



Department of Justice, Peace & Human Development

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3100 • FAX 202-541-3166

October 10, 2023

Dear Brothers—

I write to you to tell you about a new Mental Health Campaign, and to encourage you to review these new materials and consider how you might be able to participate in your diocese or eparchy.

The Committee on Domestic Justice and Human Development, the Committee on Laity, Marriage, Family Life, and Youth, and multiple national Catholic collaborating organizations, are launching a Catholic Mental Health Campaign on October 10, World Mental Health Day. There is a mental health crisis in the United States. It affects everyone and is especially acute among young people. Although there are many who are doing so much, the need is so great that there is a troubling shortage of providers and resources for people who need help. Our campaign is a modest beginning, a way to enter the ongoing conversation, praise efforts that are already underway, affirm the dignity of everyone struggling with mental health, and hopefully inspire prayer and action to do more. The campaign has three goals: to raise awareness, help remove the stigma, and advocate that everyone who needs help should get help. And there are three components: a statement from Bishop Barron and me, a Novena that I encourage everyone to pray, and, throughout the next year, roundtable discussions that will take a deeper dive into various facets of mental health. These materials can be found on the USCCB website.

I especially encourage you to share the Novena, which begins on World Mental Health Day and concludes on October 18, the feast of St. Luke. Many of you are already deeply engaged in various mental health ministries. I thank you from the bottom of my heart. This is one of the great challenges of our time.

Attached here, you will find a copy of the statement from Bishop Barron and me, and a copy of the Novena. You can find digital copies on the USCCB website [here](#). People can also sign up for daily emails with the Novena [here](#).

This campaign is a beginning, not an end. In the coming months, as we continue to discern next steps, we would appreciate your thoughts and suggestions on how to proceed. We will have an opportunity to discuss this in person at our fraternal dialogues at the November meeting.

Thank you in advance for your prayers, your engagement with this campaign, and all that you are already doing. May God bless you and your ministry.

Sincerely Yours in Christ,

Most Rev. Borys Gudziak
Archbishop of Ukrainian Catholic
Archeparchy of Philadelphia



NATIONAL CATHOLIC mental health CAMPAIGN

National Catholic Mental Health Campaign

Introductory Statement

From

Archbishop Borys Gudziak, Chairman, USCCB Committee on Domestic Justice and Human Development

Bishop Robert Barron, Chairman, USCCB Committee on Laity, Marriage, Family Life and Youth

God created human beings in his image and likeness to be life-giving, happy, and whole. In John's Gospel, after his resurrection, our Lord tells his disciples three times "Peace be with you" (Jn. 20:19, 21, 26). Similarly, in Matthew's Gospel, he tells them "Do not be afraid." (Mt. 28:10). In the light of the Word of God, the foundation of our hope, the Church faces the serious mental health crisis spreading across the United States, as well as around the world.

Although mental illness is a pervasive and common aspect of human life, there is an alarming shortage of mental and behavioral health resources and providers. Furthermore, over the last decade, both before and after the COVID-19 pandemic, we have seen an alarming increase in depression and suicidal tendencies, especially among young people. Despite its ubiquity, mental illness and mental health challenges often remain associated with embarrassment, shame, or guilt, which can prevent people from seeking and receiving help.

Such a stigma contradicts the compassion of Jesus and is contrary to the foundation of Catholic Social Teaching. As pastors, we want to emphasize this point to anyone who is suffering from mental illness or facing mental health challenges: nobody and nothing can alter or diminish your God-given dignity. You are a beloved child of God, a God of healing and hope.

Saint John Paul II reminds us that "whoever suffers from mental illness 'always' bears God's image and likeness in himself, as does every human being. In addition, he 'always' has the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such." Moreover, "Christ took all human suffering on himself, even mental illness. Yes, even this affliction, which perhaps seems the most absurd and incomprehensible, conforms

the sick person to Christ and gives him a share in his redeeming passion.”¹ We look especially to the Eucharist, which “gives us Jesus’ love, which transformed a tomb from an end to a beginning, and in the same way can transform our lives. It fills our hearts with the consoling love of the Holy Spirit, who never leaves us alone and always heals our wounds.”² Our Lord is always with you in your pain, fragility, and suffering, and he calls the Church, His Body here on earth, to love, support, and advocate for you.

We humbly seek to follow in our Lord’s footsteps by rejecting stigma and upholding the dignity of all persons. In response to the mental health crisis—on behalf of the U.S. Conference of Catholic Bishops’ Committees on Domestic Justice and Human Development (DJHP) and Laity, Marriage, Family Life, and Youth (LMFLY), along with the generous support of several national Catholic organizations and networks³—we write to announce the beginning of a National Catholic Mental Health Campaign.

We note at the outset that we, as bishops, are not mental health professionals, but rather, pastors with urgent concern for the wellbeing of our flock and for all who are suffering. We are trying humbly and sincerely to follow the call of St. Paul: “Bear one another’s burdens, and so you will fulfill the law of Christ.” (Ga 6:2). Mental illness and mental health challenges are exceedingly common, perhaps more so than many realize. Eventually, these challenges touch the lives of all. We express particular closeness to all who are suffering, either directly, or with a loved one, with special compassion for persons who have considered suicide or have lost a loved one to suicide. You are not alone! You are loved. You are welcome in the Catholic Church.

By this Campaign, we hope to raise greater awareness of this pressing issue, to help remove the sense of stigma or embarrassment for persons who suffer, and to advocate a clear message to all: everyone who needs help should get help. Jesus teaches: “For where your treasure is, there also will your heart be” (Lk 12:34). You are the treasure of the Church. The Church lives to serve you.

