A PRAYER OF COMPASSION

Lord, open our eyes that we may see you in our brothers and sisters.

Lord, open our ears that we may hear the cries of the hungry, the cold, the frightened, the oppressed.

Lord, open our hearts that we may love each other as you love us.

Renew in us your spirit. Lord, free us and make us one.

Amen.

- Mother Teresa

"Compassion asks us to go where it hurts, to enter places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, venerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human."

Donald McNeill, Douglas Morrison, and Henri Nouwen

I came across this in my daily prayer and it made me think of the work you do every day. As a wise chaplain once told me, "You enter in to the muck with them". As we enter this summer season, let’s all take a few minutes each day and look at our compassion for others and others compassion to us.

Teacher, which is the greatest commandment in the Law?"

Jesus replied: 'Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: ‘Love your neighbor as yourself.’

Blessings,

Jim
Continued on next page

BRAINTREE -- On average, about one in five children and adolescents have a mental illness. In about 50 percent of cases, an illness can be seen and diagnosed in a child before the age of 14. Indicated by statistics, failure to address and seek treatment for youth mental illnesses can have significant negative consequences, including poor performance in school, trouble with the law, unemployment, substance abuse and suicide.

The Archdiocese of Boston and the Franciscan Children's hospital in Brighton took note of the statistics, and after announcing a partnership in October 2017, have publically unveiled a new collaborative program, the "Kids Healthy Minds Initiative," that aims to provide outreach and education throughout the greater Boston area on youth mental illnesses.

In youth experiencing a mental illness, "if we intervene early enough... we could change the downstream effects of suicide, of drug abuse, of early involvement in the criminal justice system, of chronic absenteeism," said Patricia Coffey, Mental Health Educator and Outreach Coordinator at Franciscan Children's, and a point person of the initiative.

Continued on next page
Through education, the initiative seeks to increase community awareness about "the youth mental health crisis," teach people to spot possible early signs of mental illnesses, and decrease the stigma and misinformation around mental illnesses.

Coffey, a licensed social worker with her own practice and years of experience serving youth, will be one of the people responsible for providing that education, traveling to parishes and schools across the archdiocese to give presentations.

In a joint interview May 8 with MC Sullivan, Chief Health Care Ethicist and Director for Initiative on Palliative Care and Advanced Care Planning for the Archdiocese of Boston, Coffey said the plan to is roll out the initiative almost in phases. This first year, the idea is to make the presentations available more at an adult level, with a focus on educating parents, clergy, and parish and school staff. In the second year, she will focus on presenting to students, youth groups; mainly children and adolescents.

"It will likely be an hour-long education session... all evidenced based," said Coffey. "We'll talk about the statistics, how prevalent (mental illness) is, as well as the myths and misconceptions about mental illness, so, speaking about stigma."

"Then, we'll review common diagnoses in children and adolescents, and how these diagnoses can be precursors" to later negative effects, she said.

"We'll talk about what we can do as a community to make changes," Coffey continued. "For example, changing our language around mental illness, making it a person-first language. Instead of saying 'that person is bi-polar,' saying 'that person is living with bi-polar disorder.'"

Sullivan, an instrumental figure with Cardinal Seán P. O'Malley in the creating of the initiative, said the "whole person" approach on healthcare will be taught.

A fairly recent but growing approach, "whole person" care addresses a person's physical, mental, and spiritual problems and needs. It has its roots in palliative care, a method of care Sullivan has promoted throughout the country, and Sullivan said that approach will help eliminate some of the stigma that still clouds views on mental illness.
Many people, she said, still view mental illness as a "character flaw," a health issue that isn't actually a health issue. "Whole person" care encourages mental health to be viewed on the same level as physical health, both an influencer of and influenced by it, therefore allowing for a better understanding of the severity of mental illnesses.

"If we shine a light on something, suddenly it normalizes it, it kind of reduces the stark contrast and things start to blend in. I think that's what we have to do in our society, and I think that's part of what will come out of the education that they'll get from Patricia and her colleagues at Franciscan Children's," said Sullivan.

