

Association for Pastoral Care
in Mental Health

NEWSLETTER

June 1997

Editorial

Dear Friends,

I have been greatly heartened in recent weeks by my visits to various groups including Merton, Haslemere and York. I have been warmly received and welcomed and the variety and range of work going on is very impressive. Many people are sharing mutual care and support and this is shown by befriending, drop-ins, outings and awareness raising days. Members of the National Committee have been very busy visiting new groups, organising days, writing new leaflets and several people are sharing the responsibilities that Brother Adrian Tate was shouldering single-handed until three years ago.

We would greatly appreciate funding for a paid worker at National level and Neil and David have been preparing bids in order to achieve this goal.

Meanwhile we rely on your support, donations and subscriptions which enable us to operate on a low budget.

We have been fortunate to obtain a hall at the Retreat - a Quaker hospital in York for our AGM on NOVEMBER 1ST. Make a note of it in your diary now!

The Retreat is beautiful and York has a great deal to offer so maybe people would like to stay for the weekend. More details including bed and breakfast accommodation will be available at the beginning of September.

Do not hesitate to write to me with any views of your activities and views on articles in the Newsletter.

Best wishes,

Pam Freeman
General Secretary

Association for Pastoral Care in Mental Health
An Association which supports the mentally ill and their relatives
Registered Charity No: 327532

THE ROLE OF THE CHURCHES IN COMMUNITY CARE

By Daphne Cowan - Southwark Pastoral Auxiliary

Part Two

About three years ago, PECAN started special courses, funded by the Maudsley, and designed with the special needs of people with mental health problems in mind. An important emphasis in these courses is the building of confidence and personal development. People entering the courses originally came from the Camberwell, Nunhead, and Peckham sectors, but the intake has now been extended to Lewisham and the Guy's Health District.

Candidates are referred by Occupational Therapists or Disability Rehabilitation Officers. About 60 people attend the courses each year and half of them go on to work or further training. All candidates have an individual follow-up.

The courses are aimed to provide for all levels of disability.

The Peckham Park Road Baptist Church also took an initiative in 1993. The Minister, Simon Jones, and members of the Church felt called to do something to support Community care for people with mental health problems. In a good example of joint working, they established collaboratively with the Maudsley, a Pop-In in the Church, which now forms the main centre for Day Care in the Peckham Sector.

Saint Matthew's Church at the Elephant set up a free confidential bereavement counselling service with trained volunteers working under supervision.

The URC Church in Barry Road has volunteers who run an "Open House" once a week for anyone who wants to come in for a chat, in a group, or on a one-to-one basis.

A Church-based organisation, St Vincent's Family Housing Association, runs a hostel in East Dulwich for women with mental health problems.

Other Churches have made their premises available for use by service users and for groups working with service users. An example which I am sure you all know about is the Copleston Centre, and there is also the St Giles Day Centre.

So, what is the philosophy or the thinking behind all the practicalities that I have mentioned? What actually does "Community care" mean? For people who have suffered from some form of mental illness, it means they will be treated, as far as possible, in the community, i.e. outside hospitals, and will be encouraged and helped to live as normal lives as possible. But what is this thing called "the Community" into which such people are being discharged?

In the minds of the planners of Community Care, there seems to have been a myth that outside the hospital walls there existed a network of caring, unselfish people who would shoulder the task of caring for the people coming out of the hospitals. And there was the further myth that the place where unselfish caring people would most likely be found was in the congregations of Christian Churches.

(The fact is that people outside the hospital walls, whether in churches or not, are just people with their own problems, their own fears and prejudices, and above all a lack of knowledge about mental illness).

Therefore, it was necessary for paid professionals to set up Day Care Centres which would accept the responsibility of caring for the medical and social needs of discharged patients while encouraging them to lead as "normal" lives as possible, which meant being accepted by the Community. One of the steps in this process was for the paid professionals to work together with existing structures in the Community, such as Churches. As I have shown earlier there were various ways in which this happened.

