



Faith Group

Statements on Mental Illness

November 22, 2006

*Note: We are updating this listing and may not have the most current resolution.
We welcome corrections and updates.*

American Baptist Churches in the U.S.A.

(Adopted by the General Board of the American Baptist Churches, June, 1992)

We the people of the American Baptist Churches in the U.S.A., solemnly resolve.

to examine our hearts, our theology, and our actions to see that there is no judgment of or avoidance of persons who suffer from the effects of mental illness;

to address those causes of mental illness in our society that could be corrected;

to educate American Baptists that mental illness and health are faith concerns by including them in church school curriculum for adults, youth and children, special themes and emphases, and worship/preaching series;

to provide a living witness as individuals, families, congregations, associations, regions and national boards/agencies, by exemplifying a mature Christianity which affirms life and encourages mental health;

to offer a ministry of hospitality and caring which is based in our congregations, but which influences community aptitudes and includes acceptance and support of mentally ill persons and their families, befriending them, and integrating them into the church and the larger community;

to assess needs in the community and recognize the relationships between deinstitutionalization and Homelessness and mental illness;

to respond as appropriate with programs of respite care, aftercare, support groups, supportive housing, food pantries, volunteerism in mental health facilities, socialization and recreation, special emphases, and helping already existing public and private health services that include the mentally ill;

to advocate for non-discriminatory and humane practices throughout society, and in particular to press for revision of legal commitment procedures to balance protection of one's civil rights with the genuine need for treatment, using "optimum therapeutic setting" rather than "least restrictive setting" as the criterion; and, overall, to affirm and live out an internally liberating as well as externally liberating life.

Christian Church (Disciples of Christ)

Resolution in Support of Ministering to Persons with a Serious Mental Illness and Their Families (Excerpts from Resolution #9127 - Sense of the Assembly Resolution)

“BE IT RESOLVED, that the General Assembly of the Christian Church (Disciples of Christ) meeting in Tulsa, OK October 25 - 30, 1991 encourages congregations to examine their hearts and basic theology so as not to blame or further the belief that mental illness is a punishment for sin brought on by divine wrath and perpetuate the automatic assumption family causation; and

BE IT FURTHER RESOLVED, that congregations be requested to recognize the need for spiritual healing of those with a mental illness and their families by reaching out and welcoming them into the Christian community and ministering to them in a compassionate and supportive environment; and

BE IT FURTHER RESOLVED, that in order to eradicate the ignorance, fear and stigma associated with mental illness, regions and seminaries of the Christian Church (Disciples of Christ) continue to develop and support the training of clergy, lay leadership and congregations through education and training and in regard to ministry with mentally ill and their families; and

BE IT FURTHER RESOLVED, that the regions encourage clergy and their congregations to engage in ministry and advocacy on behalf of mentally ill persons and their families.”

Christian Reformed Church in North America

Committee on Disability Concerns Mission Statement

Enabling the full participation of all people with disabilities in the life of the church and the full participation of the church in the lives of people with disabilities.

Resolution on Disabilities Adopted by the Synod of 1985

Whereas the Bible calls us to be a caring community as the covenant people of God,

Whereas we recognize that our Lord Jesus Christ requires the involvement of all his people in the ministry of his church,

Whereas we have not always made it possible for people with disabilities to participate fully in the community and have often isolated them and their families,

We pledge ourselves to be the caring community according to I Corinthians 12, paying special attention to the needs and gifts of people with physical, sensory, mental and emotional impairments.

We pledge ourselves to make public these needs and capabilities through our various communications and educational materials.

We pledge ourselves to overcome three barriers:

- 1. the attitudinal barriers which makes persons with disabilities feel unwelcome;**
- 2. the communication barriers in sight, sound, and understanding which may impede participation; and**
- 3. the physical and architectural barriers which make it difficult for persons with some disabilities to enter.**

We commend those within the denomination who have made efforts to eliminate these barriers in order to use the gifts of all people in our life together as God's family.