Coffey added that "mental illness should be treated in the same light" as physical illness, that anxiety or depression be viewed in the same way as, for example, diabetes.

The education, in order to reach as many people as possible, can be given through a variety of platforms, including videos, webinars, parish and community meetings, and CCD and confirmation classes.

Franciscan Children's, one of the largest providers of youth mental health services in the state, will largely be responsible for actually providing the education. Sullivan explained that the partnership between the archdiocese and Franciscan Children's has the archdiocese, with its large and diverse audience, more in the role of "opening doors."

"Cardinal Seán -- in his wisdom, and I really believe the spirit is at work through him -- has seen this holistic approach to what makes us fully human," said Sullivan.

"We are body, we are soul, and we are spirit, and how do we treat all that? And we are relational, so we keep the psycho-social stuff going. It's exciting to see what he has put in place for this mosaic of wellness in our archdiocese," she continued.
Press Release

Franciscan Children’s Announces New Mental Health Initiatives with Archdiocese of Boston and McLean Hospital

October 2, 2017

(Boston – Oct. 2, 2017) – Franciscan Children’s, a leading provider of pediatric mental health care for children and adolescents in New England, today announced a new initiative with the Archdiocese of Boston and an expansion of their 20-year partnership with McLean Hospital, the largest psychiatric affiliate of Harvard Medical School. The collaborations are designed to provide extensive community outreach and a comprehensive continuum of mental health services at Franciscan Children’s and to improve the lives of even more children and families affected by pediatric mental illness.

Cardinal Seán P. O’Malley, Archbishop of Boston, and mental health advocate Rep. Joe Kennedy III were both on hand for today’s announcements, along with Franciscan Children’s President and CEO John D. Nash, McLean Hospital Chief Medical Officer Joseph Gold, other organizational leadership, clinical staff and the parent of a former patient.

“The risk of a child or adolescent facing a mental health crisis today is staggering and has no cultural, socioeconomic, age or religious boundaries,” said John D. Nash, Franciscan Children’s President and CEO. “We believe that the keys to successful treatment are education, early identification, intervention, effective collaborative care and an engaged team of caregivers. Today, we’re energized by the opportunity to work with the Archdiocese of Boston and McLean Hospital, to reach even more children and adolescents in need than ever before.”

The Franciscan Children’s and Archdiocese of Boston Mental Health Initiative also officially kicked off today with a visit from Cardinal Seán and Franciscan Children’s will present a webinar for Catholic school educators and parents on Oct. 12. Cardinal Seán will also share mental health messaging at select events across the diocese. A Facebook Live event focused on youth mental health for followers of the Archdiocese of Boston is also in the works, along with other digital and social activations, as well as educational events within all parishes and Catholic schools across the diocese.

All of these components are intended to reach and educate the large number of people across all ages, socioeconomic levels and cultural backgrounds, including immigrant and refugee populations, who make up the Archdiocese community, about the importance of early identification and intervention to treat mental health problems before they reach the crisis stage.

Continued on next page
“We are at a crossroads as a society in addressing the mental health crisis gripping our communities here and across our nation.” said Cardinal Seán. “The Archdiocese of Boston is pleased to have the opportunity to work with Franciscan’s Children’s in this initiative. Working with our parishes and schools, we are going to reach as many young people and families as possible to educate them with the information and support to save lives and provide hope.”

The McLean-Franciscan Child & Adolescent Mental Health Programs will now include an even wider range of acute residential treatment and day treatment options for children in crisis. Up to 33 children will be served at any one time with the expansion, along with continuing our current Pediatric Inpatient Psychiatric Program. This new venture reflects an expansion that will serve even more children and teenagers in crisis, filling a particular need for mental health care for younger children between the ages of 5 to 14. The existing McLean-Franciscan Pediatric Inpatient Psychiatric Program, which is the largest in the Commonwealth with 32 beds and serves children ages 3-19, will continue to offer expert crisis stabilization for children needing inpatient mental health treatment. All of the joint program components will be housed on the Franciscan Children's campus.

