



In the Image of God: Access to Mental Health Care

Packet of educational resources for parishes

The Diocesan Public Policy Committee has chosen "Access to Mental Health Care" as a priority issue for our consideration and action on Public Policy Sunday, Feb. 11/12, 2012. Given that one out of five families has a family member who lives with some degree of mental illness, our parishes have the opportunity to be places of respite and care for these families.

The following documents are now available to help parish staff and volunteers educate their parish communities about mental illness, and to assist parishes in their efforts to reach out to individuals and families living with mental illness:

Becoming a more welcoming community

What is mental illness?

Mental illness facts

What can I and my faith community do to show care for people with mental illness?

Catholic teaching and ministry resources

Prayers of the faithful

Bulletin notices

Crisis resources

County-specific information

An advocacy packet and petition will be distributed in December.

PLEASE NOTE:

Deacon Brian McNulty, chaplain of Rochester Psychiatric Center, is available for presentations and to act as a resource on the topic of mental illness to parishes in the Diocese of Rochester. He can be contacted at bmcnult1@rochester.rr.com.

Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families (National Catholic Partnership on Disability, 2009) is an excellent resource on this topic. It can be downloaded and printed at <http://www.miministry.org/ResourceBinder.pdf>

The Diocesan AV Resource Center has available for loan the DVD and discussion guide for *Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families*. To borrow it, contact Sr. Connie Derby at (585) 328-3210.

Source: Diocesan Public Policy Committee, Rochester, NY, September, 2011



Becoming a More Welcoming Parish Community

by Deacon Brian McNulty, Chaplain, Rochester Psychiatric Center

As many of you have experienced, there are people in our congregations who are living with a mental illness. It may be the individual, a family member or a close friend. It is estimated that anywhere from 1 in 4 to 1 in 5 Americans are directly involved in mental health issues.

This group of people is not suddenly bursting in our parishes - they have always been here. However, with changes in social policy and a more open society, we may notice a person with some form of mental illness more frequently in our meetings, Liturgies and social gatherings. Some may not feel adequate or comfortable with these encounters. Here are a few starter suggestions on what a community can do to be welcoming and inclusive:

1. Don't be afraid. Mental Health issues are not contagious. You cannot catch it from contact with people. Listen in a non-judgmental way.
1. Parish staff should meet together alone, or with a person experienced in the field, to explore their own conception, prejudice, and contact with Mental Illness.
2. The Greeters and Ushers should meet together with the same agenda and to identify potential situations and to make a specific plan of how to handle what appears to be a disruptive behavior.
3. Be aware, not every person who looks different, dresses differently, speaks or acts differently from our norm is mentally ill. Perhaps identify one or two people on the staff or in the community already who can discreetly build a relationship with a person you do not know and are looking for ways to be more in contact with. There are already people in your congregation who are psychologists, mental health nurses, doctors, and other Mental Health professionals who may be willing to undertake this ministry.
4. Contact the local National Association of Mentally Ill (NAMI) and explore the possibility of a presentation from their Peer Advocacy group.
5. Create an atmosphere where it's safe to talk about mental illness by offering an education program geared to adults and teens on spirituality and mental illness or a forum on types of mental illness, symptoms, medications, treatment and recovery led by professionals in the field.

A person with Mental Health concerns wants to be in contact, with themselves, with others and with the Divine. You as pastoral staff and a whole community can help or hinder that contact by your approach. Remember all people are made in the image and likeness of God. As you find the Christ in them, you will be Christ with them. This is the soul of communion.

To contact Deacon Brian McNulty: bmcnult1@rochester.rr.com

Source: Diocesan Public Policy Committee, Rochester, NY, September, 2011



What is Mental Illness?

Mental illness, as commonly understood, is the improper functioning of the brain, the most complex of all organs of the human body.

Such illnesses are characterized by alterations in thinking, mood, or behavior (or some combination thereof).

Mental illness may occur at any age, with the initial onset of some types of mental illness manifesting in particular age ranges. For example, the onset of schizophrenia or bipolar disorder is particularly prevalent in the teenage years and early adulthood. Mental illness is also indiscriminate of gender, race, or socioeconomic background.