Mental health, like all aspects of health and wellbeing, matters to us as Catholics. In a message to health care workers who care for persons living with mental illness, Pope Francis wrote of “the Church’s and my personal esteem for the doctors and health workers involved in this sensitive field. Their commitment to meeting the conditions for those suffering from mental disorders and offering them appropriate treatment is a great good for individuals and for society. It is therefore of the utmost importance to become increasingly aware of the professional and

¹ Saint John Paul II, International Conference for Health Care Workers, on Illnesses of the Human Mind (November 30, 1996).

https://files.ecatholic.com/31862/documents/2023/2/Mentally%20Ill%20in%20Gods%20Image_JPII_1996-2.pdf?t=1677368294000

² Pope Francis, Homily on the Solemnity of the Most Holy Body and Blood of Christ (June 14, 2020).

https://www.vatican.va/content/francesco/en/homilies/2020/documents/papa-francesco_20200614_omelia-corpusdomini.html

³ Special thanks to Catholic Charities USA, Catholic Health Association, the National Catholic Partnership on Disability, the U.S. Society of St. Vincent de Paul, the National Federation for Catholic Youth Ministry, the National Catholic Network de Pastoral Juvenil Hispana, the National Institute for Ministry with Young Adults, and the Association of Catholic Mental Health Ministers, among other national organizations, who have been supportive during the development of this Campaign.

human requirements for caring for these brothers and sisters of ours.”⁴ Our Holy Father continued that he “hoped that, on the one hand, the health system for the protection of those with mental illness will be strengthened . . . and, on the other, by promoting associations and voluntary work alongside patients and their families,” the “warmth and affection of a community [will] not [be] lacking.” He emphasized the importance of “helping to fully overcome the stigma with which mental illness has often been branded[.]”⁵

This National Catholic Mental Health Campaign represents a modest initial effort by the USCCB, with the support of key collaborators in ministry and advocacy, to address this enormous issue and start discussions that can lead to greater action and change. Because of the breadth of mental health concerns, no one statement or resource can address everything related to this issue. As such, the Campaign will begin with three main components: (1) a Novena, (2) virtual roundtables, and (3) advocacy for more resources so that everyone who needs help can get help.

First, the Novena has a “Pray, Learn, Act” structure, with different themes for each day. It will seek to inform and encourage both prayer and action in response to nine of the many distinct aspects of mental health.

Second, the USCCB will host virtual roundtables, first with bishops, and then with other key Catholic leaders, to discuss how mental illness touches every person’s life, to stand against any kind of stigma, and to discern proactive measures to move forward.

Third, we invite all Catholics and people of good will to advocate for bipartisan legislation and policies that address the severe lack of health care resources for prevention and treatment of mental health conditions. Together, we can work towards a more just and compassionate society.

Through these efforts, our Catholic collaborators will also be able to share the good news of the many Catholic institutions and groups that are leading the way in this area by providing help—both professionally and through pastoral accompaniment—to those in our parishes and communities. They are an inspiration to us all. More information from several of our collaborators can be found in the Novena.

Finally, we wish to raise our voices of affirmation and gratitude to everyone within our Catholic communities and all people of good will who are already offering great support, care, and concern for persons who need help. We pray for the intercession of St. Dymphna and St. John of God, the patron saints of persons experiencing mental illness, as well as St. Luke, the patron of health care, that our work will bear great fruit for such a critical inflection point in our culture today. May the Lord, the Divine Physician, give aid and comfort to all who are suffering, inspire communities to offer greater support to the sick, and grant wisdom to policymakers so that everyone who needs help can get help.

⁴ Pope Francis, Message to the Participants in the Second National Conference for Mental Health (June 14, 2021). <https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2021/06/25/210625b.html>

⁵ *Id.*

APPENDIX

Although not an exhaustive treatment of the subject, some key insights on the data related to mental health issues can give a general orientation:

Mental Illness is a Pervasive and Common Part of Human Life, but Stigma Remains

- In 2021, 22.8% of American adults, 57.8 million people, were classified as having a mental illness. This classification of “any mental illness” includes any mental, behavioral, or emotional disorder, varying in impact, ranging from no impairment to mild, moderate, or severe impairment.⁶
- In 2021, 5.5% of American adults, 14.1 million people, were classified as having a severe mental illness. This classification includes any mental, behavioral, or emotional disorder that substantially interferes with or limits one or more major life activities.⁷ With the right treatment, these illnesses can be managed so people can lead meaningful, productive lives.⁸
- Studies that incorporate a range of mental disorders, including from the three most common disorder “families”—depressive disorders, anxiety disorders, and substance use disorders—found that over the course of a lifetime, roughly 60-85% of participants experience a mental disorder.⁹ In other words, at least some experience of mental illness is not rare; rather, it is *not* experiencing some mental illness in one’s lifetime that is rare. Like physical illness, mental illness is a “normal” part of the human condition and should be treated as such.
- Nevertheless, stigma remains. A review of data from 144 studies of participants from around the world revealed that the stigma of mental illness remains one of the top barriers to accessing mental health care.¹⁰

Levels of Persistent Sadness, Hopelessness, and Suicidal Tendencies Have Been Rising Among Young People

⁶ National Institute for Mental Health, “Mental Illness Statistics.” <https://www.nimh.nih.gov/health/statistics/mental-illness>

