Promoting Mental Health

IACB Statement toward a Shared Medical and Christian Ethical Framework

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Introduction

Main messages

1. Everyone should be concerned about promoting mental health. This statement proposes a shared medical and Christian ethical framework for promoting mental health. The statement affirms that:

- Mental health should be understood holistically to take into account interactions among the biological, psycho-affective, social and spiritual aspects of human beings; the social and environmental determinants of health; the need of human beings to find meaning and value in their lives.
- Mental health is a basic human good. Mental health care should be supported and promoted as vigorously as physical health care.
- Christians and other religious communities should lead in fostering awareness of the importance of excellent mental health care and promote mental

This is the second of two consensus statements that came out of the 7th International Colloquium of the International Association of Catholic Bioethics. William Sullivan and John Heng are the principal authors. All participants in the colloquium contributed. Particular mention should be made of moderators and recorders of discussion groups during the colloquium: Daniel Bader, Luigi Castagna, Christopher De Bono, Paola Diadori, Adriana Gini, Andreas Hartmann, Christine Jamieson, Jaro Kotalik, Michelle O'Rourke, Bernadette Tobin and Jos Welie. Sarah-Vaughan Brakman, Heather Elbard, Christine Jamieson, Warren Kinghorn, Hazel Markwell, Bernadette Tobin and Jos Welie assisted with the case discussions in the appendix.

health in their communities and health care facilities. They should oppose stigma that some of their members and others might attribute to people with compromised mental health.

- Mental health care providers and facilities should be aware that spiritual wellness is integral to mental health, and that spirituality and religion can support people in mental distress and build resilience.
- In mental health promotion, health care providers should be guided above all by respect for every human being's intrinsic dignity and equal worth and by an appreciation for their unique gifts and needs. Mental health promotion should be person- and family-centered rather than disease- or policy-centered.
- Respect for moral agency entails more than respect for independent choice. It includes promoting responsible ethical deliberation, maintaining solidarity in a person's family and other significant relationships, and affirming the supports on which the person draws for decision making and care.
- Society should ensure a just distribution of resources and enhance social and environmental conditions to promote mental wellness for all, especially those living in poverty and isolation.
- People with or at risk of compromised mental health and their families should be involved in the allocation of resources and plans for mental health promotion.

Scope

2. This statement represents ideas discussed and agreed upon by participants in the 7th International Colloquium of the International Association of Catholic Bioethics (IACB), which was held in Montréal, Canada, from June 25 to July 2, 2015. It is not meant to present a comprehensive ethical framework but important ideas for further study and discussion.

Audience

3. The audience for this statement includes health care providers, providers of social, spiritual and pastoral care, ethicists, policy makers, leaders of religious communities, mental health advocates, and people with compromised mental health and their loved ones.

Definitions

4. *Mental health*: Mental health is not simply the presence or absence of a diagnosed mental illness or disorder.[1] How people understand mental health can be shaped by their cultural and religious beliefs.[2]

5. Mental health should be understood holistically to take into account the interactions among biological, psycho-affective, social and spiritual aspects of human beings. According to the World Health Organization (WHO), a core concept

1. Warren Kinghorn, colloquium paper. This and the colloquium papers cited hereafter are available at http://iacb.ca/7th-international-colloquium/.

2. See Joseph Chandrakanthan, colloquium paper.

underlying various understandings of mental health is its relation to overall human wellness and flourishing "in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[3] This clarifies that mental health relates to more than biological or transient affective states, and includes a sense of meaning and value in a person's life, resilience, and connection to other people. The natural sciences (such as genetics, biochemistry and neuroscience), human sciences (such as anthropology, sociology, clinical medicine, psychology and social work), humanities (such as philosophy, history, and literature), and religious studies and theology[4] can each provide valid insights.[5]

6. *Resilience*: Mental health includes resilience as an important contributor to human wellness and flourishing. Resilience is the capacity of persons to accept and cope with present or future adverse challenges. Resilience can be developed and improved throughout life.

