# COVENANT

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## Being Welcomed and Valued – In the Eyes of the Lord

*"One thing I do know is that I was blind and now I see."*

*(John 9:25)*

As I am writing this reflection, we are celebrating the Fourth Sunday of Lent in our journey through the Lenten season of grace, toward the newness of life bestowed on us by our Lord at Easter. Today's Gospel recounts how Jesus healed a man who was blind from birth. It is a story of hope and healing, but also a story of shame and stigma. We can imagine the man's hope when he was first approached by Jesus, in his hearing the words that Jesus spoke to his disciples, and while on his way to washing at the well of Siloam. The man is healed by Jesus and receives his sight. Instead of rejoicing with the healed man, the people shame him as a sinner, and the religious leaders interrogate him and his parents, in efforts to prove that his blindness was punishment for sin. The man is driven from the synagogue, and the stigma and marginalization that he experienced before being healed by Jesus remained. In the Gospel, Jesus clearly dispels the idea of the connection between illness and sin. We are reminded that illness is a part of life, a part of our human condition and that it is okay to seek help along the path toward healing. The story emphasizes that, in the eyes of Jesus, regardless of the struggles we face in our lives, and indeed because of them, we are all welcomed and valued.

Today, shame or stigma about mental health, or as attached to mental illness, still exists. The experience of stigma is often reported by clergy, vowed religious, and other ordained and lay ministers who have come to Southdown for treatment. They are not alone. For individuals living with a mental health condition, the experience of stigma makes the courageous step of reaching out for help even more difficult. In this edition of Covenant, three of our team members, Michael Sy, Ph.D., C.Psych., Susan Davy, CSJ, and Trena Finnegan, D.S.D., explore the topic of stigma, first in an overview, and then from a parish perspective.

At Southdown, in our mission to provide clinical expertise to our sisters and brothers who come seeking our mental health services, we accompany each individual with unconditional positive regard, respect, and compassion. We also advocate for the reduction of stigma. A concrete example of our advocacy can be seen in our efforts to raise awareness about mental health in our faith communities. When I approached His Eminence, Thomas Cardinal Collins, with the idea that a Sunday in May be designated as *Mental Health in the Faith Communities Awareness Sunday*, His Eminence immediately supported the idea. We are excited that May 7, 2023, has been chosen for this purpose, and we look forward to providing resources that may help to begin or to increase conversations about mental health in parishes across the Archdiocese of Toronto.

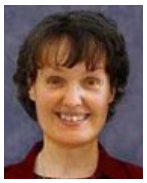
Let us deepen our trust in the healing power of our Lord; let us do our part in becoming agents of hope and healing. With renewed sight and faith, we can be instrumental in the process of reducing shame and stigma associated with mental health and mental illness. Together, we can continue to build communities of faith where all are welcomed and valued.

Sincerely,

**Rev. Stephan Kappler, Psy.D., C.Psych., R.Psych.**
President and Chief Psychologist

# Addressing Stigma

by Michael Sy, Ph.D., C.Psych., and Susan Davy, CSJ



## Introduction

According to the Canadian Mental Health Association, "in any given year, 1 in 5 people in Canada will personally experience a mental health problem or illness" (Canadian Mental Health Association [CMHA], 2021). On a global scale, "in 2019, 1 in every 8 people or 970 million people around the world" were living with mental health conditions (World Health Organization [WHO], 2022). In recent years, great advances have been made, both in Canada and around the world, in how we understand and talk about mental health conditions. However, despite these advances, stigma attached to mental health conditions is pervasive. The recent Lancet Commission report on ending stigma and discrimination in mental health concluded with one simple key message, "mental health is part of being human, let us act now to stop stigma and to start inclusion" (Thornicroft, G., et al., 2022, p. 1472). Stigma attached to mental health conditions is a complex issue that has been well-researched and well-documented. While it is beyond the scope of this article to fully explore the depth of evidence-based research, we will briefly explore what stigma is, the causes and consequences of stigma attached to mental health conditions, and identify ways by which it can be addressed.

