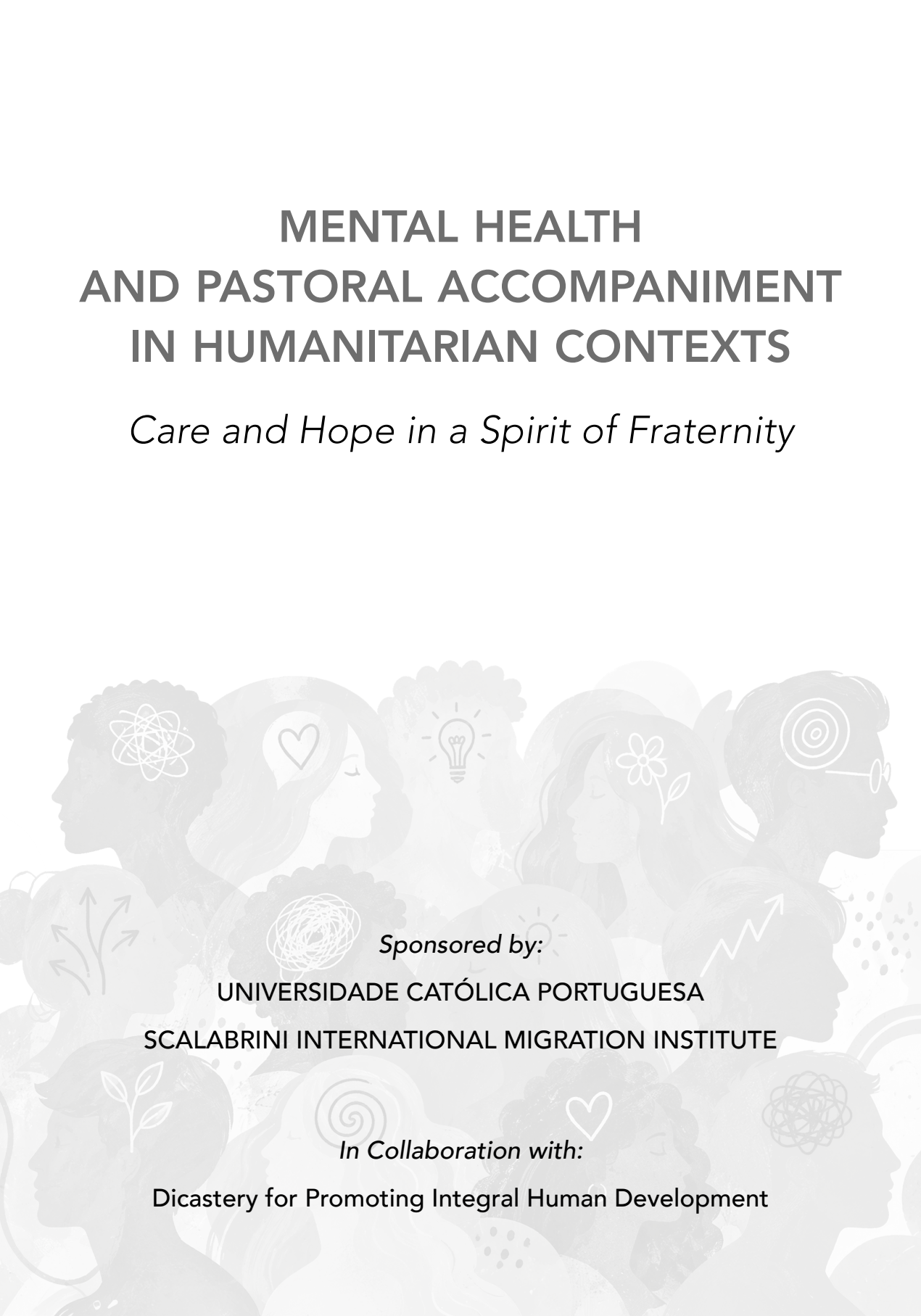


Care and Hope in a Spirit of Fraternity



MENTAL HEALTH AND PASTORAL ACCOMPANIMENT IN HUMANITARIAN CONTEXTS

Care and Hope in a Spirit of Fraternity



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The human being develops when he grows in the spirit, when his soul comes to know itself and the truths that God has implanted deep within, when he enters into dialogue with himself and his Creator. When he is far away from God, man is unsettled and ill at ease. Social and psychological alienation and the many neuroses that afflict affluent societies are attributable in part to spiritual factors. [...] The emptiness in which the soul feels abandoned, despite the availability of countless therapies for body and psyche, leads to suffering. There cannot be holistic development and universal common good unless people's spiritual and moral welfare is taken into account, considered in their totality as body and soul.