The Church of God, Anderson, Indiana

Resolution on Mental Illness

**(Passed by the General Assembly of the Church of God,
at the annual convention in Anderson, Indiana, June 16, 1993)**

WHEREAS, Approximately 30 million adult Americans suffer from one or more mental disorders, and of these as many as 10 million are afflicted with chronic or prolonged mental illness; and

WHEREAS, Approximately one percent of this country's population (about 2.5 million) have, or will have, the disease of schizophrenia, and about 6 percent have, or will have, a major affective disorder (major depression or manic depression); and as twelve million children suffer from some form of mental disorder, three million of whom have a serious mental illness; and

WHEREAS, Persons with severe mental illness are estimated to account for as many of 1/3 or more of the nation's homeless, and occupy 25 percent of all the hospital bed in the country; and

WHEREAS, The economic cost to society of mental illness is above \$70 billion annually of which \$14.4 billion is for direct treatment and support costs; and

WHEREAS, Because of ignorance, fear, and prejudice, mentally ill persons are not only stigmatized and discriminated against in housing, medical insurance, and employment opportunities, and are denied adequately funded treatment and support services, but are also often denied supportive fellowship in the church; and

WHEREAS, The families of mentally ill persons are frequently burdened by these illnesses and often serve as the primary caretakers of their loved ones, needing the support and love of friend and church, and yet often feel abandoned and shunned; and

WHEREAS, The Church is called to engage in Christ's ministry of healing and advocacy on behalf of those who are ill in body and mind, and spirit and those who are discriminated against, lonely, unaccepted, and neglected; therefore be it

RESOLVED, That the General Assembly call upon the clergy and laity of the Church of God to avail themselves of knowledge of the plight of the mentally ill and their families and of the latest medical and scientific research into mental illness so as to dispel fear and prejudice; and be it further

RESOLVED, That the congregations of the Church of God be asked to evaluate their ministry among the mentally ill and seek a fuller, more imaginative, and compassionate ministry among this sizable segment of our society; and be it further

RESOLVED, that agencies of the General Assembly of the Church of God that are responsible for education and congregational nurture and ministry, including, but no limited to, the colleges, the university, the school of theology, the Board of Christian Education, and Warner Press, be specifically encouraged to seek ways to assist the Church in fulfilling the intent of this resolution

The Church of the Brethren

The Brethren Health and Welfare Association and Mennonite Health Services have formed a joint committee, “The mental health Awareness and Education Committee. It serve the Mennonite and Brethren in Christ constituent churches of the Mennonite Central Committee (MCC) and the Church of the Brethren (COB).

It is the specific mission of the committee to accomplish the following: inform and sensitize congregations to the needs of person who suffer with mental illness and related difficulties in living; facilitate the development of resources that congregations can use in acquiring more effective caring skills; and engage the expertise of mental health professionals and mental health centers or our constituency along with the supportive assistance of pastors and other church agencies in all of these tasks. The committee pursues these activities so that congregations can better accept and care for persons with emotional hurts in their midst, reach out to chronically mentally ill persons including those who have been abandoned by society and thus become caring communities sharing Christ’s love.

Episcopal Church

(Adopted by the 70th General Convention of the Episcopal Church in Phoenix, Arizona, July, 1991)

RESOLVED, that members of the Episcopal Church are encouraged to be come knowledgeable about mental illness in order to reduce stigma and stereotypes which are prevalent within the Church body and in the community at large; and be it further

RESOLVED, That the Episcopal Church, and all its units and organizations be encouraged to reach out to, welcome, include and support persons with a mental illness, particularly those who have a prolonged, serious mental illness and the families of those persons and recognize the abilities and celebrate the gifts of those who have a mental illness; and be it further

RESOLVED, That the Church encourage the development of specific programs to equip the clergy and laity for ministry to those who have a mental illness and their families and that clergy and lay ministers seek out training and opportunities to minister to the spiritual needs of those who are affected by a mental illness, and be it further

RESOLVED, That diocese and congregations work with existing agencies and organizations to assist with and initiate programs, such as support groups, drop-in center, housing and employment opportunities which lead to an improved quality of life for people who have a mental illness, who specific attention to those who have become homeless; and be it further

RESOLVED, That dioceses, congregations and individual parishioners become advocates for public policy and adequate funding to provide comprehensive community-based services, hospital care and research into the causes and treatment of mental illness; and be it further

RESOLVED, That diocese, congregations and individuals utilize the resources and support services offered by the Episcopal mental illness network (EMIN) of the Presiding Bishop’s Task Force on Accessibility.

Evangelical Lutheran Church in America

(Excerpts from a resolution passed at the 1989 Church wide Assembly of the Evangelical Lutheran Church in America)

“The Evangelical Lutheran Church in America shall, through its synods, congregations, and pastors, serve as an agent of education, acceptance, support, understanding, and healing for those with mental illnesses, and those affected by the mental illness of others.”

International Conference of War Veteran Ministers

Care of Veterans

A Peace and Justice Statement

October 23, 2003

(Pending New Statement)

The National Conference of Viet Nam Veteran Ministers, meeting in New York City, October 20 to October 24, 2003, and after prayerful reflection, issued the following statement concerning the care of veterans of Afghanistan, Iraq and other recent conflicts:

As veterans of the Vietnam War we know too well the struggles that were necessary to obtain adequate care for the illnesses and wounds of that conflict, especially those caused by post-traumatic stress disorder and exposure to Agent Orange. Now we note with dismay the struggles of new generations of veterans to obtain adequate care, and a continual down-slide in the commitment of our nation’s leaders to supply our veterans with the level of care they deserve.

