

Transcript of National Catholic Partnership on Disability October 6, 2008

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Presentation

>> Greetings and welcome to the National Catholic Partnership on Disability webinar entitled Come to the Table: Nurturing the Sacramental Life of People with Mental illnesses. At this time all participants are in a listen-only mode. A brief question-and-answer session will follow the formal presentation. If anyone should require operator assistance during the conference, please press star zero on your telephone keypad. As a reminder, this conference is being recorded.

It is now my pleasure to introduce your host, Deacon Tom Lambert, with the Arch Diocese of Chicago, Commission on Mental Illnesses. You may begin.

>> Good day. Welcome to everyone. Thank you for joining us for Come to the Table: Nurturing the Sacramental Life of People with Mental illnesses.

This is an important yet just the beginning discussion on how we as a church can nurture and enhance the sacramental life of people with mental illnesses. This webinar is brought to you by the National Catholic Partnership on Disability and its Council on Mental Illness.

This is NCPD's fifth webinar and the second webinar that NCPD has sponsored that addresses the needs of people with mental illnesses. My name is Deacon Tom Lambert. I serve as the co-chair of the NCPD Council on Mental Illness, co-founder and co-chair of the Archdiocese of Chicago's Commission on Mental Illness and president of Faith and Fellowship's board. I'm also the parent of an adult daughter with a mental illness. And today I'm happy to be your moderator.

All the presenters today are founding members of the NCPD Council on Mental Illness and have a variety of background and experience. As in our first webinar on mental illnesses, today we are talking about mental illnesses that are severe and persistent. Mental illnesses such as schizophrenia, which includes symptoms such as chronic recurrence of hallucinations or delusions. Or severely disorganized thinking or behavior. Another severe persistent mental illness is bipolar disorder, which is commonly referred to as manic depressive illness.

Though another is schizoaffective disorder, a hybrid of schizophrenia and bipolar disorder. We would also include major depression, obsessive compulsive disorder and post traumatic stress syndrome, among others, to that list of severe and persistent mental illnesses.

These illnesses are very different than cognitive or intellectual disabilities. So do not be surprised that we will not cover those in today's webinar. It is possible for someone with a physical, sensory or intellectual disability to have a dual diagnosis that includes some mental illness. But due to the constraints of this one-hour webinar, we will not try to cover the complexities of dual diagnoses today.

If you do not have the opportunity to attend the October 10th, 2007, webinar supporting people with mental illnesses in your parishes, we strongly encourage you to visit the NCPD website at ncpd.org where you will find a link through December 31st of this year on the webinar page to replay that webinar at no charge. It provides further information about different types of service of severe and persistent mental illnesses and the faith experiences of people with those illnesses.

Our focus today will be on the sacramental life of people with mental illnesses. Just as we build ramps and make accommodations for people with physical disabilities, so, too, we need to build psychological ramps and attitudinal accommodations within our parishes for people with mental illnesses.

Just as a stairway can block access to a person in a wheelchair, stigma and misunderstanding of mental illnesses can be barriers to people with mental illnesses wanting to participate in the life of the church.

The needs of children with mental illnesses and families of people who have mental illnesses are too important and too specialized to be folded into our discussion this afternoon. We hope that you recognize that much of what we say can have application to children and families as well. And we assure you that these issues will be addressed in future webinars with the detailed attention that they deserve.

Okay. Having set the stage, let's pause now for prayer. We invite you to join with us as we pray together the words now appearing on your screen. You will recognize these words as adapted from the mission statement of the NCPD Council on Mental Illness that you saw in the first slide on the screen as you waited for us to begin.

Let us pray in the name of the Father and of the Son and of the Holy Spirit, amen.
(Reciting prayer).

It's really wonderful that technology can connect us together in prayer. This webinar is being viewed by people all over the country. And right now we'd like you to participate in the first of two polls that will be part of this webinar. The polls provide an interactive technique for us to communicate with one another with the click of a mouse. Let's try one and see how it works.

The first poll that now appears on your screen will give us an idea of where we're all located. This is a multiple choice question. And the U.S. time zones are listed. Click on the one that you are in now and then click the vote button. Go ahead, I'll do it, too.

Okay. They're tabulating the results. I'll give it a few more seconds. And there it is on your screen. We're largely in the eastern time zone. 23, 15 in central. One in

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mountain. And four in Pacific. What we do have is we have some in Alaska as well. According to our registration as well there are over 96 sites that are now participating.

So it shows us we're not alone but part of a larger community who are also interested in this area of ministry. It's such a good thing to be part of this network to have others to reach out to for partnership and support that we can be to one another.