“McLean is proud of its longstanding collaboration with Franciscan Children’s, where together, we are able to provide services to children and families when they are at their most vulnerable,” said Joseph Gold, MD, Chief Medical Officer for McLean Hospital. “The growth of this program will allow us to serve even more families, while addressing the critical need for more mental health care needs for the youngest residents of Massachusetts.”

With this expansion, Franciscan Children’s welcomes McLean’s Dr. Anthony Sossong, MD, Medical Director of Acute Residential for the McLean-Franciscan Child & Adolescent Mental Health Programs, as an addition to a joint staff of psychologists, social workers, nurses, teachers, and counselors who combine the expertise of both McLean Hospital and Franciscan Children’s. The full-time staff of psychiatrists and psychologists in the joint program are also all on faculty at Harvard Medical School Department of Psychiatry.

Later this year, Franciscan Children’s will also complete a renovation of the Acute Residential Program facilities to include a more child and family-friendly environment, new classrooms, new space for the Day Treatment Program, as well as a new playground to complement the existing gym and outdoor field space.

The two collaborations launched today as part of Mental Illness Awareness Week (MIAW), but with the growing need for child and adolescent psychiatric services, Franciscan Children’s hope is that programs like these enhance awareness of mental illness at all times throughout the year.
Key Stats:

- 1 in 5 youth living in the U.S. have a mental health diagnosis
- 50 percent of psychiatric disorders begin by age 14
- 50 percent of those 14 and older living with a mental illness drop out of high school
  (Source: National Institute of Mental Health.)

“For our children suffering from mental illness, access to health care can not only change lives, but save them. Through this collaboration with Franciscan Children’s and the Archdiocese, we can continue our efforts to end the stigma of mental illness and help our kids receive the treatment they need,” says Congressman Joe Kennedy.

About Franciscan Children’s
Located in the Brighton neighborhood of Boston, Franciscan Children’s provides a compassionate and positive environment where children with complex medical, mental health and educational needs receive specialized care from people who are committed to excellence, innovation and family support, so that children can reach their fullest potential and live their best life. Franciscan Children’s is a 2017 Boston Parents Reader’s Choice Family Favorites Award Winner for Mental Health Practices, Learning Disabilities Specialists, and Health and Special Needs Summer Camps. For more information, visit FranciscanChildrens.org, find us on Facebook, and follow us on Twitter at @FranciscanHFC and Instagram at @franciscanchildrens.

###

Media Contacts:
Mary Zanor, Regan Communications
(617) 356-4012; mzanor@regancomm.com
Lauren Guess, Franciscan Children’s
(617) 254-3800 ex. 1136; LGuess@FranciscanChildrens.org
Kids Healthy Minds Initiative

The stigma commonly associated with mental illness affects us all. Whether you are experiencing it yourself or seeing the disparaging effects on a loved one, colleague or neighbor, stigma can cause isolation, fear and hopelessness. It can lead individuals to hide their mental health symptoms, fail to seek professional help or detach themselves from their community.

The shame associated with stigma attacks a person’s sense of self, pride and diminishes their potential.

Many of us are unaware that we can be daily reinforcers of stigma. Whether it was that time you told someone to “cheer up, snap out of it or be more positive” when you were unaware they were struggling with depression. Or the time that you avoided a neighbor because you didn’t know how to ask them how their son who left school due to schizophrenia was doing. Or the time you crossed the street to avoid having a conversation with a friend whose daughter had recently died by suicide. Having a better understanding of mental illness would have given you the ability to reach out to each of these people in an empathic and informed manner.

Research has proven that connectedness is a main protective factor that contributes to good mental health. Families caring for a child with mental illness can feel unwelcomed and ostracized from their community, sometimes even by their own extended families. Mental illness is often called the “no casserole” disease due to families not experiencing the same supportive sentiments of phone calls, casserole lists and outreach as someone who is experiencing a medical illness.

If we can begin to treat people who live with mental illness in parity to those who live with cancer or diabetes, we will make significant strides in creating a stigma free community.

Learning the accurate facts about mental illness and how to begin a dialogue on these sensitive issues is the best place to start to reduce the stigma of mental illness. It is only through deliberate and mindful actions that we can make change.

