Association for Pastoral Care in Mental Health

10th Anniversary Edition

Newsletter

September 1996

Editorial

Message from the Chairman and Committee to the Branches and Members:

APCMH (Association for Pastoral Care in Mental Health)
AN ASSOCIATION FOR PROMOTING AND PROVIDING FOR PASTORAL CARE TO PEOPLE WHO SUFFER WITH MENTAL HEALTH PROBLEMS AND THEIR FAMILIES

A CHANGE OF NAME

The Charity Commissioners have accepted the decision made at the last Annual General Meeting; the Association is now to be known as APCMH - the Association for Pastoral Care in Mental Health.

This came as a bit of a shock to those of us who had settled to accepting "APCMI" and had seen advantages in continuity. But others have already taken action in creating a new profile, and have become the local presence of APCMH. As the Chairman, I feel the change of name is not only a statement about attitudes, but also the sign of a new way forward. As I suggested by analogy at a recent training day, it is a little like moving from the peace and smallness of Galilee to the politics and hassle of Jerusalem or Rome; we are becoming an umbrella organisation rather than just a number of local branches. We must still have these local branches who carry on the practical ways of expressing pastoral care, and these must continue to be encouraged to develop. In fact, wherever a local branch feels threatened by the change of name, I am sure we can work out a valid way of integrating an existing title with the new super-structure.

But I think the Association is becoming more of a federation of local groups and special projects and mental health communities and others who share our aims, where APCMH can act as a national network for new initiatives which all broadly fit the description of Pastoral Care in Mental Health. In this scenario, as well as attracting individual membership of those who support our cause, we hope to increase the process of affiliation so that the national Association can speak with even stronger authority.

The 10th Anniversary Celebrations in October will be the time to launch new directions. The Committee welcome all comment, and will listen to anyone who can better help the churches and religious communities to see the importance of supporting and standing beside those who suffer.

Jeremy Boutwood

Chairman

APCMH - Some Developments in recent months

The APCMH 'Flyer' leaflet has been widely circulated within the Dioceses of the Church of England in England. The response is very exciting. A steady and growing number of people have contacted the General Secretary. It is the Committee's intention to target other churches in the same manner.

The main thrust of enquiries is about the training seminar **'Awareness Raising about Mental Health Issues and the Church'.**

APCMH was involved in a day seminar in the Oxford Diocese in June this year and there are plans to hold a second day addressing mental health issues and the Churches' role in the western end of the Diocese in 1997.

In Northampton at St Francis Church Duston, there is a seminar to consider Mental Health Issues and the Churches role. The seminar will particularly address Awareness surrounding Mental Health Issues and it is the aim of the day to form the nucleus of a branch in Northampton.

Such a request for a similar seminar has come from the Archdeaconry of Bodmin in the Diocese of Truro and it is hoped to repeat this in the Cornwall Archdeaconry.

The recent contact with churches has identified their awareness of Mental Health Issues and their desire to be support, trained and develop services.

Work is continuing with the Diocese of Canterbury and Chichester to provide training for the growing work of Christian Community Care on Romney Marsh. It is looking to the future and a target date of May 1997 is currently being considered.

A Chaplain working in an SAS Unit or Medium Secure Unit identified a substantial and unmet need of lack of support and isolation in this work. These Chaplains feel that little account is given to their exacting and demanding work. Many are working in extremely limiting conditions without proper office and interviewing facilities. At present, a 'draft survey' is being prepared to be able to clearly identify their needs. When this data is collected there is a plan to hold a Chaplains' Conference led by APCMH. This Conference will be held in mid 1997.

This article identifies the need to Network. If you feel you can help through your contacts to develop APCMH please contact

David Walters 01323 - 833984

INVOLUNTARY WILDERNESS AND THE SIMON SYNDROME

In response to a Conference we had at Battersea a couple of years ago, called the TRUE WILDERNESS, where speakers had compared the experience of darkness in mental illness to the language and descriptions of the mystics, one of our members pointed out this is too facile a comparison, as the sufferer of mental illness has not had any opportunity to choose whether they want to enter such a darkness, whereas the mystic's paradoxical joy-in-anguish is the end result of a continuing number of totally freely-chosen lifestyle options.

