

Psalms 18:7

When searching YouTube for TED talks on Mental illness, there are plenty of videos of people telling their stories about having a mental illness. If you search Youtube in general you can find plenty of other videos of people telling their audience that they are dealing with depression or how they deal with having anxiety or how they live with a mental illness. Mental illness has been a growing topic in our world, and yet it can be swept under the rug of how to talk about it in public settings. There is a huge stigma attached to having a mental illness. This is mainly because we do not always know how to treat people with a mental illness. It is often difficult to know how to be sensitive and compassionate to how people are struggling. You can't always know what people are suffering with on the inside. This is a kind of sickness that you cannot see, yet they are. If someone is sick in the hospital with cancer, you bring them flowers, or make their family a casserole, but when you have a mental illness, people don't bring you flowers or casserole. In reality, this is something that people with mental illness need too. They need others to recognize that they *are* sick and may need extra help.

First of all, it can be hard for people to realize they are suffering, and to admit they need help, and then to be able to open up to their friends and family isn't easy. There is a stigma that if you suffer, there is something wrong with you as a person, but in reality you have a chemical imbalance. Before modern sciences, people believed the stigma because they thought "abnormalities [were] readily held to be symptomatic of moral defects- marks of Cain or the devil" (Welten, 26).

Nancy Kohoe, a Society of the Sacred Heart sister and psychologist in Cambridge, Massachusetts, believes that the biggest area of change for the Catholic Church is suicide. “The Catechism of the Catholic Church still describes it as a “gravely contrary to the just love of self,” but since the 1983 revision of the Code of Canon Law, suicide is no longer listed as a reason to prevent a Catholic burial” (Weaver).

Mental illnesses come in a wide range of different types and on a spectrum of severity. Just because someone with a mental health diagnosis isn't in a mental health institution doesn't make them 'healthier', each and every person struggles and suffers in different ways, shapes and forms. There are people who spend time in isolation in mental hospitals, and there are also people who have less severe types and live at home and have jobs. There is not only one type of person who has it either, both men and women and people of all ages, occupations and lifestyles can be affected by the struggles of having a mental illness. In a 2015 mental health survey, “serve psychological distress” over the previous 30 days was reported 3.6 percent of U.S. adults, up from 2.4 percent in 1999 (Massey). So the question is how can principals of Catholic Social Teaching help minister to those who are suffering with a mental health illness? Whether the focus is on the homeless person on the street, those in prisons, those returning from war, or those who may be sitting next to you in class or church, there are people around you who you may not know are suffering.

A major issue that has happened when caring for people is the they become institutionalized in mental health facilities and in prisons. These places often make it difficult to receive the personal interaction that, as relational beings, we need. In recent years, as states have closed their psychiatric hospitals in favor for outpatient community care, the number of mentally

ill inmates have mushroomed (Glazer, 243). But that doesn't mean that those inmates are receiving the care and treatment they need. According to a University of Michigan study in 2009, one in five Michigan prisoners had severe mental disabilities, but 65 percent of those had not received treatment within the last 12 months (243). Between 1987 and 2003, Michigan closed 12 of their 16 state psychiatric hospitals (243). So as states take away funding for community , there is the increase of seeing mental health patients ending up in prisons. They become a place where the state can house people who are ill. About 15 percent of men and 31 percent of women in local jails suffer from serious mental illness, these rates are four to six times that of the general population, most are in jail for misdemeanors (243).

At the federal level we have seen where it has become illegal for mentally ill prisoners to be kept in solitary confinement. We are starting to see mental health courts, the first one opened in Florida in 1997, when suicides of the mentally ill in the Broward County jails prompted officials to pursue reform(Glazer, 247). As of 2015, there are now between 300 to 400 nationwide; the idea is that instead of a trial and conventional sentence, a defendant can opt for attending court mandated treatment for 18-24 months. They must appear regularly at status hearings, the clinical team works with the judge to check progress on the program and to see if they adhering to the program (247). Within the four mental health courts in California as well as Indianapolis, and Minneapolis; 49 percent of participants were rearrested compared to 58 percent of the mentally ill in the conventional court system (247).