7. *Compromised mental health*: This term encompasses a wide range of human experiences. On one end are universal responses to distresses of life such as sadness, worry or fear. On the other are mental illnesses and disorders. These are severe and/or persisting disturbances of experience and behavior that vary in underlying causes and symptoms. The boundaries within the spectrum of compromised mental health experiences are not always precise and are often delineated based on impact on the person's functioning.

8. *Health promotion*: The WHO defines health promotion as "action and advocacy to address the full range of potentially modifiable determinants of health."[6] Health care providers sometimes distinguish promotion from prevention, which focuses on addressing specific causes or risk factors of an illness or disorder. Primary prevention is aimed at reducing new occurrences of an illness or disorder. The goal of secondary prevention is to reduce the effects of an illness or disorder and avoid conditions that may exacerbate it or trigger a recurrence. In this statement, the term *health promotion* includes all these meanings.

Structure

9. The first part of this statement outlines ethical reasons for supporting mental health promotion. The second part presents Christian theological reflection that supports mental health promotion. The third part proposes elements of an ethical

3. World Health Organization (WHO). *Mental health promotion: strengthening our response.* Geneva: World Health Organization, 2014 (Fact sheet, No. 220): http://www.who.int/mediacentre/factsheets/fs220/en/.

4. For example, the WHO concept of human wellness and its relation to mental health is supported by Christian anthropological and ethical reflection. See the paper at this colloquium by Sarah Vaughan Brakman.

5. See the paper presented at this colloquium by Michael Vertin.

6. WHO (1998). *Health promotion glossary.* Geneva, World Health Organization: http://www.who.int/healthpromotion/about/HPG/en/.

framework for Christians and others in society to promote mental health. The appendix discusses case scenarios to illustrate how this ethical framework can be applied.

I. Ethical Reasons for Supporting Mental Health Promotion

Health, including mental health, is a basic human good.

10. Health is a basic good because it enables human beings to enjoy other goods in life. Mental health should be promoted as vigorously as physical health.[7] Because humans are both biological and psychological beings, their health necessarily entails both mental and physical health. Indeed, the two are interrelated.

By promoting mental health, society advances the common good.[8]

11. Although every human being can contribute to the common good,[9] compromised mental health can be significantly debilitating, produce health and social inequities, and risk destabilizing family and other relationships. Sometimes the effects can span generations.[10] Heritable biological mechanisms, like epigenetics, can predispose future generations to compromised physical and mental health.[11]

Society should address stigma that undermines human dignity.

12. Stigma can give rise to discrimination against people with compromised mental health and their family, shame, negative self-perception, and a sense of hopelessness in them. People sometimes refuse the interventions they need because they fear being stigmatized. The benefits of such interventions should be available to all.[12]

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7. In most countries, however, there is a substantial gap between the resources allocated for physical and for mental health care. For example, see colloquium papers by Diane Rzegocki (Palestine), Martha Tarasco (Mexico), and Alexandre A. Martins (Brazil).

8. The common good consists of the overall wellness and flourishing of every member of society and is distinct from the utilitarian concept of the greatest good for the greatest number of people.

9. For example, individuals with compromised mental health can often help others by sharing how they have learned to cope well with their challenges. Many people living with a mental illness also distinguish themselves in areas such as mathematics, music, art, and literature.

10. See colloquium papers by Andrew Sodergren, Bill and Lindsay Watson, Ed and Daniel Bader, and Diane Rzegocki.

11. See Michael Crawford, colloquium paper, and the following: Pembrey M, Saffery R, Bygren LO, Network in Epigenetic Epidemiology. Human transgenerational responses to early-life experience: potential impact on development, health and biomedical research. *Journal of Medical Genetics*. 2014; 51(9):563–72; Bale TL. Epigenetic and transgenerational reprogramming of brain development. *Nature Reviews: Neuroscience* 2015 Jun; 16(6):332–44.