⁷ *Id.*

⁸ Substance Abuse and Mental Health Services Administration, “Serious Mental Illness.” <https://www.samhsa.gov/serious-mental-illness>

⁹ See, e.g., Jonathan Schaefer, et al., “Enduring Mental Health: Prevalence and Prediction,” *Journal of Abnormal Psychology* (Feb. 2017) (examining several longitudinal studies including the Great Smoky Mountains Cohort and the Dunedin Multidisciplinary Health & Development Study). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5304549/>

¹⁰ S. Clement, O. Schauman, T. Graham, F. Maggioni, S. Evans-Lacko, N. Bezborodovs, C. Morgan, N. Rüsch, J. S. L. Brown, and G. Thornicroft, “What Is the Impact of Mental Health-Related Stigma on Help-Seeking? A Systematic Review of Quantitative and Qualitative Studies.” *Psychological Medicine* vol. 45, no. 1, 2015, pp. 11–27 <https://www.cambridge.org/core/journals/psychological-medicine/article/what-is-the-impact-of-mental-healthrelated-stigma-on-helpseeking-a-systematic-review-of-quantitative-and-qualitative-studies/E3FD6B42EE9815C4E26A6B84ED7BD3AE>

- Among young people, in particular those in “Gen Z” (born between approximately 1997 and 2012), 57% say they have experienced trauma, with 31% of college students and 34% of high school students reporting “they are not flourishing in their mental health.”¹¹
- We are in a moment where mental illness is particularly acute in teenagers. According to a recent U.S. Centers for Disease Control and Prevention (CDC) study, mental illness is particularly acute among high school girls and high school students who identify as “LGBQ+.” The CDC reports that in 2021, “almost 60% of female [high school] students experienced persistent feelings of sadness or hopelessness during the past year and nearly 25% made a suicide plan.”¹² The female rate of persistent feelings of sadness or hopelessness is nearly double that of males.¹³ It is important to note, however, that from 1975 to 2016, males comprised approximately 80% of suicide deaths and females around 20% for youths aged 10 to 19 years.¹⁴ The CDC also reports that “[c]lose to 70% of LGBQ+ students experienced persistent feelings of sadness or hopelessness” and “almost 25% attempted suicide.”¹⁵
- According to the CDC, some high school students of color are also experiencing particularly high rates of attempted suicide and persistent feelings of sadness and hopelessness. For example, in 2021, 46% of Hispanic students and 49% of multiracial students experienced persistent feelings of sadness or hopelessness, compared to 41% of White students;¹⁶ 14% of Black students and 16% of high school students identifying as either American Indian or Alaska Native attempted suicide, compared to 9% of White students.¹⁷ According to the American Academy of Child & Adolescent Psychiatry, “[r]ates of suicide among Black youth have risen faster than in any other racial/ethnic group in the past two decades, with suicide rates in Black males 10-19 years-old increasing by 60%.”¹⁸
- CDC data also show that nearly all indicators of poor mental health among high schoolers increased over the past decade. In 2021, 42% of students experienced persistent feelings of sadness or hopelessness, up from 28% a decade earlier; 22% seriously considered attempting suicide, up from 16%; and 18% made a suicide plan, up from 13%.¹⁹

¹¹ Springtide Research Institute, “Mental Health and Gen Z: What Educators Need to Know” (April 21, 2022): 16.

<https://www.springtideresearch.org/product/mental-health-gen-z-what-educators-need-to-know>

¹² Centers for Disease Control and Prevention, “Youth Risk Behavior Survey 2011-2021” (February 13, 2023).

https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf (“2023 CDC Report”). The CDC notes that “assesses[ing] persistent feelings of sadness or hopelessness” is a “proxy measure for depressive symptoms.” *Id.*

¹³ *Id.*

¹⁴ Donna A. Ruch, PhD, et al., “Trends in Suicide Among Youth Aged 10 to 19 Years in the United States, 1975 to 2016,” JAMA Netw Open, vol. 2, 5, 2019. <https://pubmed.ncbi.nlm.nih.gov/31099867/>

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ American Academy of Child & Adolescent Psychiatry (AACAP), “AACAP Policy Statement on Increased Suicide Among Black Youth in the U.S.” (March 2022).

https://www.aacap.org/aacap/Policy_Statements/2022/AACAP_Policy_Statement_Increased_Suicide_Among_Black_Youth_US.aspx

¹⁹ 2023 CDC Report, *supra* note 12.

- During the height of the pandemic, 58% of young adults age 18 to 29 experienced high levels of psychological distress, especially among those with lower family incomes and those who have a disability or preexisting health condition.²⁰ Other studies confirm that young adults ages 18 to 34 had the worst mental health of any age group; however, this generation is also most likely to seek help with a mental health professional.²¹

There is a Severe Shortage of Resources and Providers for Mental Health Care

- Less than half of the adults with a mental illness received mental health services in 2021.²²
- The psychiatrist workforce is projected to contract through 2024, leading to a nationwide shortage of between roughly 14,000 and 31,000 psychiatrists.²³
- More than one-third of the U.S. population lives in federally designated mental health professional shortage areas.²⁴
- Among the 57.8 million adults with a mental health illness in 2021, 27.6%, or 15.5 million people, perceived an unmet need for mental health services. The most common reason for not receiving services was the cost of care.²⁵

