

NEWSLETTER

JULY 2004

A MESSAGE FROM OUR NEW CHAIRMAN

REACHING THE RAINBOW THROUGH THE PAIN : APCMH AGM 22 May.

'And it shall come to pass, when I bring a cloud over the earth, that the bow shall be seen in the cloud' Gen 9:14

What is it concerning the nature of the symbol of the rainbow which can inspire within us a feeling of great hope and in the very next moment can leave us with that sense of abandonment when the rainbow fades from view and ceases to become a 'tool'? The promise, which God offers his children after the deluge, that the bow shall be seen *in* the cloud, is a far cry from our earthly expectations highlighted in the words of the popular song 'Somewhere over the rainbow': - 'one day I'll wish upon a star and wake up where the clouds are far behind me'. If true hope is to become a reality for us then it must surely rise beyond our transient secular expectations. God's hope for us seems to exist right in the midst of that cloud - not as we might expect but ultimately providing a lasting assurance of His love for us.

So from where do we get these utopian delusions? Perhaps the nature of the problem begins when we fall under the illusion that the rainbow can somehow be reached in isolation from our fellow men. The solution may be found perhaps in the realisation that those 'clouds' that we bear witness to within each others' lives may somehow transport us to a place where the 'rainbow' which God has in mind might be unveiled. How poignant, that a major symptom and cause of depression is for younger sufferers due to some form of isolation.

Petersen, Chaplain of Queen Mary University of London, was eager to dispel the myth that there exists a perfect rainbow this side of heaven, instead suggests that perhaps the colours that we see represent a wide spectrum of emotion 'learning to see those colours that are right here within us'. When she was first approached a year ago about the possibility of being the main speaker at our recent AGM on mental health, creativity and younger people, her first response was to explain that although she was not great expert on younger people and mental health, she had a sympathetic interest and was willing to give it a go. The care which contained her message had a picture of a little girl looking up to heaven with her hands open to the rain - the caption read 'When it seems we will never smile again...life comes back!' but the life which comes back in the picture does not appear to be merely due to the sight of the rainbow in the sky but rather, the sum total of everything which is enshrouded in nature which contains the rainbow and makes its existence possible. Perhaps in a similar way God pours out His love, via the Holy Spirit of Jesus - and if we are adequate and willing receptacles we can reflect that love in colour to others and we are transported to a place of hope.

Much of Jenny's work with younger people puts her into direct contact with mental health issues to some greater or lesser degree. Caring for a wide range of students who possess diverse belief systems one might visualise a more hostile environment, but upon hearing about St Benets Chapel situated between Mile End and Stepney Green on the Mile End Road, another quite different image emerges, or a place of unity and hope where, as Jenny explains, 'boundaries are made and time is set aside to wonder, to pray, to listen and to imagine - where more gentle pursuits can be cultivated.' - often encouraged by those students whose religion forbids the more unwholesome recreations such as alcohol consumption or the likes of other potentially destructive pastime pursuits. In place of coffee and cola facilities and other potentially anxiety-inducing substances, can be found water sources. Also aimed at cultivating a healthy environment there exists with the chapel a 'labyrinth' - which is literally an intricate arrangement of circular pathways in the chapel, around which the students journey in contemplation and reflection surrounded by light, space and plant life. It is not a technique, says Jenny, but a place that we love to share and release laughter.