There's another way that we want to hear from you, and as we discuss this important topic, on the right-hand corner of the screen there is a questions button. Whenever you have a question, simply click on the questions button. Type your question in the screen that will pop up and hit send. It will come directly to me. I'll be checking for questions throughout this presentation, and we will do our best to respond to as many questions as possible during the final part of the webinar. If there are more questions than time permits for our verbal response, they'll be answered in writing in the days following our webinar and will be posted to the NCPD website.

Okay. Let's go now to our presentation. Our two presenters are Father Bob Malloy, Capuchin Franciscan Friar and Connie Rakitan. Father Bob is a certified chaplain with specialization in mental illnesses and many years of experience. At the present time he's on staff and Chaplain at the Capuchin Soup Kitchen in Detroit, Michigan where many of the guests have mental illnesses. Connie Rakitan co-chairs the NCPD Council on Mental Illness and the Chicago Archdiocese and Commission on Mental Illness. She's the founder and program director of Faith and Fellowship. Bob and Connie will now lead us in a dialogue on Nurturing the Sacramental Life of People with Mental illnesses.

>> Thanks, Tom. I'm really happy to be here and to have this chance to tell all of you about some friends of mine. Annie, born and raised Catholic says, she doesn't like to come to church because she feels like she doesn't belong. But that she likes coming to Faith and Fellowship because, as she's said many times, you have welcomed me with open arms. Barney likes mass, but often has to leave when it seems to him that the statues are talking to him. Veronica knows that she has, quote, a bad schizophrenia, as she says, but attributes it to a demon that was placed in her by her witch grandmother. Clara hardly ever goes to church because getting out of her apartment is next to impossible for her. For her, it's a good day if she puts on her shoes and brushes her teeth. Kathy reports that during the time in her life when she was suicidal, it was praying the rosary that got her through. Dillon, not a Catholic, finds it a devotional way to find meaning despite or maybe even because of his schizoaffective disorder. Jackie says she comes to her church group because it gives her hope. And Ruth spent her life trying to find a faith community, finally found one, joined the RCIA and became a Catholic.

All of these people whose stories I just shared are people who have mental illnesses. And I would bet money that each of you has at some point or in some way encountered an Annie, a Barney, or any of the people whose stories were just summarized. Maybe you are one of these people.

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And some of you may feel frustrated or helpless. What can I do? How can I help? What about this suffering? And some of you may have felt it great to be able to do or say the right thing at the right time and to welcome people to the table.

Now, mental illness isn't always thought of in terms of disability. But it is included in the stipulations of the Americans With Disabilities Act of 1990. Unfortunately, because of the stigma still associated with mental illnesses, it is a disability least addressed at both social and church levels. In addition, because many mental illnesses are manifested in thought disorders and/or behaviors that may often be or are encountered as problematic, outreach to people whose symptoms are apparent can be challenging. And this doesn't even take into account the thousands, millions even, of unseen. Those people whose symptoms that are not apparent or whose illness keeps them from being present in the community.

If this is stuff in last year's webinar it's generally accepted that causes of mental illness include some combination of biological and environmental factors. It is naive to believe, for example, that schizophrenia is a result of poor parenting.

Similarly, it is simplistic to claim that bipolar illness, once again manic depression, is solely a matter of a chemical imbalance. And of course it is cruel and down right wrong to attribute mental illness to an inadequate faith or possession of some sort of spirits or a sinful condition. Thanks be to God we now have more knowledge and understanding that allows us to reach out with compassion and commitment to our brothers and sisters who have mental illnesses. And the church is beginning to lead the way in this mission.

Our Holy Father Pope Benedict XVI dedicated his first World Day of the Sick to the matter of mental illness when he said we must call the attention of the church to people with mental illnesses. Pope Benedict called for, and I quote: The attention of public opinion to the problems connected with mental disturbance that now afflicts one-fifth of humanity and is a real social healthcare emergency. End of quote.

But he continues, as he calls for us, quote, to reflect in harmony with those taking part on this situation of the mentally ill in the world and for the commitment of the Ecclesial communities to bear witness to the tender mercy of God towards people with mental illnesses. End of quote.

They're also blessed with concepts such as holistic health that give us the tools to embody that compassion and understanding in ways that is supportive and inclusive. An ever growing body of research demonstrates the positive relationship between faith and health both mental and physical. And our church has a body of social teachings that mandate the Christian response to people with mental illness that offers both spiritual and corporal works of mercy, as well as advocacy in the public sector. So as we look at a person who has a mental illness, actually as we look at any human beings, we recognize that there are four dimensions that come together to shape who that person is.