Benedict XVI, Encyclical Letter *Caritas in Veritate* (29 June 2009), 76

The individualism of our postmodern and globalized era favours a lifestyle which weakens the development and stability of personal relationships and distorts family bonds. Pastoral activity needs to bring out more clearly the fact that our relationship with the Father demands and encourages a communion which heals, promotes and reinforces interpersonal bonds. In our world, especially in some countries, different forms of war and conflict are re-emerging, yet we Christians remain steadfast in our intention to respect others, to heal wounds, to build bridges, to strengthen relationships and to "bear one another's burdens" (Gal 6:2).

Francis, Apostolic Exhortation *Evangelii Gaudium* (24 November 2013), 67

"Created for relationship, every human person is planned and willed by God to enter into communion with him, with others and with creation. Human dignity does not depend on a person's abilities, wealth or position in life, nor on the right or wrong choices made; instead, it is a gift that precedes and transcends each person, endowed by God as an expression of his unfailing love. For this reason, the human person always remains the 'way for the Church' and the heart of every authentic path of integral human development."

Leo XIV, Encyclical Letter *Magnifica Humanitas* (15 May 2026), 50

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INTRODUCTION

The world today is marked by humanitarian realities that are prolonged, overlapping and persistent¹. Armed conflict and political instability, forced displacement and migration, poverty and inequality, and environmental and climate-related disruption intersect in different ways and across different contexts. Pope Leo XIV has spoken of contemporary crises as “persistent realities,”² pointing to prolonged conflict, chronic insecurity, economic instability and growing climate vulnerability. They unfold within a world of extraordinary wealth and capacity, yet marked by profound inequality, weakened solidarity and cooperation, and a growing normalization of violence and exclusion. Political decisions, the use of power and the distribution of resources are part of this reality.

And it is here, in the ordinary fabric of human life, that these realities are most concretely experienced. For some, they are already part of daily life; for others, an immediate or growing threat. Often persisting over many years, and sometimes across generations, they reach into the conditions in which people live, raise children, care for one another, sustain relationships and community life, and imagine the future.

The Church lives within these same realities. Her local communities are part of the places and histories in which they unfold, and those who accompany others often live through the same uncertainty, loss and disruption. The Church “walks alongside humanity,” and in this way is called to listen, accompany and serve within the concrete realities people are living through.³ Her vocation is to remain close to people, with care, presence and fraternity.

At the heart of this presence is the person. The human person always remains the “way for the Church.”⁴ There is a person before us whose life cannot be reduced to what has happened to them, nor to what they have done. Every human life is willed, created and loved by God. Human dignity is neither earned nor forfeited.

¹ In this Guide, “humanitarian contexts” refers broadly to situations in which conflict, violence, displacement, political or economic instability, environmental and climate-related disruption, or other forms of acute or prolonged adversity seriously affect people’s safety, living conditions, relationships, communities and access to essential support. These realities may emerge suddenly or persist over extended periods, and often overlap.

² Leo XIV, Address to the Executive Board of the United Nations World Food Programme, 22 June 2026.

³ Leo XIV, Encyclical Letter *Magnifica Humanitas*, 15 May 2026, 18-19.

⁴ *Ibid.*, 50

Created for relationship, the human person lives through bonds of belonging, care and responsibility, in a life that is always shared with others. Vulnerability and limitation belong to this human condition. They do not make a person less human, nor do they define the whole of what remains possible within a human life.

Within these humanitarian realities, mental health has become an increasingly present concern in the lives of individuals, families and communities, and in the daily experience of those who accompany them. Pastoral workers encounter grief, fear, disorientation, isolation and forms of distress that may be prolonged or profound. They also encounter the effects of disrupted relationships, weakened belonging and the loss of familiar sources of meaning and support. These experiences are rarely carried by individuals alone. They unfold within families and communities, through relationships that may themselves be under strain but that can also remain important sources of care, connection and support.

The same human reality also resists being described only through suffering. Even in situations of profound adversity, people continue to care for one another, sustain relationships, make choices, preserve forms of community life and seek ways forward. This does not lessen the weight of what is being lived, nor imply that suffering must produce growth. It simply reflects the fullness of the person already affirmed above, and the human capacities that may remain even when much has been disrupted or lost.

It is within this human reality that this Guide speaks of mental health⁵. The term refers here to the psychological and emotional life of the person as it develops and is lived over time, inseparable from relationships, family and community life, and from the social, material and environmental conditions in which people grow, live and face adversity. It includes experiences of distress and mental health conditions, while also attending to the capacities, relationships and sources of support through which people continue to care, act, adapt and participate in life, even amid enduring suffering.

