
HOPE AND HEALING

A PASTORAL LETTER FROM THE BISHOPS
OF CALIFORNIA ON CARING FOR THOSE
WHO SUFFER FROM MENTAL ILLNESS
ADDRESSED TO ALL CATHOLICS AND
PEOPLE OF GOODWILL



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INTRODUCTION

As pastors and bishops, we understand that mental health is a critical component of wellbeing. Therefore, ministering to those who suffer from mental illness is an essential part of the pastoral care of the Church. This letter represents a statement by Catholic pastors, in consultation with those who suffer from mental illness, their families and loved ones, health care practitioners, and other caregivers. We acknowledge and thank our collaborators—patients, families, mental health professionals, and pastoral care workers—who assisted with this statement.

As pastors and bishops, we are deeply concerned with the heartbreaking prevalence of mental illness in our society and are taking action to address this tragic form of misery and sorrow. Though not as apparent and familiar as general medical problems, mental illness is equally important and is uniquely challenging and burdensome. It strikes deep within the human soul, impacting and influencing a person's thoughts, emotions and behaviors; thereby affecting all aspects of a person's life—work and rest, family life and relationships, prayer and one's relationship with God.

We need not look far to encounter our brothers and sisters who struggle with mental illness. Even those who do not have serious mental health problems can, to some extent, understand the experience of those who do: for not one of us is entirely free from periods of anxiety, emotional distress, troubling or intrusive thoughts, or strong temptations. Every human being is psychologically wounded by the effects of original sin and beset by human weaknesses and vulnerabilities. We recognize that the experience of serious or chronic mental illness is unique and should not be trivialized; yet, when we address this issue, we need to overcome an attitude of “us” and “them,” which separates us one from another. Anyone may struggle with mental health problems; some require clinical attention or special forms of assistance. Even those who attend to the needs of others, including the pastors of the Church, are “wounded healers”: each of us is imperfect before God and in need of Christ's redemptive grace.

CHRIST CALLS US TO ATTEND TO THOSE WHO SUFFER FROM MENTAL ILLNESS AND PROVIDE HOPE AND HEALING

In the Old Testament, the prophet Isaiah spoke of the Messiah who would bring hope to God's people, a savior who would help them in their affliction: "Fear not, for I am with you, be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my victorious right hand" (Is 41:10). Matthew's Gospel recounts how Jesus healed countless afflictions of body, mind and spirit: "So his fame spread throughout all Syria, and they brought him all the sick, those afflicted with various diseases and pains, demoniacs, epileptics and paralytics, and he healed them" (Mt 4:24).

Jesus Christ's public life was a ministry of hope and healing. As Catholics, in imitation of our Lord, we are called to provide hope and healing to others. We profess that every human life is sacred, that all people are created in the image and likeness of God and therefore, a person's dignity and worth cannot be diminished by any condition, including mental illness. We believe all baptized persons have unique gifts to offer and have a place in the Church, the body of Christ. Thus, we are all called to attend to those in our midst who suffer in body or mind; we pledge to work together with families and loved ones, mental health professionals, community organizations, and all individuals and institutions that engage in this important work.

“WHOEVER SUFFERS MENTAL ILLNESS ALWAYS BEARS GOD’S IMAGE AND LIKENESS, AND HAS AN INALIENABLE RIGHT TO BE CONSIDERED A PERSON AND TREATED AS SUCH.”

-ST. POPE JOHN PAUL II

Persons with mental illness often suffer in silence, hidden and unrecognized by others. Consider this stark contrast: a person with a medical illness, such as cancer, will usually receive an outpouring of sympathy and support from their parish and community; a person diagnosed with a mental illness, such as depression, crippling anxiety, or bipolar disorder, frequently experiences isolation and inadequate support, often because of the unjust social stigma of mental illness. This should not be so in our civic communities and cannot be so in our Catholic communities. Those living with a mental illness should never bear these burdens alone, nor should their families who struggle heroically to assist their loved ones. We Christians must encounter them accompany them, comfort them, and help bear their burdens in solidarity with them—offering our understanding, prayers, and tangible and ongoing assistance.

