Association for Pastoral Care in Mental Health

NEWSLETTER

JANUARY 2002

This month's FRONT PAGE CONTRIBUTION

As the year 2002 opens I have been reflecting upon the achievements of the past 15 years since the Association was founded in 1986 and realise that although we are in a fragile state and few in numbers a lot has been achieved, far exceeding the expectations of the founder members.

I would like to focus upon one area of the association's work, which is unsung but important and in which great strides have been made, namely the work of the Southwark Pastoral Auxiliaries, or SPAs as they are known. Those of you not familiar with their work may like to know about them.

SPAs are lay members of the Anglican community in the Diocese of Southwark who, after training and a probation period, have been appointed and licensed by the Bishop of Southwark to work in pastoral situations within their own church parishes or in the community generally. Many work in prisons, hospitals, day centres. When the association started there was only one SPA working, at the Maudsley hospital in South London. Today A.P.C.M.H. is fortunate to have 8 SPAs working amongst their numbers as befrienders in the community and in hospital chaplaincy teams, in clinics and day-centres and especially for those with mental health problems.

As a SPA I work in the Croydon area focusing on the rehabilitation unit, as vice chair of Waterloo Breakaway, a project for the homeless, and vice chair of the Guild of Health, an ecumenical organisation that promotes health and healing on an individual and community basis with a strong emphasis on prayer and seminars.

Many members of A.P.C.M.H. have developed projects in their own areas and many who work in statutory and voluntary organisations throughout the country support us. But we are a fragile membership. Why is this after 15 years? Perhaps it is because we have no major funding but rely entirely upon subscriptions and donations, a group of dedicated and enthusiastic people who have worked hard to keep the organisation afloat over the years. *BUT* .....my new Year's message is this: We need *NEW BLOOD*, new people to carry us forward with new ideas and policies; to carry us forward and to gradually replace those who have been involved in the organisation since it's inception. If you feel strongly about mental health and can spare just a small amount of time to help us in our endeavours, perhaps by joining a committee or even just writing an article for the newsletter, please contact me through the address on the back page, and many thanks all of you who are doing their bit to help us to help those whose plight is the very reason for A.P.C.M.H'S existence.

A HAPPY NEW YEAR IN 2002!

PAM FREEMAN
Acting General Secretary

A letter to the Chairman of APCMH Croydon Branch

Dear Chairman

THE PROFOUNDLY RETICENT and the MENTAL HEALTH SERVICE

As a person with the above affliction, feeling ostracised within the Mental Health Service, I have recently forged a link with your branch that gives me hope that my problem will finally be addressed.

However, insofar as you might be influential within national policy-making echelons of the Mental Health Service, I would urge you to question the anomaly whereby the special needs of the profoundly reticent are flagrantly ignored. The Mental Health Service conveniently surmises that we are merely quiet people who will `come out' with due time and experience. Therefore, it does not recognise us as victims of involuntary lapses of presence causing an extreme sense of physical weakness and a vulnerable appearance, which invokes unfavourable attention from opportunists and predators.

The ongoing tussle of the reticent individual with the classic identity crisis features in no remedial policies of the Mental Health Service. In fact, conversational therapists such as psychologists and counsellors often become noticeably impatient with clients overcome by withdrawal and consequent monosyllabic responses. Moreover, I believe that the majority of reticent victims of mental health problems are practising self-help behind closed doors, as I have formerly done for over thirty years, as evidenced by the proliferation of self-help textbooks.

Due to the hegemony of confidence-hype within the employment market, certain people with insuperable social difficulties are habitually ousted from management teams evidencing a predominance of assertive individuals, regardless of the quality of their practical skills. Moreover, this distasteful practice is evident even in organisations with well-publicised equal opportunities policies. Indeed, whilst categorisation of mental health problems is extremely selective in order to avoid stigmatic labelling, I believe that an official designation of `social difficulties' might afford protection of interests to the worst afflicted, both in the workforce and elsewhere. In fact, the widespread nature of prejudice against the profoundly reticent, the object of long tradition, is invariably concealed due to our inability to retaliate.

Whilst mental health propaganda focuses predominantly on maladies assuming exhibitionist forms, please do your utmost to foster implementations of special needs provisions for considerably more faceless individuals.

