



St. James Cathedral

Mental Health Ministry



Volunteer Handbook



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Welcome to St James Cathedral

Mental Health Ministry

The Mental Health Ministry, led by the Parish Mental Health Nurse, at St James Cathedral has been in existence since 2010. This Handbook serves as a guide and is information about the Ministry as well as the many facets of Mental Illness. The Ministry continues to develop and evolve to meet the needs of the parish community. and development the contents in this handbook will likely change over time to reflect these needs.

Volunteers are very special individuals with a calling to serve God by serving His people—and this Ministry is an amazing opportunity to do just that. I am pleased you are joining us in this wonderful journey of loving and caring for souls in need.

Like the boy who made a difference for each starfish thrown back into the water—we too will make a difference, one-by-one.

Thank you!

Nancy Granger, RN, Parish Mental Health Nurse



Mission Statement

We are the Mental Health Ministry for St James Cathedral, who serve and minister to those suffering from mental illness or other life occurrences which disrupt mental and spiritual wellness; understanding that mental illness is a disease inside and part of a person who has a heart and soul in need of love and compassion. We are a people of God communicating a divine message to achieve divine ends. In the words of Rev. Craig Rennebohm (Seattle's Downtown Mental Health Chaplain): "Let us be in healing ministry together, following the ways that make for growth, wholeness, and peace."

THE NEED:

Mental Illness strikes one in four families. Almost 25% of the US population experiences mental disorder in any given year. Half of those are not treated and of these 6% or one in seventeen experience severe and persistent Mental Illness. People who suffer with major mental illnesses such as schizophrenia, bi-polar disorder, major depression, obsessive compulsive disorder, anxiety disorders, personality disorders, and others tend to be isolated and marginalized by society. Since the 1960's, the "deinstitutionalization" of mental hospitals sought to put mental healthcare into the hands of individual communities. Over the 40 plus years since, it is well documented that the lack of commitment and funding to community mental healthcare created a crisis of care for those who suffer with these brain diseases. Given the record of poor treatment of persons with mental illness across our nation, many persons with mental illness unfortunately are now among the poorest of the poor both in physical needs and psychological needs.

The families of people with mental illness often do not know where to turn. Lack of community services and support for their loved ones drains them physically, emotionally, and financially. **There is evidence that being proactive by way of offering preventative and palliative Mental Health Care can be beneficial in avoiding crises and decreasing severity and impact of illness.**

The stigma associated with mental illness still persists despite scientific advancements and new medications that can help those with these brain diseases. The stigma isolates and marginalizes people, keeping them from seeking help or continuing with therapy and appropriate medications. Most major mental illnesses are treatable diseases that can be successfully managed by persons with the disease through the right use of professional help, medication, and community support.

THE RESPONSE:

The Mental Health Ministry strives to aid in creating environments where persons with mental illness feel welcomed and supported within our Faith Community. We will do this by:

- Loving unconditionally
- Being non-judgmental
- Listening with our ears and our hearts
- Functioning as a Ministry of Presence
- Serving with compassion and understanding
- Supporting and Accepting
- Being prepared and educated

The Church and this Ministry can serve as an entry point and linkage to established systems of Mental Health Care in the community.

The Mental Health Ministry will do everything possible to meet the basic needs of the Mentally Ill and their families. We will do this by:

- Accepting all into our community, keeping in mind any potential safety issues
- Encouraging all to have responsibility by knowing what their options are
- Encouraging all to have opportunity to contribute by participating in their own care or that of a loved one
- Allowing and encouraging all to experience God's presence in their lives
- Acting proactively by offering preventative and palliative care to alleviate crises and severity of illness
- Helping the congregation accept those with Mental Illness in the same manner that they accept those without Mental Illness and give support to them in the same manner as they support those with other physical illnesses.

