

NEWSLETTER

SEPTEMBER 1997

EDITORIAL

The 10th Anniversary Celebrations of last October were a springboard for looking forward with more **Vision and Dynamism**.

There is certainly plenty of good practice already ; Croydon, as the first branch to be opened, goes from strength to strength with Mary Hillier as their paid co-ordinator having the time and talent to bring all their energies together ; Hastings, Merton, and Forest continue with their one-to-one friendship schemes which empower individuals to lead more fulfilled lives as ordinary members of their community ; Forest Hill specialises in accepting a multi-cultural membership at their drop-in ; Guildford runs quiet days and conferences to deepen understanding of the spiritual needs of mentally-ill people ; and in Aberdeen and York, the APCMH banner flies to encourage others.

But the moment has come to grow on our strengths. A recent visit from a member of NCVO (National Council of Voluntary Organisations) stimulated the National Committee to concentrate more in addressing the problems of the late 90s, and that is to provide a spiritual presence to the increasing numbers of people with severe mental illness living in the community. We are being asked to see how we can extend our network of supporters and to capitalise on our distinctive asset which is needed in many places - Specialist training for members of local churches and other pastoral providers.

There are continuing questions being asked everywhere :

- How can people help those who suffer ?
- How can inter-personal communication be improved ?
- Who is there around to help ?
- What are the different forms of mental illness ?
- How can the spiritual needs of people with mental health problems be properly addressed in the Care Programme Approach ?
- How can the Churches make better use of their resources ?

APCMH has an Unique Role to highlight these issues at local level, by setting up conferences (on a road-show basis) and forming local networks to take forward pastoral action.

The Association needs a breakthrough in terms of discovering more resources, With a full-time development and training officer, and a well resourced Office we could become a major player in opening up holistic insights and action for a broad understanding of the spiritual needs of those who suffer mental health problems.

Perhaps the word **PRESENCE** sums up our mission :

" **P** - Pastoral **RES** - Resources **EN** - Enabling **C** - Compassion & **E** - Empowerment "

Jeremy Boutwood

The Association of Pastoral Care in Mental Health
An association which supports those who are mentally ill and their relatives
Registered Charity No. 327532

National office : Edward Wilson House, 26 Queen Anne Street, LONDON W1M 9LB

THE ROLE OF THE CHURCHES IN COMMUNITY CARE

Daphne Cowan - Southwark Pastoral Auxiliary

The Third and Concluding part.

Community care in north and south Southwark has come to mean Medical and Day Care provision in Centres outside the hospital, and these are linked into a network of Social provision, through Drop-Ins and Social Clubs. It must be realised that these Drop-Ins and Social Clubs are of vital importance to the quality of life of people discharged from hospital. I don't need to tell you all how cruelly mental illness can disrupt and destroy the social life of a sufferer; and how it can handicap a person from making new friends.

Even if the Drop-Ins and Social Clubs do nothing else, they do help a person to feel like a person and not just a patient. Let me read you this little poem written by someone who attends the Upland Road Drop-In.

"How nice it is, as I enter this place,
that people say, "Hi," with a smile on their face.
Reassuring to know that I'm not alone,
in a world that can be so alone.
Relax, have a chat, it's as easy as that.
Or try a new course
no stress will be caused.
Through good times or bad,
happy or sad,
It's good to know that I'm not alone.
Yes, it's plain to see for you and for me,
that 10 Upland Road, is a great place to be."

So, what of the religious and spiritual needs of persons with a mental illness? Well, as a chaplain, I am now attached to 20 Upland Road, and attend there for two sessions a week. I run a "Faith and Doubt" group for anyone who wants to talk about the really important issues in their lives. These need not be "religious" but they may be "spiritual". By that I mean any questions about the meaning of life; why some people suffer; or questions about value - the value of persons or relationships.

Thus far, not many people have turned up for my group (it's all voluntary you see) - just a handful, but to one person who does come, I know, because he's told me, it is a life-line. And additionally, there is something in what I call the presence. The presence, in the person of me, of a "religious" figure is important, because it means that clients know that if they wanted help in this area they could talk to me. Important too, because they have come to know me, as a person, so I'm approachable.