Our understanding of mental illness, and mental health, is constantly changing and expanding. However, at present, there are several key facts that are known. A mental illness: (a) may involve a number of different conditions; (b) can occur at any age to anyone; (c) manifests itself in a range of severity; (d) is cyclical in nature; and (e) encompasses biological, psychological, social, and spiritual dimensions of the individual.

According to "Mental Health: A Report of the Surgeon General", an estimated 22 to 23 percent of the U.S. population experiences a mental disorder in any given year, but almost half of these individuals do not seek treatment (U.S. Department of Health and Human Services, 2002; U.S. Surgeon General, 2001). Of these, approximately 6%, or 1 in 17 individuals experience a severe and persistent mental illness. These illnesses are constant or frequently recurring, and significantly interfere with one's ability to function in family, job, school, community.

These severe and persistent mental illnesses include:

Schizophrenia;

Bipolar disorder (manic-depressive illness);

Schizoaffective disorder or some types of major depressive disorder;

Obsessive compulsive disorder (OCD);

Post-traumatic stress disorder (PTSD).

Certain other conditions, although they may co-occur, are mistakenly understood as mental illness: intellectual disabilities, dementia (Alzheimer's, vascular), and substance use disorders (drug/alcohol abuse and dependence).

Similar to other health conditions, proper diagnosis and treatment are critical in ensuring that the individual's mental health needs are properly addressed. Treatment of a mental illness may consist of medication, psychotherapy, or counseling (alone or in combination). Along with the various treatment modalities available, an individual's social well-being through positive family support, employment, friends, and hobbies are equally important in providing the appropriate care required by an individual.

One must acknowledge that the treatment objective of mental illness does not necessarily involve the eradication, i.e., cure, of the condition, but rather its on-going management so as to minimize the adverse effects of the mental illness on the everyday functioning of the individual.

Excerpted from: "Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families" [<http://www.miministry.org/ResourceBinder.pdf>], published by the National Catholic Partnership on Disability, 2009

Source: Diocesan Public Policy Committee, Rochester, NY, September, 2011



Mental Illness: FACTS AND NUMBERS

NAMI • The National Alliance on Mental Illness • www.nami.org • 1 (800) 950-NAMI
3803 N. Fairfax Drive, Suite 100 • Arlington, VA 22203

- One in four adults - approximately 57.7 million Americans - experience a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder¹ and about one in 10 children live with a serious mental or emotional disorder.²
- About 2.4 million Americans, or 1.1 percent of the adult population, lives with schizophrenia.¹
- Bipolar disorder affects 5.7 million American adults, approximately 2.6 percent of the adult population per year.¹
- Major depressive disorder affects 6.7 percent of adults, or about 14.8 million American adults.¹ According to the 2004 *World Health Report*, this is the leading cause of disability in the United States and Canada in ages between 15-44.³
- Anxiety disorders, including panic disorder, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), generalized anxiety disorder and phobias, affect about 18.7 percent of adults, an estimated 40 million individuals. Anxiety disorders frequently co-occur with depression or addiction disorders.¹
- An estimated 5.2 million adults have co-occurring mental health and addiction disorders.⁴ Of adults using homeless services, 31 percent reported having combination of these conditions.⁵
- One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.⁶ Despite effective treatments, there are long delays - sometimes decades - between the first onset of symptoms and when people seek and receive treatment.⁷
- Fewer than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year.²
- Racial and ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care.⁸
- In the United States, the annual economic, indirect cost of mental illness is estimated to be \$79 billion. Most of that amount - approximately \$63 billion - reflects the loss of productivity as a result of illnesses.²
- Individuals living with serious mental illness face an increased risk of having chronic medical conditions.⁹ Adults living with serious mental illness die 25 years earlier than other Americans, largely due to treatable medical conditions.¹⁰
- Suicide is the eleventh-leading cause of death in the United States and the third-leading cause of death for people ages 10-24 years. More than 90 percent of those who die by suicide have a diagnosable mental disorder.¹¹
- In July 2007, a nationwide report indicated that male veterans are twice as likely to die by suicide as compared with their civilian peers in the general United States population.¹²
- Twenty-four percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health disorder.¹³
- Seventy percent of youth in juvenile justice systems have at least one mental disorder with at least 20 percent experiencing significant functional impairment from a serious mental illness.¹⁴
- Over 50 percent of students with a mental disorder age 14 and older drop out of high school - the highest dropout rate of any disability group.¹⁵