Care for those "who have borne the burden of battle" and their families is not an optional act of charity to be funded or not according to the impulses of the moment, but an intrinsic cost of engaging in war.

Therefore we call upon our elected representatives to include full and comprehensive funding for the care of veterans and their families as an integral part of any and all legislation that funds military operations that produce veterans. As people of faith, we are familiar with Jesus’ injunction that no wise king goes off to war without fully counting the cost. Care of veterans and their families must be counted as a cost of war from the very beginning.

The Lutheran Church-Missouri Synod

The Board for Social Ministry Services of The Lutheran Church -- Missouri Synod commits itself, on behalf of the prolonged mentally ill and their families to:

- 1. Mainstream the prolonged mentally ill into the life of the local congregation.**
- 2. Support the families of the prolonged mentally ill in ways that alleviate their heavy burdens of care.**
- 3. Enhance the pastoral care skills of pastors in their ministry to the prolonged mentally ill.**

Our ministry arises out of our faith:

- 1. We believe that all members of the human race, the prolonged mentally ill not less than others, have been redeemed by the atoning sacrifice of Jesus Christ. We invite them into the fellowship of faith with us.**
- 2. We believe that all people, including the prolonged mentally ill, baptized into the community of faith, need to be nurtured by the Gospel within the framework of their special needs.**
- 3. We recognize that the local congregation is a community of God's people, one of whose hallmarks is mutual care and support.**

Mennonite Central Committee

The Brethren Health and Welfare Association and Mennonite Health Services have formed a joint committee, "The mental health Awareness and Education Committee. It serves the Mennonite and Brethren in Christ constituent churches of the Mennonite Central Committee (MCC) and the Church of the Brethren (COB).

It is the specific mission of the committee to accomplish the following: inform and sensitize congregations to the needs of person who suffer with mental illness and related difficulties in living; facilitate the development of resources that congregations can use in acquiring more effective caring skills; and engage the expertise of mental health professionals and mental health centers or our constituency along with the supportive assistance of pastors and other church agencies in all of these tasks. The committee pursues these activities so that congregations can better accept and care for persons with emotional hurts in their midst, reach out to chronically mentally ill persons including those who have been abandoned by society and thus become caring communities sharing Christ's love.

National Council of Catholic Bishops

RESOLUTION

(Excerpted from “Celebrate and Challenge” published on the tenth anniversary of the *Pastoral Statement of the U. S. Catholic Bishops on Handicapped People*)

“The *Pastoral Statement of the U. S. Catholic Bishops on Handicapped People* was issued on November 16, 1978. It offered great hope to persons with disabilities, opening the church communities to their full membership.

In the decade since we issued this pastoral statement, many parish and diocesan buildings, programs, and services have been made accessible; and increasingly more persons with mental and psychical disabilities are participating in church life. Diocesan staff are also commonly available to assist parishes in becoming more hospitable.

On the occasion of this 10th anniversary we, the Catholic bishops of the United States of America, re affirm and recommit ourselves to the guidelines, principles and practices set forth in our pastoral statement. We challenge our dioceses and parish churches in the United States to go beyond physical access to buildings and the provision of religious and social services. We draw attention to the many persons with disabilities who experience a call to pastoral ministry, to ordained priesthood, to membership in a religious community or to employment within the church.

We celebrate the dignity of persons with developmental disabilities who provide, along with their presence and some pastoral services within the church, their gifts of simplicity of heart. We affirm those persons with disabilities who were first in a given area of ministry, and we call all persons with disabilities to the fullness of their baptismal commitment.

We proclaim that if any disabled person is prevented from active participation, the church community is incomplete. We call upon church leadership throughout the country to encourage conversion of mind and heart, so that all persons with disabilities may be invited to worship and to every level of service as full members of the Body of Christ.

Presbyterian Church (U.S.A.)