“I HAVE A DOGMATIC CERTAINTY: GOD IS IN EVERY PERSON’S LIFE. GOD IS IN EVERYONE’S LIFE. EVEN IF THE LIFE OF A PERSON HAS BEEN A DISASTER, EVEN IF IT IS DESTROYED BY VICES, DRUGS OR ANYTHING ELSE—GOD IS IN THIS PERSON’S LIFE. YOU CAN, YOU MUST TRY TO SEEK GOD IN EVERY HUMAN LIFE. ALTHOUGH THE LIFE OF A PERSON IS A LAND FULL OF THORNS AND WEEDS, THERE IS ALWAYS A SPACE IN WHICH THE GOOD SEED CAN GROW. YOU HAVE TO TRUST GOD.”

-POPE FRANCIS

THE SCOPE AND BURDEN OF MENTAL ILLNESS IN OUR SOCIETY IS ENORMOUS

According to the National Institute of Mental Health, one in five adults in the U.S. suffered from a mental disorder over the past year and nearly 10 million American adults, one in 25, have a mental illness that is severe enough to cause serious functional impairment. Fully 20 percent of adolescents currently have, or previously had, a seriously debilitating mental disorder. Mental, neurological and substance abuse disorders are the single largest source of disability in the U.S., accounting for nearly 20 percent of all disability.ⁱ

American society is seeing rising rates of depression and anxiety disproportionately impacting young people. Over the past several years, there also has been an alarming increase in the rates of suicide, among both men and women, of nearly every age group. In conjunction with this crisis of deaths by suicide, we are witnessing the staggering toll of drug overdose and alcohol-related deaths—what now are collectively called “deaths of despair.”ⁱⁱ These disturbing trends seriously impact individuals, families and our communities. These crises of our time represent an urgent call to all Catholics. We must respond.

We also cannot neglect the grave problem of addiction and cannot forget or abandon those who struggle to free themselves from drug abuse or alcohol dependence. Addictions often go hand-in-hand with mood disorders, schizophrenia, or other mental illnesses and recovery requires attention to both problems. People wounded by heartbreaking loss, abuse, neglect, or overwhelming loneliness also can find themselves susceptible to the slavery of substance dependence or other addictive behaviors.

In this context, we must acknowledge the staggering devastation of the current opioid crisis. While we should attend to all forms of addiction, it is imperative to recognize that the destructive wave of opioid dependence and overdose is the worst drug crisis our country has ever faced—both in terms of overall morbidity and mortality. Since 1999, the number of deaths by opioid overdose has quadrupled.ⁱⁱⁱ Drug overdose is now the leading cause of death for Americans under age 50.^{iv} While this enormous and complex problem will not be solved by any simple or ready-

made solution, we need to muster the collective will to address this crisis, motivated by our Christian desire for justice and love for our neighbor. Let us remember that there is always a way forward—there is always hope for every person—no matter how dire the circumstances may appear.

Another tragic example of a widespread related problem is the epidemic of profound loneliness.^v This troubling trend is exacerbated by the breakdown of families, the fragmentation of social life, and the tendency to compartmentalize our lives and become isolated through the misuse of novel technologies. This has significantly negative impacts on our physical and mental health. These social trends give greater urgency to the Church’s mission of evangelization, our work to support family life and early childhood development, and our outreach to those on the peripheries. We likewise need to give particular attention to assisting those who are single, widowed, divorced, or socially marginalized.

