

# In the Image of God: Access to Mental Health Care

## Resources for Advocacy



This packet includes the following materials for use in your parish and school in preparation for Public Policy Sunday, Feb. 11/12, 2012:

1. Public Policy petition
2. Instructions on where to send the completed petitions
3. 5 weeks of bulletin announcements
4. Prayers of the Faithful
5. Homily Helps
6. Fact sheet
7. Bulletin insert

Feel free to use additional resources included in a September 2011 packet on this topic, available at <http://www.dor.org/index.cfm/catholic-charities/public-policy/mental-health/>.

This previous packet includes:

Cover Sheet

Becoming a More Welcoming Community

What is Mental Illness?

Mental Illness Facts

What Can I and my Faith Community Do?

Catholic Teaching and Ministry Resources

Prayers of the Faithful

Bulletin Notices

Crisis Resources



## Public Policy Weekend (February 11/12) Instructions

### ***What Do We Do With Petitions?***

Send all signed petition forms to your regional Catholic Charities Justice & Peace staff by **February 29, 2012**. Petitions will be photocopied as necessary and delivered to our state representatives.

### ***What if we have questions?***

Regional Justice and peace staff can answer questions and assist parishes with education efforts.

<b>Counties of the Diocese</b>	<b>Justice and Peace Staff—Contact Information</b>
<b><i>Chemung/Schuyler/Tioga</i></b>	Kathy Dubel Catholic Charities 215 E. Church St. Suite 101 Elmira, NY 14901 607-734-9784; kdubel@dor.org
<b><i>Livingston</i></b>	Brigit Hurley Catholic Family Center 87 N. Clinton Ave. Rochester, NY 14604 585-546-7220 ext. 7099; bhurley@cfcrochester.org
<b><i>Seneca, Cayuga, Wayne, Ontario and Yates</i></b>	Ruth Marchetti Catholic Charities 1150 Buffalo Road 585-328-3228 ext. 1366; rmarchetti@dor.org
<b><i>Monroe County</i></b>	Marvin Mich or Brigit Hurley (see above) Catholic Family Center 87 N. Clinton Ave. Rochester, NY 14604 585-546-7220 ext. 7021; mmich@cfcrochester.org
<b><i>Steuben</i></b>	Lynda Lowin Catholic Charities 23 Liberty St. Bath, NY 14810 607-776-8085 ext. 217; llowin@dor.org
<b><i>Tompkins</i></b>	Laurie Konwinski Catholic Charities- 324 West Buffalo St. Ithaca, NY 14850 607-272-5062 ext. 12; lkonwinski@dor.org



## In the Image of God: Access to Mental Health Care BULLETIN ANNOUNCEMENTS

The Diocesan Public Policy Committee is asking us to learn more about mental illness and its treatment, especially as it relates to young people. Regardless of income or health insurance status, families looking for psychiatric care often have a hard time finding it when and where they need it.

For example, Joe is 16 and, until recently, he has been a good student with lots of friends. Now he is withdrawn and has dropped out of all activities. His parents made an appointment with a counselor but they had to wait 4 weeks for it, and the therapist recommended that he see a psychiatrist. There was another 5 week wait for that appointment, and in the meantime Joe attempted suicide and was hospitalized. He was put on an antidepressant, but Joe's parents don't see much improvement in his mood. They are told that they can wait 2 weeks for his next psychiatric appointment or, if they fear another suicide attempt, take him back to the hospital.

*"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."*

*- Pope Benedict XVI*

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The Diocesan Public Policy Committee is asking us to learn more about mental illness and its treatment, especially as it relates to young people. Managing a child's mental illness can be challenging for a parent, as it often involves extra medical appointments and unplanned time at home with the child.

For example, Conor is 9 years old and in 4th grade. He has always had behavioral problems, both at home and at school. The psychiatrist he sees every two months tried a few different medications until they found one that helps. The clinic is a 45-minute drive from Conor's home in a rural area. He still has explosive episodes once a week or so, occasionally resulting in suspension from school. His mother lost one job because of all the time she had to take off for his appointments and suspensions. She is at risk of losing another.

*"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."*

*- National Catholic Partnership on Disability*

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The Diocesan Public Policy Committee is asking us to learn more about mental illness and its treatment, especially as it relates to young people. The challenges presented by mental illness for family members are especially difficult when there are other issues involved, such as health and financial problems.

