

STATEMENT ON THE NATIONAL CATHOLIC MENTAL HEALTH CAMPAIGN

Remarks of Archbishop Borys Gudziak of the Ukrainian Catholic Archeparchy of Philadelphia, Chairman of the Committee on Domestic Justice and Human Development, and Bishop Robert Barron of Winona-Rochester, Chairman of the Committee on Laity, Marriage, Family Life, and Youth, Delivered to the Plenary Assembly of Bishops in Baltimore, MD, November 15, 2023.

Archbishop Gudziak:

Thank you, Archbishop Broglio, Brothers.

I'm grateful to be here with Bishop Barron to speak to you about an issue we all know is of urgent concern here in the U.S. and around the world. The mental health crisis is a profound challenge to the church and to our society. We must respond with generosity, hope, and compassion to everyone who needs help. In the next few minutes, we want to give you a brief overview of the topic, what the USCCB has done so far, and then solicit your ideas as we continue to discern what to do in the months and years ahead.

First, the nature of the challenge. Our nation faces a dire mental health crisis. According to the Center for Disease Control and Prevention, more than one in five adults live with mental illness.¹ Mental illness is pervasive. Apparently half of Americans are expected to have some form of mental illness during their lifetime.² And mental health challenges are even more common. Yet they retain a pernicious stigma. They can interfere with individuals seeking treatment and finding an understanding community to support them. 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.³

We are particularly concerned about the mental health state of adolescents. Almost 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%.⁴

¹ "About Mental Health," *Centers for Disease Control and Prevention*, <https://www.cdc.gov/mentalhealth/learn/index.htm>.

² "Mental Health and Mental Disorders," *U.S. Department of Health and Human Services, Office of Disease Prevention and Health Protection*, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders#cit1>.

³ S. Clement, et al., "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-mentalhealthrelated-stigma-on-helpseeking-a-systematic-review-of-quantitative-and-qualitativestudies/E3FD6B42EE9815C4E26A6B84ED7BD3AE>.

⁴ "Youth Risk Behavior Survey 2011–2021," *Centers for Disease Control and Prevention* (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.*

The data further reveals disparate mental health outcomes based on race.⁵ It further shows that while boys and girls are suffering deeply, they can face distinct challenges.⁶ We're also troubled by the data indicating a disproportionate number of individuals who identify as LGBTQ face mental health difficulties.⁷ We must pay particular attention to these differences in our pastoral work and advocacy efforts. Compounding this issue is the shortage of mental health resources. In 2021 less than half of the adults with a mental illness received mental health service.⁸ More than one third of the U.S. population lives in federally designated mental health professional shortage areas.⁹ The psychiatric workforce is projected to contract through 2024, leading to a nationwide shortage of between roughly 14,000 and 31,000 psychiatrists.¹⁰

Even when mental health resources are available, they may not be affordable. In 2021, over a quarter of adults with a mental illness perceived an unmet need for mental health services, and the most common reason for not receiving services was the cost of care.¹¹ Lack of access to mental health treatment has particularly negative impacts in inner cities where the high level of law enforcement interactions lead to the criminalization of mental health in areas with high concentrations of black and brown people.¹²

We, as Catholics, can and must respond to this challenge with the hope and compassion of our Lord. Individuals with mental illness and those facing mental health challenges are created in the image and likeness of God. They retain their God-given dignity. If you or a loved one is struggling with mental health, our message is clear. You are the treasure of the church. Jesus teaches “for where your treasure is, there also will your heart be.”¹³ To quote Fratelli Tutti, “In the face of so much pain and suffering, our only course is to imitate the Good Samaritan.”¹⁴ Through this campaign we seek to respond to that call, and to follow in the compassionate footsteps of Jesus. Our service to our suffering brothers and sisters must be both pastoral and social.

As Pope Francis wrote, “The parable shows us how a community can be rebuilt by men and women who identify with the vulnerability of others, who reject the creation of a society of exclusion, and act instead as neighbors, lifting up and rehabilitating the fallen for the sake of the common good.”¹⁵ In light of the challenge, the USCCB's response is a very modest first step.

⁵ *Id.*

⁶ *Id.*; 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/>.

⁷ 2023 CDC Report, *supra* note 4.

⁸ “Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health,” *Substance Abuse and Mental Health Services Administration* (December 2022) (“SAMHSA 2022 Report”).

⁹ “Mental Health Care Health Professional Shortage Areas (HPSAs),” *KFF*, <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>

¹⁰ 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/>.

¹¹ SAMHSA 2022 Report, *supra* note 8.

¹² Andrew Skotnicki, *Injustice and Prophecy in the Age of Mass Incarceration: The Politics of Sanity* (2022).

¹³ Lk 12:34.

¹⁴ *Fratelli Tutti*, no. 67.