A PSYCHIATRIST RECOUNTS THE CASE OF A MARRIED CATHOLIC WOMAN WITH SEVERAL CHILDREN AND GRANDCHILDREN, WHO HAD SUFFERED FROM BOTH LIFE-THREATENING BREAST CANCER AND FROM SEVERE DEPRESSION. SHE ONCE TOLD HIM THAT, IF GIVEN THE CHOICE, SHE WOULD CHOOSE CANCER OVER THE DEPRESSION, SINCE THE DEPRESSION CAUSED HER MORE INTENSE SUFFERING. THOUGH SHE HAD BEEN CURED OF CANCER, SHE TRAGICALLY DIED BY SUICIDE RELATED TO HER SEVERE DEPRESSION.

THOSE SUFFERING MENTAL ILLNESS SHOULD NOT BE STIGMATIZED OR JUDGED

For many people, mental illness represents an ongoing and lifelong burden. We clearly proclaim that there is no shame in receiving a diagnosis of a psychiatric disorder and we affirm the need for education in our communities to remove the unjust prejudice and stigma often associated with mental illness. Catholics should be the first among all to witness to the truth about the dignity of every human person, so as to live in love and solidarity with our neighbor. We recognize that each of us is a “vessel of clay” (2 Cor 4:7), fragile in body and mind. Yet each of us is still loved by God our Father, always capable of being healed spiritually and filled with God’s sanctifying grace.

Mental illness is neither a moral failure nor a character defect. To suffer from a psychiatric disorder is not a sign of insufficient faith or weakness of will. Christian faith and religious practice do not immunize a person against mental illness. Indeed, men and women of strong moral character and heroic holiness—from Abraham Lincoln and Winston Churchill to St. Thérèse of Lisieux, St. Benedict Joseph Labre, St. Francis of Rome and St. Josephine Bakhita—suffered from mental disorders or severe psychological wounds. As Evangelical Pastor Rick Warren of Saddleback Church, who lost a family member to suicide, said: “your chemistry is not your character” and “your illness is not your identity.” It is evident that mental illness is a source of deep suffering for many. As Catholics, we have a distinctive perspective

on the problem of pain: suffering is ultimately a mystery and we do not fully understand why we suffer. However, as Christians, we believe that Christ's suffering and death on the cross gives our anguish meaning. Our Catholic faith does not promise a life free from suffering or affliction. We should not expect that prayer, Scripture reading, or the sacraments, will cure mental disorders or alleviate all emotional suffering. While the Christian faith and the sacramental life of the Church offer us the hope and the spiritual strength to endure whatever suffering God permits, we recognize that not all afflictions can be avoided and not all illnesses can be cured. So we have the duty as Christians to reach out to the sick, to accompany them and to do all we can to heal or diminish their suffering. As the body of Christ, we are called to help alleviate the burdens that stem from mental afflictions.

THE CHURCH, HEALTH CARE PROFESSIONALS AND SCIENTIFIC RESEARCHERS SHOULD WORK TOGETHER TO IMPROVE MENTAL HEALTH CARE

We the bishops call our brothers and sisters in Christ to be sources of hope, strength and healing for those that struggle with mental illness or addiction, and for their families and caregivers. We pledge to contribute to these efforts through the Church's pastoral care, resources and charitable works of mercy. We, therefore, acknowledge and applaud a number of innovative programs launched in our parishes aimed at assisting persons with mental illness and their families. Included with this letter are links (<http://www.catholic.org/resources/mental-health>) to resources and programs that serve as models for our parishes and communities. These are a good starting point. We also call upon the talents, expertise, energy and dedication of each one of you to contribute to new and creative initiatives that can address these challenging issues.

How can each of us begin to take part in these efforts? Everyone has something to contribute, including those without professional or pastoral expertise in mental health care. In 2003, St. Pope John Paul II gave an address on the theme of depression. His remarks can be applied to all those who struggle with mental illness, their loved ones and those who care for them. He noted that depression "is always a spiritual trial." By saying this, he was not denying that mental illness has biological or medical causes, which it surely does; rather, he was recognizing that mental illness also impacts our spiritual life in unique ways: "This disease is often accompanied by an existential and spiritual crisis that leads to an inability to perceive the meaning of life." He went on to stress how both professionals and non-professionals, motivated by Christian charity and compassion, are called to help those with mental illness: "The role of those who care for depressed persons and who do not have a specifically therapeutic task consists above all in helping them to rediscover their self-esteem, confidence in their own abilities, interest in the future, the desire to live. It is therefore important to stretch out a hand to the sick, to make them perceive the tenderness of God, to integrate them into a community of faith and life in which they can feel accepted, understood, supported, respected; in a word, in which they can love and be loved."^{vi} All of us can contribute our unique gifts and talents to this important work.