The biological, the psychological, the social and the spiritual. Each one of these comprises, if you will, one of four legs of a table. If one or another is longer or shorter,

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then the entire thing is wobbly. And any interpretation of mental illness that emphasizes one to the exclusion of the others will also lead to imbalance.

With this in mind, competencies of those in ministry and service must be considered. A parish DRE does not need to, and shouldn't, act as a social worker. But can point a person in need to local social and mental health services.

A confessor can offer spiritual guidance but must recognize that there are often psychological issues that are at work that need professional intervention. And a physician may not be equipped to help a patient address spiritual concerns but can and should encourage that patient to seek the support of the faith community.

And the faith community, then, must prepare itself to provide that support physically and meaningfully. That by keeping each of these four dimensions, that is, four legs, the biological, the psychological, the social and the spiritual, by keeping these four in balance, a sturdy and hopefully beautifully built table results, a table that is in fact the central symbol of the Catholic church, the banquet table of the Eucharist, the place where all are welcome.

>> Thank you, Connie. This is Bob coming in. Good to be with you today. I believe the table is not only a place of welcoming but also nourishment and in an atmosphere of welcoming. As Catholics, we experience this together in Jesus in his eucharistic presence. And I remember a few years back when I was a chaplain in training at Saint Elizabeth Hospital in Washington D.C. There was a patient there who expressed anger and even hostility to the church but she wanted to see a priest.

My visit with her went well until the end of the hour when she stood up and ordered me out of her room. Some days later she asked to see me again. And we had a pleasant conversation. My visits became easier. Later on, when I had to leave the hospital to return to Detroit, she found me and expressed concern for my health and welfare.

She then offered me a tissue with a piece of a cracker wrapped in it. She said something I'll never forget. She said: I'm concerned about you, father, and I want you to take this. I know it's just a cracker. But it is the Eucharist. I gratefully accepted it and still have it. It spoke volumes to me of the real presence of Jesus in the midst of her pain and suffering. And her desire to minister to me, she wanted to assure me of the healing presence of Jesus.

>> Father Bob, the Eucharist is an enormous source of grace and strength I'll never forget my daughter who was then living in a residence with people with mental illnesses was given an overdose of her medications by the staff. As a result, she was incoherent and unable to recognize where she was and what was going on around her.

The staff even told my wife and I not to bother to come and visit her because she wouldn't recognize us. We, of course, immediately drove to where she was. And when we got there, we found her in a stupor. Later that day, after we had tended to her needs, and as we were about to leave, she turned to me, half in and half out of

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reality and said in a slurred voice: Dad, when you come back will you bring bread. I turned to my wife and I asked: What could she possibly want with bread. And then my daughter turned to me and said: Church bread. She wanted the Eucharist.

That day was one of the worst moments, worst days of our lives. Yet at that moment we all knew Christ was present. A peacefulness came over us, a grace that got us through that nightmare.

>> I think these stories just so beautifully illustrate the power of Eucharist to nourish believers and it's the desire of believers for this nourishment is truly the invitation of God in Jesus.

People's hunger for communion with God and God's people, their hunger for sacramental sustenance for their faith requires that our church does all that it can to meet that need. Let's think about that for a minute as we take another quick poll. In this multiple choice question, please select the one option that is closest to your experience or your group's experience. Let's take a few minutes on this now. Give it a second or two more. You can see on the screen the results of our poll. And we find it very heartening as we're sitting here looking at this to see that a significant majority have found a welcoming experience. Not enough of us have found it very welcoming. There's enough of us who will experience hesitation, not very welcoming or not noticing.

So I think as a church we represent a wide range of experience of inclusion. And of course that wide range also reflects that when we speak of mental illness, we're looking at such a broad category and that much of what we say is, of course, somewhat generalized. There's a huge range of symptoms and behaviors, and the wide disparity of the degree of disability caused by the illnesses.

Now, these variations occur not only from one person to another, but even within an individual during the course of the illness itself since mental illnesses are so often cyclical.

So there is no one-size-fits-all. There is no magic answer to meet and serve the needs of all persons. But we do agree that while full liturgical inclusion is the ideal, there are times that adaptation or accommodation may be necessary.

In any case, the goal for all is always a meaningful experience of one's faith, of one's religion. We all remember that the word "religion" touches the human person at its greatest steps because it's a word that comes from the Latin word *ligal*, which means to connect like in a ligament. So the work to reconnect is the work of religion. Reconnecting with one's self. Reconnecting with one another. Reconnecting with the sacred, the divine. Reconnecting to God.

