

# Affirming the Dignity of the Mentally Ill

**...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.**

Pope John Paul II “Mentally Ill Are Also Made in God’s Image,” 11/30/03

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.<sup>[i]</sup> Our commitment to this truth is measured through actions on behalf of the vulnerable and alienated in society, especially the poor and suffering.

Accordingly, as the Diocesan Bishops, shepherds of the Catholic faithful throughout Nebraska, we join together in issuing this pastoral reflection on upholding and respecting the inherent dignity of the mentally ill and those with substance abuse disorders or other addiction problems living in our midst.

We are not experts on behavioral health.<sup>[ii]</sup> It is a complex, multidimensional subject, encompassing scientific, spiritual and pastoral dimensions. Here, we seek to share our reflections and perspectives as teachers and pastors, in order to encourage those who are struggling with these burdens in any way and to educate the diverse Catholic community on the importance of looking upon our afflicted brothers and sisters with compassion and care.

As pastors, we realize the impact that mental illness, substance abuse disorders and other addiction problems have on individuals, families, communities and the social order. This impact, whether expressed in terms of treating these conditions or in terms of promoting positive behavioral health practices, gives rise to numerous considerations: mental, emotional, physical, social, moral and spiritual.

There are inevitable relations and interactions among these different areas of functioning. For example, it is certainly plausible that psychological problems may be triggered, exacerbated or maintained by moral and spiritual problems in a person’s life. In this regard, the Church and the profession face an ongoing challenge in considering ways that spiritual and moral guidance may be integrated in the process of healing and recovery. In particular, we are aware of the Church’s potential contributions to the process of healing and recovery through the sacramental, spiritual and moral dimensions of her ministry. Nevertheless, we believe it is never appropriate to assume that

mental illness and/or substance abuse disorders or other addiction problems are directly or necessarily related to a person's moral or spiritual life. Connections of this kind are typically complicated and difficult to discern, even for those with significant training and expertise in these matters.

## **The Focus of Concern**

Those who are by diagnosis "mentally ill" are not the only concern of this statement. We have in mind a broader category of brothers and sisters whose well-being is diminished: adults who suffer from chronic or severe and disabling mental illness, youth with serious emotional disorders, all those with any psychological disorder, and those who are chemically dependent, either separate from or in conjunction with mental illness. We understand that it is not uncommon for substance abuse or addictions to be associated with other forms of mental illness, which is delineated as "dual diagnoses" or "co-occurring illness."

With regard to mental illness itself, there are commonly identified and discussed disorders, such as severe depression, schizophrenia, bi-polar affective disorder, delusional disorder and obsessive-compulsive behavior. The *Diagnostic and Statistical Manual of Mental Disorders* (4<sup>th</sup> edition), regarded as a standard for mental health professionals, contains a catalog of the clinical symptoms for 365 different mental disorders.<sup>liiii</sup>

Practically, these disorders are often manifested in behavior regarded in everyday settings as odd, bizarre or nonconforming, including such traits as anger, agitation, anxiety, panic, stress, disorientation, confusion and despair. These behaviors often cause people to feel offended or ill at ease, to say the least, regardless of how involuntary such behavior might be.

It is sad, but true nonetheless, that mental illness, substance abuse disorders and other addiction problems are often stereotyped and stigmatized. This stigma can, and often does, spawn uncharitable, un-Christian attitudes and reactions of indifference, neglect, disdain, exploitation, even abuse and violence. It is as if those who are afflicted are somehow uniquely and solely responsible for their actions and behavior. 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.

## **Connection to Crime**

The impact of mental illness, substance abuse disorders and other addiction problems is felt in another context: the interrelatedness they have with crime and the criminal justice system. Untreated mentally ill persons comprise a disproportionately large segment of the criminal justice population in the United States.<sup>[iv]</sup> Nationwide, it is estimated that as many as 200,000 of the two million individuals who are incarcerated at any one time suffer from some form of mental illness.<sup>[v]</sup> Moreover, those incarcerated also have a very high rate of substance abuse, perhaps as high as 85 percent.<sup>[vi]</sup>

In November 2000, we joined our brother Bishops throughout the United States, in issuing a well-received pastoral statement entitled, *“Responsibility, Rehabilitation and Restoration: A Catholic Perspective on Crime and Criminal Justice.”* In it we stated,