12. See Hazel Markwell, colloquium paper.

Society should protect its members from harm, including self-harm.

13. Unaddressed compromised mental health is a leading cause of suicide, especially among young adults.[13] Its impact is devastating to family, friends, and the broader community. Society has an obligation to provide adequate inter-disciplinary assessment and offer life-affirming and suffering-reducing care and supports to all persons at risk of suicidal behaviors. Request for assistance in suicide or euthanasia is a suicidal behavior. In jurisdictions where these practices are legal, persons who request them should be adequately assessed, and appropriate alternative interventions and supports should be offered.[14]

Mental health promotion addresses social inequities that contribute to compromised mental health.

14. There is a high prevalence of compromised mental health, especially anxiety, depression, drug and alcohol dependence, in disadvantaged groups in society, such as some indigenous peoples, those living in poverty or isolation.[15] All members of society have an obligation to work to improve social and economic conditions that contribute to compromised mental health.[16]

II. Christian Theological Reflections on Mental Health Promotion

Mental health is related to human wellness and flourishing.

15. Christian anthropology affirms the unity and inter-relatedness of all aspects of the human person.[17] Christ came so that all may have life and have it abundantly

13. McLoughlin AB, Gould MS, Malone KM. Global trends in teenage suicide: 2003–2014. *QJM* 2015 Oct; 108(10):765–80.

14. Gopal AA. Physician-assisted suicide: Considering the evidence, existential distress, and an emerging role for psychiatry. *Journal of the American Academy of Psychiatry Law* 2015 Jun; 43(2):183–90; Macleod S. Assisted dying in liberalised jurisdictions and the role of psychiatry: A clinician's view. *Australia and New Zealand Journal of Psychiatry* 2012 Oct; 46(10):936–45.

15. Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science and Medicine* 2013 Aug.; 90: 24–31; Gracey M, King M. Indigenous health. Part 1: Determinants and disease patterns. *Lancet* 2009 Jul. 4; 374(9683): 65–75.

16. "When it comes to mental health, three social determinants are particularly significant: freedom from discrimination and violence, social inclusion and access to economic resources. Different communities or populations have different experiences with the social determinants of mental health. The impact of these differences can be health inequities." Canadian Mental Health Association, citing Keleher H, Armstrong R. *Evidence-based mental health promotion resource: Report for the Department of Human Services and VicHealth,* Melbourne: Victorian Government Department of Human Services. Available at: http://www.gwhealth.asn.au/data/mental_health_resource.pdf, esp. pp. 22.

17. See Sarah-Vaughan Brakman, colloquium paper.

(John 10:10). Mental health care and promotion address conditions that can sometimes restrict a flourishing human life in certain ways.

Christians are called to solidarity with people with compromised mental health.

16. Solidarity in Christian ethical reflection highlights "the intrinsic social nature of the human person, the equality of all in dignity and rights and the common path of individuals and peoples towards an ever more committed unity."[18] Christians also believe that, in becoming fully human, Jesus Christ accompanies all humans, especially in their experiences of human vulnerability, limitation and suffering. As humans, we are all fragile and lack wholeness in our lives in some ways and need healing and support from others. We are called to offer welcome and support to people with compromised mental health and their families, be with them, and oppose stigma and discrimination.[19] Christians should refrain from attributing moral failure and blameworthiness to persons with compromised mental health or to their families.

17. The first bonds of solidarity are those of the family.[20] Mental health promotion should also focus on the families of those with compromised mental health and others who provide them with significant support. Such interventions can contribute to supportive and loving relationships through alleviating sources of mental distress, increasing resilience especially during periods of transition and loss, fostering positive patterns of parent–child attachment, and other means.[21]

Christians are commissioned to participate in Christ's healing ministry.

18. Christ had special concern for the sick, the poor, and those excluded from society. Healing illnesses and overcoming social alienation were aspects of his saving mission. The resurrection of Christ is the promise of the fulfillment of this mission in eternal life. In sending his disciples on mission, Jesus confers a double mandate on them: to proclaim the Gospel of salvation and to heal the sick (Matthew 10:7–8). All Christians are called to share in this healing mission of Christ.