In some cases, Church leaders worked closely with the professionals; in other cases the professionals used Church halls for groups and educational sessions. So care could go in settings which were used by other Community groups, e.g. Mothers and Toddlers Groups, Youth Groups etc. It was all part of the process called "normalisation". Many of you who have been to meetings at the Copleston Centre will know just what I mean.

The Concluding Part will appear in the next issue

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A letter from Denis Jackson to Jeremy Boutwood, Chair National Committee

Dear Jeremy,

How do I make sense of a nonsense like my wife's mental illness? For a start, receiving and reading your APCMH Newsletter helps me enormously. My wife Teresa has suffered from an anxiety state for the past 25 years. We have two daughters.

This illness has ranged from the mildly anxious state to the suicidal depressive state. Sometimes there are let-ups and moments of fun and relaxation, but the illness rolls relentlessly on.

After such a long period of suffering my wife's energies to keep going are sapping.... Of course the eternal question: 'why should a loving Father God allow this kind of mindless suffering to go on' is clearly the wrong kind of question!

But in the rage and desperation can I be forgiven for asking that very question? As for help there is not a great deal. Medication comes and goes; do the side-effects cause more damage? Addiction?

Together we have soldiered on, for we are still in love after 23 years of married life. We have tried many kinds of therapy, healing services, inner-healing, counselling, tapes, books, you name it, we have tried it. In the end comes a sort of resignation; my prayer is 'Your will be done'. Who knows in the next life there may be an answer

It is sad that so much damage is done by one partner's suffering. My daughters have clearly been affected by the lack of proper mothering; my own health and attitude has also been marred. The only solution and help has to be a coping one which has to be spiritual. Ultimately Original Sin is to blame for this every day common disaster, for it is very common. However, Joy, Redemption, Healing can all sound so very hollow.

The real question I wrestle with: How do I convert distress into tenderness and dereliction into creative abandonment?

Can any of your readers of the Newsletter help Teresa and I?
Yours sincerely.

Denis Jackson.

For those who would like to write to Denis Jackson his address is
71 Grange Road, Allerton, Bradford BD15 7RS.

FRIENDSHIP - THE FORGOTTEN GIFT by John Swinton

[Rev John Swinton is a part-time Community Chaplain at the Royal Cornhill Hospital in Aberdeen and a full time PhD student at Aberdeen University researching aspects of mental health and mental health care].

I will always remember the first words spoken to me by the consultant of the rehabilitation unit within which I had just taken up post as a community psychiatric chaplain. She was in the process of showing me around the unit, and we had just finished talking with a woman who was in an extremely withdrawn state. "John!" said the consultant, "I'm not a Christian and I don't know what you chaplains can do for her, but by God if nothing else, she could do with a friend!" The truth of these words is brought home to me frequently as I work with people experiencing chronic mental-health difficulties. The experience of friendship, which most of us simply take for granted, is in fact a very precious gift which human beings bestow upon one another; a gift which many among us are never given the opportunity to receive.

It is only recently that I have begun to grasp the incalculable value of friendship, and the central part it has to play in the mental health and rehabilitation of individuals with mental health needs. In my role as a community psychiatric chaplain, part of my task is to assist people with severe mental health difficulties who are leaving hospital to find a place of acceptance within a local church community. Time and time again the response that comes from many churches is that they do not have the expertise to deal with 'these types of people'; that they do not have the skills to do anything for 'these people', or that they really do not feel equipped for this type of ministry. It seems that unless churches feel they can do something for people with psychological difficulties, then they cannot help at all. The vignette offered above tells a different story. People who have spent time in institutions are constantly surrounded by others who see their role as doing things for the person. It would appear that there are very few people who view their role as simply being there with such people; accepting them as they are; committing themselves to the person for who they are rather than because of the illness they have; striving together to overcome the barriers to friendship and acceptance which are so often thrown up by the wider community.

Of course, the concept of friendship does not have the same glamour attached to it as counselling and psychotherapy might have. The idea of exploring the turbulence of the unconscious in a bold attempt to free individuals from their psychological demons has a warmth and attractiveness which is not immediately present in the simplicity of friendship.

