

When you're mentally ill, no one brings you a casserole

Dennis Coday | Oct. 15, 2009

Dorothy Coughlin tells the story of a man whose son had left college after being diagnosed with schizophrenia. "The dad was with friends who were all talking about their children, the degrees they were getting and what they planned to do after college." He said nothing about his son.

The man came to Coughlin distraught. "He said to me that he just hated the thought that he felt so ashamed."

This story, said Coughlin, director of the Office for People with Disabilities for the Portland, Ore., archdiocese, "speaks to the stigma of the illness. If my son was sent home because he was in a sporting accident, that is something that could be shared. But to say my son came home from college because he was diagnosed with schizophrenia, it just stops the conversation. People just don't know how to respond, how to offer support."

Chicago Deacon Tom Lambert has been in ministry to people with mental illness since the 1980s. He cites statistics that say one in every 17 people have a serious and persistent mental illness, and that one in every five families has been affected by mental illness.

Given that prevalence, Coughlin said, chances are that every Sunday you are sitting next to someone who has a family member or someone close to them with a mental illness.

Lambert calls mental illness the "no-casserole disease."

"If a person is in the hospital for a heart situation, people in the parish come over to the house and bring casseroles every other night until you get to the point that you're sick of casseroles," he said. "People with mental illness may be hospitalized either in a state hospital or a psychiatric unit not even near the parish. And because of the stigma involved, there are not a lot of people relating to the situation and so nobody brings the casseroles."

Neither the person with the mental illness nor the family is being cared for, he said. "That is why parishes want to be and are involved in this ministry."

The stigma can be erased through education and awareness-building, which can begin simply and build.

- **Bulletin articles:** Lambert has a series of eight very short articles explaining the facts about mental illness, the moral implications and suggested actions for faith communities.
- **Prayers of the faithful:** Coughlin and Lambert suggest that the community pray publicly for people with mental illness and to mention specific illnesses, such as schizophrenia or manic depression, so parishioners recognize the difference between mental illness and cognitive and developmental disabilities.
- **Preaching:** Lambert said preachers should include references to mental illnesses in homilies about justice,

discrimination and compassion.

- Offer space to community groups: Coughlin encourages parishes to host Family-to-Family meetings sponsored by the National Alliance on Mental Illness. This is a structured, 12-week program of education and support.

"It's so great to have in your parish bulletin that your parish is hosting a 12-week program to support families with a member who has a mental illness," Coughlin said. "It says the parish cares and my experience is that it brings out of the woodwork a lot of families within the parish that have family members with mental illness, and they begin speaking out loud in that environment their needs and their issues and find support."

The National Alliance on Mental Illness emphasizes that mental illness is a medical condition that, like diabetes, "results in a diminished capacity for coping with the ordinary demands of life."

Just as diabetes can be managed, mental illnesses can be managed with professional help, medication and community support. Lambert said that community support is what parish-based ministries are good at. "It's our core value, if you will."

"Just like you don't have to be an oncologist to support someone with cancer, you don't have to be a psychiatrist to support someone with mental illness," Coughlin said.

Lambert said, "People who have professionals in their lives need someone who can just be good friends and good faith partners in their lives."

The following are some examples of parish-based ministries:

- At St. Catherine of Siena-St. Lucy Parish in Oak Park, Ill., the Faith and Fellowship program every other week brings together people from nursing homes in the area that serve those with mental illness.
- Many dioceses have chapters of the St. Dymphna Society (St. Dymphna is the patron saint of people with mental illness) and typically hold regular meetings for people with mental illness and their families for prayer, fellowship and education.
- St. Thomas of Villanova Parish in Palatine, Ill., hosts a biweekly meeting for people with mental illnesses to hear presentations on health, faith and related topics. The ministry hosts a mental health awareness Sunday. Lambert preaches at the weekend Masses and area mental health agencies have information booths
- Parishes in the Portland archdiocese form small faith-sharing groups for weekly scripture study and sharing during Lent. Coughlin's office started a sharing group that used the same archdiocesan program, but was sensitive to special needs of people with serious mental illnesses.
- The St. Vincent de Paul Downtown Chapel, which serves the poor urban core in Portland, sponsored a day retreat for anyone with severe depression.

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Resources for mental illness ministries

www.miministry.org

The Web site for the Chicago Archdiocesan Commission on Mental Illness

www.nami.org

The Web site of the National Alliance on Mental Illness has a wealth of educational and statistical information useful for advocacy. It also has many links for state and local support groups for children and teens, veterans, college students, care providers and other special needs groups. The site also links to the NAMI Legal Center, which can provide lawyer referrals.

www.nami.org/faithnet

NAMI FaithNet is a network for members and friends of the National Alliance on Mental Illness who have a special interest in the role religious communities can play in supporting people with mental illness and their families. Type "PSMIN" into the site's search engine to find a one-page survey, "How to Rate Your Faith Community," that can help a parish see how welcoming it is of people with mental illness and their families.

www.ncpd.org

The National Catholic Partnership on Disability was established in 1982 to reach out to Catholics with disabilities, work with parishes and dioceses in ministering to people with disabilities, and to advise the U.S. bishops' conference on disability issues. The Council on Mental Illness, under the National Catholic Partnership on Disability, provides outreach and support for specific mental illness ministries in parishes and dioceses. A complete listing of resources, including a theological framework and catechetical resources on mental illness, is at www.ncpd.org/ministries-programs/specific/mentalillness.

Webinars

A "webinar" is a Web-based seminar transmitted over the Internet that allows an audience to see and hear a presentation and interact with the presenters. The National Catholic Partnership on Disability has three webinars on mental illnesses:

- "Supporting People with Mental Illness in Your Parish" first aired in 2007.
- "Come to the Table: Nurturing the Sacramental Life of People with Mental Illnesses" first aired in 2008.
- "Access to Tools in Addressing Suicide: Pastoral Supports and Prevention Strategies" will be transmitted live Oct. 20 at 1 p.m. Eastern time and will feature noted speaker and writer Oblate Fr. Ron Rolheiser, Dr. Thomas Welch from Portland, Ore., and Claire Woodruff, religious education director for the Portland archdiocese.

DVD

The National Catholic Partnership on Disability has a new 27-minute DVD, "Welcomed and Valued," and study guide available for parishes and faith communities interested in ministry to people with mental illness and their families. "Welcomed and Valued" features people with mental illness explaining their situations and how a range of spiritual, psychological, social and medical approaches meet their needs. They also share their experiences of faith.

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