It is along another labyrinth that Jenny journeys alongside, not necessarily being the counsellor, but rather in going with someone where appropriate - pastoral care grounded in God's love. She has much compassion for those students for whom self-esteem and body image may be a cause of much distress, and Jenny actively seeks to encourage and nurture those for whom shyness might prevent them from otherwise happily participating in such painful procedures as having a photo taken. For many students their first time encounters with mental health distress might be more in the way of normal developmental crises, the peaks and troughs of life - low self-esteem versus high expectation of oneself, and the demands of others, but because of the unfamiliar nature of the experience these first time encounters can be felt with more intensity. Jenny goes on to explain how first time losses and relationships can be more painfully experienced and seemingly low level conflicts which start over a row over a toaster can escalate disproportionately to the apparent crisis, which can be often about the difficulties and frustrations of not being able to express oneself and appropriate asking. There often is an unwillingness on the part of the sufferer to allow parental intervention in a crisis reflecting the nature of the battle in the struggle for independence contrasted with that vulnerability which desperately seeks reassurance and in the more serious and distressing times which Jenny shared with us it would appear that this pastoral role provides a lifeline for those in real distress, for whom the contemplation of suicide may become a reality.

Continued

REACHING THE RAINBOW *Continued.....*

Amanda Headly-White took over from Jenny, sharing with us the path that eventually led to her recovery from depression, anxiety, self-harm and eating disorders. She described in some detail the interchange between anorexia and bulimia and the extreme patters of behaviour – the withdrawal and then the binging, reflecting the vast pendulum of emotion – this she conveyed in diagrammatical detail showing us a typical food intake of an anorexic day as compared to a bulimic day - inflicted upon herself in an attempt to control some part of her existence, to resist adulthood and become accepted by her peers as an acceptable body image. 'People like you thin' was her governing voice, but the pay off was negligible compared with all the loneliness which accommodated it – a high academic achiever, but with an apparent acute sense of self-loathing, fragility and abandonment. The breakthrough Amanda told us, came after she had been sick all day in hospital, she sketched a cat doodle, which was to be the beginning of a new realisation that there could be something outside herself that could be lived out – control on paper as it were. The cat could be as thin as she liked, she could manipulate colour and discover a channel for expression which was to provide her with a sense of discipline and enable concentration, finding achievement in sharing and transporting those resources. So this is how her work in art therapy began.

Ugnow, who recently produced three short 90 second films on the nature of obsession, identity and paranoia allowed us to witness them for ourselves – a truly unique approach to promoting awareness of mental health issues, but imbued with a theatrical sense of the absurd which somehow permitted the comedy.

To conclude the range of activities, Jenny had brought a large heap of garden from St Benets, which she poured out in the centre of the space, where we were encouraged to select appropriate stones which corresponded to the moments of sadness in our lives and expand on one another's experiences until a collage of sadness and loss had been designed. Then we gathered happier memories.

Finally, Jenny was to introduce some thoughts concerning the nature of mental health and spirituality inspired by certain writings, which had been impressed upon her. The first was by an author called Mike Yaconelli, 'Messy Spirituality' – a real gift. 'Spirituality is not about competency', he says, 'but about intimacy'. This is a book suitable for those coping with feelings of inadequacy, lethargy, over expectation or fear. Lastly she shared with us some thoughts from The Rt Revd Rowan Williams. 'Open to Judgment' chapter 36, on Abbe Huvelin who performed the full ministerial duties of the day whilst suffering acute depression. In his notebooks were found phrases, which seemed to highlight the nature of the despair. 'J'etais' - 'I used to be'. Living with a sense of his own worthlessness almost unrelieved by the hope and assurance he transmitted to so many others...not a whole man... psychologically scarred'. He continues 'can we with our rhetoric of the identity of holiness and wholeness, begin to cope with the sanctity of a man whose mental and emotional balance was so limited? – the holy neurotic. We talk very often as if the creative love of God could work through us only if we removed the fear and self-hatred, the pathological guilt, which stifle the freedom of love...the holy neurotic challenges us further, challenges our conception of wholeness itself. Doesn't that give us hope? Perhaps as we grow in love we can identify more with that incompleteness in ourselves, which reaches out to the incompleteness of others, enabling a vision of a more complete rainbow.