Now, all believers, of course, experience this need and desire to reconnect. And the Catholic church is blessed not only with Eucharist to draw us together, but also the sacrament of reconciliation to help us mend a broken connection.

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This provides a very real presence of hope and healing, especially for those whose minds and hearts feel so broken.

>> This reconnecting reminds me of a priest friend of mine I was visiting many years ago. He told me he wanted to make a retreat but an unusual one. He wanted to tell his whole life story to someone he had never done that. He asked if I would give him the retreat. I said I would. But then he added this. I have to tell you, though, I may never want to see you or hear from you again after telling you everything about myself.

I said that was very workable. I lived hundreds of miles away from him. If he wished he never had to look at me or see me again I would take his story to the grave. We made plans to meet over Labor Day that year at his friend's cottage. I came out Labor Day and he began telling his story that Monday afternoon. He talked until midnight.

We went to bed, got up Tuesday, ate breakfast and he continued talking again, until midnight. We did take time out to eat. And finally on Wednesday he continued with his story until mid afternoon. I never listened so hard in my life.

We celebrated the sacraments at the end of the week. And when I left to return home, knowing of his frail health, I said to him: Please make sure that if something happens to you I will be contacted. He assured me, and we parted.

He did die rather suddenly, later that year, in February. I debated about going to the funeral with the weather being bad. But I decided to attend.

When I went to that little country church, jammed with so many people who loved him, I introduced myself to many of them and got this response. Oh, you're the one who gave him that retreat. What he said it was the best retreat he ever made. In reality, he gave himself the retreat. I was just a facilitator.

And I found out how very important it is just to listen, really a wholly listening that's indeed healing and reconciling.

Another example comes to mind. It happened in a parish where we were encouraging people to sit up front for mass. One Sunday, as I walked down to the side aisle to begin mass from the back, I saw a woman, I'll call her Betty, sitting alone off to the side.

I stopped and invited her to come up front, and she stood up and declared: That's it! And she stormed out of the church. I was dumbfounded but got myself together and celebrated the Eucharist. It was a busy day. And I returned to the friar late that night. The phone rang as I came in I was the lucky one to answer it. It was her. For 20 minutes Betty unleashed years, probably 20 years of bitterness and anger on me.

Her grandson was refused baptism years ago and she never forgot it. All I could do is listen. I didn't feel it was appropriate to remind her that I had nothing to do with the incident of the baptism.

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But by the end of the conversation, I had her laughing and feeling very relieved of her anger at least for the moment. It was Lent. And she still did not come to church. So on Easter I went to see her to wish her a happy Easter. And I left her house that day with the envelopes she had not brought to church the previous Sundays. A little attentive and a little intense listening goes a long way in healing the deep hurt in an angry heart.

>> Father Bob, the stories you've just shared with us are such great reminders that we all arrive with baggage and we all have stories to tell. The church can be a place of holy listening, which can only take place in an atmosphere of trust.

That trust is formed as we relationships develop. Sometimes it's difficult for a person with mental illness to trust. Partly because their illness may prevent it. But even more important because the system has failed and betrayed them so much and so often.

>> Some of the ways assisting people who are ill come down to simple accommodations. I remember woman who came to confession behind the scene with a long list of sins to confess. She took at least 10 minutes to read off all the, quote, horrible things she was guilty of.

If I tried to stop her, it would throw her off and she would be confused and angry. All I could do was sit through it and allow her to continue. I could only console her after her listing, and with time I hoped I could relieve some of her fears and compulsion.

>> You talked about your one-on-one experience, but the church also serves to be a place where people find community, a community of people with whom to relate. And this, then, can lead to a deeper relationship with God. Or it can work the other way around. People may have a relationship with God, which in turn seeks a place to express and celebrate it.

The church is a place where we find hope and meaning, expressing and celebrating our faith in our relationship with God in the midst of the ups and downs of our lives.

>> I agree, Connie. This underscores for me the vast importance of trust that can only be elicited by kindness and consistency. And had I tried to argue with Betty the woman I spoke of earlier I would have lost a battle from the start letting her vent the cobwebs of the years past did a world of good and it established a relationship in which she felt safe to speak her mind.

>> In these one-on-one encounters, it can happen so simply and informally as stopping at McDonald's for a cup o coffee or quick five-minute phone call. People in pastoral relationships may find these relationships difficult or draining. It's important to remember that oftentimes people with mental illnesses may have a hard time with boundaries and social skills and that it's okay to set limits.

It's actually helpful to a person to have this consistency and structure in a relationship or friendship.