For example, Kaitlyn is 14 years old and in 9th grade. She has been raised by her grandmother since birth. She has bipolar disorder and ADHD. She is in a day treatment program as an alternative to public school, but she has been suspended from the program and/or the bus transportation many times. Her grandmother has significant health issues and needs regular respite care for Kaitlyn, which she has been unable to find in the community. She takes advantage of support groups and other services but now admits that she needs Kaitlyn to be placed in a residential facility because she cannot arrange for the support she needs at home. The nearest facility is two hours away, so Kaitlyn's grandmother worries that she will not be able to visit very often.

*"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."*  
- National Catholic Partnership on Disability

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The Diocesan Public Policy Committee is asking us to learn more about mental illness and its treatment, especially as it relates to young people. Mental illness can be very complicated, a fact that is worsened by the lack of coordination among the professionals involved in treating it.

For example, Peter is a very bright 13 year old with parents who have spent a great deal of time seeking appropriate care for him. His mother works part-time so that she can be available for his appointments and other needs. They are frustrated by the care he has received since his diagnosis with depression at age 7. Months after the initial diagnosis, his behavior at school became so explosive that it was clear that depression was not the issue. During the many consultations with psychologists, social workers and psychiatrists that followed, Peter received different diagnoses and different suggestions for treatment. Despite repeated requests, Peter's school counselor, psychiatrist and primary doctor do not communicate regularly with each other, so his mother struggles to keep on top of his many medications and struggles.

*"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."*  
- Pope John Paul II

#### **ANNOUNCEMENT FOR FEB. 11/12, 2012:**

Today we are asked by the Diocesan Public Policy Committee to consider signing a petition seeking help for people in our own communities who struggle to maintain mental and emotional well-being. We are especially concerned for young people.

The current systems involved in the treatment of mental illness are inadequate and not coordinated. Parents must navigate a complex world of doctors, medications, counselors, school officials, and others as they pursue the best care for their children. Too often, the professionals involved in their child's life have separate roles to play and they do not coordinate efforts. In a short period of time, the child and his/her parents might meet with a school counselor, a teacher, a therapist, a psychiatrist, and a primary care provider - leaving the parents and child exhausted and unsupported.

Please consider adding your voice to those asking for changes in these systems of care.

*"[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."*

- Pope Benedict XVI



## **In the Image of God: Access to Mental Health Care PRAYERS OF THE FAITHFUL**

For children who are ill, that they be brought to the fullness of physical and mental health.

For parents and professionals who are involved in the care of children with mental or emotional difficulties, that they be given the strength and support they need to assist these vulnerable children.

For health care providers, especially those who treat mental and emotional disorders, that they are given the wisdom and skills needed to provide compassionate, effective care to their patients.

For government officials and leaders who are making decisions about programs that benefit the poor, the ill, the very young, the very old, and other vulnerable groups. May they take seriously their responsibility to care for the least among us.

For young people suffering from mental illness. May they soon come to experience peace of mind and an awareness of their tremendous value as children of God.

For people separated from their families and communities, living in residential facilities or institutions. Grant us the grace and courage to reach out to them, to assure them of their place in the family of God.



## In the Image of God: Access to Mental Health Care Homily Helps

**January 15, 2012 Second Sunday in Ordinary Time**

Readings: (65) 1 Sm 3:3b-10, 19 Ps. 40:2,4,7-10  
1 Cor. 6:13c-15a,17-20 Jn. 1:35-42

As we hear in Paul, [*who while speaking specifically about prostitutes,\**] each person joined with Christ is part of the whole body of the Church. Persons living with mental illness often feel 'cut off' from the body of the community. The stigma attached to a person, or his/her whole family, isolates them. We want to keep mental illness away from us and those we love, so we may keep people away who are not like us. As John directs his disciples to Jesus they are changed not only in name but in community. Those who live with mental illness would like to be joined to community. Perhaps the community must go to Jesus and be re-named and changed to welcome new people who are different.

