

NEWSLETTER

OCTOBER 2001

THE CHAIRMAN'S MESSAGE

This is the twelfth and last Chairman's message that I will be writing. I have been chair for almost three years and I feel strongly that it is the right time for me to "let go". So I will not be seeking re-election at the AGM on 3rd November. I hope that I will still be involved in some way but I leave it to others to suggest how my time and service might be best used for APCMH.

One of my greatest pleasures has been the opportunity of writing a regular "chairman's message" for the newsletter. I have tried to keep readers informed as to the vision, direction and progress of the association as well as share some personal thoughts on issues of mental health, pastoral care and spirituality. These issues are so wide and complex that everyone is likely to have a different perspective on them. I do not believe that APCMH or any one individual within the association can speak for all of us. So I look forward to reading someone else's "message" in the next newsletter!

I recognise that I have my own hobby horses and interests. They are influenced by my own experiences and feelings towards the mental health system. I would like to mention briefly three of them.

- I have recently prepared a draft of a paper entitled "I'm a person too!" looking at the dehumanising consequences (made worse by society's response and by the mental health system itself) of a diagnoses of mental illness. I want to finalise this paper and then consider how to use the material.
- I am interested to explore how the Rev Russ Parker's latest book "Healing Wounded History – reconciling people and healing places" might be relevant to mental health. My instinct is that the stigma and isolation felt by many of us with a diagnosis of mental illness are, at least in part, the product of "wounded history". Indeed at the time of the old Victorian institutions it was the design and intention that "abnormal" people should be removed from society. Marginalisation was part of a deliberate policy. And relationships between patients, faith communities and mental health professionals often appear to need healing.
- I also want to improve my understanding of what we mean by "spiritual needs" and the relationship, if any, between spiritual and mental well-being. In this context, I am grateful to Christine Sheehan for a letter she sent to me in response to a previous "chairman's message". In the letter she said that, "through my own experience our needs (referring to spiritual needs) are simply that of the ability to give and receive love; and to set us free from fear so we might love...". Thank you, Christine. I hope that your letter or article might be published more fully in a future newsletter.

But these hobby horses and interests of mine should not be seen as those of APCMH. They are not ideas on which I feel I should elaborate as part of a "chairman's message". But they may well feature in the newsletter in the future as a personal contribution. Be warned!

Finally, as a farewell from the front page, I would like to say thank you to so many people for their support over the last three years. In particular to John Rawson, the editor, to the national committee and, not least, to all of you who have been readers of the newsletter, thank you.

There is a time for everything, and a season for every activity under the sun. Ecclesiastes 3:1 NIV

John Vallat

THE INFINITE LOVE OF GOD

Do you feel loved? Because you are loved, by God, with an infinite love. God loves you with an infinite love because He made you and there is no-one else quite like you. The Russian biologist Dobzansky, said there are more variations of human beings possible than there are *atoms in the universe* – an unimaginable large number – an infinite number.

Since you are unique in your particular circumstances and with particular people in your life your responses are yours and your thoughts. The unique and infinite possibilities of response means God longs to know you and He longs to offer His love and wisdom to guide you. We were meant for communion with God. This is what we were created for. Additionally, what the Trinity tells us as a worked out Christina theology is that we were also meant for communion with others, that we can see God in others, making God's love an active, dynamic flow from God through us to others, or through others to us in an inclusive rather than an exclusive 'cosy' way.

All life is very precious and is hard won. We as creatures can never wholly comprehend the self-giving and long-suffering of God in the Creation. But since God created each and every individual it follows that the loss of any soul is an infinite loss to God. One of the desert fathers said suffering is the only place where good and evil meet. Therefore suffering is the only place where evil can be overcome by good. When our suffering and our struggles to cope seem all consuming, considering the suffering of God as something beyond ourselves may be part of the process of healing and redemption.