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>> Yes, I found, too, that the use of boundaries can be healthy and helpful. I worked with a woman who was severely scrupulous. A form of obsessive/compulsive disorder. I had to impose rules for her to follow like not confessing more than every two weeks. She could not call me asking about a confession after she had made it. And in answer to her concern for a valid confession, I would accept the moral obligation of the integrity of that confession. The boundaries seemed hard on her. They offered her a security that she could live with. She eventually became more and more free and was able to shed much of her compulsive behavior.

>> The role of the church can be to provide a safe sanctuary, where contact with God and with others can occur. And where one can sit with life's ambiguities and be okay with them. Where one can find acceptance and love even in the midst of huge and confusing messiness. This is so for all of us. So much more it is for those with mental illness makes messiness especially huge and confusing and whose life situation seems at times quite without meaning. And who live in a society that is reluctant to love and accept them. And, yet, a loving accepting church signifies a loving accepting God. A loving accepting church signifies a loving accepting God.

Yet, there are even times that the church needs to provide special support. We have lots of affinity groups with people with common needs. Divorced people, widowed people. Cancer survivors. Youth. These people don't marginal but on the contrary they encourage welcoming and inclusion and foster participation. Now maybe you yourself are aware of such groups for people with mental illness. In their own parishes or diocese or groups for the families of those who have mental illness.

Of course, one example I'm familiar with is Faith and Fellowship. This ministry began in 1979 when a woman named Donna Gordon, who had schizophrenia, asked her parish to provide pastoral services for herself and others.

She was already an active church-goer but was looking for more, for something that would speak to her own experience and situation and needs. And so Faith and Fellowship was designed to provide small group faith sharing for adults who do not find a comfort zone in parish programs such as bible studies or renew.

Faith and Fellowship and other similar programs encourages, enhances and supplements inclusion in mass and other parish activities while giving people with mental illness a place, a comfort zone, wherein to explore and express their faith in ways that speak to their own unique experience.

A small group format that focuses on religion rather than illness. And is structured and conducted by trained leaders provides hospitality, inclusion and finally integration and all this within the context of a community of faith.

You're looking at a picture now of Ruth and Robert. Very dear friends of mine. Ruth has depression and Robert has bipolar illness.

For many years these people were loners. Finally, they found in Faith and Fellowship a sense of welcome they had yearned for and were ultimately moved to explore Catholicism. Their parish DRE invited them to become part of the DRC IE, but at the

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same time their Faith and Fellowship group was a significant part of their process of formation and initiation.

Robert and Ruth are now integral parts of the parish's life, participating in social and liturgical activities. And Ruth has become a lector at the mass. And, thus, their affinity group remains a central part of their ongoing growth in their faith.

>> I'd like to take some time now to bring some of the passages of points of what we've been talking about to present some guidelines that may be useful for you. First of all, boundaries are important for a couple of reasons. Number one, they help a person who is unfocused or even out of control to be better focused and boundaries help them to be more secure. They help the helpers, too, secondly, to do what is reasonable and beneficial in this situation and not be manipulated by a person who can monopolize their time.

Secondly, calmness and consistency lead to trust. It's very helpful to a person with a mental illness to be met with calmness. If the person has any paranoia, the calm approach will help settle the person. Any kind of aggressive approach only raises anxiety and escalates the problem. Also, consistency will help the person feel secure. This calm and consistent approach will eventually lead to greater trust and engender a feeling of security and an easier helping relationship.

Further, we spoke to OCD, obsessive/compulsive disorder in relation to the sacrament of reconciliation in form of scrupulosity. It can be manifested at mass. For example, when a person won't shake hands at the sign of peace because of germs. It's good never to assume a reason for a person's behavior. He or she may have an autoimmune problem and not be able to shake hands. In that case, the individual may have no mental illness at all.

If a person is mentally ill, he or she may just not be able to shake hands or to sit with a crowd for reasons that may be individual to the person. We need to respect the limitations of any person who joins us for worship or the sacrament.

Fourthly, training ushers is another very important and practical topic to look at. Ushers, sometimes called greeters, are the first to encounter a person entering the church. With some good basic information about a person who exhibits a mental illness, an usher can make the person feel welcome and wanted.

All people need to be respected and accommodated with whatever needs they may have. Whether it's for ramps, for hearing devices, service dogs, et cetera. So, too, for people with less obvious conditions or illnesses.

And fifthly, a helpful practice for any parish is to occasionally print articles in the bulletin to educate people about mental illness. Some articles and resources are available as webinar and found at ncpd.org. You can download and use them at no cost. Watch our Council on Mental Illnesses web page and the e-news for upcoming information about a resource binder for ministry for people with mental illnesses and also for trainings and for future webinars.