²⁰ Giancarlo Pasquini and Scott Keeter, “At least four-in-ten U.S. adults have faced high levels of psychological distress during COVID-19 pandemic,” *Pew Research Center* (December 12, 2022). <https://www.pewresearch.org/short-reads/2022/12/12/at-least-four-in-ten-u-s-adults-have-faced-high-levels-of-psychological-distress-during-covid-19-pandemic/>

²¹ Megan Brenan, “Americans’ Reported Mental Health at New Low; More Seek Help,” *Gallup* (December 21, 2022). <https://news.gallup.com/poll/467303/americans-reported-mental-health-new-low-need-help.aspx>

²² Substance Abuse and Mental Health Services Administration, “Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health” (December 2022) (“SAMHSA 2022 Report”). <https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf>

²³ Anand Satiani, et al., “Projected Workforce of Psychiatrists in the United States: A Population Analysis.” *Psychiatric Services* vol. 69, 6 (2018): 710-713. <https://pubmed.ncbi.nlm.nih.gov/29540118/>

²⁴ KFF, “Mental Health Care Health Professional Shortage Areas (HPSAs).” <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

²⁵ SAMHSA 2022 Report, *supra* note 22.



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Novena for Mental Health

We begin this Novena for Mental Health on October 10, World Mental Health Day. It is a time when people around the world are seeking to raise awareness and remove the stigma connected to mental health issues. We offer this Novena in solidarity with those suffering from mental health challenges as well as health care professionals, family, and friends who are caring for people in need. The World Foundation of Mental Health identified the 2023 theme as “Mental health is a universal human right.” We hope that this modest Novena will move all people to discern how God is calling them to offer greater assistance to those with mental health needs.

Each day of the Novena reflects on a theme related to mental health, or a particular population significantly affected by mental health challenges, using a “Pray, Learn, Act” structure. The Novena is not meant to be exhaustive of all of the many aspects of this crisis; rather, we hope it will offer nine initial entry points for people to prayerfully approach the topic. It is our sincere hope that this Novena will inspire more prayer, reflection, and creative action to address these great challenges of our time.

We note that various links to religious and secular mental health resources are included. We encourage all to utilize a variety of resources, always keeping in mind Catholic teaching and recognizing that mental health is a universal human right.



NATIONAL CATHOLIC
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Day 1 – Removing Stigmas

Pray

St. Dymphna (7th Century) is known as a patron of persons suffering from mental and neurological disorders and illnesses, as well as mental health professionals. According to legend, she was an Irish princess who fled from her father, a man who appears to have had a mental illness. She is said to have settled in Geel, Belgium, but was ultimately found and martyred by her father. The people of Geel built a church in her honor, and many made the pilgrimage there seeking to be cured of mental illness. So many pilgrims came that the people of Geel begin to open their homes to them, providing them a place to stay. Persons with mental illness could live and work in their community without any stigma or discrimination. Even today the town of Geel is known as a model for community acceptance of persons who live with a mental illness.



Good St. Dymphna, great wonder worker in every affliction of mind and body, we humbly implore your powerful intercession with Jesus through Mary, for the health of the sick. St. Dymphna, patroness of persons with mental health conditions, always look out for those men and women, for their healing and recovery, and for an end to stigma and indifference in society. Amen.

St. Dymphna, pray for us!





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Learn

Many people will experience a mental health challenge at some point in their life. The three most common disorder categories are depressive disorders, anxiety disorders, and substance use disorders. Yet, despite how common mental illness is, persons living with the symptoms of a mental health condition still face the added burden of stigma. Self-stigma can result in low self-esteem, low self-efficacy, and feelings of futility. Moreover, stigma may result in discrimination, such as in housing or employment.

Stigmatization can also occur in important settings within the Church. Many coping with mental illness or facing mental health challenges seek help from the Church, often before mental health professionals, and receive vital social support within parish life. But if they perceive stigmatization in the Church, they may shy away from involvement. Common stereotypes include that persons with poor mental health are dangerous, somehow responsible for their symptoms, unable to care for themselves, and unlikely ever to recover. These stereotypes are false! One of the first ways to eradicate stigmas from Church life is to learn about mental health.

Act

Before we can collectively move toward removing stigmas from the Church, we must first reflect on our own beliefs about, and behaviors toward, persons living with mental health conditions. Learn more about how broad the term mental illness is, which covers, for example, depressive disorders, anxiety disorders, schizophrenia, bipolar disorder, obsessive-compulsive disorder, and eating disorders. To dispel stereotypes that you may hold, consider taking [The Sanctuary Course for Catholics](#) to learn more about mental health, including mental illness, and how to accompany fellow parishioners in their mental health journey.



NATIONAL CATHOLIC

mental health

CAMPAIGN

Day 2 – Families

Pray

The Holy Family reveals to us the beauty and intimacy of family life: “May Nazareth remind us what the family is, what the communion of love is, its stark and simple beauty, its sacred and inviolable character” (Paul VI, *Address at Nazareth*, Jan. 5, 1964). Pope Francis reminds us that the intimacy of family life includes accompanying each other through suffering: “In the Gospel, we see that even in the Holy Family things did not all go well: there were unexpected problems, anxiety, suffering. . . . Every day, families have to learn to listen and understand one another, to walk together, to face conflicts and difficulties” (Pope Francis, *Angelus*, Dec. 26, 2021). The Holy Family’s life on earth gives us a model of love in the midst of suffering, and they stand ready in Heaven to intercede on our behalf.