I remembered this when I was on pilgrimage to the holy Land during March this year. In the classic tradition we were doing the Way of the Cross up the Via Dolorosa on a late Friday morning. It is odd that no-one else seems to pay any attention to the special and privileged devotions of the pilgrims - much like Christ's marginalisation, I suspect. But for each one of us every element took on a special meaning.

At each Station one of us was asked to read a passage of Scripture to illustrate the original scene. When it came to the Fifth Station, the priest asked me to read out about the giving of the Cross to Simon of Cyrene to carry. Simon certainly did not choose this ignominious identification with a common criminal, at least as far as he was concerned. And I remembered my own great period of darkness in a locked ward in the Warnford Hospital in Oxford, when many of my friends had enjoyed graduating from that same city with academic honours; I had felt enormously side-lined and forgotten, and I certainly had not chosen that situation.

But it is said of Simon, that through carrying the Cross, he began to understand the real status of the Person who was to endure the Crucifixion; and as he did so, he realised that the act of having his services commandeered had actually brought him into a wonderful share in the redeeming power of Jesus. I too realised that my time of humiliation and disappointment had brought me into a way of life - and new insights into a different set of values - so that I was ready to admit that genuine joy coming out of that darkness. This led to an ability to tell fellow sufferers that they too must go beyond the immediate desolation, and understand that they have been given a short cut to an experience of the Spirit that many good Christians earnestly aim for through years of ascetic discipline and moral endeavour.

Thank you Lord, for allowing me to be a Simon.

Jeremy Boutwood

It takes courage to pause - to be still - to be patient
To go through the feelings
Without of necessity acting on them
To lay aside habitual self-hatred
And failure to accept your own worth and dignity
To love yourself
To realise that you cannot make yourself special
To know that all you do is simply to recognise that you are special.

Jim Cotter (Revisiting Prayer at Night)

Martin's Story

LIFE'S PROBLEMS AFTER THE AGE OF TWENTY-SIX

Chapter Two

TO DEAL FIRST with the lesser of two evils: my problems which are mostly confined to the world of the indoors. That is to say obsessional neurosis. A wrong diagnosis is schitzophrenia, in my view, a meaningless word used as a blanket definition of all a person's ills that cannot be seen and treated as readily as a common cold or a broken leg. This term is also open to the abuse of stigmatization of the individuals to whom it is applied.

One cannot say where the origin of such conditions lies, but the two theories are hereditary and childhood conditioning. These two factors are so similar that it would be unwise and unrealistic to try to separate them. Hereditary factors are genetic and run so deep that it is impossible, not to mention undesirable, to try and analyse them, and pointless to regret their presence in human genealogy.

Philosophically, the standpoint which is often to my mind the best to take, fate decrees random selection, nature decrees that illness is part of human life, factors with which a mere mortal human being is in no position to argue. Victim of circumstance is a phrase which comes to mind, a phrase which can account for millions of unfortunate people throughout history.

I mention these points because, in the final analysis, scientific and psychiatric thought fails miserably to account for the origin of psychiatric conditions in people from all walks of life and varying attributes and qualities. I think that each person is individual and the best treatment is an individually formulated treatment rather than the broad brush policy of medication or conventional wisdom. Notice that I refer to those affected by psychiatric conditions as "people" not "cases" or "patients", and I also think that the words psychiatry and psychiatric would be more appropriately written in inverted commas.

Chapter Three will appear in the December Issue.

APCMH is pleased to announce that the U. K. Federation of smaller mental health agencies has been established with named trustees. A business and service plan is being prepared in order to achieve funding for projects. The base for the Federation will probably be in the Midlands. More information will be available in the next Newsletter.

Pam Freeman

CURRENT ISSUES IN THE MEDICAL WORLD

COMMENTS ON CONFIDENTIALITY

Confidentiality is at the heart of relationship. It has both individual and community significance. A perceived breach will result in **Smith** saying "I will never confide in **Jones** again. In the community **Brown** will hear of **Jones'** indiscretion, and will also cease to confide in him. In these days of information technology and Health Service Management, the problems have become much more complex - or would it be stated that 'Society has made these problems much more complex'?

