



NATIONAL
CATHOLIC
**mental
health**
CAMPAIGN

National Catholic Mental Health Campaign

Introductory Statement

From

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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-seek-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.