¹⁵ *Id.*

However, we hope to build on it in the year ahead. To recap, last month, on October 10th, World Mental Health Day, the Committees on Domestic Justice and Human Development, and on Laity, Marriage, Family Life, and Youth launched the National Catholic Mental Health Campaign with a collaboration and support of a coalition of national Catholic organizations and ministry networks.

On a personal note, the suffering of those impacted by the mental health crisis matters deeply to me. I've shared it with some. On April 26th one of my priests, one of our priests in the Archeparchy, Ihor Bloshchynskyy, I ask you to remember Father Ihor and his family, succumbed to his mental health and died by suicide at 44 years old, leaving a wife and a child.

Bishop John Dolan has spoken and written eloquently about the mental health issues and suicide in his family, and I hope, I hope you can speak to us today. I've seen the devastating effects up close in my ministry as I'm sure all of you have as well. I know you'll agree with me that this is one of the great challenges of our time. I want to thank all of you for the efforts you are already undertaking in your dioceses and eparchies, as well as the many already existing Catholic ministries and professional healthcare providers who are doing so much in this area. As pastors we are not mental health professionals, but we can be mental health ministers. We can engage in this challenge by bringing the hope of the gospel, the message that God is eternal love and mercy. We can affirm the dignity of every person. We can raise the moral issue, that our society must do better at reckoning with the challenge of mental health in our day and age. Thus, the campaign has 3 primary goals: to raise awareness of the mental health crisis, to combat stigma surrounding the topic of mental health, and to advocate for all those impacted by the crisis. Our message is simple. Everyone who needs help should receive help. I'd now like to invite Bishop Barron to explain more about the campaign and the questions we'd ask you to think about for our discussion today and going forward.

Bishop Barron:

Thanks very much, Archbishop, and I know we're eager to get through our agenda for today, and I can be really very brief.

When I became chair of the Laity Marriage Family Life and Youth Committee, I knew that my predecessor, Archbishop Cordileone, had done great work, especially on marriage and sexuality issues. So, I thought we could maybe turn our attention to other things that are impacting families and young people. And uppermost in my mind was this problem. And of course, you've heard, and you probably know these statistics which show us that it's at a crisis level. So, I'm delighted that our own Committee – and then Archbishop Gudziak's, too – wanted to take up the challenge of addressing this problem. So, we're proposing a campaign sponsored by the USCCB in 3 stages, the first of which began October 10th, as you heard, with a novena, and we want this whole thing to be accompanied by prayer. It began with a novena focused on the issues of mental health in our society.

The second stage is more educational, and it's focused around what we're going to call "roundtables." We want to invite all of you in different ways to join these conversations. Bishops talking to clinicians and to psychiatrists and psychologists, social workers, pastoral experts: so we can have really good structured conversations around how we, as pastors, can help address this issue. The roundtables will be proposed now in the course of the year. Some in person, some online, or maybe a hybrid of the two, but the idea again is to get us in conversation with a lot of mental health and pastoral professionals.

Then a third stage of the campaign, I'll call it political or legislative, to try to take some action politically to address these issues. The issue is bipartisan. It's very important, I think, with the polarization in our society (and) it's a hopeful sign that this campaign, I think, can transcend many of our divisions. Mental health impacts all of us in some way. We've either experienced issues ourselves, or we know someone who carries the burden of depression, anxiety, loneliness, grief, or other form of mental illness.

With that in mind, we want to empower Catholics everywhere to advocate for effective legislation that will expand resources for mental health in the U.S. Our public officials need to know that justice for those on the margins includes those facing mental health challenges. To that end, the USCCB is exploring advocacy and policy strategies in this area. We also want to provide local Catholic communities with resources to engage in this work, to share and promote existing resources developed by the coalition working on this initiative with us.

Let me conclude by saying that in my own Word on Fire apostolate, which, as you know, is an online ministry largely, (and) I've seen how social media weighs on the young adults who engage there. Their experience of loneliness, isolation, and anxiety is heartbreaking, and much of that is exacerbated, as you know, by the social media. In our committee work at the USCCB, we've tracked the toll it takes on families and young people, in particular the steady increase in suicide and suicide attempts among teens and college students, (and) may I say especially among young men. Something, I think, we can all conclude must be done.

Now we want to engage all of you in this important conversation. We have this afternoon a few moments available to open the floor for your questions and comments and to get us started just a couple of simple questions to consider.

First, do you have recommendations for the development of additional resources that can aid you in your local diocese?

Second, how can we amplify, encourage, and support the good work already happening in the mental health arena in our dioceses, in collaboration with many of the national organizations and ministry networks?

So just those 2 questions to mull over a bit. We know of course this is a complex topic. It includes some pretty sensitive issues and dynamics. Being mindful of this, Archbishop Gudziak and I, along with our staff, make ourselves available to you beyond this meeting, to receive your thoughts, questions, and concerns going forward. So, with that, Archbishop Broglio, I'd open the floor for any questions or ideas that this assembly might have.