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18. Pontifical Council for Justice and Peace, *Compendium of the social doctrine of the Church* (2004), no. 192: http://www.vatican.va/roman_curia/pontifical_councils/justpeace/documents/rc_pc_justpeace_doc_20060526_compendio-dott-soc_en.html.

19. In the words of Pope Francis, "True faith in the incarnate Son of God is inseparable from self-giving, from membership in the community, from service, from reconciliation with others. The Son of God, by becoming flesh, summoned us to the revolution of tenderness. Pope Francis, *Evangelii gaudium*, no. 88: https://w2.vatican.va/content/francesco/en/apost_exhortations/documents/papa-francesco_esortazione-ap_20131124_evangelii-gaudium.html.

20. In the words of Pope John Paul II, "[S]ince in God's plan it has been established as an 'intimate community of life and love', the family has the mission to become more and more what it is, that is to say, a community of life and love, in an effort that will find fulfillment, as will everything created and redeemed, in the Kingdom of God." John Paul II, *Familiaris consortio*, no. 17: http://w2.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio.html.

21. See Andrew Sodergren, colloquium paper, and Diane Rzegocki, colloquium presentation.

Christian social teaching supports addressing injustice in health care systems and in society.

19. Christians should affirm a preferential option for the poor, in whom Christ is especially present (Matthew 25:40).[22] Besides stigma and exclusion suffered by people with compromised mental health, there is a substantial disparity in the health care resources made available to them compared to others. Christians should work for greater participation of people with compromised mental health in society and advocate for greater resources for them locally and globally. They should contribute to changing social structures and environments that place the poor at a disadvantage and negatively affect their mental health.

Spiritual and pastoral care is relevant to mental health care.

20. Spiritual wellness is an essential foundation for human flourishing and a relevant concern for mental health promotion. Spirituality and religion address the deepest aspects of human interiority and the common human desire for meaning and value in life, and ultimately, for God. Spiritual and pastoral care can mediate God's healing and peace for many types of mental distress and for the existential suffering that is encountered in individuals who face disability, declining health, and dying.[23] Prayer, such as meditation and contemplation in Christian and other religious traditions, as well as rituals, such as the sacraments and pilgrimages, can play an important role in supporting people with compromised mental health and their families and in promoting mental health.[24]

21. Exemplary people, including saints in the Christian tradition who have coped well with compromised mental health, can serve as models for others facing similar limitations and challenges. Christian and other communities that have offered exemplary solidarity and support to people with compromised mental health and their families can also bear witness to what is possible to accomplish by sustaining hope.[25]

22. Humans are creatures of the world. To maintain health and wellness, it is important to maintain harmony and a sense of connectedness with the whole of God's creation. All should consider the effects on people's mental health and wellness of environmental deterioration and dehumanizing aspects of technology. These

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22. The preferential option for the poor in Catholic social teaching is explained by Pope John Paul II in *Centesimus annus* (1991), nos. 57–8: http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_01051991_centesimus-annus.html.

23. Pargament KI, Park CL. In times of stress: the religion-coping connection. In: Spilka B, MacIntosh D (eds.) *The psychology of religion: Theoretical approaches*. Oxford: Westview Press, 1997; Pargament KI. Of means and ends: Religion and the search for significance. *International Journal for the Psychology of Religion* 1992, 2: 201–9. Pargament suggests that religious coping can offer a specific response to the problem of "human insufficiency." See also Paulina Taboada, colloquium paper.