*\*[The first State run psychiatric hospital was established in Utica circa 1850. The first woman committed to the Utica State Hospital was admitted with a diagnosis of being promiscuous. i.e. a prostitute]*

**January 22, 2012 Third Sunday in Ordinary Time**

Readings: (68) Jon. 3:1-5,10 Ps. 25:4-9  
1 Cor. 7:29-31 Mk. 1:14-20

This week we recall the Supreme Court decision of *Roe v. Wade*. It is a time for our community to refresh our commitment to the value of all human life, at all times, in every form. Those who live with mental illness are made in the image and likeness of God as we all are. They have been caught in the net of the preaching of the Gospel and look to Christ for salvation and us for support, understanding and belonging.

**January 29, 2012 Fourth Sunday in Ordinary Time**

Readings: (71) Dt. 18:15-20 Ps. 95: 1-2,6-9  
1 Cor. 7:32-35 Mk. 1:21-28

There are a great number of saints in the calendar who have spoken about the voices they have heard. Sts. Joan of Arc and Theresa of Avila, to name just two. The hearing of voices is now often associated with someone who is mentally disturbed or unbalanced. It is true that not all perceived 'voices' are from God. A person may hear a message from God rarely or frequently. It is not a sign of an 'unclean' spirit, but perhaps a sign of a person's search for meaning and connection with the Divine and with themselves. At times we do entertain angels unaware. We are called to listen to them with respect, just as we do with all others.

## February 5, 2012 Fifth Sunday in Ordinary Time

Readings: (74) Jb. 7:1-4,6-7

1 Cor 9:16-19, 22-23

Ps. 147:1-6

Mk. 1:29-39

Deep, dark depression is a terrible lonely time. But, who of us has not, at one time or another, made the same complaint as Job. Everyone cycles through the difficult emotions when a loved one dies, money is tight, we are unhappy at work, things at home are rocky. We might cry out with Job that we have been given "months of misery". A person with severe depression may not be able to cycle out of this feeling. It is not months but years even a whole lifetime of misery. Everything of their life and their choices is unfruitful or disappointing. Jesus heals Peter's mother-in-law, not so that she will get up and wait on them, but that she can witness to the Heavenly Banquet that all are called to, and healed for. Healing with the mentally ill comes from the touch of Jesus that we bring into their lives through non-judgmental listening and acceptance of them as people not demons.

## February 12, 2012 Sixth Sunday in Ordinary Time (February 11 is World Day of the Sick)

Readings: (77) Lv. 13: 1-2,44-46

1 Cor. 10:31-11:1

Ps. 32:1-2,5,11

Mk. 1: 40-45

The hygiene laws that we read about in ancient scriptures, like in the first reading today, may seem harsh and unfeeling to us moderns. But in their times such precautions helped save the community from dangerous disease. Today our attitudes toward leprosy, HIV/AIDS, TB, Cerebral Palsy, and other conditions have become more understanding. This is not as true for those with mental illness. It is still a source of people being cut-off from family and friends. This is not just from society, but often from the very nature of the disease. Mental illness has been described as a 'spiritual disease' (C. Jung).

Does this community exclude people from Eucharist in the community due to our judgments and attitude?

## February 19, 2012 Seventh Sunday in Ordinary Time

Readings: (80) Is.43:18-19, 21-22, 24b-25

2 Cor. 1:18-22

Ps. 41:2-5,13-14

Mk. 2:1-12

Why does mental illness persist when so many for so long have prayed that their loved one, and all who are in this state, to be healed and delivered back to their family whole as this paralytic was? Is it that God does not heed these prayers? Or is it that God loves them as they are? The reflection of Isaiah on the new creation God is making, despite our resistance, can come to fulfillment. The family members of the man were not stopped by the crowd, nor by the building, nor by the roof itself. They worked hard to bring this man, who needed them, to get to healing. Mental illness is a reality that will always be with our community due to the imperfect condition that we humans live under. What many who live with mental illness do is pray, but also they depend on those family and friends who will commit themselves to help bring them closer to healing and Jesus as the paralytic's friends did.