Stigma is about labels and power; how a person who is stigmatized feels is not considered. What usually emerges are the feelings, judgements, and biases of the stigmatizer, and these are not usually challenged.

## Stigma

The World Health Organization states that stigma "can be defined as a mark of shame, disappointment, or disgrace which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society" (WHO, 2001, p. 16). Stigma attached to mental health conditions is universal in the general population, and is experienced by individuals in every part of the world (Rössler, 2016). Researchers have identified three types of stigma associated with mental health conditions: public stigma, self-stigma, and institutional stigma. Public stigma refers to "the negative or discriminatory that others have" about mental health conditions. Self-stigma refers to the negative beliefs or attitudes, "including internalized shame," that an individual holds about their own mental health condition. Institutional stigma "is more systemic, involving policies of government and private organizations that intentionally or unintentionally limit opportunities" for people living with mental health conditions (American Psychiatric Association [APA], 2020). The Mental Health Commission of Canada noted that people living with mental health conditions often report "that experience of stigma—from members of the public, from friends, family and co-workers, and even at times from the very service systems that they turn to for help—has a more devastating impact on them than the illness itself" (Mental Health Commission of Canada, 2012, p. 22).

## Causes of Stigma

Stigma has several interrelated causes and dynamics. For example, stigma attached to mental health conditions is the result of information, or cause and effect attributions, that are untrue and/or inaccurate, rather than from information based on facts. Stigma can originate from personal, cultural, societal, religious, or family beliefs, and can be a reaction to the new, unfamiliar, or unknown. It can result from inaccurate stereotypes, and be influenced by misleading representation in the media of people living with mental health conditions (APA, 2020). Assumptions, confusion, misdirected blame, anger, fear, and a lack of understanding, can cause stigma. There are times when stigma takes the form of judgment in concluding that an individual has avoided, denied, or not given sufficient attention to a mental health concern. Stigma then becomes a form of blame.

## Consequences of Stigma

For people living with mental health conditions, serious and negative consequences are often experienced in many aspects of their lives; they can encounter barriers in employment, education, housing, and health care. The experience of stigma "leads to social isolation and discrimination, which impacts a person's ability to earn an income, have a voice, gain access to quality care, be part of their community and recover from their mental health condition" (WHO, 2022, p. 80). One of the most significant consequences of stigma attached to mental health conditions is the delay in obtaining a timely diagnosis and appropriate treatment, which may result in an increase in the individual's symptomatology and emotional distress. This can progress towards tragic results, such as self-harm, or loss of life by suicide. While providing medical attention is of immediate concern, it is the psychological impact of stigma, more specifically damage to self-worth, that can be overlooked and which may make recovery difficult. An individual who is stigmatized may feel a sense of failure and self-blame. They may feel excluded,

rejected, and damaged; anxiety, fear, or depression are common. They may experience feelings of shame, fear, or anxiety because of the experience of stigma, which may lead to isolation, secrecy, denial, and avoidance. Stigma is divisive; factions and opposing sides develop. Stigma is about labels and power; how a person who is stigmatized feels is not considered. What usually emerges are the feelings, judgements, and biases of the stigmatizer, and these are not usually challenged.

### Addressing Stigma

In recent decades, much has been done to reduce stigma and to raise public awareness about mental health. And yet, across societies and cultures, stigma and discrimination are pervasive and continue to be added challenges for people living with mental health conditions. (The Editorial Board, 2022). Evidence suggests that "anti-stigma interventions can change public attitudes for the better, lessening experiences of discrimination among people living with mental health conditions" (WHO, 2022, p. 82). Researchers have identified three general ways that have been used in combination to reduce stigma and discrimination attached to mental health conditions: education strategies, contact strategies, and protest strategies, which include, among other actions, advocacy campaigns (WHO, 2022, pp. 82-83). There is a resounding urgent need in Canada, and around the world, to effectively reduce stigma attached to mental health conditions. We all have a role to play in the achievement of this goal, as governments, corporations, media, non-profit organizations, faith communities, and individuals, including people with lived experience of mental health conditions. Together, with education, awareness, understanding, and effective informed actions, we can help to create mentally healthy communities, and reduce stigma attached to mental health conditions. ■