24. See colloquium papers by Dennis Larrivee and Adriana Gini, and by Fr Nigel Griffin.

25. For example, in the Catholic tradition, individuals such as St. Dymphna, St. Benedict Joseph Labre, Dorothy Day, St. Thérèse of Lisieux, and Matt Talbot; communities inspired by the Catholic tradition such as l'Arche and Mondo X.

can result in "a deep and melancholic dissatisfaction with interpersonal relations, or a harmful sense of isolation."[26]

23. While mental health care and spiritual and pastoral care can overlap and be mutually supportive, they are not identical.[27] Mental and other health care providers should be consulted even if the person frames his or her experiences of mental illness only in spiritual or religious terms. Christians should be aware of and attend to signs of compromised mental health and risk factors for compromised mental health that might require expert assessment and related interventions.

24. While compromised mental health can often be treated, managed or prevented, it cannot be eliminated entirely from the human condition. Suffering experienced by people with compromised mental health can often be alleviated but rarely entirely erased. Christians believe, nonetheless, that such unavoidable suffering has ultimate meaning because "it is rooted in the divine mystery of the Redemption of the world, and it is likewise deeply human, because in it the person discovers himself, his own humanity, his own dignity, his own mission."[28]

III. Considerations towards a Shared Medical and Christian Ethical Framework

25. The mutual exclusion of religion and mainstream mental health care can have two unfortunate effects. Mental health care is sometimes practiced without attending to spiritual wellness. Religion can risk "spiritualizing" mental health issues and not recognizing the need for appropriate mental health expertise. There should be collaboration and an integration of medical and religious approaches to mental health promotion.

26. These are some starting points for discussion between Christians and mental health care providers regarding an integrated approach to mental health promotion:

- The goals of mental health promotion should be to promote human wellness and flourishing, prevent the occurrence or impact of compromised mental health, and increase resilience in times of mental distress.
- Human flourishing has biological, psycho-affective, social and spiritual dimensions. Holistic approaches should be employed that do not regard human beings as reducible to only one or a few of these dimensions nor overlook interactions among them.
- Mental health promotion should support healthy physical environments and social relationships, such as addressing poverty, stigma against people with compromised mental health and their families, and promoting engagement

26. Pope Francis, *Laudato si*, nos. 43 and 47: http://w2.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-laudato-si.html.

27. See Woldemichael MT, Broesterhuizen M, Liègeois. Christian pastoral care and psychotherapy: a need for theoretical clarity. *Journal of Pastoral Care and Counselling* 2013; 67(4): 1–14.

28. Pope John Paul II, *Salvifici doloris*, no. 31: https://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_11021984_salvifici-doloris.html.

with nature, creative arts, physical exercise, play, social interactions, meditation and prayer.

- Fostering positive and mutually supportive relationships is a vital component of mental health promotion.
- Community-based interventions are preferred and should be supported with adequate resources.
- Mental health promotion should address issues across a person's life span and offer additional resources, planning and supports during periods of heightened vulnerability to compromised mental health, such as during adolescence, parenthood, and increasing frailty, and when bereaving the loss of loved ones or adjusting to resettlement.
- The trans-generational effects of trauma should be recognized and proactively addressed in mental health promotion.
- Spiritual wellness is linked to mental wellness. Spiritual and religious beliefs and practices, the support of a religious community, and the witness of exemplary persons can be supportive in times of mental distress.[29]
- Society should make the prevention of suicidal behavior a priority. It should have a coherent approach to suicide prevention that includes competent screening for compromised mental health, especially depression, and the offer of holistic interventions to address the mental and existential distress of people facing serious illness and death.

27. A shared medical and Christian ethical framework for mental health promotion should contain at least these points, which are supportable by both philosophical and theological reasoning:

- Mental health promotion should affirm that human biological, psychological, social and spiritual wellness are interconnected.
- Health care providers should be guided, above all, by respect for the intrinsic human dignity of those in need of care and by ethical norms regarding the use and limitations of therapeutic interventions in any area of health care, such as:

  Totality: Interventions should aim at the person in need of care's overall wellness and flourishing.[30]

  Proportionality: Interventions should be appropriate to the goal sought, and their benefits should be proportionate to risks of harm and burdens to the person in need of care.