It is in the latter step that people "touch" people and that God's presence is best manifested. In touching the lives in this way, we come closest to imitating Jesus' own example, which should be always before our eyes. (Lk 4:17-19, 21)

The Mental Health Ministry strives to create a community supporting growth and wholeness and circles of care surrounding those in needs. We will do this by:

- Recognizing that the brain is a major organ of the body and it too can become ill
- Being a friend to the person who may have no other friends or support systems
- Writing notes, making calls, doing visits; letting them know they are not alone

- Willingly work to improve the quality of life for the mentally ill & their families
- Integrating the person into the church community on a regular basis

We can work to assure that no one is alone on the journey of healing and recovery

Volunteer Job Description

I. Position Purpose

The purpose of this position is to be a support to the Parish's Mental Health Ministry and the Parish Mental Health Nurse. This is a voluntary position with number of hours and times to be determined with each volunteer.

II. Qualifications for the Position

The St James Cathedral Mental Health Ministry Volunteer will ideally have some knowledge of Mental Illness or some experience dealing with Mental Illness or other life's stressors. Training in dealing with the Mentally Ill will be provided to all volunteers. The Volunteer will have a desire to be part of a group who serves this population with skills in listening, clear communication, being present, compassion, and caring. The Volunteer must be compatible with the mission and goals of the Catholic Church in Western Washington, but not necessarily be a baptized catholic.

III. Major Duties and Responsibilities

Our purpose is to provide preventative and palliative mental health care to parishioners of St. James Cathedral, and to members of the surrounding community, particularly the elderly and economically challenged.

Some of the ways a Volunteer can participate:

- Accompany the Nurse on home visits, while the Nurse assesses and counsels the client
- Do home visits in partnership with another volunteer to provide companionship, and ministry of presence.
- Make support phone calls to clients following home visit, or hospital visit, as a reminder to take medications or as part of listening companionship,
- Assist in various office tasks related to clients, such as printing of forms, creating packets, mailings, various projects, etc.
- Become part of the process of developing ministry teams to assist in regular visitation to relieve the isolation and estrangement so often experienced in mental illness
- Generally perform acts of simple hospitality
- Generally offer a listening ear
- Accompany a person to an appointment

- Assist in event planning, or during events performing tasks such as set up/take down, welcoming, etc.
- Willingly learn and share information acquired with the volunteer group and others

Confidentiality Policy

As a volunteer with the Mental Health Ministry at St James Cathedral, you may receive information that is of a personal nature. This information is confidential, and all volunteers are expected to respect the privacy of the clients we serve. A relationship of mutual trust is fundamental to our ability to provide effective service. All volunteers and staff are bound by ethical standards which prohibit the sharing of such personal information outside the ministry without the express written permission of the client. Confidentiality extends to all forms of communication, including phone calls and/or e-mail correspondence you may have with your team leader. When using e-mail, it is best to use just the client's first name or initials, or simply refer to the client as "our client." In general, it is best to communicate with your team leader in person or by phone, rather than by e-mail.

Accepting fees or donations Policy

Mental Health Ministry does not ask for or accept fees for services. Volunteers should not accept payment of any kind for their services, although, in appropriate circumstances, volunteers may accept modest gifts. Donations to the program itself are always welcome, and may be made to St. James Cathedral, earmarked for the Mental Health Ministry

Anti-Harassment Policy

Neither the clients of the Mental Health Ministry, nor its volunteers, should experience harassment of any kind in the course of their involvement with the Ministry. St. James Cathedral prohibits behaviors, verbal or physical, which can be taken as threatening, abusive, bullying, sexually inappropriate, or which could in any way make a client or a volunteer feel uncomfortable. No participant in Mental Health Ministry shall harass or be harassed. If you feel you have been harassed, notify the Parish Mental Health Nurse immediately. All volunteers will be required to take a three hour course on Safe Environment, pertaining to the awareness of abuse.

Background Check Policy

All volunteers will be required to pass a criminal background check.