In the 1970's, after much debate, three resolutions were agreed with the Council of the B.M.A. and accepted by the Secretary of State.

1) Identifiable information is to be regarded as held for the specific purpose of the continuing care of the patient, and should not be used without appropriate authorisation or the consent of the patient (parent or guardian in the case of a child) for any other purpose.

2) Access to identifiable information held in medical records is to be confined to the author and to the person clinically responsible for the patient during the episode from which the data has been collected (or their successors) unless specifically authorised by the clinician in the clinical interest of the patient.

3) An individual is not to be identifiable from data supplied for statistical or research purposes except when follow-up of the individual patient is a necessary part of the research (and either the patient has given informed prior consent or consent has been obtained from the chairman of an appropriate ethical committee).

Many managers and other N.H.S. employees claim 'the need to know' in the context of planning and economy. The B.M.A. has recently warned about patient data being sold to third parties by Health Authorities or Trusts. It is tempting to enter into contracts with commercial data processing services. Confidentiality is too important and delicate a matter to be traded off against business factors. In February 1996 the B.M.A. considered that the principle of confidentiality of personal health information is particularly under threat to which the multi-disciplinary team environment contributes in a million-strong N.H.S. workforce. The faster information flows, the more difficult it becomes to control, and the advent of electronic data systems simply exacerbates the situation.
Neither is general practice free from problems. The 'New Contract' imposed in 1990 had aspects which threaten confidentiality. For example, patients who have had a hysterectomy are excluded from a practice's target population for cervical cytology. To claim the target payments, G.Ps would have to inform the Health Authority of the names of relevant patients; similarly the names of patients undergoing minor surgery had to be disclosed. It was reported that 90 minutes sufficed for journalists to obtain details of the health record of an eminent doctor by false representation to his family doctor with lies about a so-called emergency requiring disclosure.

Earlier this year the N.H.S. Executive published Guidelines on Information systems security. The B.M.A. has found them inadequate, and has advised practices not to link up with the scheme yet. The Disclosure and use of Personal Health Information Bill has recently had its first reading in the House of Lords. If it becomes law, it will be a criminal offence to breach patient confidentiality.

So the pendulum swings. For sure clients will not entrust information to people who safeguard their interests like a sieve holding water! We do not want perhaps to return to the Victorian approach where many doctors kept patient problems in their heads rather than on paper. But it could be that we should return to the three agreed principles stated earlier.

What the Clergy, doctors, nurses, counsellors, and indeed anyone who may be entrusted with private information, must do is to offer the degree of confidentiality the client wishes. The agreement must then be kept strict. In doctor/clergy referral it is advisable to agree about the status of shared information, so that the patient knows the boundaries to which those who intend to help them will keep.

Trust is imperative; are we prepared to be trustworthy - even if it proves costly?

Gordon W. Taylor

The Harvest of the Spirit - KINDNESS

KINDNESS is the spontaneous expression of love in small things, the unconscious revelation of God at work in all of us. It is a "natural" human quality that can shame and reverse those other natural qualities of greed, envy and self-serving.

We thank you, Father, for the myriad acts of kindness done by ordinary people every day; people without special pretensions to whom kindness comes naturally - sometimes in the routine of daily living, sometimes at times of sorrow or adversity, sometimes in the midst of conflict and hatred. We thank you that kindness like this is everywhere, to be found among people of all creeds and classes, of all nations and in all circumstances, a perpetual sign of your presence and a universal leaven for the human family.

KINDNESS is the lubricant of human transactions, unplanned, unsung, uncontrolled, easing the awkward moment, smoothing the rough pathways, rounding the sharp corners. It is the cement, strong but flexible that binds the loosely linked strands of human community.

God of justice, we are painfully aware that we live in a divided and unjust society, with some very wealthy and some very poor, and whole communities alienated by poverty, unemployment and race. In the face of these problems and the apparent impossibility of changing them, create among us a rising tide of goodwill, repudiating the prevailing fashion of self-serving, infecting our nation with a different approach to life and beginning to transform society from within in a way that neither propaganda nor legislation can do.