It is time now to build bridges between science and religion, health care and pastoral care.^{vii} Clergy and health care professionals, families and mental health advocates should work together to encourage a “both-and,” rather than “either-or” approach to psychological and spiritual healing. We welcome and encourage advances in science and medicine. We also recognize that, for all its commendable achievements, science and medicine alone cannot provide us with all the solutions to the problems posed by mental illness. Indeed, science cannot answer our deepest and most perplexing human questions: “Why am I here?” “What is the purpose of life?” “Why have I suffered this loss?” “Why is God allowing this terrible illness?” These are ultimately religious questions that cannot be ignored or stifled. As St. Augustine wrote, “You have created us for yourself, O God, and our hearts are restless until they rest in you.” Christian faith offers sure hope that speaks to our deepest longings—that our sins can be forgiven, that we can be reconciled to God and to one another, and that even in this life, with all its adversity and pain, we can still find some measure of joy and peace.

Some Christians harbor suspicions about psychiatry or clinical psychology and question their compatibility with the Catholic faith. Discernment is necessary since not all psychological approaches claiming to be “scientific” are in fact supported by sound evidence. However, good science that recognizes the life and dignity of people and the Catholic faith are never at odds. Medical science has discovered many useful treatments to help those with mental illness and Catholics should welcome and make use of these—including medications, psychotherapy and other medical interventions.

At the same time, we cannot neglect the role of pastoral care and spiritual direction. The sacramental life of the Church, especially the frequent reception of the Eucharist, the Sacrament of the Sick and the Sacrament of Reconciliation, provide grace and spiritual strength to all who receive them, and especially to those who suffer mentally or physically. Indeed, there is a growing body of medical research that demonstrates the health benefits of practices like prayer and meditation, religious worship, active participation in faith-based activities, groups and communities, and cultivating Christian virtues like gratitude and forgiveness. These spiritual practices—while they do not entirely prevent or cure mental illness—can reduce the risk of mental health problems and can assist in recovery.^{viii} Modern medicine is rediscovering that there is a deep connection between the body and the soul: what affects the one has profound effects on the other.

Thus, communities of faith should work hand-in-hand with the medical community and scientific researchers in search of better treatments. Since all truth comes from God, the truths of science and medicine rightly understood and the truths of the Catholic faith rightly interpreted can never contradict one another. Science and faith, mental health care and pastoral care, can and should be in dialogue; we must work together. In this context, we acknowledge the significant contributions to the mental health and flourishing of individuals and society that continue to be made by the work of Catholic health care institutions and Catholic Charities. We thank all the dedicated professionals and volunteers who contribute to mental health care in our Catholic hospitals, clinics and care facilities while recognizing that our efforts can always be improved. Our model of healing is always Jesus Christ—the divine physician—who, with great tenderness, compassion and solicitude, draws close to us and binds up our wounds. Like Christ, we are called to tend to the whole person—body, mind and spirit.

WE MUST MEET AND ATTEND TO THOSE IN NEED WHERE THEY ARE

To reach those who struggle with mental illness, we need to bolster the role of parish communities and also move beyond our zone of comfort and familiarity. Ministries of the Church should strengthen our focus on supporting families and healthy child development—while also attending to those who are single, widowed, divorced, or alone. We look to God our Father, Jesus our Brother, and Mary our Mother as models of unconditional love and acceptance. Our efforts should diligently promote prevention and modeling of healthy living in families and communities. Where some cultures or communities repress or ignore mental health issues, we need to help them acknowledge the reality of mental illness and open themselves to the available resources for help and healing.