29. As an example of an integrated approach to health care, see Sulmasy, DP. Distinguishing denial from authentic faith in miracles: A clinical-pastoral approach. *Southern Medical Journal* 2007 Dec; 100(12):1268–72.

30. An example of where such ethical considerations are relevant is in the use of restraints in mental health care for preventing harm to the person. See Linda Scheirton, colloquium paper.

Parsimony: One should use only as much intervention as is needed for the intended goal.

Discretion: Biomedical interventions are limited; integrated interdisciplinary and holistic, person- and family-centered approaches to intervention should be incorporated as needed.

Precaution: A new intervention for which the risk of substantial harm to the person in need of care is possible but not yet demonstrated should be offered instead of commonly accepted alternatives only for a grave reason, e.g., as a last resort, and only with careful periodic review of the rationale for its use and monitoring of its effects.

- Respect for a person's moral agency requires affirming independent choice but also includes promoting responsible ethical deliberation and relationships that are needed to support decision making, such as the input and assistance of the person in need of care's family and other loved ones.
- Respect for a person's moral agency entails both encouraging responsible self-care and also supporting people who need assistance in self-care and avoiding harm.
- Because human beings are inherently relational beings, valuing independent choice over inter-dependent deliberation should not be the only or the most basic ethical principle applied in mental health promotion. The importance of persons' relationships to family members, other significant caregivers, friends, health care providers, the people they live and work with, and the cultural and religious communities to which they belong should be affirmed and taken into account. Solidarity within these relationships should be conserved, fostered and strengthened whenever they can help to promote overall wellness and flourishing.
- Application of the principle of social justice should guide the allocation of health care resources. This entails that there should be adequate resources and supports for mental health promotion within health care systems and in society, especially for people who need these resources the most.
- The ethical principle of subsidiarity should be considered in all planning and decisions regarding goals and allocation of health care resources and supports. Subsidiarity means that such decisions should involve the level of organization in society that is closest to the people affected by them, and that resources and supports should be allocated accordingly.[31] Subsidiarity

31. Pope Pius XI, *Quadregesimo anno*, no. 79: "Just as it is gravely wrong to take from individuals what they can accomplish by their own initiative and industry and give it to the community, so also it is an injustice and at the same time a grave evil and disturbance of right order to assign to a greater and higher association what lesser and subordinate organizations can do. For every social activity ought of its very nature to furnish help to the members of the body social, and never destroy and absorb them." See: http://w2.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19310515_quadragesimo-anno.html.

entails enabling people with compromised mental health and members of their family to participate in allocating resources and planning for mental health promotion programs.

Conclusion

28. Mental health should be promoted as vigorously as physical health. Yet mental health care and promotion are supported poorly as compared with the rest of health care. Mental health promotion should aim at enhancing conditions for overall human wellness and flourishing. Yet spiritual wellness is not often considered in providing mental health care and promotion. Christian communities should become knowledgeable about the importance of mental wellness and the necessity of mental health expertise. Christians and others in health care and in society should collaborate better to promote mental health and remove the stigma often associated with people with compromised mental health and their families.

APPENDIX

Examples of Ethical Issues Arising in Mental Health Promotion Discussed during This Colloquium

a. Promoting healthy child development and safety in the context of differences between standards of mental health care and cultural or religious beliefs and practices

During the colloquium, there was a presentation on working with victims of violence and trauma in a context where legal protection and supports for children are inadequate. This program provided an example of challenges and opportunities in teaching healthy child development and safety while engaging and understanding cultural and religious environments in which harsh and repeated corporal punishment is the norm. Parents were invited to learn how to implement alternative forms of discipline. These alternatives were framed in terms of the cultural and religious values of the parents. Counseling and training sessions provided mothers with a rare opportunity to escape from a stressful home environment and to learn new parenting skills that bolstered their self-confidence and enhanced their communication and relationships with their spouses and children. This dialogical model of intervention incorporates ethical principles that respect the intrinsic dignity of the child while promoting solidarity within the family and the cultural and religious communities to which these families belong. It is consistent with the principle of subsidiarity because it provides interventions and resources for the family, which is the level of social organization closest to the children. This approach also applied the principle of social justice in addressing the structural inequities in that particular society, which had reinforced frustration and stress in parents and their children and prevented them from receiving the resources and supports that they needed.[32]

32. Diane Rzegocki, colloquium presentation.

b. Harm reduction for people with addictions to self-injecting certain psychotropic drugs.