..... and on another note:

Thank you to Lorna Brockett for all her work as chairman in the past year, for being such a support and encouragement. She has an amazing capacity to lift people. Her work has transported her to foreign fields but we hope that she will return some day to show us the way forward. Also for all the efforts of the Young Quakers who have been with us actively throughout the whole year, in particular Amanda and Paddy for being a constant source of inspiration and to all Young Friends for raising the money to enable days like these to be open to all; we are pleased to welcome a Young Friend, Amanda Headley-White, as Trustee. And finally, thanks to Theresa, Rene and Joan for all their sustained efforts in providing us with lovely food and spontaneous prayer, and thank you God for answering them.

Suzanne Heneghan

Chairman 2004/2005

LETTER

Via email from Alan Sizer

You published a contribution I wrote up after a visit to your AGM last year.

As a Saturday worker time off has been difficult, so I have been unable to repeat the visit, but I was recently made redundant. My current employers need me only for six out of 12 months on a Saturday, so who knows?

Your March Newsletter gave out the website of interact which I have visited, I emailed them with my experiences in a M.H. vocational charity and current employ (also positive about M.H. issues) I wasn't interested in a job, more of sharing experiences in the hope that there might be the kernel of an idea that might be helpful. Supporters of APCMH seem far flung, so a contact might be encouraging. I've attached text of my email to them: mail@interact.org

I logged on to your website after reading of you from the Association for Pastoral Care in Mental Health. I am a member.

I was recently made redundant from a M.H. charity here in Northampton, Northants, called Workbridge. We ran similar schemes to you, but also had workshops in Industrial contracting. Mainly carrying out packing and the like for local companies. I.T. skills, ceramics workshop, catering training, horticultural workshop, which sells plants to the public. We also ran a New Deal for people with learning difficulties, job brokers scheme for which we received finances from New Deal funds.

I had been a Job coach, Technical Instructor, employment adviser liaising with a drama therapist and others within our consortium. We ran Job clubs, which helped with Job searches, and CV training, which got people into work placements and jobs.

I have moved into a Christian Cooperative DAILY BREAD co-op, which employs a certain amount of people with MH problems and learning Difficulties as associates, who earn a full wage. Workbridge had block bookings with Social Services and St Andrews Hospital, Northampton (each of the organisations listed have websites) if you want to see more. Workbridge also staffed the Industrial Therapy unit at S.A.H. and their clients got a token wage. Many had been there for years, although some moved on. It was unique in its mix of hospital patients/community clients and range of disabilities ranging from Autistic spectrum through to head injury and long term patients, as well as younger shorter-term patients too. Community clients could be quite vulnerable, some of who came from care homes and placements within the Community. It is quite special. We also ran work placements; work experience for pupils from special needs schools and student placements for care and nursing students from local colleges.

I am not looking for a job because on the face of it re-location at this stage does not seem an option, but I wish to indicate an interest in your work and provide some encouragement.

Daily Bread is worth approximately £1,000,000 today after 25 years, although it started out as a house group in a local church. I believe they started packing pulses and the like, but have diversified into more pre-packed goods, whilst still packing locally and supporting fair trade organisations and overseas co-ops, as well as local co-ops. It also took over a redundant overseas charity "Strive", which sends a proportion of its pay bill to support Mission based and other overseas works besides UK causes, through its Community Fund. Daily Bread at Cambridge has a similar ethos.

Best wishes

Alan Sizer
a.babble@ntlworld.com

TRY TO PRAISE THE MUTILATED WORLD

ADAM ZAGAJEWSKI (translated by Clare Cavanagh)

Try to praise the mutilated world.
Remember June's long days,
and wild strawberries, drops of wine, the dew.
The nettles that methodically overgrow
the abandoned homesteads of exiles.
You must praise the mutilated world.

You watched the stylish yachts and ships;
One of them had a long trip ahead of it,
While salty oblivion awaited others.
You've seen the refugees heading nowhere,
You've heard the executioners sing joyfully.
You should praise the mutilated world.

Remember the moments when we were together
in a white room and the curtain fluttered.
Return in thought to the concert where music flared.
You gathered acorns in the park in autumn
and leaves eddied over the earth's scars.
Praise the mutilated world
and the grey feather a thrush lost,
and the gentle light that strays and vanishes
and returns.