However, friendship sits right at the heart of the Christian Gospel. Friendship is an integral part of the God who is love. The ancients recognised the important and foundational nature of friendship calling it *necessitudo* - necessity. Friendship binds one to the other and mends the broken places. Friendship is a relationship which keeps human beings human. As Jurgen Moltmann says, "friendship unites affection with respect.... In friendship we experience ourselves for what we are, respected and accepted in our own freedom. Through friendship we respect and accept people as people and as individual personalities".⁽¹⁾ When our world is coming apart, it is in our friendships that we find refuge from the long dark nights.

One thing often overlooked is the fact that friendship is a learned skill. We learn how to develop friendships as we encounter one another in loving community. As we experience friendship, so we are enabled to share that experience with others. The development and maintenance of friendships is therefore not the task of the specialist or the professional, but of the whole people of God, as they struggle together to learn what it means to

be a community-in-relationship. Certainly it may be difficult to establish and maintain relationships with people who have experiences which we have not encountered before. But all of us can learn the simple skills of empathy, acceptance and love and together begin to discover what it really means to be with one another in-community.

Perhaps when we are thinking about community care and the place of the church within it, we should stop worrying about what we can do for people, and begin to think about how we can learn to be with them. We must begin to realise that mental ill-health is not so much a problem to be solved as a way of life to be lived. The quality of that life has not only to do with medication and therapy. The quality of that life has as much to do with the enabling of loving-friendships-in-community. This will empower individuals to live out their lives in a way which honours their true status as made in the image of a relational God who is love, who is hope, who is their friend.

(1) Jurgen Moltmann, 1992. *The Church in the Power of the Spirit*, London:SCM Press Ltd., p.115.

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THE CAIRNS NETWORK

I am a member of The Cairns Network who are an international network of people whose spiritual way involves being committed to the earth, wrestling with faith; daring to contemplate; being creative; seeking, pioneering, digging deep; living on the margins but not off the edge; taking risks and giving one another safety; giving hospitality and receiving it; caring for the carers; clowning for fun and for truth.

Rev Jim Cotter, a priest, author and poet, of 47 Firth Park Avenue, Sheffield, South Yorkshire S5 6HF, has allowed me to use some of his and others' offerings in our Newsletter from time to time. He would be delighted to hear from anyone who is interested in learning more about the network and books he has written.

Pam Freeman

Extract from The Cairns Network

The body sang, spirit leapt into air. Blood boomed, buzzed, the senses cleared.

It was a kind of grace, a flow of energy and peace, life chasing life in its never hurrying, never slackening dance.

I sensed a shifting of the weights, a balancing of parts, a sifting of the breath, a probing of the heart:

a meeting, a receiving, a release, restraint, an offering, an opening into fuller life and health.

Nicola Slee *The Body Sang* On my first acupuncture treatment
(A poem in progress)

IN REMEMBRANCE OF CONNIE-Christine Sheehan

Once I was diagnosed as crazy
Because the world's pain was mine
My touch with reality became hazy
And I believed my will divine.

In hospital I saw around me
Faces full of fear, of mistrust
In private places of the psyche
Private hells where demons thrust.

I experienced hellish foes
Powers too strong to conquer alone;
And the added fears of others' woes
Stripped me naked to the bone.

The doctors and nurses stood apart
Telepathy was just for the mad
We shared a violation of the heart
We could not say this made us glad.

I tried to escape - I was shut in
A room of mattress and four walls;
I marched to fight the bitter sin
The time of reckoning when judgement calls.

My judges of heaven and hell
Each claiming dominion of my soul
Each step I took the further I fell
'Til I lost sight of heaven's goal.

I became calm in realisation
That I wasn't divine at all
But a product of creation
One of God's children, but not of St Paul.

Then I proved my mortality
By pissing on the shining ground;
I had no thought of immorality
But only a desperate need was found.

Soon after they opened the door
And a black shining face I saw
Shining with compassion and love;
I was the fiend and she the dove.

She did not seem to notice my sin
Or the broken fabric of my heart;
But fed me two dinners and kept vigil
As if my needs were hers, in part.