Equally important, Pope Francis encourages Catholics not to remain securely behind the doors of our parishes, but to reach out to everyone, especially those who are marginalized and forgotten. People who suffer from severe and persistent mental illnesses are among the most misunderstood, ignored and unjustly stigmatized members of our society. For them, our communities and parishes should be places of refuge and healing, not places of rejection or judgment. Our apostolic work should always bring us to those who are on the peripheries of society: We must venture out to the margins, rather than waiting for the marginalized to come to us.

This outreach should be proactive rather than reactive: Managing crises is only one component. This needs to be a ministry of presence and accompaniment—an ongoing effort to seek out and engage those who suffer wherever they are found. It is also a work of education and learning—of seeing, hearing and understanding the experiences of those who suffer. Persons living with mental illness know better than anyone else what this experience is like. They need to be more than passive recipients of the ministrations of others. Those who have progressed along the road to healing—with its many trials and hardships—are themselves called to be a resource for their neighbors. With their example, their friendship and their encouragement, they can help others to also discover joy and peace.

The tremendous financial, physical and spiritual costs of promoting mental health must be borne by the entire Christian community and by all people of goodwill. We are all responsible. Despite the many individuals and institutions that provide mental health care, the mental health system in California is broken. We are failing our brothers and sisters and their families. Our jails and prisons—indeed, our city streets—are filled with individuals who suffer from mental illness. Sadly, prisons have become the nation’s largest mental health care facilities: Between 10 and 25 percent of individuals who are incarcerated today have a serious mental illness, compared to five percent of the general population.^{ix} About one-third of homeless persons struggle with serious mental disorders. This is unacceptable. Catholics have a duty to engage in efforts to find more humane and equitable solutions.

At the same time, the work of caring for the mentally ill extends beyond our institutions and facilities—whether hospitals, clinics, long-term care facilities or, sadly, prisons and jails—and into our communities, parishes, neighborhoods and homes. This means rolling up our sleeves and getting involved in the lives of others^x: helping them, accompanying them, understanding them and, thereby, showing them the love of Jesus Christ. Bishops, priests and deacons need to remain close to the real daily problems of ordinary people, to be available and always ready to assist. As Pope Francis likes to tell the clergy, “the shepherds need to smell like the sheep.”

The pope speaks frequently of creating a “culture of encounter,” where we no longer pass by people in a hurry, without noticing them or recognizing how they might be struggling or suffering. It is easy to do this with those who suffer from depression or anxiety, addictions or psychological trauma, loneliness or isolation. We Christians have to get to know people, to befriend them, to listen generously to them, to walk with them. This is not because we have all the answers to their problems or can cure all of their afflictions, but simply because these encounters—these small acts of love and compassion, understanding and friendship—are precisely what people need most. Acts of love can start small with simply praying with people who are afflicted. Prayer is a powerful source of healing and peace. Some parishes are teaching teams of people in their parishes to be available to pray with people: It can make a great difference when we move from praying for people to praying with them.

We recognize that these efforts on the part of clergy and laity may at times be hindered by a fear of engaging and interacting with those with a mental illness. The unpredictable or unusual behavior that individuals with untreated mental disorders may exhibit can trigger such fears, making it more difficult to acknowledge the common humanity we share. When such fears hinder us, let us recall Christ’s approach to those who were shunned or marginalized by society. The Gospel proclaims that God’s grace heals and overcomes our fears: Consider Jesus’ words to his disciples, “Peace I leave with you; my peace I give to you; not as the world gives do I give to you. Let not your hearts be troubled, neither let them be afraid” (Jn 14:27). Consider also St. John’s words, “There is no fear in love, but perfect love casts out fear” (1 Jn 4:18). In some cases when there are safety concerns, particularly in the case of protecting children, it is reasonable for members of a congregation to assign an accompaniment until it can be determined that the environment is completely safe. However, this should not be an impediment or prevent our outreach or the loving encounter that we are called to by Christ.