Monthly Support Meetings Policy

All volunteers will be expected to attend a monthly support meeting of the team. The purpose of these meetings is to review business items, the clients' status, the nature of the help being provided by the team, and to plan for any changes which may be necessary.

In addition, the meeting is the forum for volunteers to share their own feelings and experiences of helping, and to seek support from the team and the team leader for their work.

Work and Cancellation Policy

It is understood that our personal lives can be unpredictable. It is expected that the Volunteer will call the Parish Mental Health Nurse at the earliest convenience when unable to arrive at an expected time. In general the expectation is the Volunteer will be available and on time for any scheduled shifts, meetings or appointments with clients.

THEOLOGICAL FRAMEWORK ON MENTAL ILLNESS

The National Catholic Partnership on Disability sets forth the following framework as a guide to the Church's ministry for and with people with mental illness:

HUMAN LIFE IS SACRED. EVERY PERSON IS CREATED IN GOD'S IMAGE.

“One of the fundamental truths of Christian belief is that each human being is created in the image and likeness of God (Genesis 1:26-27). The Catholic Church unconditionally embraces and faithfully proclaims this truth. It is the foundation for human dignity. Our commitment to this truth is measured through actions on behalf of the vulnerable and alienated in society, especially the poor and suffering.” *Affirming the Dignity of the Mentally Ill, Nebraska Bishop's Conference, January 2005*

SINCE ALL PEOPLE ARE CREATED IN THE IMAGE OF GOD, THEIR DIGNITY AND WORTH CANNOT BE DIMINISHED BY ANY CONDITION INCLUDING MENTAL ILLNESS.

"Whoever suffers from mental illness 'always' bears God's image and likeness in themselves, as does every human being. In addition, they 'always' have 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." *Pope John Paul II, International Conference for Health Care Workers, on Illnesses of the Human Mind, November 30, 1996*

SUFFERING IS REDEMPTIVE WHEN UNITED TO CHRIST.

“Those who share in the sufferings of Christ are also called, through their own sufferings, to share in (eschatological) glory.” *Salvifices Doloris, p22, Apostolic Letter from JohnPaul II, July 15, 1999*

WE ARE THE BODY OF CHRIST.

“The great strength of community is the uniqueness and giftedness of each member. The more each person uses their gifts, the stronger the community and the richer the relationships in that community. People are liberated if and when they use their gifts. People are imprisoned when they are prohibited or not enabled to use their gifts. Parishes are communities with great potential to receive and nurture the giftedness of people with disability. The Christian community is one in which all people can claim an equal place and contribute through presence and action.” *A pastoral document for parishes, Bishops’ Committee For The Family And For Life, Australian Catholic Bishops Conference 2004*

"It is everyone's duty to make an active response; our actions must show that mental illness does not create insurmountable distances, nor prevent relations of true Christian charity with those who are its victims. Indeed it should inspire a particularly attentive attitude..." *Pope John Paul II, International Conference for Health Care Workers, on Illnesses of the Human Mind, February 11, 1984*

THE WORD OF GOD AFFIRMS THE DIGNITY OF ALL PEOPLE. INTERPRETATION OF SCRIPTURE SHOULD BE CONSISTENT WITH THE CURRENT UNDERSTANDING OF MENTAL ILLNESS.

“.....To interpret sacred scripture correctly, the reader must be attentive to what the human authors truly wanted to affirm and what God wanted to reveal to us by their words. In order to discover the sacred author’s intention, the reader must take into account the conditions of their time and culture, the literary genres in use at that time, and the modes of feeling, speaking, and narrating then current.....” *Catechism of the Catholic Church #109, 110*



Some important facts about mental illness and recovery: (cited on the NAMI website)

- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.
- Mental disorders fall along a continuum of severity. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 Americans — who suffer from a serious mental illness. It is estimated that mental illness affects 1 in 5 families in America.
- The World Health Organization has reported that four of the 10 leading causes of

disability in the US and other developed countries are mental disorders. By 2020, Major Depressive Illness will be the leading cause of disability in the world for women and children.