Unfortunately, there aren't enough hospital chaplains to be attached to all the centres. An occupational therapist at another centre has recently completed a modest research project on meeting the religious and spiritual needs of clients. She found that 74% of those interviewed felt that religion played a significant role in their day-to-day life, but she felt that there were not enough resources to meet the spiritual needs of clients. Two suggestions to meet this were :- to invite Church members to visit the Centre and talk with clients. Perhaps some Church members would be willing to act as Befrienders.

We shall need to continue educating people about the needs of mentally ill people and hope more help will be forthcoming from church congregations.

LIFE IS FOR LIVING

Peter Sommers

I'd been trying to find the convent and I was walking back up Pullen's Lane, disconsolate and weary. Looking back, the various walking figures of students appeared immobile, suspended in space as in a Seurat painting.

Suddenly, coming towards me, was a slight figure that seemed out of context - and elderly woman with long grey hair, on an old bike, wearing an equally old raincoat, trousers tucked into socks. However, it soon dawned on me that "she" was a man. "Do you know of a convent down here?" I asked. He came to an abrupt halt and gave me the usual puzzled reply. I looked at him with his slightly aquiline nose, fresh complexion and pale hazel eyes. "You look like a retired bishop trying to get away from it all". He responded with an amused, "No!". "What did you used to do" "I was in the Army". And so I'd discovered that he'd been a Chindit, a private in the Infantry, manning machine guns and mortars.

Afterwards I read up about some of their exploits. A long march up and over high ground at 5,000 feet through dense jungle - damp, sodden, rotting vegetation. Almost constant heavy rain, slippery mud, sometimes so steep that they had to struggle up on hands and knees. Bitterly cold because of the height. Boots under bush hat for a pillow, plus a ground sheet and a thin woollen blanket. Was it better to sleep on your ground sheet or to have it on top? Carrying a load of over 75lbs plus rations. Three meals a day. For example, the supper pack consisted of pork loaf, a candy bar, soup powder, chewing gum, two packets of crackers and five cigarettes. But half of the drops from aircraft were lost, so they were always hungry and soon became emaciated. There were flies, lice, ticks, fleas and red ants; leeches coming in through bootlace holes. And, if you got malaria, you had to simply soldier on or just get left behind. This apart from dysentery and foot rot. And, when lower down, the weather changed, the sun beat down in the sand, choking dust resulting in a desperate search for water. Altogether a journey of 450 miles - Japs lurking in the wings. And all this without having volunteered.

"I still think that you look like a retired bishop trying to get away from it all!" The same amused response. "Where are you going?" "To my allotment!" I looked after him as he pedalled off, and I know that his unassuming manner had somehow touched and changed me.

The Acorn Christian Healing Trust "Caring for the Whole Person"

Presented by

The Rev Russ Parker M Th., Director of the trust
Dr Gareth Tuckwell, Medical Director of Burrswood
Christian Centre for Healthcare & Ministry

Saturday 22nd November 1997

9.30 am to 3.30 pm

at

St Saviours Church
Woodbridge Road, Guildford

Cost : £8 per person ; £5 concessions

For further details contact : Whitehill Chase 01420 478121 Fax 01420 478122

THE GOAL OF CHRISTIAN HEALING FOR THE MENTALLY ILL

Andrew T Polson - Southend Member

The goal for the mentally ill as for any other group of needy people must be eternal salvation. If we look at the closing pages of the Bible in the book of Revelation, we see the river of the water of life flowing from the throne down the central street of the heavenly city, through the midst of the tree of life which bears its fruit each month and the leaves of the tree are for the healing of the nations.

This is the goal of all healing, not least for the mentally ill.

However, here we are talking of matters of eternal nature. There may be a long, hard, rugged road to that place of bliss. Jesus Himself said, "The road to life is hard and few find it."

I believe that the mentally ill have a head start because they understand suffering in a way that the majority of people have little inkling about. Yes, there may be the bills to pay and squabbles to resolve amidst the frantic quest for self-satisfaction but the torment of heart and mind in the mentally ill is another world which rational reason can't fathom but God can and God specialises in the impossible.