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# Responding to Mental Health Issues in Our Parishes

## By Trena Finnegan, D.S.D.

### We Are In Different Boats

At the beginning of the COVID-19 lockdown, I came across a great quote, "We are all in the same storm, but in different boats." Although we shared the same "storm," we each had a different experience of coping and surviving the many challenges of living through a pandemic. There was something different going on in every household, and in each person's circumstance. Many individuals suffered job loss, or job reduction, and financial repercussions. Children struggled with attending school on Zoom, and not being able to partake in their favourite sports or interact with their friends. Our social routines became social isolation. As Catholics, with our parishes in lockdown, we watched Mass on television. In many households, there was illness and death due to the COVID-19 virus.

As people navigated the many challenges of COVID-19, mental health was widely affected. On a daily basis, there was a myriad of up-and-down feelings as we faced the stress and uncertainty of COVID-19. We struggled with feelings of loneliness because we missed our interactions with family, friends, and loved ones. We mourned the loss of freedom and normalcy in our daily structure and routines. Many grieved the loss of loved ones, and other losses, which came as a result of the pandemic. There were feelings of fear, despair, and anger. COVID-19 took its toll on each one of us, including an increase in the prevalence of anxiety and depression. We survived, but it was difficult. We need to remember that while challenges to our mental health and well-being are always around us, the impact of COVID-19 brought the significant matter of mental health issues to the fore.

**Mental Health**

We all have mental health, and one in five people in Canada will personally experience mental health problems, or illness, in any given year. This means that the person sitting next to us in the pew may be living with a mental illness or know someone who is living with a mental illness. It could be ourselves, or one of our loved ones, or someone we know who is living with a mental illness. Anyone of us could be struggling, at any time, with our own grief, or anxiety, or other mental health issue, or be concerned about a loved one who is living through their own experience. How do we respond to mental health issues in our parishes? Here is an example to illustrate my question.

**Mental Health In Times of Crisis**

In February 2021, as we entered our second year of the COVID-19 pandemic, I was delighted to attend a Zoom webinar presented by Southdown for Lay Pastoral Associates in the Archdiocese of Toronto. The webinar, entitled "Mental Health in Times of Crisis," was timely for parish leaderships as we all struggled through this time of great challenges, and changes in our parishes. Besides creating awareness and a safe space to speak about these challenges, the presenter posed a question to a scenario that has stayed with me for two years, and I still ponder my own personal response to it. The presenter asked, "Suppose during Mass, a parishioner passed out in the pews. What would you do?" The general response was to call 911. The presenter then asked, "Suppose a parishioner that you knew was attending Mass, and you noticed that, there being no doubt, the individual was experiencing a mental health issue, would you call for professional help?" The general response was no. So why the difference in response to both scenarios? That same question remains with me today: why would we call 911 to help someone with physical symptoms, but hesitate to reach out in a similar way to help someone who is experiencing a mental health issue?

**Responding to Mental Health Issues in Our Parishes**

Every Sunday, we gather as a parish community to celebrate the Eucharist and listen to the Gospel message, remembering that Jesus came to give us Life to the Full. That fullness of life includes our mental health and well-being. For example, after three years, we are encouraged to come out of the COVID-19 pandemic and embrace life in its "new normal" state. We are regaining our social supports, and moving out of the social isolation that often contributed to feelings of loneliness, depression, and anxiety. Some parishioners may experience various levels of discomfort when going out again into large crowds, as in church; others have just gotten used to watching Mass on television, and are reluctant to come back in person. We all need to feel that we are not alone, we have not been abandoned, and we are not the only person in this situation. We must try to rebuild our sense of solidarity, sense of community, and friendship with our fellow parishioners.