So let’s talk about the facts and what we can do now.

Continued on next page
What are the facts?

**Fact:** Mental illness is prevalent. 1 in 5 U.S youth have a mental health diagnosis. 50% of all cases of mental illness begin by age 14 and 75% by age 24.

**Fact:** Mental illness is a real disease. Just like heart disease and diabetes, mental illness is a legitimate illness.

**Fact:** You can treat mental illness. Innovations in medicine and therapy make recovery a reality for people living with mental illness.

**Fact:** A mental illness does not make a person more likely to be violent or dangerous. People living with mental illness are actually more likely to be victims of violence; they are victimized 4x more than the general public.

What can we do?

**Use respectful, person-first language.**
- “She is living with bipolar disorder” not “she is bipolar”
- “He has depression” not “He is depressed”
- “They died by suicide” not “they committed suicide”

**Eliminate our use of slang and labeling.**
- Avoid saying “schizo, psycho, demented, crazy, lunatic, nuts”

**See the person not the condition.**
- A mental illness does not make someone any less of a person. They just have different experiences that not everyone has to face
- Talk openly about stigma and challenge misconceptions when you hear them
- Share knowledge and accurate facts about mental illness with others
Connect with others.
- Offer support to people with a mental illness, caretakers and families
- Be active listeners and let people tell their story
- Show empathy, even if you don’t fully understand the person’s experience

In our parishes
- Encourage homilies on mental health
- Pray openly for people who are living with a mental illness
- Offer to take a meal to a family as we do for those with a medical illness
- Have professional resources readily available for parishioners to access
- Host education sessions and workshops on mental health

To Learn more please visit Franciscan Children’s : Mental Health Resources

https://franciscanchildrens.org/mental-health/mental-health-resources-teens-parents/
“Bring Them a Casserole….”
By Karen Wenger, MS, RN, FCN

One of my Emergency Department co-workers recently shared this story with me:

“When my oldest was about eight, his best buddy moved out of town. My son became very sad, and I sought counseling for him, so he could talk about his sadness. I called the pediatrician to discuss my concerns; she agreed that he could benefit from counseling. One of the nurses in the pediatrician’s office gave me the name and number of one of the local mental health centers, and instructed me to call them myself. I did call, and spoke to someone who adamantly insisted I bring my child to the nearest emergency department immediately. I refused. They thought he was in danger of self-harm. He wasn’t. He was just sad. Then they told me they don’t take my insurance anyway, and to find someone else. I called my insurance company and requested a list of counselors in our area. Once I had my hands on the list, I began calling, and to my surprise discovered that there was a two to three month wait to get an appointment. After calling multiple mental health providers, I finally found one who could see my son within a couple of weeks.

On the day of his first counseling session, we walked into the waiting room, and one of his classmates was standing there. My son was embarrassed that a classmate knew he was there for counseling, and when the classmate approached him the next day in school, stating “Hey—Isn’t it crazy we both go to the same place?” he was mortified. He arrived home from school very upset, and asked me to call his teacher, and ask her to intervene (and to silence the classmate) if he spoke again of their common provider.”

Listening to my coworker’s story, I felt sad, and could clearly see some of the ways this whole situation could have been better managed.

First of all, the office nurse gave my friend a phone number and told her to make that call herself. How hard must that have been, to call a mental health provider, and seek their help? Yes, she is a nurse, and knows how to navigate the system, but how many other parents have been put in that same situation, without knowing how to manage? How hard must it have been, even though we have come so far in our knowledge and awareness of mental illness, to acknowledge that her son had a mental health issue?

Next, the mental health center staff, immediately assumed her child was going to harm himself. They didn’t listen to what my friend was telling them, and instructed them to go to the emergency department. Fortunately as a nurse, the mom has a reasonably high level of health literacy and strong advocacy skills, and could articulate his needs, thus avoiding a lengthy and costly ER visit, while securing access to a mental health provider in a timely fashion.