- Mental illnesses usually strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.
- Early identification and treatment is of vital importance; By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized.
- The stigma of mental illness erodes confidence that mental disorders are real, treatable health conditions. Allowing stigma leads to a sense of hopelessness which in turn can lead to barriers to effective treatment and recovery – these barriers include attitude, structure and finance. It is time to take these barriers down.

Understanding the Signs & Symptoms of Mental Illness

Symptoms that occur over a period of time and that interfere with daily life are signs of severe mental illness and require the intervention of professional health care providers, and this should be encouraged by the Volunteer.

- Confused thinking
- Prolonged depression, sadness or irritability (2 weeks or more)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Disinterest in activities that were previously sources of enjoyment

- Inappropriate reactions to stimulus (i.e. laughing at a funeral, indifference to crucial situations)
- Sudden shifts in personality
- Dramatic changes in sleeping or eating habits (too much or too little)
- Strong feelings of anger
- Delusions or hallucinations
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Denial of obvious problems
- Numerous unexplained physical ailments
- Deterioration or abandonment of normal hygiene
- Substance use or abuse outside the individual's normal patterns

Common Signs & Symptoms of Major Mental Illnesses

Depression

Clinical Depression lasts for at least two weeks and affects a person's emotions, thinking, behavior and physical wellbeing.

Symptoms:

- *Emotional* – Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- *Psychological* – Frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death and suicide
- *Behavioral* – Crying spells, withdrawal from others, worrying, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, drug or alcohol use
- *Physical* – Chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains

Anxiety

An anxiety disorder differs from normal stress and anxiety. It is more severe and long-lasting, and interferes with work and relationships. Anxiety disorders include Generalized Anxiety Disorder, Panic Disorder, Social Phobia, Post-Traumatic Stress Disorder, and Obsessive/Compulsive Disorder.

Symptoms:

- *Physical* – Heart palpitations, chest pain, rapid heartbeat, flushing, hyperventilation, shortness of breath, dizziness, headache, sweating, tingling and

numbness, choking, dry mouth, nausea, vomiting, diarrhea, muscle aches, restlessness, tremors/shaking

- *Psychological* – Unrealistic and/or excessive fear and worry, mind racing or going blank, decrease in concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervousness, tiredness, sleep disturbance, vivid dreams
- *Behavioral* – Avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior

Bi-Polar Disorder

Bi-Polar Disorder is characterized by extreme mood swings. A person with Bi-Polar Disorder may have periods of depression, mania, and normal mood, but must have episodes of both depression and mania to be diagnosed as having Bi-Polar Disorder.

Bi-Polar Disorder used to be called Manic-Depressive Disorder. Symptoms include those for both depression and mania.

Symptoms:

- *Depressive Symptoms* – Sadness, anxiety, guilt, anger, lack of emotional responsiveness, helplessness, hopelessness, self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, thoughts of death and suicide, crying spells, withdrawal from others, worrying, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, chronic fatigue, lack of energy, overeating or loss of appetite, constipation, weight loss or gain, loss of sexual desire
- *Manic Symptoms* – Increased energy and over-activity, elated mood, needing less sleep than usual, rapid thinking and speech, lack of inhibitions, grandiose delusions, lack of insight.

Psychotic Disorders

Psychosis is a mental disorder in which a person has lost some contact with reality. There may be severe disturbances in thinking, emotions or behavior. Psychotic disorders are not as common as depression and anxiety disorders, affecting just over 1% of the population. Psychotic disorders include Schizophrenia, Psychotic Mania, Psychotic Depression, Schizoaffective Disorder and Drug-Induced Psychosis.