(from "*We have Come Through:*" 100 poems celebrating courage in overcoming
depression and trauma edited by Peter Forbes published by Bloodaxe Books
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### I WOULD LIKE TO....

I would like to smell the sunset,  
The tangy sun  
setting on the fresh sea,  
The ice-cream clouds disappearing over the world,  
The scented chalky sky floating above the sun,  
I would like to smell the sunset.

I would like to taste the ocean,  
The salty water with the tangy multicoloured fish,  
The acid fuel,  
And not toxic oil,  
I would like to taste the ocean.

I would like to know somebody else's feelings.  
The joyless Iraqi child,  
The heavenly feeling of a new mother,  
The loneliness of a prisoner,  
The glory of an Olympic winner,  
I would like to know somebody else's feelings.

I would like to hear the centre of the earth,  
The crackling core,  
The rumbling mantle  
The husky crust,  
The breathing atmosphere,  
I would like to hear the centre of the earth.

I would like to touch the Solar System,  
The ice cold Pluto,  
The boiling red Mars,  
The vast expanse of Jupiter,  
The crumbly touch of Saturn,  
I would like to touch the Solar System.

I would like to see the Future,  
The peace of the world,  
The loving of everybody,  
The friendship of boys and girls,  
The beauty of people yet to be,  
I would like to see the future.

*By Anna Milne aged 8.*

*Anna's lovely poem would surely gladden the heart of Adam Zagajewski, a little girl innocently  
praising our mutilated world (A budding Poet Laureate perhaps!)*

## Carer's Lament

Arms outstretched demand my time; my life is yours no longer mine.  
Need precious time to spend on me, painful shackles can't break free  
Feel your anguish every day, want to run, yet know I'll stay  
In desperation, ring your nurse, sick to death of evil curse  
Forget that life at times is fun; can't neglect you, you're my son  
Feel I'm fading fast away, hold on for another day  
Tangled by the plight we're in, where do I start and you begin?  
Time I feel I can't afford, will we ever cut the cord?  
Wake up from a fitful sleep, the first thing that I do is weep  
Your muddled thoughts cause such confusion; what's reality, what's illusion?  
So exhausted almost spent, need some peace, 'carer's lament'.

*This poem by Georgina Wakefield is taken from her book "Schizophrenia: A mother's story. (which we reviewed last year)*

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To The Editor from Mental Health Today

I am now 88 and first got involved in Mental Health matters when I was 18. Over the last seventy years I think I can claim to have seen it all.

The old mental hospitals had some good things going for them. Carers knew that their relatives were housed, fed, clothed and taking their medication, and we forget the appalling conditions in which many ordinary people lived. There were some things that had not kept up to the improving standards in the community.

What do we mean by community? These were a community where patients contributed by working, as they were able; on the farm, the sewing room, the workshops, in the kitchen and cleaning in the great hall. There were social activities, dancing and bingo. Many organisations brought shows to the stage. Those who were well enough were allowed into the town. The myth that patients were kept in when they did not need to be was not true. Some did recover and returned to a normal life. Some moves were made to improve the environment. Wards were divided into cubicles by curtains or partitions, the patients no longer wore uniforms.

Thirty years ago my daughter became mentally ill and the old ways were still in force. Since then she has been in and out of the system, more in than out. I have seen all the changes. However, some well-meaning people said that the patients were being exploited. So the workshops were closed, contract cleaners and cooks arrived at vast expense. The patients lost the opportunity to acquire skills that would be of use if they returned to the outside world, and staff lost the opportunity to observe how they coped. Other occupation was found to be needed, so contracts were sought for industrial work such as packing and other low-grade work, for which the hospital earned money. *WHO WAS BEING EXPLOITED NOW?*

Then the new drugs came on stream. For some people they worked, for others they relieved the more serious symptoms and the concept of Community Care was born. Hospital began to run down, wards were closed, patients moved into other accommodation, and their care became the responsibility of community nurses and social workers. As we all know the policy was pursued with great speed, without enough planning or money and we had the various scandals of patients falling through the net.