References:

- 1 "NIMH: The numbers count—Mental disorders in America." National Institute of Health. Available at www.nimh.nih.gov/publicat/numbers.cfm.
- 2 U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408-409, 411.
- 3 "NIMH: The numbers count—Mental disorders in America." National Institute of Health. Available at www.nimh.nih.gov/publicat/numbers.cfm. [Citing 2004 World Health Report Annex Table 3 Burden of disease in DALYs by cause, sex and mortality stratum in WHO regions, estimates for 2002. Geneva: World Health Organization].
- 4 Substance Abuse and Mental Health Services Administration. (2007, February). National Outcome Measures (NOMs) for Co-occurring Disorders. [Citing 2005 data from the National Survey on Drug Use and Health (NSDUH)].
- 5 Burt, M. (2001). "What will it take to end homelessness?" Urban Institute: Washington, D.C., p. 3. Available at www.urban.org/UploadedPDF/end_homelessness.pdf.
- 6 Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, & Walters, E. ., Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Co-morbidity Survey Replication (NCSR). *General Psychiatry*, 62, June 2005, 593-602.
- 7 Wang, P., Berglund, P., *et al.* Failure and delay in initial treatment contact after first onset of mental disorders in the National Co-morbidity Survey Replication (NCS-R). *General Psychiatry*, 62, June 2005, 603-613.
- 8 New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*. Final Report. U.S. Department of Health and Human Services: Rockville, MD, 2003, pp. 49-50.
- 9 Colton, C.W. & Manderscheid, R.W., (2006, April). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight States. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 3(2), 1-14. Available at www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16539783.
- 10 Manderscheid, R., Druss, B., & Freeman, E. (2007, August 15). Data to manage the mortality crisis: Recommendations to the Substance Abuse and Mental Health Services Administration.
- 11 National Institute of Mental Health. *Suicide in the U.S.: Statistics and prevention*. Available at www.nimh.nih.gov/publicat/harmsway.cfm.
- 12 Kaplan, M.S., Huguet, N., McFarland, B., & Newsom, J.T. (2007). Suicide among male veterans: A perspective population-based study. *Journal of Epidemiol Community Health*, 61(7), 619-624.
- 13 Glaze, L.E. & James, D.J. (2006, September). *Mental Health Problems of Prison and Jail Inmates*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics
- 14 Skowrya, K.R. & Coccozza, J.J. (2007) *Blueprint for change*. National Center for Mental Health and Juvenile Justice; Policy Research Associates, Inc. The Office of Juvenile Justice and Delinquency Prevention. Available at <http://www.ncmhjj.com/Blueprint/default.shtml>.
- 15 U.S. Department of Education. *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Act*. Washington, D.C., 2006.



What can I do? What can my parish do?

Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families

National Catholic Partnership on Disability, 2009 pp 26-27, 35, 39-40

Every parish has members who experience a serious mental illness or who have a close friend or family member who lives with the condition. With this reality in mind, parishes must thoughtfully consider how they can more fully welcome people affected by mental illness into the life of the community in a way that values their gifts and contributions to the church family.

Recognize

Recognizing that some people in the parish are affected by mental illness can help transform these usually-hidden conditions into acknowledged realities in the lives of parishioners, just like physical health problems.

Consider

Considering with people with mental illnesses and their loved ones how they experience Mass and other components of the life of the parish can lead to more meaningful participation. This process may reveal words or actions to be avoided because they stigmatize or exclude.

Facilitate Sense of Belonging

The formation of trusting relationships is basic to the experience of belonging. This can be accomplished in a number of ways: including the needs of persons with mental illness and their families in the Prayers of the Faithful (name personally only with permission), providing needed accommodations (i.e., allowing for movement for some people unable to tolerate staying in one place during an entire liturgy or parish event), inviting people who might be shy or withdrawn to participate in liturgical ministries or other roles within the parish, accompanying a parishioner with mental illness to parish activities and introducing them to others.