Symptoms:

- *Changes in Emotion and Motivation* – Depression, anxiety, irritability, suspiciousness, blunted, flat or inappropriate emotion, change in appetite, reduced energy and motivation
- *Changes in Thinking and Perception* – Difficulties with concentration or attention, sense of alteration of self, others or the outside world (e.g. feeling that self or others have changed or are acting different in some way), strange ideas,

unusual perceptual experiences (such as a reduction or greater intensity of smell, sound or color), delusions, hallucinations

- *Changes in Behavior* – Sleep disturbance, social isolation or withdrawal, reduced ability to carry out work or other roles.

What about Chemical Dependency?

Is the answer “yes” to any of these questions:

- Do you use more drugs and/or alcohol than you intend?
- Do most of your friends use drugs and/or alcohol regularly?
- Have you used drugs and/or alcohol alone?
- Have you gotten in trouble with work or school because of your drug and/or alcohol use?
- Do you keep secrets from your family about your drug and/or alcohol use?
- Have you been arrested for crimes associated with drugs and/or alcohol?
- Do you become stressed when you do not have any drugs and/or alcohol?
- Have you lost interest in the things you used to be involved in?
- Do you use drugs and/or alcohol to deal with difficult feelings?

Common Signs and Symptoms of Addiction

Using alcohol or drugs does not mean that a person has a substance use disorder. However, as soon as a person’s use leads to problems at work or at home, or causes damage to his or her health, it is probably time to seek help.

Alcohol

Men who drink five or more standard drinks (12 oz of beer, 4 oz wine, 1 oz hard liquor) in a day (or 15 or more in a week) and women who drink 4 or more in a day (or eight or more per week) are at increased risk for alcohol-related problems. About 3 in 10 US adults drink at levels that increase their risk for problems, which may include hypertension, GI bleeding, sleep disorders, depression, stroke, cirrhosis of the liver, and several cancers.

There are 2 main alcohol disorders: alcohol abuse and alcohol dependence. Alcohol abuse is less severe, but can lead to physically risky behavior, interpersonal problems, inability to function appropriately at home or work, and legal troubles. Alcohol dependence is more severe and is characterized by preoccupation with drinking, inability to cut back, and symptoms of physical need and withdrawal, including increased tolerance.

Symptoms of alcohol dependence:

- Drinking alone or in secret
- Being unable to limit the amount of alcohol you drink
- Not remembering conversations or commitments, sometimes referred to as “blacking out”
- Making a ritual of having drinks before, with or after dinner and becoming annoyed when this ritual is disturbed or questioned
- Losing interest in activities and hobbies that used to bring pleasure
- Feeling a need or compulsion to drink
- Irritability when your usual drinking time nears, especially if alcohol isn’t available
- Keeping alcohol in unlikely places at home, at work or in the car
- Gulping drinks, ordering doubles, becoming intoxicated intentionally to feel good or drinking to feel “normal”
- Having legal problems or problems with relationships, employment or finances
- Building a tolerance so that you need an increasing number of drinks to feel the effects
- Experiencing physical withdrawal symptoms such as nausea, sweating and shaking

People who *abuse* alcohol may experience many of the same signs and symptoms, however alcohol abusers don’t feel the same compulsion to drink and usually don’t experience physical withdrawal symptoms.

Drugs / Other Substances

There are many signs, both physical and behavioral, that indicate drug use. Each drug has its own symptoms or side effects, but there are some general indications that a person is using drugs.

- Sudden change in behavior
- Sudden mood swings
- Withdrawal from family members and/or long-term friends
- Carelessness about personal grooming
- Loss of interest in hobbies, sports, and other favorite activities
- Changed sleeping pattern
- Red or glassy eyes
- Runny nose



The Do's and Don'ts of Ministry

By Jan Lutz, NAMI member: Guidelines for how faith communities can provide care and support to persons with mental illness and their families

DON'T:

...use shame or guilt as a motivator. For many who suffer from a mental illness, shame and inappropriate guilt have already contributed to a breakdown.