Lord Jesus, may our families draw ever closer to you and to one another. We lift up all families, particularly those with members facing mental health challenges. May family members help remove the stigma surrounding mental health challenges, both within their families and in their communities. Comfort, hold, lead to safety, and heal families affected by every form of trauma, mental health challenge, and mental illness. You know every family’s specific situation, wounds and needs, and you can restore and make all things new. Lord, pour your grace into their hearts, minds, souls, and bodies, filling them with light and peace amid their suffering. Help all families, unite their suffering to your Passion and Death, mindful of the resurrection to new life to come. Amen.

Holy Family, pray for us.





NATIONAL CATHOLIC

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Learn

Healthy and loving families can help ensure that persons with mental health challenges receive the support they need. Research indicates that [healthy family relationships are associated with positive mental health outcomes](#). Through listening to one another—especially our youth—families can love and support each other during times of poor mental health or mental illness, including by reaching out to the larger community for professional mental health treatment.

Families face many challenges today, and trauma can come in many forms. When one family member suffers, all suffer. Families face “financial instability, unemployment, sickness, and medical issues; immigration challenges and family separation; and other societal ills that afflict families today: racism, ageism, misogyny, human trafficking, and medical/reproductive technologies that objectify and demean the dignity of life, sexuality, and the human person” ([*Called to the Joy of Love: National Pastoral Framework for Marriage and Family Life Ministry*](#)).

Caring for one another through these challenges takes many forms, including caring for one another’s mental health. Families should strive to remove the stigma surrounding mental health within their own homes so that family members can feel safe sharing their struggles and seeking community and professional support. In response to all of the challenges families

face, we turn to Christ, who himself experienced the intimate family bond with Holy Mary and St. Joseph. He offers all a path of hope and healing.

We also particularly acknowledge the deep pain and suffering of clerical abuse survivors and their families, and we humbly lift up all survivors and their families to our Lord. USCCB Resources, including the *Charter for the Protection of Children and Young People*, can be found [here](#).

Act

It is helpful to recognize that all families experience suffering, trauma, and mental health issues of various types, and that they do not have to suffer alone. Assistance is available from mental health professionals through therapy, counseling, coaching, or spiritual direction. [*Called to the Joy of Love: National Pastoral Framework for Marriage and Family Life Ministry*](#) provides guidance to dioceses and ministries on many issues, including marriages in crisis and families in difficult situations in every stage of life. To help yourself, an individual, or a family in need, explore community-based services such as your local Catholic Charities; reach out to your local diocesan offices, family ministry or Catholic health care provider; or seek out a reputable Catholic therapist in your area.



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Day 3 – Mental Health Ministry

Pray

St. John of God (15th century, Spain) is a patron saint for those who live with mental illness and face mental health challenges. In his mid-life, St. John was perceived, perhaps wrongly, as having a mental illness and was sent to a psychiatric facility where he experienced horrific treatment. In response to his experience there, he prayed that “those suffering from mental disorders might have refuge and that I may be able to serve them as I wish” (Francisco de Castro, *Historia*, 1585). St. John subsequently dedicated himself to ministering to the poor, sick, and people living with mental illness.



Lord, we pray that our brothers and sisters who suffer from mental illness and mental health challenges, and those who support them, are never alone or discriminated against, but instead are welcomed and supported in the Church.

We pray that mental health ministry becomes an integral ministry in the Church, and that every Catholic parish and community might have access to mental health ministries.

We pray that mental health ministries will help build communities of warmth and affection where those who face mental health challenges will, in the words of Pope Francis, [“find support and a light that opens them up to life.”](#)

St. John of God, pray for us.





NATIONAL CATHOLIC

mental health

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Learn

Catholic mental health ministry educates and informs parishes, dioceses, and Catholic communities about the issues, struggles, and joys that can be found in the lives of people living with a mental illness. A mental health ministry provides [“vital spiritual accompaniment for people experiencing mental health challenges and mental illness, as well as those who care for them.”](#)

Mental health ministers do not themselves provide diagnosis, counseling, treatment, medical assistance, or behavioral health support, but instead may help people living with a mental illness find treatment and medical services in their community.

Mental health ministers [“work to eliminate the stigma and discrimination that people living with a mental illness encounter in the Church and in society.”](#)

Act

Consider starting or joining a mental health ministry in your parish, diocese, or Catholic community. Through a mental health Ministry you can be the heart, hands, and face of Jesus to people facing mental health challenges. The [Association of Catholic Mental Health Ministers](#) (CMHM) provides the education, training, and resources that allow volunteers, parish leaders, and clergy to confidently start or join a mental health ministry. CMHM also provides [worship and liturgy resources](#), including homily aids.



Day 4 – Childhood

Pray

St. Thérèse of Lisieux (1873-1897, France) experienced great loss during childhood, losing her mother when she was only four years old. As a child, she appears to have struggled with severe anxiety. Yet she had a profound love for our Lord and dedicated her life to him as a Carmelite nun. Pope Francis has spoken of her “[spirit of humility, tenderness and goodness](#)” and stated “[\[t\]he Church needs hearts like Thérèse's, hearts that draw people to love and bring people closer to God.](#)”



Jesus, you chose to enter this world as a child, and as an adult, you said "[l]et the children come to me" (Mt 19:14). Your infinite beauty is so clear in the face of every child. Yet we do not always know how to love and care for children the way they deserve. Teach us to love children more deeply and to respect their journey of growth, always modeling Christ's peace to them. We pray particularly for children coping with mental illness and mental health challenges, and we resolve to work ever harder for systems that support children and help them thrive. Amen.

St. Thérèse of Lisieux, pray for us.