No-one who is willing to receive help is beyond redemption. Even with those who don't appear to be willing; when confronted by someone with the eye of faith to believe they can be willing, there is hope.

Healing is a long drawn out process for most in psychiatric need. Instant, durable miracles are rare because broken lives need to be rebuilt step by step.

Anyone seeking to get involved in the ministry of Christ to the mentally ill must be prepared for the possibility of facing a lifelong task. It can take years before one sees the fruit of one's labours. Once you have adopted someone in your care, you must stay with them through thick and thin until the prayer of faith is answered. Needless to say, there must be that seed of faith from the beginning to believe that the Lord will in His time and in His way work in that individual's life. I stress that it is God that sets the timetable and the route of the journey. We are workers and fellow travellers with the ones being helped, we must not be up front or way ahead but alongside, offering a supportive hand. The moment we move from a friendship situation into a regime, we have failed. It is the person of Jesus, also travelling alongside with us who will ensure that we reach our destination. He won't turn it into a military exercise, rather He will help us to see His joy and surprises along the way, in the valley of sorrows as well as the heights of delight, until we meet together on the far eternal shore. Then there will be such rejoicing, never thought possible, which will make the anguish we felt back here as a little speck in the span of eternity.

LISTENING

You **are not** listening to me when

You do not care about me ;
You say you understand
before you know me well enough ;
You have an answer for my problem
before I've finished telling you what my problem is ;
You cut me off before I've finished speaking ;
You finish my sentences for me ;
You find me boring and don't tell me ;
You feel critical of my vocabulary, grammar or accent ;
You are dying to tell me something ;
You tell me about your experience
making mine seem unimportant ;
You refuse my thanks
by saying you really haven't done anything

You **are** listening to me when

You come into my world and let me be me ;
You really try to understand me
even if I'm not making much sense ;
You grasp my point of view even when it's
against your own sincere convictions ;
You realise the hour I took from you
has left you a bit tired and drained ;
You allow me the dignity of making my own
decisions even if you think they might be wrong ;
You do not take my problem from me,
but allow me to deal with it in my own way ;
You do not offer me religious solace
when you sense I am not ready for it ;
You accept my gift of gratitude by telling me how
it makes you feel to know you have been helpful ;

A HEALING COMMUNITY ?

John Vallat - Guildford Branch

How much of mental illness is inevitable? How much is caused or exacerbated by the community in which we live? Can the actions or attitudes of the community help people recover from mental illness? Do only paid professionals have the ability to make life better for people who suffer? Who should we blame for the violence and tragic deaths caused by a very small percentage of mentally ill people? Can we be a healing community?

For some time I have wanted to write an article looking at these questions. The trouble is that, in my mind, the article has turned into a long book with the result that I have been unable to commit a few succinct points to paper. This short article is more of an attempt to raise the questions than to delve into the answers. Maybe this is the best way since, clearly, it is only through God's love and grace rather than through detailed arguments and writings that a more loving, healing, community may emerge.

My belief is that everyone tends to respond to the way they are treated. If someone is treated with love then they are more likely to love; if with trust they are more likely to become trustworthy; if with abuse or hostility, then abuse or hostility is returned; if rejected, then isolation, bitterness and anger may result. Similarly, I believe that if people are treated as ill they are more likely to remain ill, but if they are treated as being mentally well they are more likely to be well - that was certainly my own personal experience when the key to my recovery was my psychiatrist allowing me to be well and suggesting a return to work.

Enquiries into tragedies involving mentally ill people often hit the headlines. Reading beneath the headlines a different picture is presented. The other day I read two reports in the same paper. The first one emphasised the isolation and rejection which had been experienced by the mentally ill killer who had not received sufficient 'care' from the mental health professionals. In the other tragedy, the culprit, who was also mentally ill, had been homeless and it was this homelessness that the report blamed principally for the attack.

I know from my personal experience as an advocacy worker that it is not easy to obtain accommodation for someone who suffers paranoia or is seen as potentially violent. Even housing departments are reluctant to provide housing for people because, they say, they have the safety and interest of neighbours to consider. In fact, the refusal of housing seems to me to be much more likely to result in a deterioration of health, and increase of frustration and, ultimately, an increase of risk to the public at large.