FACING YOUR FEARS

Just because life is very precious, what lures away from what makes for life, while deceptively suggesting some reward for the deliberate destruction of life, is not easy to read or write about, but world events have thrust such matters to the forefront of everyone's mind at some point in the last few weeks. To take the extreme example of the deliberate loss of anyone by acts of murder, including self-murder, can only be deeply wounding to God – God, the giver of Life. And there should be some distinction made here between those deliberate conscious acts of murder undertaken after a freely considered decision and an act of one who is under an unavoidable compulsion, whether this be another agent or person or a disturbing and compelling voice or voices. You cannot make a rational decision by listening to the influence of a disturbing voice telling you to do something you ordinarily would consider very wrong or very dangerous.

Having just listened to a play about hearing disturbing voices followed by a talk-in on the subject, it is high time that this subject was much more widely aired. Then strategies and therapies could be shared for those who wish to be rid of disturbing voices, and the fear of going mad and stigma removed for the ¾% of the population who experience this phenomenon, including modern nutrition.

One useful tip for getting rid of nasty voices is humming on a single note. This apparently is quite successful. There must be many other successful strategies. Giving up stimulants like coffee and tea is helpful to some people. I suggest everyone write in with whatever has worked for a least one person.

Good and appropriate nutrition tailored especially for you can be one of the best therapies of all for mental illness, but it is not free, or easily available and may be difficult to start properly, unless one has support and, of course, a good nutritionist, one for example, who will not lump all those under a single diagnosis together, but treats you as a person, an individual with a problem to work on.

Sylvia Warne

MY LIFE IN MENTAL HEALTH or, "Where has all the money gone?"

As a mental health service user, my observations are that the services do not encourage the patients to lead a full life integrated back in the community. If they did, of course there would be less need for services and workers. Everyone is publicising their own service. Could not that money be pooled together for the plight of the individual user? What we need is people who care. I am sure and also from speaking to other users like me, that we are tired of drop-in centres, day hospitals and other day centres that serve no long-term solution to the users. They just develop dependence. The use of strong medication makes one useless to oneself and society as a whole.

The Way Forward: A plan for the 21st century, where the voluntary sector is really voluntary, therefore attracting people who care. Where better than the church? It already visits sick people without being paid, cooks meals for free, etc. It is time that funds were diverted to the churches and voluntary organisations who can build long term strategies for a way forward, unlike many of the services around today, that have a short term outlook. Also they are more money orientated, and if there was no pay would they still be providing the services?

The 21st century will be a time of enterprise, innovation and determination but where will these be without care, hope and charity. Winston Churchill, Abraham Lincoln, Vincent van Gogh and Spike Milligan; are they all mad or geniuses? Read their history? They went through mental turmoil but they will always be remembered for their achievements. Therefore, encourage us in our strengths, strengthen us in our weaknesses, listen to what we are saying and maybe care in the community will become a reality!

Paul Grey

"I AM MENTAL ILLNESS"

By Mary Addo, Ward Manager,
Forensic Rehabilitation Ward, Blair Unit, Royal Cornhill Hospital, Aberdeen

My name is Mental Illness
I have been around since man was created.
Many different names have been given to me.
In the past – Loony, Nutter, Village Idiot and so forth were used by society.

To describe WHO I AM.
In modern times – I have become sophisticated.
I am now labelled Depressive, Manic, Obsessive, Schizophrenic.
By people who have not lived with me.
To know me, and my capabilities.

You have a life that you think you own.
But I would like to remind you
When I strike I pay no regard to who you are.
Or what you have achieved in society.
I take you Rich or Poor.
I take you Young or Old.
I take you Beautiful or Ugly regardless of colour or creed
Fame will not protect you from my reach.
It is only a matter of time.
I know no boundaries.

You have gathered here today
To promote awareness of my destructive power
But also how I can be conquered.
I would like to reassure you – I can be conquered.
But only if you find the key to unlock my mystery.
Which is within you.