THOSE IMPACTED BY SUICIDE NEED OUR COMPASSIONATE RESPONSE

Finally, we the bishops would like to address the heartbreaking tragedy of suicide, particularly among those who are young, and offer a word of consolation to the many people who have lost a loved one to suicide. Sadly, suicide is now the second leading cause of death among adolescents and young adults, and the tenth leading cause of death overall in the United States, accounting for more than 42,000 deaths per year. Behind each of these staggering numbers are families that have been deeply impacted and forever changed. We know that most deaths by suicide are associated with a severe mental illness, such as major depression, schizophrenia or bipolar illness.^{xi} Those who have lost a loved one to suicide—as well as those whose loved ones are homeless or imprisoned as a result of mental illness—suffer especially painful wounds and are particularly in need of our compassion and support.

For reasons that are beyond our comprehension, some individuals suffer from serious mental illnesses that prove difficult to treat or impossible to cure. Such illnesses can affect not just a person’s moods and emotions, they can also constrict a person’s thinking—even to the point where the person feels entirely trapped and cannot see any way out of his or her mental anguish. Mental illness can impair a person’s capacity to reason clearly; It can adversely impact sound judgment, such that a person suffering in this way is liable to do things, which, when not sick, he or she would never consider. Tragically, in spite of our best efforts to assist the suffering person, sometimes mental illness proves fatal.

While the Church teaches that suicide is contrary to the will of God who gave us life,^{xiii} at the same time, the Church recognizes that “grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide.” The *Catechism of the Catholic Church* goes on to instruct us that “We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives.”^{xiii}

Those who lose a loved one to suicide need particular care and attention, often for considerable periods of time. They have not only lost someone dear to them and are deeply grieving, their intense grief is often complicated by feelings of shame, confusion, anger or guilt. They may replay in their minds their last conversation with the loved one and wonder whether they could have done more to prevent the tragic death. Furthermore, they often feel alone and misunderstood, as though they cannot discuss this with anyone. Catholics must convey to them that we are not afraid to open this difficult conversation, that they need not feel ashamed to discuss their profound anguish and loss. While healing in these situations happens only very slowly, we must be willing to walk this long road with suicide survivors, to help console them with our unconditional friendship and with sensitive pastoral care.

In closing, let us remember that Christ’s heart—a heart both human and divine—is merciful beyond measure. It is here that we place our hope. It is into Christ’s hands stretched out on the cross that we entrust our loved ones who are suffering and all who have died as a result of a mental illness. We pray that the departed may find God’s peace, a peace that surpasses all understanding. We pray that the angels will one day welcome them to that place where their grief will be extinguished, where they will suffer no more.

We do not know the reasons why there is so much suffering in the world. Our lives unfold according to a plan that is often mysterious and, sometimes painful. In so many situations, the meaning of events is not clear at the time they occur. We are living in a fallen, broken world; and each of us is broken to some degree. Yet we know that God never allows us to suffer alone. We believe that in the Incarnation of Jesus Christ, God descended to our level: he comes to meet us in our suffering, our illness and our affliction. We profess that God walked among us as one of us: In the person of Christ, he endured our human pain with us to the end. On the cross and in his agony, our Lord suffered not just our physical afflictions, but our mental anguish as well. Out of the depths we cry to him and he reaches down into these depths to raise us up. Christ’s kingdom has not yet reached its fullness, but we know in faith that it will at the end of time. On that day, all things will be made new.

Just as Christ never abandons anyone, so also the Church never abandons those who suffer from mental illness. We encourage all Catholics—clergy, religious and the lay faithful—to partner with others of goodwill in this indispensable work of healing and caring for those with mental illness. Our Catholic faith provides us with this consolation and this firm hope, which strengthens our resolve: In eternity with God, every beautiful thing in our lives that is now unfinished will be completed, all the good that is scattered will be gathered together, everything that is lost will be found, all hopes that are now thwarted will be realized and all that is broken will finally be restored.