NATIONAL CATHOLIC

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Learn

[National statistics](#) indicate mental health issues, including depression and anxiety, are increasing areas of concern in childhood. Children may not express depression and anxiety in ways that adults do. The internal level of distress caused by the feelings of depression and anxiety can lead children to behaviorally “act out” these internal feelings. These children need extra support and understanding.

When children, whether they are struggling with a mental illness or not, are overwhelmed by big feelings, it’s our job to model Christ’s peace to them. To raise mentally healthy children, it is essential that we teach them how to handle strong emotions.

[Emotional self-regulation is a very important part of childhood development.](#) It is often “caught,” not “taught,” by witnessing adults. We can model self-regulation by, for example, praying, singing, taking deep breaths, or counting to 10.

Act

Catholic schools and other parish ministries need to think proactively by developing approaches that help “inoculate” children with facilitative skills and strategies to use when feeling stressed or overwhelmed. Throughout his pontificate, Pope Francis has emphasized how important it is for the Church to accompany individuals through their challenges and struggles. The art of accompaniment offers the opportunity to create explicit processes to “walk the path” with children and their families from prevention through intervention. The sooner children see healthy, peaceful behaviors taught and modeled in response to daily life challenges—big and small—the better for everyone.

The [National Catholic Partnership on Disability \(NCPD\)](#) Council on Mental Illness and Wellness (CMIW) has created [several \(bilingual\) resources](#) on mental illness for all ages. NCPD works with dioceses, parishes, ministers, and laity to promote the full and meaningful participation of persons with disabilities in the life of the Church.



Day 5 – Youth and Young Adults

Pray

St. Kateri Tekakwitha (1656-1680, North America) was the daughter of a Mohawk chief and an Algonquin Catholic woman in what is now upper New York State. When St. Kateri was only four years old, a smallpox epidemic killed her parents and younger brother and left her with impaired eyesight and scarred facial features. She also experienced isolation, family pressure, and marginalization from her earliest years of life. In her late teenage years, she was drawn to the Catholic faith, finding refuge and purpose with the Jesuit missionaries. She was a Christ-like example to all who encountered her. St. Kateri died at the young age of 24.



Jesus,

We pray that, through your holy presence and through us, you might give youth and young adults peace and hope today, as they may face isolation, pressure, loneliness, and marginalization, all of which can affect their mental health and wellness. Help us, we pray, to encounter and accompany the young people in our lives. Give us the courage to advocate for their well-being and respond with pastoral urgency to their needs and concerns.

We make this prayer in the name of Jesus Christ, our Lord and Savior, “himself eternally young [who] wants to give us hearts that are ever young” (Christus Vivit, no. 13). Amen.

St. Kateri Tekakwitha, pray for us.





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Learn

Severe loneliness is impacting young people to an incredible degree today, especially amplified by the effects of social distancing during the recent global pandemic.

Catholics are encouraged to be aware of the significant impact that social media has on the mental health and isolation of young people, as noted in the U.S. Surgeon General's 2023 advisory on [Our Epidemic of Loneliness and Isolation](#). Incidents of cyberbullying, lower self-esteem, and broken relationships can creep into the lives of adolescents and young adults due to the manner of social connectivity (or lack thereof) related to digital engagement.

The World Health Organization (WHO) noted that mental disorders, depression, anxiety, behavioral issues, and suicide are significantly affecting adolescents around the globe. The American Psychological Association also noted that mental health issues are rising among the young adult population in the U.S. The impact of mental health challenges on young people was a theme of the global Synod on Young People. Pope Francis observed: "At times, the hurt felt by some young people is heart-rending, a pain too deep for words" (*Christus Vivit*, no. 77).

Act

Pope Francis dreamed of a Church that actively attends to the mental and physical care of youth and young adults: "May all young people who are suffering feel the closeness of a Christian community that can reflect [Jesus'] words by its actions, its embrace, and its concrete help" (*Christus Vivit*, no. 77). Build relationships of trust with young people and help them identify support systems available to them. Develop trust by establishing or engaging with intergenerational and intercultural faith communities in or beyond the Church. Several best practices and models for engagement can be found through the insights of the Catholic Church's [National Dialogue](#) and [Journeying Together](#) processes.

Take time to learn about issues impacting young people in your family and community. Listen more attentively to what youth and young adults are saying and how they are each navigating their transitions, relationships, and life experiences. Be mindful of any signs that point towards loneliness, anxiety, depression, or suicidal thoughts. Alongside identifying professional mental health care resources, attend to the spiritual needs of youth by encouraging them to participate in the sacramental life of the Church. Religious practices, particularly attendance at religious services, [have been associated with positive mental health outcomes](#).



Day 6 – Effects of Racial Discrimination on Mental Health

Pray

St. Martin de Porres (1579 – 1639, Peru), born Juan Martin de Porres Velazquez, grew up in poverty and experienced stigma and intergenerational trauma most of his life because of the circumstances of his birth. St. Martin's mother was a freed woman of African descent from Panama, and his father, a Spanish nobleman, abandoned Martin and his sister for many years. St. Martin was publicly disparaged because of his mixed heritage. Despite the suffering he endured, St. Martin devoted himself to the poor and vulnerable. Filled with God's love, he is said to have experienced ecstasies and bilocation. Pope Gregory XVI beatified St. Martin in 1837, and St. John XXIII canonized him in 1962.



Most gracious and loving God, help me to understand better the sin of racial injustice.

Help me to examine my own biases and prejudices first.