⁵ The use of the term “mental health” in this Guide is informed by an interdisciplinary body of knowledge and evidence that shapes contemporary understanding and care, including attention to mental health conditions, to the relational, social and developmental contexts in which mental health is lived, and to the capacities and resources through which people respond to adversity. Cf. World Health Organization, *World Mental Health Report: Transforming Mental Health for All* (Geneva: WHO, 2022). These perspectives are received in the light of Christian anthropology, within which psychological and emotional life forms part of the broader reality of the human person, irreducibly dignified and relational, and of a life lived in relationship with others, with creation and with God, never exhausted by vulnerability or suffering. Cf. Leo XIV, *Magnifica Humanitas* (2026), §§23-24, 48-53, 118-122.

Listening and discernment

In 2024, in response to concerns raised by bishops, clergy, and other humanitarian and pastoral actors about the mental health challenges they were witnessing among individuals and communities, and the strain carried by those accompanying them, the Dicastery for Promoting Integral Human Development convened a series of consultations with local Churches, Catholic organizations, religious congregations, and others engaged in pastoral and humanitarian work in different parts of the world.

The consultations invited participants to bring what they were seeing and living in their own contexts. They spoke of grief, exhaustion and forms of distress that were often difficult to name or address, but also of perseverance, solidarity and the many ways people continued to sustain one another. Their reflections brought forward the importance of family and community, faith and spiritual life, cultural practices and everyday forms of care; the needs of people living with more complex mental health conditions; and the experience of pastoral workers themselves, many of whom were accompanying others while living through the same uncertainty, loss and disruption. They also described practices already present within communities: creating trust, listening and remaining close, strengthening belonging, sustaining meaning and hope, recognizing capacities and sources of support, and connecting with other forms of care when needed.

Taken together, these contributions offered not a single model to be applied across contexts, but a rich body of lived pastoral experience from which common orientations could be discerned. They were subsequently brought together through synthesis, theological and anthropological reflection, and further consultation and review. The present Guide draws on this process, bringing lived experience in the light of Catholic Social Teaching and with relevant knowledge and practice from the mental health field.

The nine pathways that follow gather the principal reflections that emerged through this process of listening and discernment. They are offered to clergy, religious, lay pastoral workers and others engaged in direct accompaniment in humanitarian contexts, not as a fixed sequence or a model to be applied uniformly, but as interconnected points to be interpreted with attentiveness to each person, community and context. Together, they seek to support a form of accompaniment that is grounded in human closeness, informed by knowledge, and attentive to the dignity, relationships, capacities and hopes already present in the lives of those accompanied.

1 Creating Spaces of Trust and Safety

In humanitarian contexts, creating conditions of trust and safety is often the first ground of pastoral accompaniment. Safety has concrete dimensions – physical, emotional, relational and spiritual – and begins with protection from violence and access to shelter, food, water and the basic necessities of life. Where these conditions are absent, fear, insecurity and abandonment can deepen. Yet in many settings marked by ongoing conflict, displacement, or hidden violence, full safety cannot always be guaranteed. In these situations, pastoral care seeks to foster spaces where people are received and treated with dignity, where trust can grow even amid fragility, and where the presence of the Church becomes a sign that no one is treated as forgotten or abandoned.

When violence, displacement, and uncertainty have fractured bonds of belonging, communities need places where wounds can be acknowledged without fear and where vulnerability is welcomed without judgment. Such spaces are grounded in the conviction that “building for the common good means accepting the limits and weakness of humanity without considering them an error to be corrected.”⁶

Care begins by offering presence, a persistent, humble presence that invites trust through simple fidelity and commitment. It listens before it speaks, accompanies before it explains. In many wounded communities, silence and stigma surround experiences of suffering – particularly when mental health is affected. To create spaces of safety is to break through this silence gently, allowing pain to be expressed and dignity to be safeguarded. It means paying attention to those whose circumstances may place them at greater risk of harm, exclusion or neglect. Who this includes will differ from one situation to another, and may involve, for example, people affected by displacement, violence, discrimination, disability, poverty, isolation or other forms of marginalization.

⁶ Leo XIV, Encyclical Letter *Magnifica Humanitas*, 15 May 2026, 12.

Building trust is a patient and delicate task. It cannot be rushed. It grows slowly, through consistency, compassion, and deep respect for each person's space. A space of trust is one where no one needs to hide what they are living through out of fear or shame, and no one is pressured to disclose it, where questions of faith and meaning are welcomed without fear, and where no one's suffering is treated as shameful. In such spaces, the Church can be a place of human closeness and tenderness, where healing begins not through answers, but through shared presence.

2 Listening and Accompaniment

Listening is one of the most powerful but most neglected forms of care. In humanitarian contexts, where fear, grief, and disorientation often overwhelm words, the simple act of listening becomes an act of healing. It creates a space where pain can be named without fear, where wounds can be shared without judgment, and where dignity can be restored through presence rather than explanations.