Another issue is the discourse of faith and science on this topic. Some of this comes from the lack of educating people in what mental health and mental illness is and how it can affect people on a day to day basis. People in the medical field don't always understand having

spiritual life. People with mental illness, in many cases, are scared to talk to their doctors about their spiritual life or religious beliefs, in fear of being branded as a “delusion” (Kehoe, 103). Nancy Kehoe, during her much of 25 years of working in outpatient day treatment program being intrigued with how her clients could tell difference between the voices that are symptom of their illness and voices they claimed were something “other”. From her own knowledge of faith and psychology, she didn’t assume that all the voices were part of their disease (93). That with strictly a psychological point of view, one may describe and understood the voices as solely as part of one's illness, “distortion of their minds” (99). She is not concerned on whether the voices someone hears is God’s or their own, what’s important is how someone interpreted and uses their experiences (103). Some clergy still have the mentality that if you had enough faith, then you wouldn’t be sick (103). We need to better educate church officials about what they can do to be more inclusive in ministering to people of all different diagnoses without looking at them as disabilities but instead recognize they do things differently .

When people suffer with mental illness, they can have a sense of ‘worthlessness’; part of this comes from society’s understanding that people who are ‘mentally ill’ can’t work, don’t have healthy relationships, people start to fear them, don’t give them respect, and are relegated to the margins of society because they are “different” (Kehoe, 113). They become invisible to others around them simply because people do not understand what they are going through. They become invisible because we separate them from us in our society when we separate them out of normal society, when doing so, we forget that people are suffering and that we believe it isn’t are problems or issue anymore because we believe we are doing what is right for them.

We can relate that those we are mentally ill, are the lepers of our times. Lepers were the marginalized sick that we learned about in the bible. These people were forced away from their families, casted out to the edges of their cities. We still proclaim “Unclean! Unclean!” as we separate ourselves with them. (Nussbaum) In the Gospel of Luke; the story of *The cleansing of Ten Lepers*, we read that they met Jesus at the edge of the village, and stood at a distance saying “Jesus, Master! Have pity on us!” (Luke 17:13). Leprosy was an illness that brought with it isolation, fear, humiliation, misunderstanding, and a separation between the sufferer and humanity, as well as between them and the worship of their God (Welten, 27). It brings it back to the idea of us vs. them, the clean vs. the unclean. In Catholic teaching, the staff and patients are able to sit down and eat together. We can bring Christ to those who are suffering, in all the different forms of suffering that are out there (Nussbaum).

With society foster the idea of individualism, we find that we don’t need for community and relationships. As we were created in the image and likeness of God, he created us for relationship. “We were created to have and to maintain a relationship with God, with others, and with the whole of creation” (Hermes, 53). In a way, “health *is* real and true relationship. Illness is the interruption of that relationship, the essential dialogue with God with one's brothers and sisters, with oneself, and with creation” (54).

In our society, it is easy to tear people down, if they are different than us; it has become easy to point them out that they are not the same as us, that they don’t belong. Within CST, we need to have compassion, to show these people the care and love they deserve. Specifically, we can apply the dignity of the human person and the option for the poor and vulnerable. Pope John

Paul II addressed the Pontifical Council for Pastoral Assistance to Health-Care Workers international conference on November 30, 1996 by saying,

Whoever suffers from mental illness “always” bears God’s image and likeness in himself, as does every human being. In addition, he “always” has the inalienable right not only to be considered as an image of God and therefore as a person, but to be treated as such. It is everyone’s duty to *make an active response*: our actions must show that mental illness does not insurmountable distance, nor prevent relations of true Christian charity with those who are its victims. (para. 8)

The National Catholic Partnership on Disability (NCPD) created the Council on Mental Illness in 2006 (Weaver). In the Archdiocese of Chicago, under their Persons with Disabilities office, they have created the Commission on Mental illness; their goal, “is to educate and resource parishes on the spiritual and supportive needs of persons with serious mental illnesses such as bipolar disease, major depressive illnesses, schizophrenia, and personality disorders” (their website).

Deacon Tom Lambert, from Chicago, is a part of these ministries that have started in the archdiocese. His daughter was diagnosed with a mental illness over 25 years ago. He and his wife first sought out resources through the National Alliance on Mental Illness (NAMI), a leading nonprofit that was founded in 1972. He explains that NAMI recognizes that churches are a natural ally. “NAMI has since expanded its faith-based support to include working with interfaith groups” (Weaver).