Encourage Encouraging all the members of the parish and its staff to ask questions and learn more about the effects of mental illness can increase the ability to respond in the most compassionate and pastorally appropriate manner.

Transform When a parish becomes more welcoming of parishioners with mental illness and more appreciative of their gifts, it is evident that the power of God is at work transforming the community.

Specific actions from their parish that families have found helpful include:

- Informative and supportive training on mental illness within the parish;
- Bringing together families to create a faith-based support group;
- Advocating on justice issues related to public social services for people with mental illness;
- Offering to visit the family member if hospitalized or at home;

Being aware of the impact mental illness has on siblings and learning from the family what might be some helpful ways to provide support;

Acknowledging a person's absence with a positive message (e.g., Tell Mike we missed him. How is he doing?);

Staying engaged with the family as they go through this challenging time

Providing meals, offers to shop, lawn mowing, etc.;

Inviting the individual or family member out for a meal or coffee;

Extending an invitation to parish activities;

Offering to accompany the family through the maze of the mental health system;

Being aware of community resources that might be supportive to the family

Parishes can be instrumental partners in the supportive companionship and possible recovery of people with a mental illness by engaging in the following actions:

Educate the parish community on mental illness through training which includes people and their families sharing their experience.

When speaking about the illness use person-first language, i.e., person with a mental illness rather than "the mentally ill".

Identify community resources. Prepare and post a list of contact numbers to respond to routine and emergency mental health needs.

Visit people with mental illness when they are unable to leave their homes or are hospitalized. - - Provide support with cards, bring the Eucharist, prepare meals.

Organize peer support and family support groups within the parish.

Include specific prayers for those affected by mental illness in the intercessory prayers at Mass. (Personalize only with the individual's permission.)

Incorporate mental illness in homilies. Include references to persons with mental illness and their concerns in homilies about social justice, caring for the poor, discrimination, and compassionate outreach to others. Avoid words or phrases that add to stigmatizing those who have mental illness.

Include people with mental illness in opportunities for healing prayer and services (i.e., Sacrament of the Anointing of the Sick).

Raise awareness of mental health issues through the church bulletin or newsletter.

Offer the parish facilities and hospitality to host mental health support programs

Partner with mental health professionals, advocacy groups, and other churches for referrals, advocacy, and support groups.

Encourage the parish peace and justice ministry to address systemic problems that affect people with mental illness.

Encourage parishioners to consider utilizing their own businesses, housing, or work to support the housing and employment needs of people with mental illness.

Invite people with mental illness, family members, mental health professionals or advocacy groups to speak at meetings of parish organizations.

Offer peer support. This is a ministry in which persons affected by a major mental illness and other parishioners can support each other.



Church Teaching and Ministry to People with Mental Illness

Church Statements

Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families

National Catholic Partnership on Disability, 2009

<http://www.miministry.org/ResourceBinder.pdf>

[Welcomed and Valued: DVD, Resource Manual \(Printed and CD versions\)](#) - The DVD features in depth looks at people with mental illness and how they participate in parish life. (27 minute open captioned DVD) Discussion guide included. The Resource Manual features 90+ pages of information, perspectives and tools to assist in the ministry with people with mental illness. [Available for purchase at <http://www.ncpd.org/resources>]

NOTE: The "Welcomed and Valued" DVD and discussion guide is available for loan at the Diocesan AV Resource Center - (585) 328-3210

Affirming the Dignity of the Mentally Ill

Nebraska Bishops' Statement on Mental Health, January 2005

[http://www.archomaha.org/pastoral/flo/AgingMinistries/pdf/](http://www.archomaha.org/pastoral/flo/AgingMinistries/pdf/BehavioralIllnessPastoral05.pdf)

[BehavioralIllnessPastoral05.pdf](http://www.archomaha.org/pastoral/flo/AgingMinistries/pdf/BehavioralIllnessPastoral05.pdf)

Message of His Holiness Pope Benedict XVI for the 14th World Day of the Sick

December 8, 2005

http://www.vatican.va/holy_father/benedict_xvi/messages/sick/documents/hf_ben-xvi_mes_20051208_world-day-of-the-sick-2006_en.html

Mentally Ill Are Also Made in God's Image

Address of Pope John Paul II at a conference sponsored by the Pontifical Council for Pastoral Assistance to Health-Care Workers, November 30, 1996

<http://www.catholic.org.tw/vntaiwan/pope/health.htm>

Ministering to Individuals with Mental Illness

National Catholic Partnership on Disability (NCPD)

www.ncpd.org

415 Michigan Avenue, N.E. Suite 240, Washington, DC 20017

(202) 529-2933, (202) 529-2934 (tty)

<http://www.ncpd.org/ministries-programs/specific/mentalillness#Resources>

The National Catholic Partnership on Disability coordinates the activities of the Roman Catholic Church in this area of ministry.