True accompaniment begins with listening. It is the readiness to walk alongside another, not to lead or to fix, but to be present without rushing, without demanding, without withdrawing, in the face of suffering. Listening means accepting the silence that sometimes replaces words, recognizing that pain is not always easily spoken, and that being heard – or simply being allowed to exist – without pressure – is itself a profound human need.

Listening is also a skill – one that can be cultivated with care and intention. It goes beyond merely hearing words. It requires conscious, participatory attention: setting aside our own impulse to speak, resisting the urge to offer immediate answers, and being truly present. This kind of listening welcomes the other person's story as it is, without interruption, pressure, or judgment. It reflects back what is heard, acknowledges emotions with humility, and affirms the person's dignity. Even simple responses such as *"It sounds like you're carrying a lot"* or *"I hear how hard this has been"* can help someone feel seen and valued.

Active listening is not passive; it engages the whole self – mind, heart, body, and spirit – within a relationship of trust. It is through empathy, expressed in both verbal and non-verbal ways, that pastoral workers can truly tune into what others are expressing. Silence, when held gently, also can communicate care more deeply than words. In this sacred space of listening, people can begin to process their experiences, reconnect with their own strength, and feel accompanied rather than alone.

In such contexts, to listen in this way becomes a quiet but powerful act of resistance against stigma, marginalization, and despair. It affirms that each person is the author of their own story, capable of healing and growth. For

many, being listened to with empathy and without judgment can be the first step toward regaining meaning, identity, and hope.

This approach applies not only to individuals but also within communities. Group listening, peer support, and culturally rooted practices-when offered with respect and adaptation-can foster collective healing. Whether through trained volunteers, mutual aid groups, or local traditions, what matters most is the creation of safe, welcoming spaces where people feel heard, accepted, and supported in finding their own way forward.

When humanitarian and pastoral workers, religious, and lay actors listen in this way, they are a living presence of compassion. Accompaniment through listening plants seeds of trust, resilience, and hope – even when no immediate solution exist. In listening faithfully, the Church walks the long road of healing hand in hand with those who suffer.

3 Strengthening Bonds of Community and Belonging

Community gives belonging a lived form. It is found in the people who know us, in familiar places and shared practices, and in the ordinary rhythms through which life is shared. In humanitarian crises, this common life can itself be wounded. Violence, displacement, poverty, scarcity and prolonged instability can separate people, erode trust and strain even long-standing bonds of care. The social fabric may become weak precisely when people most depend upon one another. Pastoral care therefore includes caring for the life of the community itself, sustaining and renewing the bonds through which people continue to belong and share life together.

Pastoral accompaniment nurtures this communal life through encounter, prayer, shared work, cultural continuity, hospitality and mutual care. Around a shared meal, in prayer and worship, through music and storytelling, in celebrations or in children playing together, ordinary life continues to be shared. In these encounters, people can feel seen again, named again, remembered again. In these ordinary forms of shared life, belonging becomes tangible.

For this reason, caring for communal life is also part of caring for mental health. When people can remain connected to familiar practices, responsibilities and forms of participation, something of the continuity of life is preserved even under great pressure. When fear, loss, displacement or isolation have disrupted this common life, renewing it can become part of healing. What matters is not simply that community offers support to individuals, but that people remain part of a life shared with others.

Pastoral care strengthens these bonds by walking with people as they sustain and rebuild communal life. Such care recognizes each person as a protagonist in this shared life. Each person has a place within it, with their gifts, stories, wounds and hopes. Acts of hospitality, shared prayer and solidarity can renew the threads of life frayed by fear and isolation. Sometimes these acts are visible; at other times, they are found in quiet gestures, patient presence, or the unspoken familiarity of being together again.

The Church is called to be a community of belonging, a home where all are received with dignity.

Within this common life, people are not only supported; they remain able to take responsibility for what is shared and to respond together when it is threatened. Strengthening these bonds is therefore not an optional part of caring for mental health. In rebuilding communal life, the Church bears witness that, even when so much has been lost, the human spirit can find ways to belong, to trust, and to begin again.

4 The Foundation of Mental Wellbeing Lies in Relationships

Community belonging is lived through relationships, and it is about nurturing these relational bounds that healing is possible in humanitarian contexts.

Relational connections are not secondary to survival; they are often the very condition that makes survival possible. The quality of human presence – the ways we accompany, forgive, protect, and hold one another – plays a decisive role in protecting mental health and restoring mental well-being. Within relationships marked by such presence, people can find both protection and restoration – help in making sense of their pain and an anchoring presence that resists despair.