Homelessness, isolation, rejection, lack of care - these may not be the cause of mental illness but there is little doubt that they make the situation worse. On the other hand, where people are acknowledged, welcomed, accepted and involved in community living, there are many examples of improved mental health. I think one of the problems is that we do not have time for each other. Friends who give their time and are genuinely concerned to listen to and understand the person who is mentally unwell can make all the difference. When there is a tragedy, the community at large is rarely blamed. But should we not all accept some responsibility?

WE CAN MAKE A DIFFERENCE.

A THOUGHT

I SEE PEOPLE ALONG WITH THEIR THOUGHTS LORD
I SEE PEOPLE ALONE IN THEIR MINDS
THEY WALK THROUGH LIFE ALONE LORD
BECAUSE THEY HAVE NOT GOT YOU IN THEIR MIND

WHAT WILL BECOME OF THEM TODAY LORD
WHEN THEY LOOK IN THEIR MINDS AND SIGH
WHERE IS IT ALL GOING TO END LORD
FOR THOSE WHO GET PASSED BY

T J ELLIOTT

MERTON APCMH

Chair's report to the Annual General Meeting 1997

There have been seven meetings of the Management Committee during 1996 as well as the AGM and other groups have met to conduct the necessary work involved in training, co-ordination and support, publicity and administration. I wish to thank all the committee members for their hard work over the past year. This is no casual or standard reference, for it requires real commitment and attention to detail to conduct the affairs of even a small organisation without any paid help at all. Further, the quality of the work as evidenced in the befriending scheme has been outstanding. I would like to pay particular tribute to Jane Norton, who, as convenor of the Co-ordination and Support has often carried the burden of making things work.

As for funding we have had both a successful and a frustrating year. Successful, in that we received the majority of our financial needs early in the year, frustrating because we still have not persuaded a major funder of the need to expand our work through the appointment of a paid co-ordinator. We will persist.

There has been wonderful support from others working in the field of mental health. Some have been mentioned in the training report and I must add to that list Julia Head of the Maudsley Hospital and Zowina Green of Merton Social Services. Local churches have also been very supportive and generous with the use of their buildings, so thanks go to Holy Trinity, Wimbledon, St John's, High Path and Wimbledon Methodist Church. Merton MIND have also been very helpful acting as hosts to our telephone enquiry line.

Important events during the year included the 10th anniversary Service of Thanksgiving for APCMH nationally which took place at Southwark Anglican Cathedral on 20 October. Members of this branch had the privilege of leading the prayers during the service. You will perhaps have noticed that we are now officially the Association for Pastoral Care in Mental Health! APCMH National Committee has also often given us support through the year with helpful information from Pam Freeman, the Honorary Secretary.

The branch had two very enjoyable socials in 1996, one in the summer hosted by Janet Soppitt and Marion Ferguson and one before Christmas at Holy Trinity Church. These have been really good ways of strengthening our identity as well as being simply fun!

This is my last AGM as Chair of the Merton Branch of APCMH and I wish to record my thanks to all who have joined us so far in this tremendous expression of Community Care. I shall remain with the committee for the short term, but I take this opportunity to highlight the urgent need for people to take on this essential role.

My thanks go to Janet Soppitt and Jenny Ellam who are both coming off the committee this year. This means that we really need four or five people to offer for this important work. I am especially concerned that we maintain the presence of mental health service users and also strengthen our links with mental health professionals.

Simon Thornburn March 1997

We wish to thank Simon for all his endeavours on behalf of APCMH and send him our very best wishes as he goes to Birmingham.

BEFRIENDING OR STATUTORY CARE

(Financing the voluntary complement to Community Care)

Brother Adrian Tate, Society of St John the Evangelist

Like many who engage in 'voluntary' organisations my main expectation was for opportunities to relate with others, either in assisting them to realise a more positive lifestyle or, more relevant, sharing with them common problems in living in our society. However, both with the then APCMI and more recently, with its daughter BESIDE, my energies have got diverted into administration, particularly fundraising. Indeed just before Christmas, we were planning a think day to consider how or if BESIDE (*see overpage) could function without paid staff - volunteer co-ordinators. Then the National Lottery saved the day. They awarded a grant of £99,000 over three years to cover the Project Manager and an additional part-time co-ordinator.