The key is that it is OK for you to tell others that
I have come to live with you without your permission.
That I'm a pain to live with
I've brought you Stigma
I've taken away who you are and your dreams for the future.
I've given you a new identity.

But do not lose hope
Remember I can be conquered
Consistent unconditional love express
In a genuine manner will lessen my sting
When I am in residence with you.

Do not judge those whose lives I have claimed
Until you have walked in their shoes.
Be mindful to the needs, hopes and dreams of those who live with me
..... ***For I could be with you tomorrow.***

Man's Search for Meaning

Auschwitz, the notorious Nazi concentration camp, where so many Jews and others met their deaths during the Second World War, also gave birth to one of the most profound and important insights of modern psychiatry – namely the recognition that people can endure and survive intolerable suffering, so long as they have a sense of meaning, and of something to live for.

This truth dawned on Viktor Frankl, a Jewish Austrian psychiatrist, during his time in the death camp as Prisoner 119104. All the inmates were subject to the same unspeakable brutalities – starvation, cold, disease, slave labour, beatings, executions, the loss of possessions, loved ones, identity, all in the grim shadow of the crematoria. But in face of this horror, whilst so many were crushed and lost the will to carry on, there were others who found the will to endure and hold on to life. And Frankl observed that what marked out the survivors was this: that they all had a sense of meaning to sustain them in their suffering. For some it was religious faith that gave them the will to carry on. For others it was a more individual source of meaning that enabled them to endure a project they were determined to go back and complete, or a loved one they lived to see again. But for all it was meaning that gave them the strength to survive.

After the War, Frankl developed this insight into a new school of psychotherapy, called Logotherapy, whose goal is to enable people to cope creatively with the pains and struggles that are part of life, by discovering meaning in them, or in spite of them. (You can read about this and Frankl's personal story in his little book, *Man's Search for Meaning*.) But Frankl's dictum that "He who has a why to live for can bear with almost any how" has a profound relevance for all people with mental health problems, and their carers.

Mental illness, particularly in its most severe and chronic forms, like schizophrenia, brings with it suffering that is intense in its anguish, and which often feels it will never have an end. In face of that kind of pain, what we need above all else is the courage to endure: the strength to keep putting one foot in front of another, to keep holding on in a "finger-nail job", in the trust that it really won't always feel like this, and, someday, things will get better. And the source of endurance is a sense of meaning.

Frankl saw this, and the Bible reflects this truth as well. As Paul writes in 2 Corinthians 4 vv 7 and 8, "Yet we who have this spiritual treasure [*faith in Jesus that gives meaning to life*] are like common clay pots, in order to show that the supreme power belongs to God, not to us. We are often troubled, but not crushed; sometimes in doubt, but never in despair; there are many enemies, but we are never without a friend; and though badly hurt at times, we are not destroyed." Paul was able to endure great suffering, because he was living for Jesus, and this gave a meaning to his life that made it all possible to bear. And we too can find the strength to endure in finding something (or Someone) to live for.

Philippa Baker-Short – Peterhead, Aberdeenshire

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CHRISTIAN FRIENDSHIP

The omnipresent Christ

And I heard the voice of children – twas thus:
May Thy strong heart move with us Lord
And stir the ever healing sea
The rocks are His written words
Every rose His crown
His Cross in every tree.

Cavan Paul Mulvihill, Exeter

Motto : Christ is not divided (St Paul)

The following three articles are from: **FOCUS**, a Surrey County Council Social Services magazine on Social Care & Social Inclusion for Mental Health Services in Surrey.

GETTING USED TO LIFE AGAIN

In the autumn of 1994 John Otway was a 32 year-old heating engineer with a bright future. With a comfortable home, a steady job and a regular income, no one could have anticipated what the following months would bring.

A change in his work circumstances coupled with the pressures of Christmas and the associated money worries, proved too much for John, and had dramatic repercussions. John's breakdown was so severe that he can't remember any of what happened: "Apparently I was behaving quite strangely. One time, I'm told, it was Sunday and I was in church. Suddenly I just got up in the middle of the service and walked out – they found me later crying on Warlingham Green. But I don't remember this either."