“...Crimes are sometimes committed by individuals suffering from serious mental illnesses. While government has an obligation to protect the community from those who become aggressive or violent because of mental illness, it also has a responsibility to see that the offenders receive the proper treatment for his or her illness. Far too often mental illness goes undiagnosed, and many in our prison system would do better in other settings more equipped to handle their particular needs.”<sup>[vii]</sup>

### **Rights as an Image of God**

A Vatican-sponsored international conference in 1996 was devoted to the following theme: *“In the Image and Likeness of God: Always? Illness of the Human Mind.”* Pope John Paul II addressed this conference and described its theme in these words:

*“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.”*<sup>[viii]</sup>

In his address, the Pope set forth guidance that all can take to heart:

***“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. (cf Mt. 5:3)”***<sup>[ix]</sup>

### **Nebraska Pursues Major Reforms**

It can be reasonably estimated that more than 100,000 Nebraska residents are coping with some form of mental health, substance abuse and/or addiction problem. This estimated number would include nearly 70,000 adults and youth with serious mental illness and serious emotional disorder respectively, as well as nearly 20,000 individuals with substance abuse disorders.<sup>[x]</sup> These fellow Nebraskans reside throughout the state. Not all live in cities and towns, or east of Highway 81. These human stories are rural realities and concerns as well. In some cases they are experienced in ways related more specifically to rural lifestyles, rural experiences and pressures from uncertainties in agriculture.

Jointly and compassionately, we hereby extend and express our prayers and sincerest wishes for relief to all Nebraskans who are burdened by mental illness and/or substance abuse disorders or other addiction problems, and to their loved ones, who often suffer with them. Our faith leads us to understand that your 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."

As teachers, we emphasize the duty to recognize and respect the worth and dignity of human beings. We challenge the citizenry of Nebraska to embrace this duty by supporting and serving all those who find themselves in a condition of mental illness and/or substance abuse disorder or other addiction problem. This is a task for which science and faith, medicine and pastoral care; professional skill and a sense of common brotherhood (solidarity) must join hands through an investment of adequate human, scientific and socio-economic resources.<sup>[xi]</sup>

Here in Nebraska, key policy makers from both governmental and private sectors are currently leading the way toward a major reform of the state's behavioral health system. We applaud their endeavors and extend to them our gratitude, encouragement and best wishes. We joined with others in our support for the legislation (LB 724, 2003; LB 1083, 2004) that sets the course for these ambitious, but much-needed reforms. We believe that Nebraska is on the right course, setting a tone for renewed efforts, support and participation.

### **Community Emphasis**

A priority goal of Nebraska's efforts to reform its behavioral health system is to ensure improved access to better behavioral health services and improved outcomes for all Nebraskans whose well being is diminished by mental illness and/or substance abuse disorders or other addiction problems. A foremost approach for pursuing this goal, in addition to maintaining the necessary inpatient services, is investment in statewide development of community-based behavioral health services, including enhanced facilitation of assisted outpatient and assertive community treatment, making it possible for people to be served in their home communities. We endorse this approach. From our

perspective, as pastors and teachers, it is consistent with important themes of Catholic social teaching, most notably subsidiarity and the call for solidarity. Accordingly, various Catholic ministries and parish outreach efforts are collaborating in this approach and can improve upon that collaboration as efforts continue to develop.

This increased emphasis on community-based behavioral health care is an important and commendable shift in policy and approach, involving more than the anticipated creativity, flexibility, integration of services and cost effectiveness. It also involves community values and action, including breaking down stereotypes, lessening stigmas, promoting recovery-oriented treatment responses, assisting family cohesiveness, encouraging neighborliness, and enabling more extensive and rapid reintegration of patients as productive citizens.

Policy makers have already made a number of key decisions relating to Nebraska's behavioral health reform. Many more decisions will have to be made, and additional challenges will be faced as decisions are implemented, linkages established and effects evaluated. Troublesome funding issues will have **to be resolved, including integration** and allocation of public funding: federal, state and local. Ongoing private-sector involvement, through partnerships with government and philanthropic endeavors, will warrant facilitation and encouragement. Providing for appropriate oversight and accommodating advocacy on the part of stakeholders and other citizens will require attention. Communication and cooperation, including working relationships among law enforcement, medical personnel and various care providers, will have to be initiated and sustained, in order to ensure that necessary reforms are realized and goals achieved. Public officials and community leaders especially will have to be prepared and responsive in order to ensure the safety of all community members.