...tell a person with mental illness to just pray harder. That would not be appropriate advice for someone with cancer or a heart condition, and it is not appropriate for mental illness. Please recognize that mental illnesses are physiologically-based and do respond to medications as do other disorders.

...tell a person with mental illness that it is a result of sin. According to the Bible, the world was plunged into a sinful state when our first parents sinned. However, mental illness is not the result of any particular sin that person committed or because of anything he/she failed to do.

...treat one who has mental illness like a second-class believer or assume that he/she is demon-possessed.

...look down on persons with mental illness for using medications to control their symptoms. Someone with depression using anti-depressants is no different than someone with diabetes using insulin.

...confuse mental illness and mental retardation. Both are often misunderstood, resulting in stigmatization of persons affected by either. The terms are not interchangeable.

DO:

...talk to them of God's unconditional love and your care and concern for them.

...pray for balance in their lives and tolerance in yours.

...listen without being judgmental or offering advice.

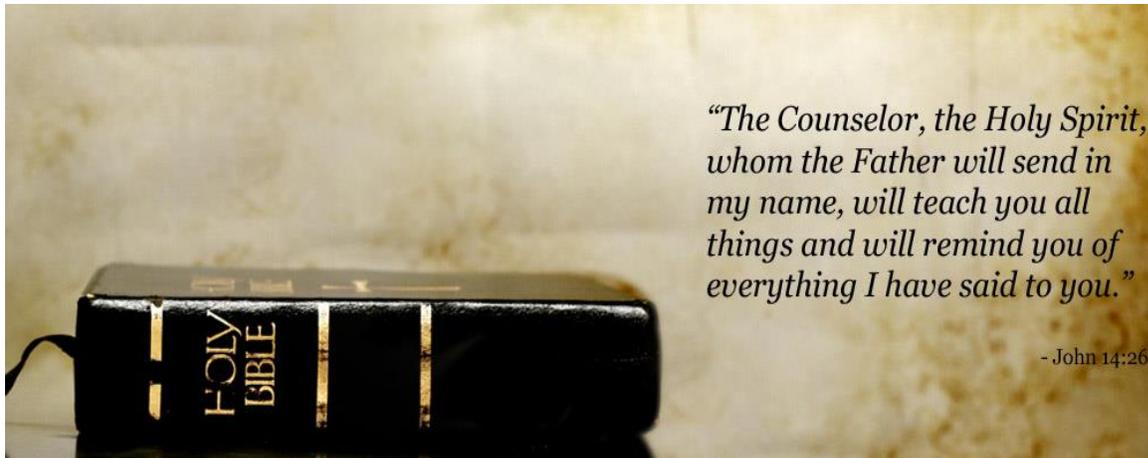
...correct those who ignorantly spread gossip or misinformation about mental illness.

...treat persons affected by mental illness and their families with compassion, not condescension. Most don't want pity, just understanding and support.

...educate yourself about mental illness and mental health issues and become an advocate for people with mental illness who are often not in a position to speak for themselves.

How can we help share the burden of someone who has a mental illness?

1. Be there!! Show up!!
2. Listen without a judgmental attitude.
3. Communicate. Listen as a person, not as a learned religious figure. Share your thoughts and feelings.
4. Empower by demonstrating that you believe in him or her.
5. Ask what you can do to make a difference. Ask, "What can I do to help?"
6. If it seems indicated, refer him or her to persons specially trained to help with mental illness issues. If necessary, make the appointment and/or provide transportation
7. If medication has been prescribed, reassure him or her that it is almost always necessary for those with a serious mental illness and that it can enable one to function very well.
8. Reassure the person that God is constantly with him or her, even if he or she can't sense it at that moment.
9. Follow through and come back to see the person as they allow.



FAQ's for Mental Health Ministry at St James Cathedral

Q: Will the Mental Health Nurse respond to anyone who comes to the front door?