Yours faithfully
MARGARET SELBY (aged 54)
Croydon

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A Letter to the Editor

I am writing because I believe mental health care has lost its way somewhere down the road of medication and other associated therapies. The enthusiasm for new drugs has overtaken any vision that there might have been; of what is mental breakdown at this time of mankind – 20th century ending - new millennium entering.

It used to be said that we are geared up in a rat-race, and those that break down are, voluntarily or not, dropping out of this, some choosing to follow another god. Others, slaves of their consciousness, blindly going down a path, led by the nose by those who are doing it better, which was why the rest experienced such an upsurge of mental illness, which did not happen in poorer countries, notably the modern phenomenon of the schizophrenic breakdown.

Continued .....

I feel the problem needs re-stating because we have maybe lost our bearings on this. The old values and truths still hold fast, the divisions in our society remain, with the lines drawn perhaps around them here and there, but the objectives remaining the same. The pursuit of happiness for every person underlies the American dream, and from that the justification the use of drugs takes its cue. However, it must be seen that many a wrong has been perpetrated in its name, and in itself medication is only a shortcut to this estate. I emphasise that this remains true despite their widespread use, it remains true that they are only a substitute, at best for the real healing that comes from life lived. This is why associated therapies are so important, leading into other fields for the ill person, and thence back with life, as the theory goes. However, if the success rate were to be measured you would find substantial sections of the mentally ill community languishing in hospitals still with a trail of spoilt lives behind them.

That is not my theme, but failure is a by-product of an erroneous decision on judgement in favour of using medication with sometimes no other therapies offered. The use of alternative therapies does not even enter the discussion in most hospitals, although these methods have been used successfully by different cultures for centuries. Here is where the mental meets the spiritual, and the welfare of the whole person is addressed.

The use of the Section Law needs to be examined. It is said that, "If things act according to their nature what is the value of coercion?" If someone in the aforementioned categories of mental patient refuses to go blindly to the slaughterhouse, in other words, still searches for another ethic, who is the doctor to deter them forcibly apparently and ostensibly for their own good? Do we live each other's lives for them? This process of forcing things can only be a bad practice and leads to untold problems. Where are the safeguards for the patient and are these effective in practice? All three questions must be raised if you want a truly honest appraisal of how we are doing in mental health care at this time.

We, as humanity, have come to a crisis where we have to choose between the good and evil side. This is what it boils down to and the need gets more pressing as time rolls on. This is the real problem facing all of us, pinpointed or focused in the needs of the mentally ill, polarised in mental breakdown. The patient on his part has to satisfy his family and the doctor that he is `sane' enough to come off medication, but treatment is only a subsidiary, going alongside his own decisions and private emotions, not an end but a train of events he steps onto to speed his re-entry into the labour force as some see it. He has to get off the train at some point, while the doctor is the guard who forgot at some point that this is only journey's end for him not the patient. So we must say goodbye to the care service. It exists for itself, apart from us, it is a beast that supports a whole city and has a life of its own, and it has left a mark on us – or attempted to.

As one interested in the pastoral aspect of care, you cannot come out of this system unscathed, and some may die unfulfilled, enslaved in chains to the beast. The important thing is that beast or no, life is lived and loved, happiness is snatched, we are born and we die in this system, and it covers the world so that a refugee on the other side of the globe is suffering like us, groaning under our burdens, or under burdens we place on them. So we must think twice before we act and consider our God carefully before we make our decisions. We may discover that there is no such thing as mental illness, only indecision.

Make of it what you will.

Ruth T Fonseca
(a mental patient in St Ann's Hospital, N15)

From: Jane &David Clarke of Halesowen.

KERALA PARTNERSHIP

A charitable venture supporting Community Welfare in Kerala, South India

We created Kerala Partnership (KP) in 1998 following a visit to the village of Vizhinjarn. It is a coastal fishing village where the resident population live in relative poverty when compared to the neighbouring tourist resort of Kovalam. Here visitors and holidaymakers can enjoy the fine weather and beaches without wandering from their base of well-appointed hotels. Inland from Vizhinjam the setting is rural with families living within the tropical forest area typically made up of coconut, banana and pineapple trees and bushes.

Half an hour's travel down the coast lays the capital city of Kerala State – Trivandrum. A busy retail and commercial centre, it has the State Government buildings, large general and psychiatric Hospitals and the airport.