During the darkest times of human history, it was the strength of relational bonds that carried people through despair. In places of extreme suffering – among those who endured the horrors of war, displacement, captivity, and torture – one's personal relationship with God, the presence of a trusted companion, the memory of a loved one, the simple act of being seen and accompanied, often made the difference in preserving a sense of one's humanity amid profoundly dehumanizing conditions. Survivors of unimaginable violence have testified that what kept them alive was not only physical endurance, but the delicate yet indestructible thread of relational connection: a hand held, a word shared, a silent pact of solidarity.

Among children torn from their families and forced into violence, it has been the rebuilding of relational belonging – the acceptance by a new community, the embrace of trust – that has allowed them to rediscover their places in life. Among displaced persons and refugees, those welcomed into networks of care and solidarity recover with greater resilience than those left isolated, no matter how much material support they receive.

This invitation to care also requires confronting the cultural narratives that reshape the way well-being is perceived and pursued. The concern for personal wellbeing can become separated from the prosperity of the larger human family, widening the division between individuals and human

community⁷. When wellbeing is defined as comfort, or the absence of suffering, people may grow indifferent to the pain of others – and even to their own deeper needs for connection and meaning. Yet human beings cannot fully know themselves apart from encounters with others, because “life exists where there is bonding, communion, fraternity”⁸. The pastoral approach offered here affirms that true mental wellbeing is not simply about avoiding discomfort, but about rediscovering the human capacity to accompany, to weep, and to heal together.

Mental wellbeing flows not only within individuals, but through the relational spaces between them. It is carried in the sacred encounter where vulnerability is met with tenderness, where wounds are honoured rather than hidden, where faithful presence counters abandonment. Relationships become a vessel of healing precisely when they are consistent, humble, and attuned. Christ shows the meaning of such presence. He preferred to heal “not from a distance but in close proximity”, drawing near with compassion and tender love.⁹

Pastoral care is called both to accompany individuals and to foster these relational spaces of life. It means recognizing in each person the capacity to accompany and to be accompanied, and cultivating environments where the dignity of each person is affirmed through bonds of solidarity, patience, and mutual belonging. In these relational movements the Church is a living witness, a sign that even when the world is shattered, love remains possible, and new life can be born.

⁷ Cfr. Francis, Encyclical Letter *Fratelli Tutti* (3 October 2020), 31.

⁸ *Ibid.*, 87

⁹ Cf. Francis, Encyclical Letter *Dilexit Nos* (24 October 2024), 36.

5 Rebuilding Meaning and Nurturing Hope

Within bonds of community and relationships of trust, people also seek to make sense of what they have endured and to find grounds for hope. Crises wound bodies and emotions, challenge one's spiritual wellbeing, and fracture the internal frameworks through which individuals and communities understand themselves, interpret suffering, and envision their future. Violence, displacement, and prolonged instability can profoundly disrupt life's coherence, leaving deep marks of existential disorientation.

Human beings need a horizon of meaning. When this horizon darkens, inner emptiness, isolation and despair can deepen. When people discover that their lives have value, that they are loved and awaited, and that they still have a place and a calling in the world, then hope is born. Hope is not a naïve illusion but "a spiritual force that sustains life, even in the most difficult moments."¹⁰

In these contexts, care gives particular attention to the work of rebuilding meaning from what has been broken. This work is rooted in the irreducible dignity of the human person. What has happened to someone, however devastating, cannot erase that dignity or exhaust who they are, or determine what their life may still become. Within this search for meaning, the fragments of painful experiences can be transformed into sources of profound inspiration and renewed purpose.

Survivors of war and displacement have borne witness to this possibility, turning their darkest moments into testimonies of resilience – becoming human rights advocates, community leaders, healers, and educators who embody compassion precisely because they have known deep suffering. Their lives illustrate that meaning can emerge from pain, not by ignoring or diminishing it, but because what has happened does not possess the final word.

¹⁰ Leo XIV, Address to Participants in the International Conference "Maps of Hope for a Regional Educational Agenda: Mental Health, Digital Technologies and Education", 30 May 2026.

Crises also wound the identities through which people know themselves. Many circumstances can lead to this experience. Refugees and displaced persons, for example, often carry the invisible burden of lost languages, disrupted cultural and religious practices, and severed connections to ancestral lands. Rebuilding meaning for them is deeply tied to reclaiming and reaffirming identity. Preserving traditional languages, sustaining cultural rituals in exile, and passing family and community stories across generations, become profound acts of resistance against the erasure of identity. Identity thus becomes not only something preserved, but something courageously restored – drawing from the old while also incorporating the new experiences of displacement and survival. In this work, pastoral care stands as a steady presence that helps people remember who they are, and trust that something new can still begin.