Let us make the time to check in on the state of our own mental health, as well as that of our families and parish communities. Let us check in on and examine our own attitudes, behaviours, and beliefs about mental health, and mental health issues. There are valuable education and information resources available in our communities that can be accessed by individuals and parishes to better understand mental health, mental illness, and to learn more about specific mental health issues, as well as where to go for support and mental health treatment. Hopefully, we can become better acquainted with these resources. We can learn the language of mental health, and a new skill set that can be used in our interactions with family, friends, and fellow parishioners when talking about, or when facing mental health issues. Together, we can take practical steps to create a welcoming environment in our parishes, where there is acceptance, understanding, and support for those living with mental illness, or mental health issues, as individuals, or as families.

We can learn how best to respond, if we believe that someone is facing a mental health issue. For example, if someone is at risk of harming themselves or others, local emergency services need to be contacted. And, if the person is not in immediate danger, perhaps, with our new awareness, we can be a listening ear for someone who is struggling with some sort of anxiety, or another mental health issue. Perhaps, we might become comfortable enough to share with others about our own anxieties, fears, and experiences with mental health issues. As members of the Church, we might be encouraged to reach out with more confidence, with more resources, to our fellow parishioners in the pew, some of whom may be struggling with worry, anxiety, or other mental health issues, personally, or within their family.

In closing, it is good to ponder Pope Francis' vision for the Church as a "field hospital" where we endeavour to live out the Gospel message, and fully embrace the welfare of our parishioners in body, mind, and spirit. Can we move further into embracing that vision of Pope Francis? Can our parishes become a "field hospital" where people who are coming to our parishes for well-being of body, mind, and spirit be able "to touch even the fringe of [Jesus'] cloak and all who touched it were healed" (Mark 6:56). Let us try and do our part to be people who can be present and open to those living with mental health issues, finding some small way to participate in the healing ministry of Jesus! ■

## TICKETS NOW ON SALE

**MAY 11, 2023**

**ANNUAL BENEFIT DINNER – TORONTO**

To purchase tickets and for further information, please visit:
www.southdown.on.ca

**Scan to purchase tickets by credit card:**

## ONE DAY EVENT

REGISTRATION NOW OPEN

**MAY 12, 2023**

**THE GIFT OF FAITH AND MENTAL HEALTH**

This in-person one-day event will include two talks on Mental Health and Wellness by members of our clinical team, with time for questions and answers.

This event is free, and registration is required to attend.

To register for this free event, and for further information, please visit:
www.southdown.on.ca

# Welcome New Clinical Team Members

## Welcome, Jamie Clahane, RP

We welcomed Jamie Clahane to Southdown in October 2022 as a member of our clinical team. Jamie holds a master's degree in theological studies and is a Registered Psychotherapist, with a focus on pastoral care and counselling. She has advanced training in spiritual care and has also served as a chaplain. Her spiritual work with others focuses on discerning the invitation of God into deeper faith and likeness of Christ through our brokenness and current sufferings. She focuses on the spiritual aspect of being and its prospect for joy in the human life. She is trained in the Jungian, mystical, Christian tradition of spiritual direction and has utilized dream work, creativity, and contemplative prayer in her work. Jamie's orientation to her clinical practice draws heavily upon psychosynthesis, grief, and existential therapies. She specializes in integrating deeper spiritual work into the healing process in what is sometimes known as pastoral psychotherapy or spiritually informed psychotherapy. Jamie is a singer and liturgical dancer.

## Welcome, Sister Maria Clara Kreis, CDP, Ph.D.

We welcomed Sr. Maria Clara Kreis to Southdown in October 2022 as a member of our clinical team. Sr. Maria Clara holds a Ph.D. in Counselling Psychology from Marquette University and has taught as an adjunct faculty. She was also employed at Duquesne University as the Assistant Director and Outreach Coordinator. Sr. Maria Clara created the Life Satisfaction Scale for Apostolic Women Religious (LSSAWR) as part of her doctoral work and then extended her dissertation project to younger Spanish and German-speaking women religious worldwide. In 2020, she continued her research and the LSSAWR was extended to include men religious, now known as Life Satisfaction Scale for Apostolic Women/Men Religious (LSSAW/MR). Until recently, she also maintained a private psychotherapy practice. Sr. Maria Clara grew up in a culturally diverse family home, whereby she communicated in German, Greek, and German sign language. She has been published in peer-reviewed journals and has presented her work worldwide.