I pray for humility and generosity of spirit to recognize that we are all wonderfully made; the differences in skin color, language, and traditions are the artistry of your love.

I pray to live as St. Martin de Porres – he challenges me to rise above my ego, and to live the two main principles of your commandments: love of God and love of neighbor. In Jesus' name, I profess the inherent dignity of every person.

St. Martin de Porres, pray for us.





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As the bishops have written in the pastoral letter *Open Wide Our Hearts: The Enduring Call to Love* (OWOH):

Racism arises when—either consciously or unconsciously—a person holds that his or her own race or ethnicity is superior, and therefore judges persons of other races or ethnicities as inferior and unworthy of equal regard. . . . Racism shares in the same evil that moved Cain to kill his brother. It arises from suppressing the truth that his brother Abel was also created in the image of God, a human equal to himself. Every racist act—every such comment, every joke, every disparaging look as a reaction to the color of skin, ethnicity, or place of origin—is a failure to acknowledge another person as a brother or sister, created in the image of God. In these and in many other such acts, the sin of racism persists in our lives, in our country, and in our world.” (OWOH p. 1-2)

To confront racism and pursue justice “requires an honest acknowledgment of our failures and the restoring of right relationships between us” and “a determined effort, but even more so, it requires humility.” “[I]t requires each of us to ask for the grace needed to overcome this sin and get rid of this scourge.” (OWOH, p. 7)

It is important to recognize that [racial discrimination is associated with negative mental health outcomes](#). Racial

discrimination can take a toll on all of us, but the mental health impacts of racial discrimination can be especially devastating for children and adolescents, potentially impacting future experiences. Further, although all demographics have barriers to accessing mental health treatment, it is important to acknowledge that [there are racial disparities in access to mental health care](#).

Act

We, the Church, must ensure a culture of understanding of and responsiveness to the impact of racial discrimination. Healing is not possible without such understanding. As in all cases of discrimination, caregivers must emphasize physical, psychological, and emotional safety, and create opportunities for those impacted by racial discrimination to build or rebuild a sense of peace and stability. Consider expanding your training and other educational materials for adults and youth to include vignettes of real-life situations of racial bias. Routinely review written materials shared in pastoral and educational ministries to reflect the appropriate refinements in language over time. Words are powerful!

Learn more about the Church’s response to racism in the USCCB’s pastoral letter against racism, [Open Wide Our Hearts: The Enduring Call to Love](#).



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Day 7 – Poverty and Mental Health

Pray

St. Teresa of Calcutta (1910–1997, Albania [now North Macedonia]) was a Sister who devoted her life to serving the poor and destitute around the world. She spent many years in Calcutta, India, where she founded the Missionaries of Charity. Despite an expressed joy demonstrated by reaching out to the underserved, many people are surprised that St. Teresa experienced great bouts of sadness and despair. [“Through the darkness she mystically participated in the thirst of Jesus, in His painful and burning longing for love, and she shared in the interior desolation of the poor.”](#)



Embracing Father,

You grace each of us with equal measure in your love. Let us learn to love our neighbors more deeply, so that we can create peaceful and just communities. Inspire us to use our creative energies to build the structures we need to overcome the obstacles of intolerance and indifference. May Jesus provide us the example needed and send the Spirit to warm our hearts for the journey. Amen.

[\(Prayer for Community\)](#)

St. Teresa of Calcutta, pray for us.





Learn

Struggling with mental health challenges isn't uncommon. About half of all Americans will be diagnosed with a mental illness sometime in their life, with [one-fifth](#) of Americans experiencing a mental illness each year. However, for people living in poverty, struggling with mental health is much more common. For example, people living in poverty are disproportionately impacted by depression: while people living in poverty account for only 11% of the U.S. population, they account for [nearly a quarter](#) of people with depression.

Experiencing poverty affects almost every aspect of a person's life. Accessing quality and affordable housing, for example, is one major cause of stress and one key element to alleviating poverty and bolstering mental health. Over 40 million households spend more than 30% of their income on housing, with 20 million households spending [over half](#) their income on housing costs alone. After accounting for other necessities such as food, healthcare, and transportation, many families simply do not have money left to cover unexpected expenses. Constant exposure to stress from agonizing decisions such as choosing between paying for housing or paying for medications can degrade a p

Act

The best way to support the mental health of people living in poverty is to address the root causes of poverty. Helping people keep stable jobs with fair wages, strengthening family life,

and increasing access to affordable housing and quality healthcare can slow and possibly stop the descent into poverty that so often exacerbates a decline in mental and physical health. Organizations such as the Society of St. Vincent de Paul and Catholic Charities USA provide direct services to persons in need as well as engage in public advocacy, along with the U.S. Conference of Catholic Bishops to change the structures that allow poverty to exist.

Additionally, [the Catholic Campaign for Human Development](#) (CCHD) is the USCCB's national anti-poverty program that empowers communities to address root causes of poverty. It is funded by a [collection](#) which takes place in most dioceses on the World Day of the Poor in November. In its 50-year history, CCHD has used these funds to provide grants to support almost 12,000 community-based, grassroots organizations that work to end poverty.

Some CCHD groups also directly address needs related to mental health. For example: [Chicago Coalition to Save Our Mental Health Centers](#) organizes communities to advocate for local mental health resources, and [Dallas Area Interfaith](#) is leading an effort to normalize conversations about mental health and increase access to needed mental health services. To learn more or to volunteer with an organization supported by CCHD, you can find local CCHD groups by visiting [Poverty USA](#).