The visit in 1998 made two major impressions. *Firstly*, how the religious cultural and political diversity of Karalites does not interfere with their natural friendliness and warmth of character. From a western viewpoint our friends in Kerala may be seen as poor in economic terms but their wealth in terms of spiritual riches is enormous. *Secondly*, there are considerable areas of unmet need among the poorest of individuals and families. Many adults have little income and struggle just to make ends meet. On top of this they are likely not to have adequate housing and be prone to illness. Similarly, people with a learning disability or a physical disability, or a physical disability, or an enduring mental illness, can be abandoned by their family – the State tries to accommodate them as best it can, but again, it is frequently the small village-based charitable homes that steps in to offer love, compassion and a home. Many of these have no certainty how it will source its income, relying on small donations from the already struggling local population.

Aims of Kerala Partnership

During 1998 we developed contact with local community/welfare groups run by volunteers who give their time to help those in greater need. These groups identify the priorities for action and know the best ways of tackling them. **But there is no money.** We volunteered to raise funds so that these locally agreed solutions could be arranged. So KP was formed. Now in its fourth year we are in the process of registration as a charity with the Commissioners. A Trust will be formed having within its aims the relief of financial hardship and mental and physical distress and assistance for the education of needy students. Funds raised to date have come from UK but schemes are under development to obtain money also from within Kerala. KP has adopted a number of practical ground rules as follow:

- It does not make judgement on or interfere with locally made decisions.
- Support is available for all, irrespective of religion or caste
- All money raised is made available in full to fund schemes
- All costs of operating the Partnership and visiting Kerala are met from our
- Own family savings.
- Schemes should be organised and run by volunteers, so the funds are
- Applied directly for the benefit of those in need
- Financial grants should be used whenever possible in combination with
- Local resources (time, labour, finance) to make the difference between
- Success and failure for the individual family. Community working in this
- Sense of partnership will mean the grant has been a contribution rather
- Than 100% foreign aid.

Continued .....

If anyone is interested in learning more about either the schemes currently funded, or the unfounded ideas, then please make contact – we have photos, information, film – we shall be delighted to hear from you.

Jane and David Clarke,
36 Greenbush Drive,
Halesowen,
West Midlands, B63 3TL.
Telephone 0121 550 5239.
E Mail DJMBClarke@aol.com

From: **NSF South & West**
A magazine of the National Schizophrenic Association, December1999 issue

RECOVERY FROM MENTAL ILLNESS

Caroline Coles from Bournemouth writes:

I'm not too clear what my diagnosis is, but my last psychiatrist tended to favour schizophrenia. I had delusions, but heard no voices. My first spell in hospital was 13 years ago. I have since had three spells in hospital, but not for the past nine years.

My recovery consisted of three parts

- taking medication as prescribed,
- maintaining adequate sleep and nourishment, and
- taking control of my life through gaining insight into my illness.

My illness always involved paranoia in the form of delusions of grandeur. I thought I was famous and influential and that people on TV were watching me. At first this was fun, but my paranoia turned to mania, so much so that I needed to be admitted to hospital and take high doses of medication. During my manic spells I had no interest in eating or sleeping; I'm sure that this was a large factor in making me ill as it continued for some weeks. In hospital I was asked about my appetite and whether I was sleeping. I now realise just how important both are to my mental health. I found fortified drinks helpful, with a discontinuation of caffeine to help me to sleep.

Some of the medication caused my mouth to water constantly and I gained weight. My GP was honest with me and said that the only answer was to eat less. After some years of bingeing and dieting, my eating pattern has now been normal for the past three years. With each spell in hospital, it seemed more obvious that if I took my medication as prescribed, my illness would have been far less extreme, with a lot less trouble for people who know me. My consultant psychiatrist was very patient and helped me to adjust my medication until it was just right, trying out different types and different doses.

I came to the point that I wanted to control my illness rather than my illness controlling me. I was angry that I might end up alone in hospital while others carried on with their lives. I began to stand back from my delusions and refuse to let them dominate me.

I have written this to try to convey hope to others experiencing a mental illness like schizophrenia and to their families and friends. I pay tribute to my GP, Dr Janet Cooke, and my consultant psychiatrist, Dr Geoffrey Searle; I cannot thank them enough for their help through their insight, positive approach, interest and support.

Two poems by the late Kenneth Craddock, a sufferer.

WHAT ARE YOU?