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- i. These and additional NIMH statistics on mental illness can be found at: <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2015/mental-health-awareness-month-by-the-numbers.shtml>
- ii. On the rise of “deaths of despair” (suicide, drug and alcohol related deaths), see Case, A., & Deaton, A. (2017). *Mortality and morbidity in the 21st century (conference version)*. Paper presented at the BPEA Conference Drafts, March 23–24, 2017. Full Text: https://www.brookings.edu/wp-content/uploads/2017/03/6_casedeaton.pdf Summary: <https://www.brookings.edu/bpea-articles/mortality-and-morbidity-in-the-21st-century/>.
- iii. For statistics on the opioid epidemic, see the Center for Disease Control data at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- iv. See CDC data at: <https://wonder.cdc.gov/controller/datarequest/D76;jsessionid=B0DDD4FCF6E25801BA643A0327DD1001>
- v. Reported loneliness among adults in the U.S. increased from 20 percent to 40 percent since the 1980s. The former U.S. Surgeon General reported that social isolation is now a major public health crisis, on par with heart disease or cancer. Loneliness is associated with increased risk of heart disease, stroke, premature death, and violence. Cf. Vivek Murthy, “Work and the Loneliness Epidemic,” *Harvard Business Review*, 12 October 2017, available at <https://hbr.org/cover-story/2017/09/work-and-the-loneliness-epidemic>
- vi. St. John Paul II, *Address to the Participants in the 18th International Conference Promoted by the Pontifical Council for Health and Pastoral Care on the Theme of “Depression,”* 14 November 2003.
- vii. It is worth noting in this context that both the American Psychiatric Association and the American Psychological Association have subgroups within their organizations specifically focused on the bringing together psychology, spirituality, and religion. Also commendable in this regard are new initiatives by local churches to foster such dialogues.
- viii. For a general review on the relationship between religion and health, including depression, suicide, and other mental health outcomes, see VanderWeele, T.J. (2017). Religion and health: a synthesis. In: Peteet, J.R. and Balboni, M.J. (eds.). *Spirituality and Religion within the Culture of Medicine: From Evidence to Practice*. New York, NY: Oxford University Press, p 357–401, accessible at: <https://pik.fas.harvard.edu/files/pik/files/chapter.pdf>
- To cite just one example of this research, a recent study on suicide found that, compared with women who never participated in religious services, women who attended any religious service once a week or more were five times less likely to commit suicide. The lowest risk of suicide occurred among Catholic women who attended Mass more than once a week. (VanderWeele, T., Li, S., Tsai, A., & Kawachi, I. (2016). Association Between Religious Service Attendance and Lower Suicide Rates Among US Women. *JAMA Psychiatry*, 73(8), 845–851).
- ix. National Research Council. 2014. *The Growth of Incarceration in the United States: Exploring Causes and Consequences*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/18613>. Half of all inmates have a mental illness or substance abuse disorder; 15 percent of state inmates are diagnosed with a psychotic disorder, according to the Department of Justice; James DJ, Glaze LE. Mental Health Problems of Prison and Jail Inmates. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics; 2006.
- x. Apostolic Journey to Rio De Janeiro on the Occasion of the XXVIII World Youth Day Meeting With Young People from Argentina, Address of the Holy Father Francis, Thursday, 25 July 2013.
- xi. For statistics on the rise in suicide rates between 1999 and 2014, see the Center for Disease Control data at: <https://www.cdc.gov/nchs/products/databriefs/db241.htm>
- xii. “Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life (CCC, 2281),” and it is opposed to a rightly ordered love of self, of neighbor, and love of God.
- xiii. *Catechism of the Catholic Church*, numbers 2280–2283.

California Catholic Conference 1119 K Street
Sacramento, California
916-313-4000
www.cacatholic.org