Deacon Lambert has seen a shift in the treatment of mental health in the last 15 years from a medical model to a recovery model. He explains that the recovery process includes “therapist, psychiatrist, medications, socialization and attentiveness to spirituality” when you combine all of them, you are dealing with the whole person (Rotondaro). In other words “the focus shifts from the disease to the person who is living with it” (Rotondaro). Which is in line with CST,

that we see the person as a person and not as their illness. We are *more* than our illness (Kehoe, pg 50).

A Christian practices that can be helpful as a way of healing is the sacrament of Reconciliation, not in the terms that we normally associate with it, of confessing our sins, but as a gentle way of bring God's Love into life, into the chaos, into the suffering. For Christians, a mental illness, can bring a loss of self, and how we can live out our baptismal dignity (Hermes, 35). People can see their illness "as enormous failure in responding to God" (35). They feel guilty about the way they may act around others, how they may withdraw themselves from things. It can also be "difficult to distinguish between sin and the disorderly emotions" (35). With going to Reconciliation regularly, one may have a sense of forgiveness and feeling of God's grace. While learning to how God is acting in your life, to being able to accept your struggles, and gaining God's perspective on your life (36). "We can count on God standing *with* us and *for* us in our journey toward well-being" (37).

We are made to love and to be loved, and when you feel like that isn't possible to have in your life, you start to give up on yourself. When we extend a loving handing to those meet that small interaction can make a difference in their life. Mother Teresa reminds us of that,

There is more hunger in the world for love and appreciation in this world than for bread. We think sometimes that poverty is only being hungry, naked and homeless. The poverty of being unwanted, unloved and uncared for is the greatest poverty. We must start in our own homes to remedy this kind of poverty.

For those who are marginalized may be physically in need, but their greater need may be the feeling of being unwanted, unloved and uncared for. Show them love, teach them about Jesus' love for them.

We need to make it so people who suffer with a mental illness, don't make them feel like they have to live in a box, but respect them when they spend a whole day in bed. We can encourage them to get proper help, but not forcefully. Remember that those who we may sit next to in mass, or in class, people you see everyday, may be suffering, but don't know how to share, but they may feel marginalized in their own community. Reach out, ask what you can do, pray for them and with them, have an open hand and heart. Maybe all they need is someone to listen, or maybe they do need someone to bring them dinner. And most importantly see them as a person who God made them to be. Remind them that they are a son or daughter of God and they are made in the image and likeness that God intended them.

Bibliography

- Hermes, Kathryn J. *Surviving Depression: A Catholic Approach*. Boston: Pauline Books and Media, 2003.
- John Paul II. "Mentally Ill are also Made in God's Image." EWTN translated. November 30, 1996. <https://www.ewtn.com/library/PAPALDOC/JP96N30.htm>
- Kehoe, Nancy. *Wrestling with our inner angels : faith, mental illness, and the journey to wholeness*. San Francisco: Jossey-Bass, 2009.
- Glazer, Sarah. "Prisoners and Mental Illness." *CQ Researcher* 25, no. 11 (March 13, 2015): 241-64.
<http://library.cqpress.com.ez.lakemichigancollege.edu/cqresearcher/cqresrre2015031300>.
- Massey, Wyatt. "Is it a spiritual or a mental health Crisis?" *America Magazine*, March 2017. , 12-14
- Nussbaum, Melissa M. "The mentally ill are our lepers." *National Catholic Reporter*, March 28, 2014 Accessed March 5, 2017.
<https://www.ncronline.org/blogs/my-table-spread/mentally-ill-are-our-lepers>.
- Rotondaro, Vinnie. "Catholic Church can aid shift in treatment of mental illness." *National Catholic Reporter*, November 25, 2015 Accessed March 5, 2017.
<https://www.ncronline.org/news/faith-parish/catholic-church-can-aid-shift-treatment-mental-illness>.
- WELTEN, CHRISTINE. 2015. "BIBLICAL LEPROSY AND MENTAL ILLNESS: HOW WE CAN LEARN FROM THE EXAMPLE OF CHRIST IN OVERCOMING SOCIAL STIGMAS." *Stimulus: The New Zealand Journal Of Christian Thought & Practice* 22, no. 3: 24-30. *Academic Search Complete*, EBSCOhost (accessed March 1, 2017).
- Weaver, Anna. "Through a glass darkly: How Catholics struggle with mental illness." *U.S. Catholic*, February 2010 Accessed March 5, 2017. <http://www.uscatholic.org/node/5811>.