A: Generally, no – This program is not intended to be a “walk-in” clinic. Most individuals who come to the front door are looking for information regarding resources or other assistance. Information for such things is available at the front desk in the Rectory. The Mental Health Nurse is not a substitute for the referrals we would normally make to the Solanus Casey Center. However, if an individual is known to the cathedral staff or one of the other ministries and appears as though they could benefit from some intervention that the nurse can provide, the front desk staff is encouraged to refer this individual. Likewise, the individual should be referred to the director of another branch of pastoral care, if the individual in need is better known by that person.

Q: What if someone is acting “totally crazy” and scaring everyone around them?

A: In situations where the person seems to be a threat to self or others – or acting so unpredictably that one is unsure how to maintain a safe environment – Call 9-1-1. That person is beyond the scope of the Mental Health Nurse. Safety for you, the person, and those around them always comes first.

Q: Who will be making the “Referrals” to the Mental Health Nurse?

A: Pastoral Team members are encouraged to make appropriate referrals, and self-referrals are welcomed.

Q: Why is the Mental Health Nurse here on Sundays? What is she able to do that day?

A: Sundays may be days for referrals from parish staff members, who may have more contact with parishioners in need or with those in the church during services who may be clearly in need, becoming agitated, or causing disruption. She will be additional support to the Emmaus Companions. She will be available to step in and help keep someone appeased or distracted enough and remove from situation if needed. Often, simply offering companionship by sitting beside the individual and listening helps diffuse a potential volatile situation.

Q: I don't understand how one person can take care of all the mentally ill around here. How is one Mental Health Nurse going to handle all this?

A: While the Ministry would love to help each and every hurting and troubled soul – it is impossible for any one person or one ministry to manage. The goal of the ministry will be to provide a link to appropriate mental health care in the community.

Q: Don't some of the other programs here at the Church already do all this stuff?

A: Some do deal with mental illness issues all the time. It is inherent within the population which the ministries serve. The Mental Health Ministry crosses over and will touch all the other ministries. It will be an added layer and resource for those we serve – as well as those who serve them. The Mental Health Ministry will strive to provide important and appropriate education and training for volunteers, workers, staff, parishioners, and caregivers in the community. There is unlimited numbers of people needing help – How will these needs be met when the Mental Health Nurse only works 4 days per week?

A: Keep in mind that the Mental Health Ministry is not a walk in clinic. Although the nurse will have time for limited in-person visits, the ministry is designed to accept referrals from other staff members, provide home visits, provide the ministry of presence on Sundays, as well as design and implement educational and support programs for staff, volunteers and the community.

Q: With all the talk of budgets and money shortages – how is this program funded?

A: The program is funded with Parish funds, and grants from the Ferry Family Foundation and the Order of Malta. The Pastoral Assistant for Administration seeks grants to continue funding the program. Donations are always welcomed and can be made through the cathedral website, with monies earmarked for the Mental Health Ministry.

Q: I have heard that this is the first program of its kind in the country. Is that true?

A: Thankfully, many catholic parishes across the country are now developing ways to welcome those with mental illness to the faith community.

resources for We believe that St. James Cathedral may be only one of a very few if any, that have a licensed psychiatric clinical nurse specialist on staff.

Referral Parameters

Introduction: The intent of the Mental Health Ministry, led by the Parish Mental Health Nurse, is to provide information and support, resources and recommendations to members of the Parish Community regarding mental health challenges.

- These parameters provide guidance for referrals of clients to the Mental Health Nurse.
- These parameters are based upon the principles of Mental Health Recovery, which support values of hope, choice, respect, cultural sensitivity, achieving meaningful roles, self-determination, acceptance, and healing.