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Day 8 – Suicide Awareness

Pray

Servant of God Dorothy Day (1897-1980, United States) had deep empathy for those who struggle with suicidal thoughts and those who grieve the suicide death of a loved one. She attempted suicide twice as a young woman. In her prayer book, she kept a special list of people who had died by suicide.



Ever loving God, we commend to your mercy all who are contemplating suicide this day. Bring someone or something to intervene.

We pray for our community leaders and officials to come to an understanding of the need for laws, policies, and funding for effective mental health care and suicide prevention programs.

We pray for all who have died by suicide. May Mother Mary carry them into the loving arms of her son Jesus, asking him to grant them complete joy, without the pain of heart and mind that led to suicide.

Servant of God Dorothy Day, pray for us.





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Learn

According to the U.S. Centers for Disease Control & Prevention (CDC), the number of [recorded suicides reached an all-time high in 2022](#), at 49,449 deaths by suicide.

There remain unfortunate but common misperceptions of the beliefs of the Catholic Church with respect to people who tragically take their own lives. In truth, developments in the behavioral sciences as well as the Church's own experience in pastoral outreach to families affected by suicide have assisted the Church in following the guidance of the Holy Spirit to a more mature and complete understanding of suicide.

The Catechism of the Catholic Church reaffirms this deeper understanding of suicide in acknowledging that “[g]rave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide” (Catechism of the Catholic Church (CCC), 2282).

Suicide is always considered a grave matter and the Catechism states “We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of” (CCC, 2280). However, 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” (CCC, 2283).

Act

If you or a loved one is in crisis, reach out for help. The National Suicide and Crisis Hotline can be reached at the three-digit phone number “988.” The Hotline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

You can help prevent suicide by learning the warning signs of suicide and understanding how you can encourage people to find the care they need when they are suicidal. Take the time to take a suicide prevention course in your community, or explore the suicide prevention resources available [here](#).

Watch *When a Loved One Dies by Suicide*, a series of eight films featuring stories of Catholics whose loved ones have died by suicide. It is designed to help individuals who are grieving and for use in grief support groups. The film series and other resources can be found on the [Association of Catholic Mental Health Ministers website](#).



Day 9 – Grief

Pray

St. Jane Frances de Chantal (1572 – 1641, France) experienced grief as a constant companion during her life. As a little child, St. Jane suffered the death of her mother, and the years that followed would bring the deaths of her husband, son, daughter-in-law, and son-in-law. Despite her grief, St. Jane continued to live a fruitful Christian life. With the encouragement of St. Francis de Sales, her spiritual director, St. Jane founded the Order of the Visitation. Unlike most other orders for women, the Order of the Visitation accepted women with poor health and of advanced age into the order. Visitation nuns also extended aid to the public, including the sick, during a plague that devastated France.



Jesus, grief is part of the human experience. Even you wept at the death of Lazarus, your friend.

Yet, even in the darkest moments, you taught us that our grief will become joy when your victory comes to fulfillment in us.

Help us, we pray, not to lose hope in you when we grieve, but to continue to live the Kingdom of heaven by our love and service to each other. We make this prayer in your name, O Lord. Amen.

St. Jane Frances de Chantal, pray for us.



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Learn

On May 24, 2022, at Robb Elementary School in Uvalde, Texas, a lone shooter killed 19 students and 2 teachers, and wounded 17 others. Friends, family, the local community, and many people across the nation were filled with sorrow at the loss of young lives and the senseless act of violence.

Such an event causes immense grief, and yet it also evokes great compassion. In response to the tragedy, Catholic Charities of San Antonio and Catholic Charities USA coordinated efforts to provide immediate and ongoing mental health services and other support for the people of Uvalde. Staff counselors from Catholic Charities' Grace Counseling program left immediately so they could be at Robb Elementary School the morning after the shooting. They offered grief counseling free of charge to the community. People from around the country sent donations to Uvalde. Other Catholic Charities agencies and Catholic parishes provided food for families and teddy bears for children. Volunteers also went to Uvalde to hand out water bottles and to translate for Spanish-speaking community members.

The grief of the people of Uvalde will never completely go away, but the care they received may help to assure them there is an active love in the world that points to the end of sadness, despair, and even death.

Act

Catholic Charities USA is the national office for 167 member agencies across the country, including U.S. territories. Catholic Charities also employs more professional mental health counselors than any other Catholic entity. You can find the agency nearest you by using the "[Agency Locator](#)" tool on [CCUSA's website](#). Many Catholic Charities agencies are involved in grief counseling and have a need for volunteers who can support licensed social workers, translate for non-English speaking clients, and assist in other services. Being a volunteer is one way to bring the hope of Christ to a person or community in need.



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Novena for Mental Health

Conclusion:

We conclude our Novena for Mental Health on October 18, the Feast Day of St. Luke the Evangelist. Tradition holds that Luke was a doctor and a companion of St. Paul; it was Luke who was called the “beloved physician” in Colossians 4:14. Let us recall Luke’s attentiveness to the mission the Lord gives his Apostles and later his disciples: “he sent them to proclaim the kingdom of God and to heal” (Lk 9:2). This is our mission today. Let us follow the Divine Physician’s call: to proclaim our faith and hope in the Kingdom of God that is present right now. Let us offer our prayer and actions in service of healing, accompanying, and advocating for all people living with mental illness and facing mental health challenges.

St. Luke, pray for us!

Jesus, the Divine Physician, have mercy on us!

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