Participants in the colloquium considered ethical issues in the context of treating people with certain drug addictions. People with addictions to self-injecting certain psychotropic drugs (e.g., cocaine) inflict additional and associated harms on themselves and others, e.g., death by overdose and risk of contracting and transmitting infections such as hepatitis C and HIV. Reducing such risks of harms, e.g., through needle and syringe exchanges, raises questions about the legitimacy of cooperating in the wrongdoing of others, such as the risk of perpetuating addictive behaviors. It is not legitimate to cooperate if one intends to contribute to the other's wrongdoing. Intending to contribute to or support a drug dependency is unethical; however, intending to help the person in need of care while not intending to contribute to his or her wrongdoing is not, although this action can be foreseen to have that effect. Whether the action is or is not legitimate depends on the circumstances—e.g., whether there are proportionately grave reasons for such interventions. In certain circumstances and for particular types of addictions, offering interventions such as needle and syringe exchanges when there are limited alternatives can be a way of respecting the person's intrinsic dignity (minimizing harm and death), moral agency, and promoting trust and solidarity in the therapeutic relationship aimed at gradually building up the person's capacity to reduce or be freed from his or her high-risk behavior and drug addiction.[33]

c. Respecting a person's moral agency in regard to his or her advance directives for mental health care

Emphasis in decision making in mental health care is generally based solely on respect for independent choices such that an intervention is carried out only if a patient's consent to it is assessed to be intentional, informed, voluntary, and persists over time. When individuals are in the midst of an acute mental crisis, however, they might refuse needed interventions to which they would have consented prior to the crisis. Typically, mental health care providers refuse to initiate even previously successful interventions without such a person's consent, unless the person is deemed incapable of self-care and/or poses a threat to himself or herself or to others. By the time this happens, however, the health of such a person can be very severely compromised.

In such a situation, the development and implementation of an advanced directive, in which the individual would stipulate agreement to certain mental health interventions or refusal of certain mental health interventions when in the throes of an acute crisis, could function to secure not merely respect for the person's moral agency but also respect for human dignity, promotion of the common good, solidarity with the individual during an acute crisis, and subsidiarity in supporting the responsibility for self-care of the individual.

33. See Bernadette Tobin and Cory Labrecque, colloquium papers. See also Sulmasy DP. Catholic participation in needle and syringe exchange programs for injection drug users: an ethical analysis. *Theological Studies* 2012;73:422-441.

d. Responding to requests for assistance in suicide or euthanasia

In some parts of the world, physician assistance in suicide and/or voluntary euthanasia is legal. Participants at the colloquium discussed how mental health promotion relates to these practices. Mental illness, low self-esteem, loneliness, a sense of being a burden to others, questions about the meaning and value of one's life, and despair are behind many requests for assistance in suicide or euthanasia. Consistent with clinical and ethical norms in health care for the prevention of suicide, people who make such requests should receive inter-disciplinary assessments and be offered interventions and supports that they need. Excellent palliative care that addresses physiological, psycho-affective, inter-personal and spiritual distress or conflict should be made available. Such an approach is grounded on the principles of respect for the intrinsic dignity of human beings, the inviolability of their lives, solidarity, promotion of the common good, and the preferential option for the poor and vulnerable in society.[34]

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34 See Welie, J; Sullivan, WF; Heng, J. The value of palliative care: Guidelines for health care providers and facilities facing permissive laws on physician assistance in suicide and euthanasia. Consensus Statement of the 7th International Colloquium of the IACB.

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