Who We Serve: Adult (18+) Parishioners or families of Parishioners who are suffering from onset or recurrence of Mental Illness or distress. We also serve Parishioners who have been admitted to or discharged from Hospital related to Mental Illness. In addition, we try to productively intervene in circumstances of mild disruptive behavior on the part of guests during Coffee Hours. Any situation that appears dangerous or a potential threat of harm to self or others merits a call to 911. People coming to the Rectory Door looking for food, clothing, shelter, etc. are to be directed to the appropriate resource using the informational “green sheet”.

Who Makes Referrals: Parish Pastoral Team Members, Parishioners

Referral Contents: Name and contact information of the person being referred
Name of person doing the referral
Reason for referral – behaviors, symptoms, issues, concerns
Any prior known history of Mental Illness or Behaviors
Acuity level – Current and recent past
Has person been counseled before – how often or when?
Known to Parish Team?
Potential safety risk to Nurse, themselves or others

How to Make Referral: E-mail, call, or talk in person to Parish Mental Health Nurse.
Nancy Granger, RN 206-382-429 ngranger@stjames-cathedral.org

Number to call in any emergency: **9-1-1**
Number to Call in Crisis/Crisis Helpline: **206-461-3222**
Community Information Line: 211 or 206-461-3200 M-F 8am-6pm
Parish Mental Health Nurse: Nancy Granger, RN
206-382-4269
ngranger@stjames-cathedral.org

Common Resources for Faith Communities

FaithNet NAMI – nami.org/namifaithnet/ NAMI FaithNet is a network of NAMI members and friends dedicated to promoting caring faith communities and promoting the role of faith in recovery for individuals and families affected by mental illness. This site is a reflection of a closer partnership between NAMI, NAMI State Organizations and NAMI Affiliate leaders.

FaithNet helps to educate clergy and congregations about the nature of brain disorders, fosters an understanding of spirituality in the recovery process, and encourages faith communities to participate in care and advocacy.

Pathways to Promise – www.pathways2promise.org

Pathways to Promise offers t is an interfaith cooperative of many faith groups that provides assistance, resources, liturgical and education materials, program models for caring ministries with people experiencing a mental illness and their families. The resources are used by people at all levels of faith group structures from local congregations to regional and national staff. It helps pastoral care providers know what to do in a crisis, when to

This interactive site provides clergy and interested individuals with information on what to do in a crisis, what activities and programs can be developed, what agencies and organizations can be helpful.

Depression and Bipolar Support Alliance – dbsalliance.org

The **Depression and Bipolar Support Alliance (DBSA)** is the nation's leading patient-directed organization focusing specifically on depression and bipolar disorder. DBSA provides information, supports research, and works to ensure that people living with mood disorders are treated equitably.

If I can stop one heart from breaking,

I shall not live in vain.

If I can ease one life the aching,

Or cool one pain,

Or help one lonely person into happiness again,

I shall not live in vain.

Emily Dickenson

*On behalf of all the future souls that will
be touched and cared for with love and
compassion..... Thank You!!!*



Mental Health Ministry Volunteer Covenant

The purpose of this volunteer covenant is to specify the nature and conditions of the volunteer relationship between _____ (Volunteer) and St James Cathedral Mental Health Ministry.

Beginning date of volunteer commitment: _____

Number of hours volunteered: _____ per day, or _____ per week.

Volunteer Covenant

1. As a volunteer I realize that I am bound by the same ethics as the staff, including confidentiality, honesty, respect, and acceptance of all people.
2. As a volunteer I commit myself to a high standard of performance.
3. As a volunteer I promise to maintain confidentiality regarding any information gained through my volunteer work.
4. As a volunteer I will attempt to be considerate and accepting toward the public, knowing that my attitude is an important part of my involvement with, and reflects upon, St James Cathedral.
5. As a volunteer I will be responsible to the time I have committed.
6. For the benefit of my volunteer work and my own satisfaction and growth, I will bring problems that I encounter to the Parish Mental Health Nurse for her assistance and direction.
7. As a volunteer I accept this covenant as my own, looking forward to using my gifts.

Signature

Date