Pathways to Promise: Ministry and Mental Illness

<http://www.pathways2promise.org/>

Pathways to Promise is an interfaith cooperative of many faith groups that provides assistance and acts as a resource center which offers liturgical and educational materials, program models, caring ministry with people experiencing a mental illness and their families.

The resources are used by people at all levels of faith group structures from local congregations to regional and national staff. The website is intended for clergy, interested laity, people with mental illness and their families, friends and supporters and mental health professionals interested in working with the faith community.

National Alliance on Mental Illness [NAMI] FaithNet

<http://www.nami.org/namifathnet>

NAMI FaithNet is a network composed of members and friends of NAMI. It was established for the purposes of (1) facilitating the development within the faith community of a non-threatening, supportive environment for those with mental illness and their families, (2) pointing out the value of one's spirituality in the recovery process from mental illness and the need for spiritual strength for those who are caretakers, (3) educating clergy and faith communities concerning mental illness and (4) encouraging advocacy of the faith community to bring about hope and help for all who are affected by mental illness. NAMI FaithNet respects all religious beliefs.

Mental Health Ministries

<http://www.mentalhealthministries.net/>

The mission of Mental Health Ministries is to provide educational resources to help erase the stigma of mental illness in our faith communities and help congregations become caring congregations for persons living with a mental illness and their families. User friendly media and print resource that can be adapted to the unique needs of each congregation are available on the website. Mental Health Ministries also collaborates with faith communities, advocacy groups, community organizations and mental health professionals to lift up the importance of using a person's faith and spirituality as part of the overall treatment and recovery process.



Prayers of the Faithful

For those searching for peace of mind and heart, that they might feel the comfort of God's healing presence in their lives, we pray to the Lord.

That our parish community may become a place of acceptance and belonging for people with mental illness, we pray to the Lord.

That our community and larger society will come to view mental illnesses as they do other illnesses such as diabetes and cancer, and offer dignity and acceptance to people with mental health issues, we pray to the Lord.

That children and adults seeking treatment for mental illness may be able to obtain caring, effective and affordable care, we pray to the Lord.

The following prayers are excerpted from *Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families*: "

For persons with a mental illness, and their families to find effective treatment for their illness and understanding and acceptance from others, we pray to the Lord.

For families who strive to understand and help their loved ones with mental illness, we pray to the Lord.

For people who live on the streets without homes or hope, we pray to the Lord.

For people with mental illness who are confined in jails and prisons, we pray to the Lord.

In thanksgiving for the compassion and dedication of mental health professionals and those providing care, we pray to the Lord.

That the darkness of stigma, labels, exclusion and marginalization might be dispelled by the light of greater understanding, acceptance and respect for the dignity of every person, we pray to the Lord.

For each of us to reach out with support as we form a caring community, we pray to the Lord.



Bulletin Notices

All human life is sacred. Every person created in God's image, reflecting the likeness of God is deserving of utmost respect and dignity even in the midst of episodes of illness. Nothing can diminish that dignity and worth, not mental illness or any condition. Each person is a significant contributor to the wholeness of the Body of Christ forming a community of faith that celebrates each other's joys and bears each other's burdens.

[*Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families*, National Catholic Partnership on Disability, 2009]

[T]he Church intends to bow down over those who suffer with special concern, calling the attention of public opinion to the problems connected with mental disturbance that now afflicts one-fifth of humanity and is a real social-health care emergency. I therefore encourage the efforts of those who strive to ensure that all mentally ill people are given access to necessary forms of care and treatment.