Spiritual accompaniment has a particular place within this search for meaning and hope. Offered with respect for each person's beliefs or lack thereof, it makes room for questions about the meaning and value of life, strengthens faith where it is present, offers existential comfort in the face of destruction, and accompanies people as they seek to integrate experiences that have brought them to the limits of what they could bear. It must never rush to explain suffering or attribute it superficially to "God's will" or to a mysterious plan, since this can minimize pain, silence it and wound people further. When God seems absent, pastoral care may help a person find words for prayer and sustain trust in a God who does not desire suffering but remains close to those who suffer and carries their pain with them.¹¹ Christian hope allows people to return to the wounded places of their lives and see them anew as places from which life can continue.¹² The Church bears this hope as a gift received, never as optimism imposed upon those who suffer. Even amid what cannot yet be repaired or understood, life remains open.

¹¹ Cf. Leo XIV, "Dialogue of the Holy Father with Young People," Prayer Vigil at the "Lluís Companys" Olympic Stadium, Barcelona, 9 June 2026.

¹² Cf. Pierbattista Cardinal Pizzaballa, "They Returned to Jerusalem with Great Joy": A Proposal for Living the Vocation of the Church in the Holy Land, Letter to the Diocese, 25 April 2026.

6 Recognizing and Nurturing Resilience

Having reflected on how meaning and hope are slowly rebuilt in the aftermath of crisis, it is now essential to acknowledge the resilience that individuals and communities already carry and express in many different ways. This resilience, though often quiet and understated, is expressed in the way people resist violence, live through loss, and confront the forces that threaten to destroy life, dignity, and hope. It is deeply intertwined with human agency – the inherent capacity of individuals and communities to make meaningful choices, to act, and to actively shape their own lives even amid immense constraints. Resilience is not imported from the outside. It is a dynamic capacity – one that can be recognized, affirmed, and nurtured. At the same time, it never exists in isolation – how resilience takes form is shaped by relationships, circumstances, and the personal and communal resources available. Recovery does not unfold at the same pace for everyone and, for many, remains a long and difficult path.

Resilience is more than simple endurance, though endurance itself is a profound expression of it. It is the profound human capacity to creatively adapt to adversity, to find and create meaning amid chaos, and even to transform experiences of deep suffering into sources of strength and compassion. Participants in the consultations vividly illustrated this capacity – from informal support groups to reappropriated cultural and religious rituals, from collective caregiving to creative adaptations of livelihoods and daily routines. Indeed, in crisis, even when suffering is not chosen, the fundamental human capacity for choice – to love, to believe, to pray, to hope, to reconnect, and to rebuild – remains active and vital.

Recognizing resilience as a dynamic process shifts the focus from what is broken or missing toward what is already strong and potentially transformative within individuals and communities. Such recognition is part of caring for mental health, bringing into view the capacities, relationships and sources of support through which people continue to care, act, adapt and participate in life. Local, creative coping mechanisms often emerge in direct response to adversity – unique adaptations that external observers might easily over-

look or undervalue. The role of pastoral workers, therefore, is not to impose outside solutions, but to listen deeply and nurture these inherent sources of strength. They are not called to “give” resilience, but to recognize and affirm what is already present, creating spaces where people’s agency can be celebrated rather than replaced.

How pastoral workers perceive those affected by crises profoundly influences how these individuals perceive themselves. When people are seen primarily as victims, it becomes harder for them to perceive themselves as capable. When they are seen through a lens of possibility, agency, and dignity, they are more likely to recover and act from those same qualities. In this sense, building resilience is never passive. It requires a relational ethic that reinforces opportunities for local decision-making, mutual support, and community leadership.

Ultimately, to accompany resilience is to recognize the profound human ability to reorient one’s life after in the aftermath of profound disruption. Pastoral care contributes most meaningfully when it helps people see their own strength, organize their next steps, and remain connected to what gives their lives coherence and purpose.

7 Caring with Knowledge and Discernment

Pastoral accompaniment is rooted in presence, relationship and attention to the whole person. In the field of mental health, these must be accompanied by knowledge and discernment. The complexity of mental health challenges – particularly amid violence, chronic insecurity and social exclusion – calls for responses that are both relational and informed. Pastoral care should therefore be informed by established scientific mental health knowledge and good practice, brought into dialogue with the knowledge, experience and forms of care already present within pastoral life. Such dialogue can deepen understanding of mental health and distress, strengthen the quality and safety of the care offered, and inform the formation of those who accompany individuals, families and communities.