Now let’s look at the system: is it reasonable for someone with sadness (which was later diagnosed as depression) to have to wait two to three months to see someone? To be depressed for two to three months? To have no one (i.e., the pediatrician) offering suggestions for how to manage the depression, while awaiting the therapy visit?

But I think the saddest part of this story was my friend’s son’s request- and her agreement- to silence his classmate. If he had a broken arm, or asthma, or any other medical issue, would he have wanted silence? Would she have agreed? Of course not.

But he wanted, and she agreed, to keep silent because of the STIGMA of mental illness.

Continued on next page
Sometimes called the ‘No Casserole Disease’, and typically the only disease where the patient is blamed or ridiculed (substance use and suicide both fall under the mental health umbrella, as well, and are likewise ridiculed), mental illness has long been hidden away, and not talked about.

I recently read two very good articles in Christianity Today; both articles discussed mental illness and the church. Specifically, they shared some statistics on mental illness incidence and prevalence, and stories from people with mental illness and their church experiences. The biggest takeaways for me from both of these articles is the sense of isolation that individuals with mental illness- and their families- experience. These families want church to be a safe, welcoming space. They want to be included.

So how do we as the church welcome and include those struggling with mental illness and their families? It’s really not that hard. First of all, we need to talk about mental illness. Sharing our own stories of mental illness, whether it be depression, anxiety, bipolar disorder, schizophrenia, anorexia, substance use disorder, whatever….allows others to feel safe to also share.

One of the articles also suggested following the example of the Good Samaritan, specifically:

“33But a Samaritan traveler who came upon him was moved with compassion at the sight.34He approached the victim, poured oil and wine over his wounds and bandaged them. Then he lifted him up on his own animal, took him to an inn and cared for him.35The next day he took out two silver coins and gave them to the innkeeper with the instruction, 'Take care of him. If you spend more than what I have given you, I shall repay you on my way back.' “ (USCCB Lk10:33-35)

We need to see someone in pain and care for them. We need to love them where they are, who they are and how they are. Be kind. Don’t judge. Bring them a casserole. Remember that every person is God’s child and worthy to be treated with love, dignity and respect regardless of their mental illness.

That's really all it takes.

Is Your Church Healthy for People with Mental Illness?

https://www.christianitytoday.com/pastors/2017/october-web-exclusives/is-your-church-healthy-for-people-with-mental-illness.html

The Church and Mental Health: what do the Numbers Tell Us?

Massachusetts Overhauls Criminal Justice Procedures

By Steve LeBlanc Associated Press  
Posted: 5/4/2018

BOSTON (AP) -- Gov. Charlie Baker signed into law April 13 the most extensive overhaul of the state's criminal procedures in decades.

The new law makes changes to everything from the state's bail system to the use of solitary confinement in prison and calls for greater use of programs that divert some youthful offenders and people struggling with mental health issues or drug addiction away from involvement with the courts.

The law also will let certain prior offenses, including those no longer crimes, such as possession of small amounts of marijuana, be expunged from a person's record.

"Viewed as a whole this bill takes our criminal justice system and makes it better," Baker said.

Baker highlighted sections of the new law that would crack down on those trafficking in the synthetic opioids fentanyl and carfentanil, expand protections against witness intimidation and increase penalties for repeat operating under the influence, or OUI, offenders and for corporate manslaughter.

He also pointed to new mandatory minimum sentences for assault and battery on a police officer causing serious injury.

The law also repeals several mandatory minimum sentences for low-level drug offenses, changes the threshold for which theft is considered a larceny from $250 to $1,200 and raises the minimum age for criminal responsibility from 7 to 12.

Supporters of the law say it goes a long way toward making the justice system fairer and offers a hand up to those who have been incarcerated and are trying to get their lives back on track.

"Years and years of advocacy by community leaders, legislators and powerful black and brown grassroots organizers created a sea change in Massachusetts politics," said Democratic Sen. Sonia Chang-Diaz, of Boston. "This is a huge victory for justice and shows what we can accomplish together."

Middlesex District Attorney Marian Ryan, a Democrat, called the new law "a meaningful step forward in reforming our criminal justice system."