[*Message of His Holiness Pope Benedict XVI for the 14th World Day of the Sick*, December 2005]

Each of us, as individuals, citizens, relatives and neighbors, and certainly as believers in Christ's message, should sincerely reflect upon our own attitudes towards those who are afflicted by any form of mental illness and/or substance abuse disorders or other addiction. Rather than contributing to any sense of shame and stigma, we can, instead, work to erase it. We can reach out in compassion to help those so afflicted overcome these barriers, which hinder them in seeking their own well-being.

[Pope John Paul II "*Mentally Ill Are Also Made in God's Image*" 1996]

Serious mental illness can cause a crisis of faith for the person with mental illness and for the family. Why me/why our family? Is God punishing me/us? These and other questions can shake one's faith and be obstacles to recovery. A supportive faith community can help work through doubts and questions in a way that contributes to recovery and a restoration of faith.

[*Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families*, National Catholic Partnership on Disability, 2009]

One of the fundamental truths of Christian belief is that each human being is created in the image and likeness of God (Genesis 1:26-27). The Catholic Church unconditionally embraces and faithfully proclaims this truth. It is the foundation for human dignity. [*Affirming the Dignity of the Mentally Ill*, Nebraska Bishops' Conference, January 2005]



In our parishes are people who live daily with mental illness, at times not evident, and at other times experiencing episodes that disrupt every aspect of life, particularly relationships. Most basic in making a difference in the lives of parishioners with mental illness is a loving regard for the person that seeks to better understand the challenges of the illness, accompanying the person in whatever way possible to communicate that they are not alone on this journey through healing and recovery.

[*Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families*, National Catholic Partnership on Disability, 2009]

Every parish has members who experience a serious mental illness or who have a close friend or family member who lives with the condition. With this reality in mind, parishes must thoughtfully consider how they can more fully welcome people affected by mental illness into the life of the community in a way that values their gifts and contributions to the church family.

[*Welcomed and Valued: Building Faith Communities of Support and Hope with People with Mental Illness and Their Families*, National Catholic Partnership on Disability, 2009]

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 also to be treated as such.... The Church looks on these persons with special concern, as she looks on any other human being affected by illness."

[Pope John Paul II "*Mentally Ill Are Also Made in God's Image*" 1996]

It is everyone's duty to make an active response: our actions must show that mental illness does not create insurmountable distances, nor prevent relations of true Christian charity with those who are its victims. Indeed, it should inspire a particularly attentive attitude towards these people who are fully entitled to belong to the category of the poor to whom the kingdom of heaven belongs. (Mt. 5:3)

[Pope John Paul II "*Mentally Ill Are Also Made in God's Image*" 1996]

Our faith leads us to understand that [the mentally ill person's] suffering can be joined in God's plan to that of Jesus Christ, who, in His human nature, took all human suffering unto himself, whether suffering of body, mind or spirit. Yet, those suffering in this way, to reiterate the Holy Father's instruction, "always" bear God's image and likeness."

[*Affirming the Dignity of the Mentally Ill*, Nebraska Bishops' Conference, January 2005]



Crisis Resources

National Suicide Prevention Lifeline 1-800-273-TALK

The National Suicide Prevention Lifeline [1-800-273-TALK (8255)] is a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Calls are routed to the nearest crisis center.

Call for yourself or someone you care about

Free and confidential

A network of more than 150 crisis centers nationwide

Available 24/7

Red Nacional de Prevención del Suicidio

Cuando usted llama al número 1-888-628-9454, su llamada se dirige al centro de ayuda de nuestra red disponible más cercano. Cuando el centro contesta su llamada, usted estará hablando con una persona que le escuchará, le hará preguntas y hará todo lo que esté a su alcance para ayudarlo. Para información en español haga clic aquí.

For Hearing and Speech Impaired with TTY Equipment:

1-800-799-4TTY (4889)

For veterans in emotional distress

Call 1-800-273-TALK and press 1

National Alliance for the Mentally Ill [NAMI] New York Where to Call for Help

<http://www.naminys.org/getting-support>

NAMI-NYS Helpline

(518) 462-2000

1-800-950-3228 - NY Only

helpline@naminys.org

NAMI New York Suicide prevention and info (including hotlines):

<http://www.naminys.org/suicide-prevention>