## In the Image of God: Access to Mental Health Care FACT SHEET

According to the American Academy of Child and Adolescent Psychiatry, 15 million children in the United States suffer from some kind of psychiatric disorder, like bipolar disorder or schizophrenia, but approximately 80 percent never get help. <sup>i</sup>

A critical shortage of child psychiatrists, especially in rural areas, means that many children are being seen by adult psychiatrists or — more often — by family doctors, who may lack expertise in child psychiatry. <sup>ii</sup>

In New York State almost 50% of counties do not have a practicing child psychiatric provider. <sup>iii</sup> In the Diocese of Rochester, 7 counties are designated as "Regents Physician Shortage Areas" for mental health care (Cayuga, Livingston, Schuyler, Seneca, Steuben, Wayne and Yates). <sup>iv</sup>

While it is estimated that about 30,000 child psychiatrists are needed to adequately treat children, there are only about 7,000 child psychiatrists practicing in the U.S. <sup>v</sup>

A child whose family has private health insurance is only slightly more likely to access adequate mental health care, compared to those with public health insurance. In 2006, 79% of children with private health insurance and 73% with public health insurance had unmet mental health needs. The absence of health insurance makes the situation even more dire - 87% of children without health insurance had unmet mental health needs. <sup>vi</sup>

According to a study published in 2010 in *Academic Psychiatry*, the U.S. Bureau of Health Professions has estimated that by 2020, the country will need 12,624 child psychiatrists to meet the projected demands. At current recruitment levels, the nation will have only about 8,300. <sup>vii</sup>

Much of the lack of interest in psychiatry has been attributed to the relatively low income available to that specialty. The average national salaries earned by specialists include \$247,000 for ophthalmologists, \$265,000 for anesthesiologists, and \$283,00 for cardiologists. <sup>viii</sup> Nationally, the average pay for psychiatrists last year was \$163,660, not including benefits, according to the U.S. Bureau of Labor Statistics. In New York, it was \$155,930. At New York's Office of Mental Health's psychiatric centers, the average pay for non-hourly psychiatrists was just over \$125,000 in 2009. <sup>ix</sup>

A decline in the number of U.S. medical school graduates entering psychiatry residencies is contributing to a shortage of psychiatrists. The American Medical Association reports that the

supply of U.S. psychiatrists shrank 27% between 1990 and 2002. Meanwhile, physician staffing industry data indicate that demand increased by 16% over that same time period. Moreover, the aging of the psychiatrist population is also affecting access. Almost half (46%) of psychiatrists in the U.S. are age 55 years or older, compared to approximately 35% of all U.S. physicians. <sup>x</sup>

Over the past decade the number of psychiatry training programs in the U.S. has fallen (from 186 to 181) and the number of graduates has dropped from 1,142 in 2000 to 985 in 2008. In spite of the national shortage of psychiatrists, especially child psychiatrists, 16 residency training programs did not fill with either U.S. or foreign medical graduates in 2011. <sup>xi</sup>

About twenty percent of the doctors interviewed [in a Broome County, NY survey] felt that psychiatry is often perceived as less prestigious, less respected, less exciting, and "easier" than other specialties, and this has been an ongoing trend over the past few decades. Several experienced psychiatrists commented that psychiatry does not have the status that it did thirty years ago. This changing reputation may contribute to the shortage. <sup>xii</sup>

In the past, New York State has offered Regents Health Care Scholarships to encourage minority and disadvantaged medical students to, upon graduation, practice in an area of the state experiencing a shortage of providers. Funding for this program has been eliminated. <sup>xiii</sup>

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<sup>i</sup> "When a Child's Anxieties Need Sorting", *New York Times*, June 3, 2011 ([http://www.nytimes.com/2011/06/05/fashion/when-a-childs-anxieties-need-sorting.html?\\_r=1&ref=childrenandyoung](http://www.nytimes.com/2011/06/05/fashion/when-a-childs-anxieties-need-sorting.html?_r=1&ref=childrenandyoung))

<sup>ii</sup> "The Bipolar Puzzle", *New York Times*, Sept. 12, 2008 (<http://www.nytimes.com/2008/09/14/magazine/14bipolar-t.html?pagewanted=4&ref=childrenandyoung>)

<sup>iii</sup> "Scholarship Addresses Shortage of Child Mental Health Providers", University of Rochester School of Nursing, March 5, 2009 (<http://www.urmc.rochester.edu/news/story/index.cfm?id=2401>)

<sup>iv</sup> "Regents Designated Physician Shortage Areas in New York State", New York State Education Dept., January 1, 2011 (<http://www.highered.nysed.gov/kiap/precoll/documents/2011ShortageBulletinDraftforRegents.pdf>)