Ryan said she was proud that "restorative justice practices" used in Middlesex County to intervene in the lives of at-risk youths and young adults by offering a range of diversion options are expanded under the new law.

Continued on next page
Massachusetts Overhauls Criminal Justice Procedures

The Catholic bishops of Massachusetts sent a letter to members of the Massachusetts Criminal Justice Reform Conference Committee back in February applauding the committee’s efforts in crafting criminal reform legislation. In the letter they detailed items they hoped for in the new legislation, including eliminating certain mandatory minimum sentences, creating rehabilitation and reentry programs, providing services to those suffering from mental health struggles.

The overhaul, praised by Republican and Democratic lawmakers, was approved a week earlier by votes of 37-0 in the Senate and 148-5 in the House.

Baker said the administration will seek $15 million to begin putting the new law into effect, while the total cost for the new law in the 2019 fiscal year, which begins July 1, could be $40 million.

Even as he signed the bill, he said he was filing a new criminal justice bill that would address issues in the new law.

He said one change he would like to see would give parents the option to testify against their children instead of prohibiting their testimony. He said parents should not be compelled to testify, however.

Baker also said police should continue to have access to sealed criminal record. He said that access is critical to firearms licensing decisions and the ability to properly evaluate day care workers.

Pilot staff contributed to this report.
Sometimes in conversations with friends and loved ones and, more often than you would think, with college students today, a question about reincarnation is raised. The question most frequently on people’s minds is: “Is reincarnation compatible with my Catholic faith in Jesus Christ?” The interest in reincarnation is not surprising. It has been a longstanding fascination for the human person because it touches the core question of human existence: “Who am I and where am I going?” Teachings about reincarnation were present well before the coming of Christ in Hinduism and in ancient Greek philosophy. They are just as present today in cults such as Scientology and in some New Age religions. Many of us are familiar with a number of contemporary celebrities who have espoused reincarnation and think of themselves as reincarnated.

Belief in reincarnation (literally, “re-embodiment”) involves the conviction that after death the soul or spiritual principle of a living being inhabits and gives life to a new body. One description of reincarnation states the principle this way: “Those who live honest, virtuous lives often return as powerful, well-respected creatures. Those who live lives of hate and sin, however, typically return as lower forms of life.” Out of curiosity I answered a questionnaire online that promised to tell me in what form I would be reincarnated after my death in this life. I was told I would be an owl. I was also informed that 9% of people will be reincarnated as a higher form of life than me.

Is there any way in which reincarnation can be considered compatible with my Catholic faith in Jesus Christ? No. Reincarnation is not at all compatible, and for many reasons. Let me mention three. First, reincarnation contradicts the Christian doctrine of Creation. We believe that every human being is a unique creation of God. With our parents as cooperators, God created each of us individually and directly to be the person that I am. In his love God gives each of us special gifts of nature and grace, as well as the capacity to know and to love him. While I can choose not to love God and to reject his grace, God will always love me, and he will sustain the person that I am. Just as I can never fall out of God’s love, so can I never fall out of or not be the unique being that God created me to be as a human person.

Continued on next page
Second, reincarnation contradicts the Christian doctrine of Revelation. We believe that in his love God revealed himself “in partial and various ways” through the prophets; and that he revealed himself most perfectly in “a son,” Jesus Christ (Heb 1:1-4). We have only to look to the Lord Jesus to see the Father (Jn 14:9). Reincarnation denies this truth, teaching that we can only reach an ultimate happiness (which it does not identify as God) by our own hard work and that it takes most people multiple efforts or reincarnations to do this.

Third, reincarnation contradicts the Christian doctrine of Christ’s Judgment of his disciples. Reincarnation teaches that my life now may be nothing more than a dry run for the life (or many lives) that I will live after this one. If there is one thing that the Lord was absolutely clear about, it is that at death each of us will be judged by him for the way in which we live our lives on earth. Our life now on earth is not a rehearsal for another opportunity to do better. At the end of this life each of us will stand before the Lord for a judgment on the life we led, on the good and the bad we have done.