KINDNESS is the deflator of anger, the neutraliser of enmity, the oil to pour on troubled waters tossed by the storms of human egos. It is the unofficial sower, scattering modest seeds of reconciliation, helping in small ways to restore lost trust and heal broken relationships.

God of Peace, we pray for Northern Ireland, its people, its parties and its rulers; a community of prisoners of history, divided by their origins, their allegiances and their religion, yet kindly, warm-hearted and law-abiding people. May they find ways of expressing their natural kindness across the divide and in defiance of traditional enmities, to sow seeds of reconciliation and set new patterns of tolerance.

KINDNESS is the flower of the divine spark in the human spirit that blossoms unexpectedly in the wasteland of human selfishness and destruction. It is like the brilliant summer sun shining on a garden, revealing the many-splendoured beauty of God's creation interpreted by human handiwork.

God of compassion, bless us all with a flowering of human kindness that is unself-conscious and unconstrained. So live within us that it becomes natural to help out and to seek ways of helping, without feeling specially good or giving ourselves brownie points. Let our kindness be without fanfare so that others are scarcely conscious of it; or even done in secret, so that our left hand does not know what our right hand is doing.

Through Jesus Christ our Lord

FELLOWSHIP OF RECONCILIATION *Global Renewal Prayer Network*

NEWS AND VIEWS

Surrey Heath CMHT partnership
A new group, 'Meeting point has been formed as a joint initiative between Surrey Heath Community Mental Health Team and the three community churches sited on the Old Dean Estate in Camberley. The aim of the group is to provide a weekly meeting place for people living on the estate who are experiencing mental health problems.

Partners in care
The group was formed after an initial contact was made with the Diocesan Community Care Development Worker, whose remit is to improve the working links between churches of all denominations and professionals in the mental health field. To facilitate the setting up of the group, an operational procedure was agreed and a series of training sessions was provided for volunteers with the help of a Senior Social Worker. In addition, each church has identified a 'link person' who, with an Occupational Therapist and Community Support Worker, form the Support Committee. The daily management of the Committee is organised by the members.
'Meeting Point' meets every Tuesday at the Roman Catholic Church of St Peter and St John, which offers excellent amenities for lunch and social/recreational activities. As the venture is a partnership between statutory and voluntary agencies, it has been agreed that representatives from occupational organisations will be present each week. Working with the churches is proving to be a positive experience for all of those involved in the project.

ROLE PLAY In the film of *One Flew Over the Cuckoo's Nest* there was one brilliant scene which showed the patients breaking out from the mental hospital and stealing a fishing-boat. As they steered it out of the harbour, the harbour-master asked them who they were. They answered that they were a group of consultant psychiatrists on holiday. And all of a sudden they look like doctors, and acted like doctors, and they received the honour due to doctors. Power and authority are given to the professional role, and those inhabiting the role can soon come to feel that respect is theirs by right.

B & T Butler, Just Spirituality, Mowbray.

BOOK REVIEW by Mary Fawke - a Member.

Finding The Still Point by Father Gerald O'Mahony. Pub. Eagle 59 Woodbridge Road, Guildford Surrey.
Father O'Mahony has insights into manic-depression and gives practical ways and remedies on how to regain a balance as well as by using prayer.

NB AGM

AGM will now be on 30th November, 10.00.am - 4.00pm at All Saints Battersea. More details soon.

Our next Newsletter will be produced in December. We welcome any news or views from readers. Could these be sent to **Pam Freeman, 66 Norbury Court Road, Norbury, SW16 4HT by Wednesday 9th October.**

Items for next issue also please by **Wednesday 9th October 1996.**

APCMH NEWSLETTER is published on behalf of the National Committee; opinions and points of view are those of the contributors only unless stated otherwise.

APCMH's address is:
C/o HOLY CROSS CENTRE TRUST, THE CRYPT, HOLY CROSS CHURCH,
CROMER STREET, LONDON WC1 8JU.