<sup>v</sup> "Caring Connection: NY tries telepsychiatry as shortage of docs persists", Syracuse Post--Standard Editorial Board, Aug. 16, 2011 ([http://blog.syracuse.com/opinion/2011/08/caring\\_connection\\_ny\\_tries\\_tel.html](http://blog.syracuse.com/opinion/2011/08/caring_connection_ny_tries_tel.html))

<sup>vi</sup> "Children's Mental Health: Facts for Policymakers", National Center for Children in Poverty, November 2006 ([http://nccp.org/publications/pub\\_687.html](http://nccp.org/publications/pub_687.html))

<sup>vii</sup> "Caring Connection: NY tries telepsychiatry as shortage of docs persists", Syracuse Post--Standard Editorial Board, Aug. 16, 2011, ([http://blog.syracuse.com/opinion/2011/08/caring\\_connection\\_ny\\_tries\\_tel.html](http://blog.syracuse.com/opinion/2011/08/caring_connection_ny_tries_tel.html))

<sup>viii</sup> "Psychiatric Service Provision in Broome County: Concerns and Suggestions", February 2007 (<http://broomeicp.com/files/icp/reports/PsychiatryRptRR20070301.pdf>)

<sup>ix</sup> "Psychiatric Shortage: State needs new incentives to attract, keep docs", Syracuse Post-Standard Editorial Board, Jan. 14, 2011 ([http://blog.syracuse.com/opinion/2011/01/psychiatrist\\_shortage\\_state\\_ne.html](http://blog.syracuse.com/opinion/2011/01/psychiatrist_shortage_state_ne.html))

<sup>x</sup> New York Health Careers Info Net - [www.healthcareersinfo.net/index.php?id=36](http://www.healthcareersinfo.net/index.php?id=36)

<sup>xi</sup> National Institute of Mental Health Director's Blog, June 3, 2011 ([www.nimh.nih.gov/about/director/2011/psychiatry-where-are-we-going.shtml](http://www.nimh.nih.gov/about/director/2011/psychiatry-where-are-we-going.shtml))

<sup>xii</sup> "Psychiatric Service Provision in Broome County: Concerns and Suggestions", February 2007 (<http://broomeicp.com/files/icp/reports/PsychiatryRptRR20070301.pdf>)

<sup>xiii</sup> <http://www.highered.nysed.gov/kiap/scholarships/rhc.htm>

# In the Image of God: Access to Mental Health Care



## *WHY are we talking about mental illness?*

We all experience mood swings and anxious moments, but for some people these variations in thoughts and emotions are quite severe. They may need help to recover a sense of stability and peace.

"Mental illness" may conjure up a variety of images in our minds, but the reality is that people who live with mental illness are in our neighborhoods and in our church pews. Like diabetes and other chronic conditions, some people are seriously disabled by their mental illness, and others are able to manage it well with medication and therapy or psychiatric care.

As people of faith, we treat persons with mental illness with dignity and care, seeing them as members of God's family. We encourage them to join our communities, to be Christ's light to us as we hope we are to them.

## *WHAT specifically are we talking about?*

Like adults, children and adolescents can be diagnosed with mental illnesses such as severe anxiety, depression, bipolar disorder, or obsessive-compulsive disorder. Caring for mentally ill children can be challenging for many reasons, and they do best when all the adults in their life are supporting them.

The current system of treating mentally ill children makes it difficult for families to get the best care. Teacher, school counselors, primary care providers, and psychiatrists don't often talk with each other about a child they are all seeing. A parent must make regular trips to the therapist, the psychiatrist, the pharmacy, and the school to manage their child's illness. Sometimes a psychiatrist's office is far away, or a child must wait weeks for an appointment. Often it is hard for a parent to work full-time and care for their mentally ill child.

## *WHAT can we do?*

We can pray for the mentally ill, and for their families and care providers. We can ask for the grace to welcome people with all kinds of abilities and disabilities in our faith communities.

The Diocesan Public Policy Committee is asking that we prayerfully consider signing a petition asking Governor Cuomo and our New York State legislators to make the system work better for young people, and to increase the availability of mental health care providers.

This can be accomplished through subsidies for medical students who choose further training in psychiatry, and a change in laws governing nurse practitioners, including those who specialize in psychiatry.

**Next week our parish will be participating in Diocesan Public Policy Weekend. Please consider speaking up to advocate for adequate care for persons in our communities who suffer from mental illness.**