The *Catechism of the Catholic Church* addresses the question of reincarnation briefly this way:

> Death is the end of man’s earthly pilgrimage, of the time of grace and mercy which God offers him so as to work out his ultimate destiny. When “the single course of our earthly life” is completed (LG 48 §3), we shall not return to other earthly lives: “It is appointed for men to die once” (Heb 9:27). There is no “reincarnation” after death. (CCC § 1013)

I am very glad I don’t have to worry about one day being an owl. And it is a relief to know that I was never a frog, even if my dear mother thinks I’m a prince of a guy. (Sorry!) I am also very grateful to God for the opportunity that each of us has to work now on our relationships with God and with one another, and that those relationships can be brought to perfection by God’s ever-present grace in our lives.
On Suicide and Despair
By Father Ron Rolheiser
Wednesday, May 16, 2018

There are things in this life that will crush us, and surrender isn't an act of despair and indeed isn't a free act at all. It's a humbling, sad defeat.

For centuries, suicide was considered as an act of despair and despair itself was seen as the most grievous sin of all. In many religious circles, despair was seen as the most sinful of all acts and ultimately unforgiveable.

Sadly, a strong residue of that remains, suicide is still seen by many as an act of despair, an affront to God and to life itself, an unforgiveable relinquishing of hope. Many church people still see suicide as an act of despair and as the unforgiveable sin against the Holy Spirit. Roman Catholic sometimes reinforce this notion by their reading of the Catechism of the Catholic Church which defines the sin of despair as follows:

"Despair is the most serious sin a person can commit! ... Like presumption, despair is a sin against the First Commandment. It steers us away from hope, which is an infused virtue received at Baptism together with sanctifying grace and having the possession of God as its primary object. In Mark, 3:28-29, we read that: "Truly, I say to you, all sins will be forgiven the sons of men, and whatever blasphemies they utter; but whoever blasphemes against the Holy Spirit never has forgiveness, but is guilty of an eternal sin."

That may well be true, except suicide is not despair. Dictionaries define despair as the complete lack or absence of hope. But that's not what happens in most suicides. What does happen?
The person who is taking his or her own life is not intending that act as an insult or affront to God or to life (for that would be an act of strength and suicide is generally the antithesis of that). What happens in most suicides is the polar opposite. The suicide is the result of a mammoth defeat.

Continued on next page
There's a powerful scene in the musical adaption of Victor Hugo's, Les Miserables. A young woman, Fantine, lies dying. She tells of once being youthful and full of hopeful dreams; but now worn-down by a lifetime of poverty, crushed by a broken heart, and overcome by physical illness, she is defeated and has to submit to the tearful fact that "there are storms we cannot weather".

She's right, and anyone who does not accept that truth will one day come to a painful and bitter understanding of it. There are things in this life that will crush us, and surrender isn't an act of despair and indeed isn't a free act at all. It's a humbling, sad defeat.

And that's the case with most people who die from suicide. For reasons ranging from mental illness to an infinite variety of overpowering storms that can break a person, there's sometimes a point in people's lives where they are overpowered, defeated, and unable to continue to will their own living -- parallel to one who dies as a victim of a drought, hurricane, cancer, heart disease, diabetes, or Alzheimer's. There's no sin in being overpowered by a deadly storm. We can be overpowered, and some people are, but that's not despair (which can only be willful and an act of strength).

To begin with, we don't understand mental illness, which can be just as a real and just as death-producing as any physical illness. We don't blame someone for dying from cancer, a stroke, or a physical accident, but we invariably cast moral shadows on someone who dies as a result of various mental illnesses which play a deadly role in many suicides. Happily, God is still in charge and our flawed understanding, while generally permanently tainting the way someone is remembered in this world, doesn't in effect salvation on the other side.