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And number six, within the liturgy it's good to include people who are mentally ill in the prayer for the faithful along with people who are ill as well as general intercessions. With the approval of the person, it's important to have their approval, it may help to pray for so and so who is dealing with a mental illness or with schizophrenia and so forth and it may reduce the stigma attached to mental illness.

And the seventh point, when someone is causing disturbances during mass or some other function, what do you do? The general rule of thumb in handling these kinds of situations is to accommodate the person with his or her quirks, with understanding and gentleness.

Sometimes the person may be out of order and even out of control. A gentle approach to the person should be tried initially. If that doesn't work, the person may need to be removed by ushers or, unfortunately, even by the police.

Common sense and patience has to be employed here. For example, if a person is simply walking around the church and even mumbling but not really disturbing anyone, it may be best to let the person wander.

But if the person approaches the altar and tries to take a drink from the chalice or rearrange the books or whatever then it's time to move in as gently as possible. It's best to have someone who knows the person and has her or her trust approach him or her. It's important to know that every situation is individual and that individual needs to be treated as such.

There's no one solution fits all. Some accommodations are quite simple. For example, when a woman comes up to the communion minister and noticing the different shapes and sizes of the host on the plate, and she says I want a round host, not a square one, you simply give her a round host. This happened to me.

She could see what was on the plate. There was no problem once she got what she requested. Clearly it was not a time to discuss the difference between a round and a square host.

A word about if sacrament of the anointing of the sick. A person with a mental illness is sick just as a person with cancer is sick. It's appropriate for him or her to receive the sacrament. What's important here, though, is to be careful of a person assuming that he or she will no longer need medication or therapy. Not unlike a person with cancer who needs chemo.

And one final word about faith. Remember that the flame of faith is within people with mental illness as within anybody. And it is exhibited in a wide range of expressions. Their faith experience may be colored by symptoms of mental illness, but the flame of faith within each one does remain.

>> Thanks, Bob, for that list of practical suggestions. Now we want to move into our question-and-answer period. And I want to remind you of the directions for sending questions to the presenters.

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So if you would look on your screen and you click on the questions button in the upper right-hand corner of the screen. Type your question in the pop-up screen and don't forget to push send. I've been collecting and distributing questions to the presenters during the webinar. So now we'll try to respond verbally to as many as time allows.

But be assured we will -- you can keep sending questions as you have them and we will place answers in writings for those which we run out of time at ncpd.org.

So let's start with our first question. And this one has to do with language. And I'll ask either one of the presenters to come in on this. And I'm going to start. Language is very important. Everyone wants to be known as the person they are and not the disease they have. So it is extremely important the words we use. And we often refer to using people first language, which means that we say you're a person with a mental illness. And I think that's so important, because it calls forth the idea that we are each people with dignity and the illness is not who we are.

We are that person. So when we use language that detracts from that, it can be hurtful. And one of the questioners talked about someone who used the word "schizophrenia" while speaking of politics, referring to a split personality and refuses to acknowledge that this was used incorrectly and didn't really get how hurtful it was to the person with mental illness and to their families.

And I've actually run into this myself, too, with my wife, in fact, wrote something to a newspaper columnist about this and the response was well it's in the dictionary.

So I think our response is that it is a misuse of the word. And it's interpreted that way by people with mental illness and their families and it is hurtful. And even if a person doesn't acknowledge that, at least we've said that to them in a kind and hopefully helpful way and then perhaps they will think about it in the future.

But it is important. And sometimes we do have to retrain ourselves again to use that person first language. It took me a while to kind of get that in my mind. But we're people first and then we can describe the situation after we say the person.

Connie, or Bob, would you add anything to that?

>> I remember years ago when I was in touch with another chaplain who was working in an institution. And he was talking -- this was in a situation where there were people that developed mental disabilities, not people with mental illnesses.

And he referred to them as retards. And I said don't you understand that that is a pejorative word and it's hurtful towards them. He said that's just shop talk. But I couldn't accept that as an answer from him. And I had to say, no, it's not just shop talk. Because what we say among ourselves in the shop has a lot to do with our attitude and the way we deal with people when we are with them.

But I think just sensitizing people to things that they say, let them be aware that this is hurtful and that it does color the way we approach people when we use language that is pejorative or hurtful.

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>> I think just to be patient and realize that we are not going to change everybody overnight and that we are going to have to continue to correct people and educate people. And over time, I think it will change. You don't hear the word "retard" used as commonly as you used to. I think over time with appropriate use of language if we continue patiently and persistently to address it, over time the society and the culture will change, too.