John was admitted to an acute admissions unit at East Surrey Hospital, where he stayed for two months. As part of his treatment he entered in to the day care scheme at The Conifers in Caterham and was soon participating in their typing classes.

From there John was referred to Office Matters, part of Priority Enterprises, the employment and training division of Surrey Oaklands NHS Trust. This provided him with a realistic training scheme, which he was involved in for close to two years.

He believes that Office Matters not only helped him to regain his confidence, but also encouraged him to learn new skills: "I wasn't pushed into doing the training, but when they told me about it I was interested straight away. I thought to myself, even if I've been ill, if I can get some qualifications under my belt it will show people I am serious about getting on in life."

This gave John three qualifications, including the NVQ in IT, and eventually led to a part-time temporary position at the Kingsfield Centre in Redhill. By 1998 he felt ready to find full time employment.

However, John recalls the experience of finding a job as quite disheartening and after several interviews in different job sectors he felt demoralised: "I felt as if I was only there as the token disability interviewee. ...As soon as they found out about my mental health problem their eyes glazed over and they just weren't interested anymore."

John finally got his break in 1999, when he received two job offers to do the kind of work he had been trained for at Office Matters. He reflects on the difficulties of being labelled as mentally ill: "I know it's difficult for employers to change the way they see people who have been mentally ill – but they should understand that people who have mental health problems can get better and they shouldn't be denied a job."

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WORK AND BENEFITS, a Personal and Cautionary Account about taking on Too Much, Too Soon.

After not working for four years I came across the Clubhouse where I learnt about computers. Then I got a job with the FOCUS newsletter which helped build up my computer skills and confidence, so much so, I was offered a full time job at Falcon House Clubhouse for people with hearing difficulties.

I accepted the job and travelled to Balham every day by train in January. Although I was concerned about working full time the Benefits people said that if I became ill again within a year of starting work, there would be no problem getting back onto benefits. My sign language skills were used on a daily basis at work as there was only one other hearing person there! So after travelling to and fro everyday I had to concentrate in my signing and learning skills of the office.

Contd

Unfortunately I got ill with the pressure. Leatherhead Clubhouse were able to offer me support over the phone but because I was working full time I didn't have time to actually attend the Clubhouse. Also I was worried about letting people down, so I kept quiet about the way I was feeling.

I think I jumped into the job market too quickly and as a result I got depression. I have recently been in hospital for three months "recovering". Then when it came to getting my benefits back I had no end of problems as they said, "We treat every person as a new case." So it didn't matter that I had already been on benefits before. The problems I had with benefits hasn't helped with the depression.

Advice:

What I would like to say to others out there thinking of going back to work is, not to jump in head first, but build up your hours slowly and ask for support if you feel that you need it. Because this experience made me feel like a failure, like I've let other people and myself down, and I don't want the same happening to others.

Fiona Lynn

**A Service User writes about the value and importance of
Oakleaf Enterprise –An Employment Service in South West Surrey**

My name is Simon and I have been asked to put pen to paper, or to be accurate, finger to keyboard, in order to share with you, some of my experiences and feelings about my time at Oakleaf.

Let me tell you a little about myself first – my problems became apparent when at 14 years I was treated for depression through to the age of 18, after which I continued on to 31 years before my first breakdown (shake down, shake up, break up or whatever you want to call it.) At 36 I gave up working because I didn't have the energy to deal with it and my self anymore. Hence, the therapy trail started along with more medication for depression and many discussion groups for just about everything.

I started here at Oakleaf about two and a half years ago as a client in the IT department after an initial decision to re-train in computers, following a break of approximately ten years. But after about 8 months Disaster struck again and I was launched into a manic episode for about three months, followed by the only now to be expected black dog, unfortunately even blacker and more doggier than ever before. Yes, you guessed it, a spell in the Ridgewood. Luckily though, this time I was treated for bipolar affective disorder (manic depression) with the necessary medication, and have not suffered a serious episode for 18 months now.