The Church and Serious Mental Illness (excerpts from a resolution adopted by the 200th General Assembly of the Presbyterian Church [U.S.A.], 1988)

“The 200th General Assembly (1988) of the Presbyterian Church [U.S.A.] affirms anew the ministry and mission of the church and all its people and parts with those suffering from or affected by severe mental illnesses. The General Assembly further:

- 1. Recognizes and extends prayerful support to the diversity of persons whose lives are touched and affected by mental illness: to persons who experience mental illness and to their families; to professionals who are trained and called to the healing arts; to clergy whose ministry will inevitably include people affected by mental illness; to lay persons who in many diverse ways maintain a community of healing and support.**
- 2. Requests sessions and appropriate governing body committees to review their current response to the needs of those with severe mental illness and their families and consider new or strengthened approaches drawing on the suggestion put forth in the Report of the Consultation on the Church and Serious Mental Illness.**
- 3. Encourages clergy and lay staff of congregations, governing bodies and church-related institutions to learn about mental illness so that programs, policies and pastoral counseling will be based on up-to-date medical and scientific information; and encourages seminaries to consider expanding opportunities for such learning in M.Div., D.Min., and continuing education programs.**
- 4. Directs the appropriate ministry units or committees, as determined by the General Assembly Council, to:**
 - a. Continue taking initiative in the formation of an ecumenical, interfaith task force, to focus on ministry with persons who are chronically mentally ill and their families, in cooperation with any existing denominational or ecumenical efforts;**
 - b. Inform sessions and appropriate governing body committees as to the availability of educational and program resources, on an ecumenical or interfaith basis to help Presbyterians and others deal knowledgeably and constructively with problems of mental illness; provide resources for families that encounter mental illness; and give guidance in planning programs of ministry, mission and advocacy in relation to mental illness;**
 - c. Develop patterns of relationship and support for the Presbyterian chaplains who work with the mentally ill and their families in either the hospital or community setting.**

Union for Reform Judaism

**66th General Assembly
December 2001
Boston, Massachusetts**

ESTABLISHING A COMPREHENSIVE SYSTEM OF CARE FOR PERSONS WITH MENTAL ILLNESSES [Excerpt]

While the definitions and terms are varied, we here refer to both persons defined as having a diagnosable mental disorder and those with a serious mental illness, as well as those with co-occurring substance-abuse disorders, when using the term "persons with mental illnesses."

Mental illness can shatter lives. It is a condition often lacking explicit physical manifestations and thus is both easily hidden and easily denied. Like physical illnesses and perhaps even more so, mental illnesses and their ramifications are experienced in every sector of life. Treatment-or the lack thereof-of persons with mental illnesses is therefore best considered not only as a medical issue but also as an important social one, with far-reaching economic and human welfare implications.

Judaism concerns itself with the health and well-being of the mind and the soul as well as of the body. Maimonides wrote:

When someone is overpowered by imagination, prolonged meditation, and avoidance of social contact, which he never exhibited before, or when he avoids pleasant experiences that were in him before, the physician should do nothing before he improves the soul by removing the extreme emotions.

The reality is that mental illness continues to be stigmatized in our society. While people with physical illness are usually treated with solicitude and concern, persons with mental illness are frequently the objects of ridicule, contempt, or fear. While we often go to great lengths to accommodate and include people with physical illness, the mentally ill are frequently marginalized and excluded.

In this context, we examine the issue of mental illness and its multiple and far-reaching manifestations for individuals from all walks of life.

Unitarian Universalist Association

1961 General Resolution

WHEREAS, every second hospital bed in the United States is occupied by a mentally ill person with most public mental hospitals caring for 1,000 to 14,000 patients; and

WHEREAS, medical knowledge has developed to the degree that many of the mentally ill could, with proper individual care, be returned to live useful lives in society;

THEREFORE BE IT RESOLVED: That the churches and fellowships of the Unitarian Universalist Association study their own communities to determine whether facilities and budgets are adequate for the care of mental patients within their own communities, such facilities to include psychiatric units in general hospitals, "half-way houses" for discharged mental patients, vocational and counseling services, and special classes in the public school system for emotionally disturbed and mentally retarded children;

BE IT RESOLVED: That member churches and fellowships strive to inform themselves in this field in order to give compassionate understanding towards the mentally ill as family, friends, or employers and to assist through direct volunteer service in appropriate places; and

BE IT FURTHER RESOLVED: That Unitarians and Universalists accept positions of leadership in their communities where they can influence public opinion and government agencies so that the financial and medical needs of the mentally ill may be met.

United Church of Christ

CALLING THE PEOPLE OF GOD TO JUSTICE FOR PERSONS WITH SERIOUS MENTAL ILLNESSES (BRAIN DISORDERS)

Passed by the 22nd. General Synod, UCC, 1999

There exists in society and even in the church, great stigma and discrimination against persons with serious "mental illnesses" (Brain Disorders), this is both a ministry and a social-justice issue.

All people are created in the image of God and worthy of being treated with dignity, respect and love. "I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you have love for one another" (I John 13:34-35).