>> Okay. Connie, we've had a question about special liturgies and masses with people with mental illnesses we do that in Chicago. Could you explain perhaps a little bit about the goal of that and what we do, how we do it.

>> Yeah. It's sort of -- it's a difficult question in so far as the point of view that says we don't need special liturgies, we should just include everybody. But in a real world that doesn't always happen.

And so what we've done in Chicago, and they do in different ways in various other places, I know from time to time in Portland, Oregon they do this on a regular basis, parishes in Detroit and Cleveland do this, have an adaptive mass so that some of the concerns of people with mental illnesses are met.

For example, in Chicago when we choose the date on which we're going to celebrate this mass, and we always choose it to be a Sunday liturgy, our first step is to check the readings, to make sure that there's not going to be a reading say, for example, from Revelation that could really key into a person's delusions or avoid passages like if today you hear God's voice harden not your heart because people who hear voices will often interpret that as God speaking to them and could key into hallucinations and delusions.

We also try to be as welcoming as possible and in this case welcoming means if a person who has to use the bathroom a lot because of side effects of medication needs to make many trips, we don't consider that disruptive. That's just part of the flow, so to speak. We also offer the opportunity for everybody in the assembly to speak their own petitions during the general intercessions. Usually we start out the deacon or the priest will give one or two. Then we just invite the assembly.

And sometimes those can go on and on for a little longer than it might, quote, unquote an ordinary mass, and yet this gives people who are denied a voice in society and the church, gives them the opportunity to vocalize their prayer within the context of the mass.

We also do a lot with processions, as including as many people of bringing up the gifts. When I say procession, I use the term speaking movement in a sense of reverence without perfection, if you know what I mean; that our purpose is to allow people, once again, to literally come to the table with the purificators, the sacraments and the chalice, elements for eucharist. In a way that oftentimes they don't have a chance to do, in ways that gives not only the participants but the rest of the assembly an all-embracing sense of we are community and God wants us here.

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We also try to make sure that the parts that, the quote, unquote mass, for example, readers, Cantors, altar servers, people carrying in the cross at the beginning. That those are people who have mental illness, but also family members, care providers. So that there's an atmosphere of mutuality and a real strong sense of community that doesn't single any particular person out.

We've had people who said they haven't been to mass for years but they look forward to coming to the annual mass in Chicago because they feel that this mass is for them.

That's sort of the cliff notes version of what we do. I don't know, deacon Tom is always a part of that.

>> Thanks, Connie. And we have another question, so I'm going to move into that. And there was one where you mentioned the church's social justice teachings, someone asked how do they apply to people with mental illnesses and what issues should we be involved in and what can we do? And I would suggest that, first, if you went to our website and looked at the theological framework, that's a good beginning for putting it in a context of what we, the church, says about people with mental illness. So from that theological framework we can apply that to the Catholic church and social justice teachings. And I think social justice, justice for people with mental illness and/or their families is a key issue that the church should and must be involved in.

If you look at the funding that I know in Illinois and certainly even my work across the country, around the country, the programs that are first cuts in any budget crisis and certainly every state is facing that these days, are the social programs and a lot of times are the programs that deal directly with and for people with mental illness.

And some of that is because people with mental illness often do not have a voice. There's no tax money. There's no big movement behind them other than we who advocate for them. So I think finding out about what are the issues in terms of funding programs, what are the cuts being made these days, and then standing up for people with mental illness and their families and advocating with our legislators on their behalf.

That's an issue that is very prime in terms of the social justice teachings, and it spills across into housing, into programs for, again, the social programs of mental health agencies. And Bob, Connie, would you -- anything else on that?

>> I would just like to make a comment about the social justice on another level. And that's simply the welcoming of people within our parishes. There's a question here how can you help the pastor be more comfortable with people who have disabilities, especially mental illness.

And I think it's important to somehow get the church to realize that all people come to the table and are invited. If you include anybody, it's a justice matter. And one of the ways, I think, is to get the pastor to meet some of the people directly. To get him to know them a little bit. I remember setting up a Faith and Fellowship program at a rather wealthy parish. And they were very hesitant to let us come in.

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And, in fact, they had just recarpeted the center and made it all nice. And they said are they going to stain the carpet and all these concerns.

After we got started, the main person who was so hesitant became our greatest advocate, because she met some of the people and then from time to time the pastor would stop in and he would always thank us for doing this program in his parish and he got to know the people. And all the concerns and fears that they had began to melt away when they knew then as people it was so important for the people to get to be in contact on that one-to-one level and direct contact, person-to-person level. That's a matter of justice because they have just as much right to be there as part of the community as anybody else does.