## **Reforms Create Opportunities**

Despite daunting tasks and challenges for realizing these reforms, perseverance, patience and persistence on the part of policy makers and administrators, those who serve and those who are served, will shape a new environment as a result of the reform efforts. Community-based services will respond to and produce community-based opportunities.

As new approaches are implemented, there will be opportunities to know more; to understand better; to overcome fears, discomforts and prejudices; to reject stereotypes; to reach out to those who are burdened by their illness rather than to ignore or demean them; to be a friend; to be a neighbor. Community-based services can have great success when those who constitute the communities respond, without fear or prejudice, in service and charity. We believe that Christian service, Christian charity, and Christian witness must flow into these opportunities.

In his encyclical, *Evangelium Vitae*, Pope John Paul II writes of the importance and value of “*daily gestures of openness, sacrifice and unselfish*

care.”<sup>[xiii]</sup> Such gestures are reflective of the attitudes we all must have as behavioral health reforms proceed and take hold.

We commit our Catholic community within Nebraska to this cause, encouraging Catholic Nebraskans to put their faith into action as part of the anticipated social transformation.

Moreover, we call upon all Nebraskans of good will to seek and embrace these opportunities, as a realization of the culture of life for all.

Sincerely Yours In Christ,

*Most Rev. Elden Francis Curtiss*      *Most Rev. Fabian W.  
Bruskewitz*      *Most Rev. William J. Dendinger*

*Archbishop of Omaha*      *Bishop of*  
*Lincoln*      *Bishop of Grand Island*

Approved for Release by the Nebraska Catholic Conference; Meeting at Lincoln, NE 1/26/05

## Endnotes

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<sup>[i]</sup> “The dignity of the human person is rooted in his creation in the image and likeness of God.” Paragraph 1700, *Catechism of the Catholic Church*, 2<sup>nd</sup> Edition (Washington, D.C., United States Conference of Catholic Bishops, 2000).

<sup>[ii]</sup> We recognize that some confusion in discussing these issues stems from the difficulty of deciding upon and using consistently adequate terminology, e.g., “mental illness” and “behavioral health.” Whereas the terms may be used interchangeably, the former essentially describes psychological/psychiatric disorder, while the latter is the prevailing terminology in conjunction with Nebraska’s public-policy initiatives in this context and specifically includes substance abuse disorders as well as other mental illness conditions.

<sup>[iii]</sup> C.A. Palmer. *Encyclopedia of Science, Technology and Ethics*. Macmillan, 2004.

<sup>[iv]</sup> Michele Herman, “Assisted Outpatient Treatment for Mental Illness”, LegisBrief, Vol. 12, No. 40 (Washington, D.C., National Conference of State Legislatures, 2004).

<sup>[v]</sup> U.S. Department of Justice, Bureau of Justice Statistics, Mental Health and Treatment of Inmates and Probationers (Washington, D.C., 1999) as reported in *Responsibility, Rehabilitation, and Restoration: A Catholic Perspective on Crime and Criminal Justice*, United States Conference of Catholic Bishops, 2000.

<sup>[vi]</sup> Division of Planning, Research and Accreditation, Nebraska Department of Correctional Services, December 2004.

<sup>[vii]</sup> United States Conference of Catholic Bishops, *Responsibility, Rehabilitation, and Restoration: A Catholic Perspective on Crime and Criminal Justice*, (Washington, D.C., 2000).

<sup>[viii]</sup> Pope John Paul II, *Mentally Ill Are Also Made in God’s Image*, address to participants in the international conference sponsored by the Pontifical Council for Pastoral Assistance to Health-Care Workers, (Vatican City, 11/30/03).

<sup>[ix]</sup> Pope John Paul II, *Mentally Ill Are Also Made in God’s Image*, (Vatican City, 11/30/03).

<sup>[x]</sup> Information extrapolated from *Nebraska Mental Health Statistics Improvement Program: Prevalence, Utilization and Penetration*, WICHE Mental Health Program, report for Division of Mental Health, Substance Abuse and Addiction Services, Nebraska Health and Human Services System, October 30, 2001.

<sup>[xi]</sup> Pope John Paul II, *Mentally Ill Are Also Made in God’s Image*, (Vatican City, 11/30/03).

<sup>[xii]</sup> Pope John Paul II, *The Gospel of Life (Evangelium Vitae)*, No. 27, (Vatican City, 1999).