Caring with knowledge refers to the intentional formation of those who support others: pastoral workers, lay leaders, volunteers, and community caregivers. This formation builds upon capacities already deeply rooted in pastoral practice. Listening, building relationships, remaining close, offering practical care and spiritual accompaniment are not external techniques to be introduced into pastoral life. Formation can deepen these capacities while also developing further knowledge and skills for understanding how adversity may affect mental health, recognizing vulnerabilities and sources of support, and responding to distress in ways that are safe and attentive to the person and their context.

Caring with knowledge also requires recognizing the limits of pastoral care and of one's own competence. Some situations call for professional assessment or specialized mental health care, particularly when a person experiences sustained or acute mental distress – such as an inability to perform daily functions, indications of disconnection from reality, suicidal ideation, risk of harm to self or others, or significant substance dependency. Recognizing when this additional care is needed, and helping the person to access it, is part of responsible pastoral accompaniment.

Referral is part of responsible accompaniment. Pastoral communities should know where appropriate professional support can be found and cultivate

trusted relationships with those who provide it before moments of urgent need. When referral becomes necessary, it should be made with clarity, sensitivity and respect for the person's dignity and agency, through dialogue that avoids deepening stigma or fear. In this way, the person can be linked to care beyond what pastoral workers themselves can offer, without being left alone in seeking it.

Once a referral is made, pastoral accompaniment does not end – it evolves. The Church remains a space of spiritual grounding and relational trust. Continued presence, whether through follow-up conversations, blessings, prayer, or practical support to families, reinforces that no one is forgotten. In this way, the care offered is not only immediate, but enduring.

8 Accompanying People Living with Severe Mental Health Conditions and their Families

In every community, there are people living with mental health or neurological conditions whose effects at certain times or over longer periods, can reach deeply into everyday life. Daily routines, relationships, communication, work, and participation in family and community life may become difficult to sustain, and the person may need significant and continuing support. In humanitarian contexts, the events and losses people live through can themselves contribute to serious mental health difficulties or deepen those already present. At the same time, disruption to relationships, familiar routines and services can weaken the very supports on which people and families ordinarily rely.

A condition of this kind does not define the whole of a person's life or close off the possibility of meaningful relationships, participation and purpose. With appropriate care and support, many people live well with these conditions and continue to take part in the ordinary routines, relationships and activities of everyday life. There may also be periods when life becomes much more difficult, sometimes for a long time. The weight can be immense for the person and can profoundly disrupt family and relational life. Those who care for and remain close to them may also carry demanding responsibilities over long periods. Pastoral accompaniment is especially important in these moments, remaining close when the weight is heavy and being prepared to stay through a journey that may be long and change over time.

People living with severe mental health or neurological conditions, and their families, may also carry difficulties that remain largely unseen by the wider community. Stigma and fear remain widespread and can make it harder to speak openly, seek support, or remain part of ordinary community life. People may be quietly excluded from education, work, worship, or shared social life – not always through deliberate rejection, but sometimes through fear or uncertainty about how to respond when a person's needs, communication, or behaviour are difficult to understand. Families can become isolated as

well, finding that fewer people remain close as the situation becomes harder to understand and relationships harder to sustain.

Over time, care can come to occupy a large part of everyday family life, requiring attention, decisions and adjustments that others may rarely see. Caregivers also may feel isolated, unsure of where to turn or whether anyone fully sees what they are living. The person they care for may also find it difficult at times to express what they need or to remain connected with others. Even within close relationships, people can find themselves struggling to reach one another, adding another kind of loneliness to what they are already carrying.

In such contexts, pastoral accompaniment can offer a stable human relationship grounded in trust, compassion and a willingness to remain. It means actively staying close to the person and those who care for them, seeking relationship and listening attentively, with respect for the person's dignity and experience. It also calls for helping the person remain actively part of the pastoral life of the community, according to their wishes and with the support they may need, taking part in prayer, activities, service and decisions, and in the care the community shares with one another. Such accompaniment may continue over a long and unpredictable journey, helping ensure that even through the most difficult periods the person remains connected, involved and fully part of the community.

9 Fostering Mutual Support Among Caregivers

In humanitarian contexts, bishops, priests, religious and pastoral workers who devote themselves to the daily accompaniment of others, live within the same storm as the people they serve. They are not immune, and may themselves be living through the same loss, fears, uncertainty and disruption, even as they continue to offer care.

Their work is profoundly demanding, and over time its silent and invisible burdens accumulate – emotional exhaustion from bearing witness to immense suffering, compassion fatigue from countless painful stories, physical fatigue from the unrelenting demands of accompaniment. For those whose life and service are rooted in faith, there may also be a deep spiritual weariness in carrying questions for which no answer comes easily – why suffering continues, where justice is, and how to remain before God when his presence can feel painfully difficult to find.¹³ And when crises continue and there is little space to rest or receive support, caregivers may find themselves gradually alone – believing that their needs are insignificant compared to those they support, or that acknowledging their own vulnerability would somehow undermine their role or their faithfulness to the mission.