WHEREAS, serious mental illnesses-such as schizophrenia, bipolar disorder (manic depression), unipolar disorder: (clinical depression), obsessive/compulsive disorder, panic-anxiety disorder are biological brain disorders and need to be treated as any other biologically-based medical problem of any other organ of the body;

WHEREAS, the 1990's have been declared the decade of the brain and pioneering research has resulted in new knowledge and new effective medications;

WHEREAS, these brain disorders can now be treated as precisely and effectively as other medical disorders (e.g. a higher rate of success in such treatment than for cardiovascular disorders);

WHEREAS, there continues to be strong stigma and discrimination in society against people with these brain disorders in social relationships, health-insurance coverage, employment, etc.;

WHEREAS, there is great inequality in health insurance coverage for these medical conditions compared to coverage of any other physical, medical illness/disorder (diabetes, Parkinson's, etc.);

WHEREAS, at least one in four families (including church families) has a family member with one of these brain disorders;

WHEREAS, at least 30 million Americans, including at least 12 million children have these brain disorders; and

WHEREAS, the church is called to be a community which breaks through fear and isolation to offer love, hope, care and healing.

THEREFORE, BE IT RESOLVED that the Twenty-second General Synod requests the United Church Board for Homeland Ministries and/or its successor body to make it a priority to educate congregations about these disorders and encourage congregations to be truly inclusive, welcoming churches, ministering with and to persons with these disorders and their families.

BE IT FURTHER RESOLVED that the Executive Council is requested to petition The Pension Boards - United Church of Christ to provide insurance coverage for these brain disorders equal to any other physical illness; and

BE IT FINALLY RESOLVED that the Office for Church in Society and/or its successor body is requested to promote advocacy in state legislatures and in Congress for equality in health insurance coverage and other anti-discrimination legislation which effects this population of people.

Funding for this action will be made in accordance with the overall mandates of the affected agencies and the funds available.

The United Methodist Church General Board of Church & Society

Resolution on Mental Illness Adopted on March 13, 1994

In faithful witness with the 1992 General Conference Resolution on Mental Illness challenging our board to develop a “Mental Illness Network,” (see 1992 *Book of Resolutions*, page 313) the General Board of church of society:

1. Requests each annual conference to establish a “Coordinator for Mental Illness Ministries” to enable the work in that conference and facilitate communication on mental illness issues.

Coordinators will be asked to:

- a. Participate in the General Board of Church and Society Mental illness network;
 - b. Assist in the distribution of education/advocacy materials through existing conference networks (As A.C. funding permits);
 - c. Identify and uplift A.C. ministries in mental illness;
 - d. Advocate and encourage advocacy with and on behalf of persons with mental illness.
2. With understanding of the importance of the issue and the many obstacles to creating an effective advocacy/education network, requests the support of the Council of bishops in making the development of this mental illness networks a “Bishop Priority.”
 3. Commend the work of Pathways to Promise, particularly recognizing two recent and praiseworthy ministries:
 - a. A database program identifying “projects in the U.S. and Canada that serve people who have a mental illness or their families;
 - B. *The Brain Matters* traveling display.
 4. Support efforts in public education made by the National Mental Health Association, The Alliance for the Mentally Ill, and others in the Nation March 19, 2007 Depression Awareness Campaign.

United Synagogue of America

**(Adopted at the United Synagogue of America Biennial Convention,
Toronto, Ontario, Canada, November, 1989)**

WHEREAS, the UNITED SYNAGOGUE OF AMERICA, as well as all North Americans are concerned in enabling each person in our society to have the best quality of physical and mental health; and

WHEREAS, 25 MILLION PERSONS WILL HAVE SOME FORM OF MENTAL ILLNESS IN ANY SIX MONTH PERIOD; AND

WHEREAS, The direct cost to society per year for mental illness and substance abuse is \$249 billion; and

WHEREAS, Gemilut Hasadim, acts of loving kindness and caring for the disabled are basic tenets of Judaism, as well as essential elements of any society; and

WHEREAS, mental illness does not just affect the individual but also the family; and

WHEREAS, the religious community has a clear responsibility to help create awareness and sensitivity to persons with prolonged mental illness and their families by utilizing the public media, newspapers, radio networks and television stations to disseminate information and help reduce the stigma which persons with prolonged mental illness and their families experience;

NOW THEREFORE, BE IT RESOLVED that the UNITED SYNAGOGUE OF AMERICA;

- (a) calls upon its affiliated congregations to participate in communal efforts to reduce the stigma of mental illness; and**
- (b) calls upon its affiliated congregations to work with persons with mental illness and their families so that they may feel welcome within our synagogues and temples as did our ancestor, Abraham, welcome the three strangers into his tent.**