shared with us that she and David would sit out on the patio at night for a cigarette. They would search the night sky together. Weezie would pick her favorite star and then she would ask David to choose his favorite. How simply human is that?



Weezie and David, caregiver and care receiver, person with and person without schizophrenia, both smokers who loved to sit outside at night and look at the stars. I was taken aback by Weezie's story. I had never sat outside gazing at the stars with my brother. I had never thought to ask him such a simple human question: which star is your favorite? I had not stopped to think he might care about such a thing. Weezie had shown me the most elementary principle of caring: we are all one, we share so many needs, wants, likes, dislikes, hopes, dreams. We need not create barriers out of labels. We need only to find ways to be present to one another, to simply be with each other.

Being present to one another is the first step toward breaking down stigma or prejudice. What is prejudice but pre-judging and what is pre-judging, but jumping to conclusions without getting to know a person? I like to call this problem prejudice rather than stigma, because it puts the responsibility where it belongs—with the one doing the judging. There is no mark to erase, only judgments to suspend.

No matter how much of an advocate we think we are, we can practice this presence with one another.

This is the core of life and of love.

Sometimes it's not easy for either party.

Sometimes it takes great courage for all involved.

Sometimes we have to wait for an opening.

Sometimes we have to create the opening.

But in the end we can celebrate together.

Let me end on that note then:

**Let us: Celebrate Life!
Celebrate Love!
Celebrate Courage!**

Josie Setzler
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SAMHSA & Recovery

Editors note: SAMHSA has recently announced a working definition of “recovery.” What struck me as I read the Guiding Principles of Recovery was the many ways we as people of Faith and our faith communities can play a huge part in the recovery process as defined by these principles.



A new working definition of recovery from mental disorders and substance use disorders is being announced by the Substance Abuse and Mental Health Services Administration (SAMHSA). The definition is the product of a year-long effort by SAMHSA and a wide range of partners in the behavioral health care community and other fields to develop a working definition of recovery that captures the essential, common experiences of those

recovering from mental disorders and substance use disorders, along with major guiding principles that support the recovery definition. SAMHSA led this effort as part of its Recovery Support Strategic Initiative.

The new working definition of Recovery from Mental Disorders and Substance Use Disorders is as follows:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

“Over the years it has become increasingly apparent that a practical, comprehensive working definition of recovery would enable policy makers, providers, and others to better design, deliver, and measure integrated and holistic services to those in need,” said SAMHSA Administrator Pamela S. Hyde. "By working with all elements of the behavioral health community and others to develop this definition, I believe SAMHSA has achieved a significant milestone in promoting greater public awareness and appreciation for the importance of recovery, and widespread support for the services that can make it a reality for millions of Americans.”

A major step in addressing this need occurred in August 2010 when SAMHSA convened a meeting of behavioral health leaders, consisting of mental health consumers and individuals in addiction recovery. Together these members of the behavioral health care community developed a draft definition and principles of recovery to reflect common elements of the recovery experience for those with mental disorders and/or substance use disorders.

In the months that have followed, SAMHSA worked with the behavioral health care community and other interested parties in reviewing drafts of the working recovery definition and principles with stakeholders at meetings, conferences and other venues. In August 2011, SAMHSA posted the working definition and principles that resulted from this process on the SAMHSA blog and invited comments from the public via SAMHSA Feedback Forums. The blog post received 259 comments, and the forums had over 1000 participants, nearly 500 ideas, and over 1,200 comments on the ideas. Many of the comments received have been incorporated into the current working definition and principles.

Through the Recovery Support Strategic Initiative, SAMHSA has also delineated four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.



SAMHSA's Guiding Principles of Recovery

- **Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- **Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).
- **Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds--including trauma experiences--that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.
- **Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

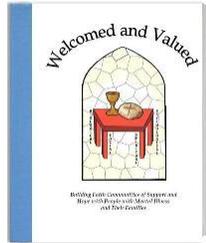
- Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery



- Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.
- Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations--including values, traditions, and beliefs--are keys in determining a person's journey and unique pathway to recovery.
- Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
- Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
- Recovery is based on respect : Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

For further detailed information about the new working recovery definition or the guiding principles of recovery please visit: <http://www.samhsa.gov/recovery/>.

**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 and 2011. 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.

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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.

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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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