## Welcome, Charlene Button, RN

We welcomed Charlene Button to Southdown in December 2022 as a member of our clinical team, and as our Nursing Team Leader. Charlene holds a bachelor's degree in nursing and a Cultural Anthropology degree from Memorial University of Newfoundland. She is currently working on certification in Thanatology, Grief, and Bereavement at Durham College. As a mental health registered nurse, Charlene's primary focus has been the child and adolescent population. She has over 15 years of experience working with children in crisis, community mental health, and hospice care. She has been a Clinical Nurse Instructor at Trent University, and a Preceptor for BScN. R.N Graduates. She brings to Southdown numerous skills, including crisis intervention, individual, family and group counseling, anger and impulse control/behavioral modification, gender and sexual identity training, psychopharmacology teaching and management, safety interventions, health promotion teaching, and in-charge nursing. In her palliative care nursing experience, Charlene practiced pain and comfort management, grief support, and education on end-of-life care for patients and their families.



# Healthy Individuals, Healthy Communities, Healthy Church

With over 50 years of experience, Southdown is dedicated to clinical and organizational excellence in providing preventative and restorative care, using the best of psychological science and practice integrated with the wisdom of the Catholic spiritual tradition. Southdown offers both residential and outpatient treatment and services designed to meet a variety of needs for Clergy, Vowed Religious and Lay Pastoral Ministers. Our Outpatient Wellness Services are open to all adults seeking to integrate their spirituality and faith into the therapeutic process. Our programs and services include:

- Clinical and Candidate Assessments
- 14-Week Residential Program/Continuing Care
- Individualized Short-Term Residential Program
- Outpatient Wellness Services:
- Individual Outpatient Psychotherapy
  - Spiritual Direction
  - Consultation and Education Services
- Virtual Walk-In Clinic for Clergy, Vowed Religious and Lay Pastoral Ministers

### Individualized Short-Term Residential Program

Southdown offers an individualized short-term residential program for eligible individuals who are seeking to restore, refresh, and build on gains made in prior treatment experiences. Each resident is provided with the opportunity to engage in specific treatment modalities as part of a goal-oriented treatment plan, tailor-made to meet the needs of the individual.

### Outpatient Wellness Services

Southdown's Outpatient Wellness Services are tailor-made to your needs, and include individual outpatient psychotherapy and spiritual direction. Our outpatient psychotherapy service offers a variety of therapeutic modalities, including supportive counselling, interpersonal psychotherapy, cognitive behavioural therapy, psychodynamic therapy, and spiritually integrated therapy.

Outpatient Wellness Services are provided through a secure, encrypted virtual platform. In addition to Ontario, Southdown provides virtual services in Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador, Manitoba, Saskatchewan, Alberta, British Columbia, Massachusetts and California.

### The Southdown Campus

Southdown is located in Holland Landing, about one hour by car north of Toronto, Ontario. Our residential treatment program is housed in our award-winning fully accessible facility which provides 22 private bedrooms with ensuite. In a setting of natural beauty on 37 private acres, there are pastoral walking trails, a labyrinth, as well as other spaces for contemplative reflection. Southdown provides a welcoming and supportive environment conducive to healing and well-being of body, mind and spirit.

For further information on any of these programs and services, please contact at: **905 727 4214**, or email **administration@southdown.on.ca**

***Covenant*** is produced and published by The Southdown Institute. Its purpose is to inform and educate the readership about clinical issues that surface in our work and to invite integration of the emotional and spiritual aspects of our lives.



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