The bad news had come just previously. The expected continuation of local authority funding (Joint Finance) beyond April 1998, no longer being available in this most deprived London Borough. Indeed, an overall cut in all their social services of the order of 10% is being planned for 1997/8 financial year.

But why should a voluntary organisation need to be dependent on statutory funding?

That such funding nationwide accounts for four billion pounds a year to voluntary organisations would imply our dependence is not uncommon nor unreasonable. If volunteers, or indeed any workforce, is to be freed to concentrate on its prime task then they need/must be supported by an adequate administration and support system. Experience seems to indicate that this can normally only be ensured by paid skilled persons.

Hence to ensure a degree of stability in providing a befriending service both APCMH branches and BESIDE need funding to offer secure employment to suitable persons. Allowing for associated costs this seems to be of the order of £15,000 per year for each part-time worker and £25,000 for a full-time employee. Of this most (say 80%) is associated costs of employees - wages, pension, and NIC. The remainder is miscellaneous costs that occur in supporting each worker group of volunteers. Whilst the latter sum might be raised from trusts and local donations, the major costs of employing staff would seem to need the support of national funding.

Major trusts do provide seeding funding, usually for the first three years eg BESIDE's initial funds were the grants from the Church Urban Fund and the Mental Health Foundation. The new one, from the National Lottery, to further develop the scheme is also limited to three years. It therefore almost seems that payment of wages - which would be partly funded by the resulting reduction in unemployment and associated costs - should be a statutory provision. Thus statutory funding of staff supporting voluntary organisations providing a service to the community should be normal.

This however raises a danger to the very concept of Befriending in that now Community Care has moved into the realm of SERVICE PROVIDERS such funding would/must likely form part of such provision.

BUT Befriending schemes as such are not part of 'service' provision. Nor if they are left free to develop befriending relationships, can their effect be quantified in terms of proven benefit to the user. The alternative is, once the Lottery cash dries up by the start of the millennium, that BESIDE could be faced with the dilemma of becoming a service provider paying volunteers as a form of home help. (The FLEXICARE schemes in Westminster and Camden provide a model.)

But my own experience is that the voluntary giving of time provides a different form of relationship valued by the other partner. The very fact that the individual befriended has no financial benefit in continuing when the Befriender goes through difficulties provides an essential complementary support to the paid help.

Continued

Continued

* BESIDE was one outcome of the EAST LONDON Consultation organised by APCMI in December 1989. A steering group of local church leaders obtained a grant from the Church Urban Fund which was followed by the diversion of a grant to APCMI from the Mental Health Foundation.

Over the past four years it has developed a befriending service in Bow and Poplar subsequently extended by a further grant from Joint Finance to Stepney and Wapping locality, and the opening of a social club. It has now obtained funding from the Lottery to further extend the service to the remainder of TOWER HAMLETS.

Association for Pastoral Care in Mental Health

National Annual General Meeting

Saturday, November 1st 1997

at

The Retreat, Heslington Road, York

PROGRAMME

10.00 - 10.30	Coffee & Biscuits
10.30 - 1.00	Speakers and Discussion period Mary Lea Rotherham Carer from the "One flew over the Cuckoos Nest" project Edna Hunneyset B.A. Hons. Middlesborough Carer
1.00 - 2.00	Buffet Lunch
2.00 - 4.00	A. G. M.
4.00	Tea & Biscuits

JOURNEY

The journey from Kings Cross takes 2 hours and trains leave every 30 min.

The current fares are :- £24 for a day return.

£36 for a period return.*

* using APEX 0345 225 225, a week's notice is essential.

COST

There is no charge for the day but donations would be much appreciated.

Maps and an accomodation list will be sent to anybody requesting them. If sufficient people want to stay over the weekend and express a wish for group activities a programme of events can be arranged.

Please let Pam Freeman know on 0181 764 9725

Deadline Date for items for inclusion in the next issue is Thursday 31st October