Beyond mental illness we can be defeated in life by many other things. Tragedy, heartbreaking loss, unrequited obsession, and crippling shame can at times break a heart, crush a will, kill a spirit, and bring death to a body. And our judgment on this should reflect our understanding of God: What all-loving, merciful God would condemn someone because he or she, like Victor Hugo's, Fantine, could not weather the storm? Does God side with our own narrow notions where salvation is mostly reserved for the strong? Not if Jesus is to be believed.
Notice when Jesus points out sin he doesn't point to where we are weak and defeated; rather he points to where we are strong, arrogant, indifferent, and judgmental. Search the Gospels and ask this question: On whom is Jesus hardest? The answer is clear: Jesus is hardest on those who are strong, judgmental, and have no feeling for those who are enduring the storm. Notice what he says about the rich man who ignores the poor man at his doorstep, what he says about the priest and scribe who ignore the man beaten in a ditch, and how critical he is of the scribes and Pharisees who are quick to define who falls under God's judgment and who doesn't.

Only a faculty understanding of God can underwrite the unfortunate notion that being crushed in life constitutes despair.

Oblate Father Ron Rolheiser, theologian, teacher, and award-winning author, is President of the Oblate School of Theology in San Antonio, TX. He can be contacted through his website www.ronrolheiser.com.

Though you may feel that no one understand the depth of your despair, our savior, Jesus Christ, understands.

Dieter F. Uchtdorf
Depression in the Elderly:
7 Ways to Help

Depression in older adults

Older people are at risk for depression, are underserved by the mental health profession, and have the highest rates of suicide in the country. But many seniors are resistant to treatment because they don't want to burden their families, or equate depression with weakness or even death.

"One of the hardest questions I get from families is, 'How can I get my elderly loved one mental health help when they don't want it?' " says Joel E. Streim, MD, professor of geriatric psychiatry at the University of Pennsylvania.

Continued on next page
Here are some coping strategies.

1. **Don't dismiss symptoms**

Depression is not normal.

"If your parent is not eating for more than a few days, or loses interest in activities that used to give her pleasure for more than two weeks, it could be depression," says Dr. Streim.

2. **Talk about how they feel**

If your father can no longer drive, offering to drive him around or pay for a taxi service won't necessarily soften the blow.
"The elderly are less likely to cope with loss as well as young people because of the added years of meaning behind it," says Kathleen Buckwalter, PhD, RN, professor of gerontological nursing at the University of Iowa.

Caregivers can help by recognizing its significance: "Ask your elderly parent what they feel about the loss. It's really important to hear them out and honor their emotions. Listening offers direct comfort and support."

3. Look for subtle signs

"Older adults often say, 'I am not sad,' or 'I am not lonely,' because they don't want to be a burden on the family," says Dr. Streim.

"Instead, they show signs of distress by wringing their hands excessively, getting agitated or irritable, or having difficulty sitting still."
4. Don't impose your terminology

"For the person who says, 'No, I am not depressed,' I listen closely to what has changed in their life," says Dr. Streim.

For example, if a patient says she can't sleep, he uses that as a hook to discuss ideas about how to sleep better or longer.

"I don't say the words 'depression,' 'drugs,' or 'therapy' if an older adult doesn't buy into the idea that they need help," he says.

5. Recognize that depression is an illness

Family members should be aware of the disability that depression can cause and should avoid making depressed parents or relatives feel guilty by telling them to get out more or pull themselves up by the bootstraps.
"I have seen people so sick with their depression that they can't get out of bed," says Dr. Streim.

6. Don't take over a person's life

Buckwalter urges caregivers not to try to do things for older people that they can do for themselves.

"Doing things for a depressed person is often not helpful at all, because it reinforces their perception that they are worthless and incapable," she says.

Instead, help your elderly relative break tasks into steps and praise them for any efforts.

7. Try to participate in medical care

Because of new confidentiality laws, geriatric psychiatrists can't disclose information to families without their patient's permission.

"Many older people do give us that permission," says Dr. Streim. "If they don't, family members can always call me and let me know what they are seeing, and it is helpful when they do."

http://www.health.com/health/gallery/0,,20518814,00.html#try-to-participate-in-medical-care-0
Patron Saints for Mental Illness

Visit website below for prayers and biographies

https://www.catholiccompany.com/getfed/mental-illness-patron-saints/

Summer 2018