What are you?
Are you my sun to warm me
And give me life?
Are you my star to tell my fortune
And guide me?
Will you warm me with your flesh?
Will you guide me truly –
Through my life?

When I look at you will you smile
And be glad to see me?
When I need your thoughts
Will you give them to me?
And be gentle?
What are you?

You and your kind ways
Are my support
You are my oak tree
You are my gently brown leaves to enfold me
You are my green grass to lay me down
You are my bright spring flowers to amuse me and brighten my world
You are my orchestra when I want to dance
You are my song when there is no music
You are my bank when money can no longer purchase what I want

All these things you are to me.
So pray God stay close to me and stay just what you are.

THE BUTTERFLY

She was a butterfly
And like butterflies do
She fluttered by –
But I was fond of her
And enjoyed her attractiveness
She was amusing and often we would laugh into the night
Not caring much for time nor who heard.
She was carefree
And her laughter rings still in my ears
And her amusing ways
And endearing habits
Found a place in my heart
I think of her and my heart pounds a little
For there was passion too.

But, she was a butterfly
And like butterflies do, she fluttered by.

An extract from "MENTAL ILLNESS. The HEALTH of the NATION"

Produced by Department of Health

Mental Health and Older people

The purpose of this booklet is to inform older people, their friends and relatives, about some of the mental health problems that can occur in old age.

One of the greatest success stories of this century has been the extension of life expectancy. During the past few decades, the size and age structure of the United Kingdom's population has changed dramatically. One-fifth of the total population is now aged over 60 compared with 7.5 per cent at the beginning of the century. In 1991 there were 7.62 million people aged 65 and over in England of whom 765,000 were aged 85 and over.

What this means is that many people can now anticipate a substantial period following retirement in which they can actively pursue leisure activities and hobbies free from the worries of work or children.

Older people can enjoy life and have just as much fun in later years as at any other time. Staying reasonably fit will make it possible to get the maximum enjoyment out of life. One of the bars to enjoying life, however, can be the presence of problems with physical or mental health.

Mental illness is treatable

Just like physical illness, mental illness covers a wife range of symptoms. When older, bereavement, ill health or loneliness can contribute to its development. Mental illness is also similar to physical illness in that a wide range of treatments is available. It is a myth that treatment becomes more difficult as you get older. Modern research and medical experience have confirmed that treatment works regardless of age.

SLEEP PROBLEMS

Most adults require between seven and eight hours' sleep each night. It is said that older people need less sleep but in fact they may just have different sleeping patterns.

As people age they are more likely to need to get up during the night to go to the lavatory, disturbing their normal sleep pattern. Painfully immobilising conditions such as arthritis or Parkinson's disease may also contribute to sleeping problems. Drinking coffee, tea or alcohol late at night may make this kind of problem worse.

Disturbed and fragmented sleep

Sleeping tablets do not necessarily help and are not recommended for long-term use. They can cause drowsiness the following day and may cause side effects such as poor memory and giddiness. They are also just as addictive in older people as in younger people. An alternative to sleeping tablets is to keep physically active and involved with other people, it is not a good idea to sleep during the day and food and drink should be taken early in the evening.

If none of these approaches to healthy sleeping works, then it is important that you consult your doctor to ensure that lack of sleep is not caused by physical and mental health problems.

A date for your Diary

THE APCMH STUDY DAY AND A.G.M.

Saturday 13th July 2002

at

St Paul's Church

Rossmore Road London NW1

10.00 am to 4.00 pm

Earlier than usual this year due to legal requirements upon our becoming a limited company

APCMH invite you to drop in for tea and a chat on any (or all!) of the following Monday afternoons between 2.00 and 4.00 pm

28th January : 18th February : 18th March

at St Pauls Church, Rossmore Road London NW1

5 minutes walk from Maryebone Station

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

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This space is for YOUR contribution

Share an experience !

Give us some ideas !

Respond to an article or letter in the magazine !

THE ASSOCIATION FOR PASTORAL CARE IN MENTAL HEALTH

Registered charity No. 1081642 and a limited company in England & Wales No. 3957730

National office : APCMH c/o St Marylebone Parish Church, Marylebone Road, London NW1 5LT

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

The editor welcomes contributions for publication, please send them to :

John Rawson, 24 Leeds Court, Denmark Road, Carshalton, Surrey SM5 2JA ☎ 020 8669 0667 020 8395 9022

or Email: john.rawson@ukgateway.net
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