God sent me an angel after the storm
And I knew I had survived;
Though diminished I was reborn
With an angel by my side.

I loved her then and still
For she did not judge me mad
She did not judge me at all
Just a friend to one in need.

Now I appear to be well and alone
For I do not flinch at others' pain;
And their fears are not my own
But I'm bereft, for my child was slain.

Chris Davenport Writes

I myself am a penitent Anglican tertiary Franciscan. I am pleased your association uses the term 'Mental Health'.

I think the need for Anglican priest psychiatrists and psychotherapists will become greater since society generally consciously and unconsciously has fallen for the Neitzechean view of what it is to be human. The later days of Neitzeche are instructive.

Just two points in my present letter. I found music and radio helpful.

1. Through music I was able to release and restore emotions. It has been claimed that East Asian (Chinese) psychiatry has made much use of music. Interestingly enough so did David with Saul in Scripture.
2. Radio 4 helped to provide a form of psycho-analysis over a period of fifteen years - re-introduction to conversations, points of view, ethical values, emotions, political positions and so on - could help past mental health patients.

Radio 2 music for emotions, cultural life of nation, points of view of affairs of the day.

This rouses the importance of hearing and listening in mental health care.

One final point - links between despair, ethical failings (physical and of psyche) and depression - what place does the acceptance of the grace and forgiveness of God play?

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Words of Comfort:

Perhaps, if we could see the
beauty of that land
to which our loved are
called from you and me,
we'd understand.

Perhaps, if we could hear
the welcome they receive
from loved, familiar voices,
oh, so dear,
we should not grieve.

Perhaps, if we could know
the reason why they went,
we'd wipe away the tears
that flow
And wait - content.

When people say that the health services are stretched to the limit, when they say that there's not enough money to go round, they are not merely stating facts. They have a particular thing in mind. They are not for example suggesting that we should be glad that the resources and the labour of society is being used to its full potential. No, they are seeking to maintain the pressure. The facts are being represented in such a way as to get as much out of people and materials as possible. This is why the statistics we see in our local paper are invariably gloomy. It is necessary even when a department is performing well to continually articulate its orientation towards the future, to guard against complacency, to maintain a forward momentum. We cannot afford to rest on our laurels for more than the briefest of seconds. This is a typical strategy of the business sector, to keep the effort of the workforce focused on a future objective. It is a sentiment that the Church can have some sympathy with; for Christianity is also concerned with how to express the fact that human experience is ongoing. Life takes over a period of time, we must keep looking to the future. Jesus said 'When you have done all that is asked of you consider yourself a useless servant'. Whenever we have taken a step forward we have to guard against the temptation to be satisfied with ourselves.

But the question is whether a genuine concern for the welfare of others can be stimulated or motivated by external pressure. Is it competition that activates the spring of compassion in the human breast? For external pressure is very well but it cannot actually provide us with the resource we need to keep the engine running. Money for example is great for measuring resources but it cannot create any. And it is here that the rationale of big business falls down. For the love and care needed to sustain Community Care is a spontaneous thing and it must come from the heart. Any attempt to control this force from behind a managerial desk is actually likely to hinder it. The calculating approach of modern business does indeed seem to be a drain on the resources of most caring people. And so it is not only a rather impersonal way to treat people, it is also in this instance an inefficient way.

Yet there is within the community the potential for a more lasting kind of economy. If employees of the welfare services were the kind of people, as the writer suspects they must be, who accepted the costliness of caring then we might dispense with the old idea that a stick was necessary to goad them into action. The community might then be a resource in itself as well as the object of our concern. This is the more Christian view of an economy. That giving of ourselves doesn't only provide a service to society, it is also the basis of a meaningful life. Although caring is costly it is the price we pay that gives value to our existence on earth. People may disagree but at least they couldn't say that the utility of love was ever in short supply.

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DEADLINE DATE FOR ITEMS All items for inclusion in the next issue by Thursday 31st July 1997 please.

APCMH 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: Edward Wilson House, 26 Queen Anne Street, London W1M 9LB.