Beneath this posture of seemingly selfless giving lies a hidden relational danger – the quiet creation of vertical dynamics of care. Almost imperceptibly, caregivers can come to assume that their care runs in one direction only: “I am here to help and to serve. Others need me.” Left unexamined, this hardens into a pattern – always the giver, never the receiver, always the one offering, never the one in need. Such a stance can feel noble at first, but it becomes isolating, unsustainable and spiritually incomplete and can leave the caregiver’s own wounds increasingly unseen.

Indeed, fatigue and burnout grow not only from the practical workload, but also from the distance that can grow when a caregiver feels, “I must be strong, because others suffer more”. And the more one is invested in the suffering of

¹³ Cf. Francis, Encyclical Letter *Dilexit Nos*, 45; Mk 14:33-34; 15:34.

others, the harder one's own wounds become to acknowledge, to name, or to heal, until the burden carried alone deepens into exhaustion, diminished hope, and even a sense of failure.

This relational dynamic needs to be challenged and transformed. Restoration and sustainable caregiving depend on a deliberate movement from vertical relationships toward making relationships of care more horizontal, fraternal and mutual. It begins with a liberating recognition. We too carry wounds and limitations. Acknowledging them does not disqualify us. It allows us to be honest about our own humanity, to allow ourselves to be seen, and to meet others more truthfully in their suffering. Accepting this vulnerability can deepen connection and compassion and draw us into true communion.

Such vulnerability is not a shame. It is an act of courage – and it can transform communities, particularly where the stigma surrounding mental health is strong. When caregivers allow their own vulnerability to be part of how they live and accompany others, rather than something that must be hidden, they challenge the expectation that those who lead must always appear strong or untouched by suffering. Their lives can offer a testimony that mental distress, limitation and the need for care do not diminish dignity or calling. In allowing themselves to be seen and cared for, they also make room for relationships that are more human, mutual and accepting of the vulnerability we all carry.

Mutual support grows where caregivers are able to remain fully human in the midst of their service, without having to hide what they carry or bear it alone. Such spaces can become places where burdens are shared, grief is honoured communally, joy is celebrated together, and faith is rekindled through the warmth of human presence. This cannot depend on caregivers alone. Parishes, dioceses, religious congregations and other institutions have a responsibility to foster conditions in which the mental health and well-being of those who serve within them are protected, supported and promoted.

May this vision inspire pastoral communities everywhere, both in the care they offer to caregivers and as a prophetic witness to a wounded yet hopeful world. May our communities be places where vulnerability is honoured, where fatigue is met with compassion, where mutual support breaks through isolation, and where every caregiver is truly known, genuinely loved, and profoundly accompanied.

CONCLUSIONS

Throughout this reflection, we have listened to voices from humanitarian contexts across the world – voices that speak from within the heart of crisis, yet also from the deep well of faith, resilience, and love. Their experiences have reminded us that mental health is not a secondary concern, but a vital expression of our shared humanity. To care for mental health, therefore, is to enter a deeply human space in which the Church is called to be present, attentive, and humble. We have seen that mental health lives in relationships, in trust rebuilt, in communities that remember, include, and uphold dignity. It is found in silent acts of accompaniment, in shared meaning reclaimed after loss, in the bonds of mutual care, and in the slow work of restoring belonging where rupture has occurred.

At the heart of this understanding is the human person, whose dignity comes from God and does not depend upon health, strength, autonomy or freedom from suffering. No wound, loss or mental health condition exhausts who a person is. Pastoral accompaniment begins from this conviction. It draws near without taking the person's place, recognizing that even amid vulnerability and dependence, each person remains capable of receiving and giving, speaking and responding, belonging and contributing. Christian hope does not erase wounds, call suffering good or demand optimism; it sustains the Church in remaining before what cannot yet be repaired or understood, trusting that life remains open and that suffering does not possess the final word. Within the community of faith, these relationships of mutual care also become places in which the presence of God is encountered – *"For where two or three are gathered together in my name, I am there among them"* (Matthew 18:20).

As we look ahead, let us remember that we are not alone in this mission. We walk this path together – as communities of faith and as people who also carry wounds and limitations, called to make compassion not a theory but a daily practice. May this Guide serve not as a final word, but as a beginning: a shared foundation from which the Church in her many local expressions can continue discerning how care and hope may take flesh within different humanitarian realities. May it help us to accompany with wisdom and tenderness and to become signs of hope in a wounded world.

Let us go forward with gentleness, conviction, and fraternity – knowing that wherever there is suffering, the possibility of encounter, healing, and communion remains.

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