Next Steps

Oakleaf has been a real help to me to allow me to re-integrate not only into the work place, but, perhaps as important, if not more so, into that social space inside my head that I felt was lost for good. I have been allowed to take some responsibility for the work that is produced in the department and latterly, as a volunteer helper, responsibility for the department while staff recruitment took place.

Support at Oakleaf

Oakleaf was also instrumental in helping me to obtain a work placement in the industry of my choice – this I hope to become a full time post in the near future, although it is not dealing with computers but in a building services maintenance role that I feel is most suited to me.

Another benefit Oakleaf has to offer is the chance to meet, work and socialise with people who also have problems with their mental health. One thing I can say from my experience at Oakleaf is that the people are more genuine than the majority of people I have met in every day "normal" life.

One thing I have learned to do is to attempt to accept my illness with a sense of humour, after all, nobody is perfect so why should I be?

Simon Evans

Another definition of Mental Health

Mental health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and to survive pain, suffering and disappointment, and to feel valued as a member of society. It is a positive sense of emotional and spiritual well being that respects the importance of equity, social justice and personal dignity.

University of Toronto 1996

A definition of Mental Health Promotion

Mental health promotion is the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice and personal dignity.

Mental Health Promotion can :

- Improve physical health and well-being
- Prevent or reduce the risk of some mental health problems e.g. Behavioural disorders, depression & anxiety, SU&M
- Assist in the recovery of mental health problems
- Improve mental health services and quality of life of those suffering from mental health problems.
- Strengthen the capacity of communities to support social inclusion, tolerance and participation and reduce vulnerability to socio economic stressors
- Increase mental health literacy
- Improve health at work – reduce absences and increase productivity.

Three items taken from the FOCUS publication

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It's the same the whole word over !

Daily Prayer

So far today, God, I've done all right.
I haven't gossiped,
haven't lost my temper,
haven't been greedy or grumpy,
Nasty or self-centred. -
I'm really glad about that.
But in a few minutes, God,
I'm going to get out of bed.

Then I'm going to need a lot of help THANK YOU!

Canada

Little old lady to young residential home carer :

"Honey, I've been through two world wars,
the Great Depression,
taught 13,297 children,
administered four elementary schools
and outlived every one of the pastors I worked with.
I'm 89 years old,
and *you're* telling *me* its bedtime?"

New Zealand

You are all warmly invited to

THE APCMH STUDY DAY AND A.G.M

on

SATURDAY 3rd NOVEMBER 2001

at

St Paul's Church Centre, Rossmore Road, London NW1

From

10.00am to 4.00pm

SHEFFIELD DAY ON HEALING

A teaching and study day on The Healing Ministry
with Seminars, Discussions and Fellowship

Saturday 23 February 2002

9.30am for 10.00am until 4.30pm

Victoria Hall, Methodist Church, Norfolk Street, Sheffield S1 2JB

Please bring a picnic lunch – tea and coffee provided

A donation of £5.00 towards the day's costs is requested

For further information and application forms please contact :

Miss Eileen Collinson, Brinkburn Court, Brinkburn Vale Road, Sheffield S17 3NZ ☎ 0114 234 0020 or

Miss Mary Tschiersch, 46 Leithcote Gardens, Streatham, London SW16 2UY ☎ 020 8677 8680

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APCMH invite you to drop in for tea and a chat on either of the following

Monday afternoons between 3.00 pm and 5.00 pm.

29 October or 26 November.

at St Paul's Church Centre, Rossmore Road,

5 minutes walk from Marylebone Station.

Phone Pam Freeman on 020 8647 3678 to find out more!

THE ASSOCIATION FOR PASTORAL CARE IN MENTAL HEALTH

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The views expressed in the Newsletter are not necessarily those of the Association

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