>> We have a couple of questions here that I think dovetail. One is: Whose responsibility is it to calm down a disruptive behavior during mass? And, secondly, describe the training for ushers and catechism and church ministers in interacting with people with mental illness. Again, a lot of this, as Bob mentioned in his presentation, a lot depends on the local church, the people there and what certainly the local issues are. But I think it begins with a strategy. And I think in a lot of parishes there's no strategy or perhaps pre-thought to it. So most are things we do are reactions rather than being proactive.

So I think if we're proactive in the parish and talk to ushers and train people who are greeters in how to greet people and go through some, first, common sense things. We're not asking to train people to be social workers or junior psychologists, we're asking them to be sensitive to the issues of people with mental illness. And there are things that are on our website at NCPD or other websites that will help you in presenting these issues to them. We have workshops that can be done in parishes and so on.

So I think it's a matter of exposing people and pointing out to them what some of the sensitivities are for people with mental illness. And the best people to employ are the people who have a mental illness and their families, because they know best what the issues are and how to respond.

>> I also think they are best because they give the ushers, the catechists, whoever, an opportunity to interact with people with mental illness and their families and to experience firsthand that the stereotypes that we see on TV and movies are nothing but stereotypes. And so that personal relationship, that personal interaction is a first step in educating people about mental illness.

>> And I think when we talk about inclusion, inclusion doesn't mean just opening the door and inviting people in. It means inviting them into leadership. Empowering people to help in forming the policies and procedures.

So, unfortunately, we need to close here. So we have just a couple of seconds here maybe to handle any more questions. Any last thoughts, Bob or Connie?

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>> There's a comment on using the person first language especially in the prayers of the faithful. And I think that's a matter of good education, too. To let people hear the comments like so and so who has a mental illness, or so and so who is struggling with schizophrenia, again, with their approval, that that could be mentioned in the prayer of the faithful.

>> I think a first step could be during occasions like May, which is mental health month, or we are right now actually in mental illness awareness week. If you are in your parish or diocese, just kind of at the beginning stages of this, it's a good way to introduce the issue of mental illness. And even if you're not praying for a specific person you might say for all of those who suffer for mental illnesses, for their families. You might say for an increase in funding for research on schizophrenia.

There's so many different ways that you can at least initiate the conversation, even if it's just something as once a year have the petitions and the general intercessions include attention to mental illness. Then the next year do a little bit more and gradually little by little it's just part of the ordinary work of the church.

>> All right. We are going to go into our close now. And we ask that you please make note of these websites that are now on your screen. They're valuable resources and they contain a lot of information that will support you in your ministry and your needs. So, again, they are available as downloadable handouts on the webinar page link found at ncpd.org or, of course, you can go directly to them. Okay. We want to highlight a couple of things and as we close here. One is the veterans community outreach initiative of the veterans administration chaplain service is urging chaplains at the local veterans hospitals to host activities and conferences that will provide training and spiritual and pastoral care for ministry professionals and others in the community to meet the needs of returning veterans with physical and psychological disability.

Trainings will be provided to civilian pastors, priests, rabbis, deacons and other personnel as well as veterans and their patients and their families anyone who wants to assist veterans who have returned from the war in the Middle East. We urge you to contact the national number for the VA chaplain service at 202-461-7689 that's on your screen. And it's hard to imagine that any parish will not have one or more veterans returning from war who could definitely benefit from this free service. So if you call your local VA hospital and inquire it might confirm for them that the interest is there. So if they haven't scheduled anything, they will. Next, we wanted to let you know we are producing a resource binder for ministry with people having mental illnesses on DVD. It's close to being made available to the public. Many of the handouts provided you for this webinar will be part of the resource binder on DVD and we hope in print format. So please watch the Council on Mental Illness web page at ncpd.org and the NCPD e-news for information regarding its availability. Also watch for information about future workshops, webinars and other resources that we will post.

So this site is going to close down automatically in 30 minutes so you have some time to complete our evaluation and we please ask that you do so. It will help us for future evaluations. We sincerely thank you for your participation today. And if we didn't get

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to all your questions, again, we will through the NCPD website or we can e-mail you directly if you'd like. So we extend our blessings for your work and in the future. We also call your attention to the fact that tomorrow is a day of prayer for people with mental illness. So we encourage you to pray for people with mental illness and you can find more information about that on our website. Again, we thank you. We would love to hear from you about your work that you do, and we ask a blessing on all of you in the name of the father and of the son and of the Holy Spirit, amen.

>> This concludes today's teleconference. You may disconnect your lines at this time. Thank you for your participation.

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