At present the situation is patchy, some trusts are better than others. Such hospitals that are still working are full of very ill people. It is often difficult to find a bed for those in desperate need, and patients can be discharged without proper care in place, to make room for those in greater need. Community nurses and social workers spend a lot of time rushing round in cars, attending meetings and conferences trying to keep track of what is going on. The biggest problem of all is that responsibility for in-patients is with the Health Authority, and for those in the community that of Social Services. They each have a different agenda and, worse still, separate budgets each trying to pass costs and responsibilities on to the other, and in some cases duplicating information and work. It would be a good idea if all hospital staff should, early in their training, spend a few weeks working with social services and social service staff a similar time working in hospital. Each would then have a better understanding of the others work. The division of responsibility between health service and local authorities is a disaster. We will never have efficient care in mental health until we have a single Ministry for Mental Health with one management and one budget.

Yours sincerely *Mrs Evelyn Sumption*

Some Explanations (??)

What is 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

Mental Health Promotion

- Mental Health Promotion is essentially concerned with:
- How individuals, families, organisations and communities think and feel.
- The factors which influence how we think and feel, individually and collectively.
- The impact that this has on overall health and well-being.

Mentality 2001

Mental health promotion can:

- Improve physical health and well-being
- Prevent or reduce the risk of some mental health problems.
- Assist in recovery of MH problems
- Improve MH services and quality of life of those suffering from MH 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.

Guildford Community Care Team 2001

Mental Health Services

Mental Health Services are delivered in various ways in different parts of the country. In some areas there are only services provided by Health and Social Care statutory bodies, in others voluntary agencies are major providers and often people who have used services are involved in service provision both within statutory services and voluntary sector groups.

Primary Care

Most support for people who have mental health problems is provided by their families but in terms of formal services the majority of people receive care from their GP and other community services such as Primary Care Counselling Services or community counselling services provided by the voluntary and private sectors.

Secondary Care

In general, referral for more specialist care is made by the General Practitioner. Usually it is possible for others to make a referral into the system even if this is not formally stated.

Assessments

Are made by **Psychiatrists** in the community who will be working with **Psychiatric Nurses in Community Mental Health Teams**. In many areas these teams now include **Social Workers** in order to give a more integrated service.

In Patient Services

Have decreased considerably in recent years with a strong emphasis on treatment in the community. Many areas have developed **Home Treatment Teams** to provide an alternative to hospital admission and there are Assertive Outreach Teams to support those who find it difficult to stay in touch with services.

Acute In-Patient Wards

All areas will have these and some provision for people who need intensive care. There are also specialist services available. The way in which acute services are organised varies, many being located in specialist areas of acute general hospitals.

Day Care for some people who have been in hospital under the Mental Health Act there is a statutory right to Day Care although what form this takes will vary. At least there will be follow up appointments with a psychiatrist and contact with a community psychiatric nurse. There should also be somewhere for social support and help to develop skills and interests.

Emergency or Crisis Resolution

Must be built into the system but it will vary in form locally.

Women's Services and Men's Services

There should be appropriate services for men and women, which recognise their different needs and the differing ways in which their mental distress is constructed.

Needs of Black and Ethnic Minority Communities.

Appropriate services should be available to people from these communities and cultural competence built into all service provision.

Commissioning

Mental Health Services are commissioned by Primary Care Trusts and Local Authority Social Service Department. Sometimes these are now joined in joint commissioning teams. They may also involve voluntary sector representatives, people who use the services and people who care of people with mental health problems and other people with an interest in their decision-making.

Services have to comply with the National Service Framework for Mental Health 1999 and other Government requirements and targets but some room is left for local priorities and local ways of meeting the government's agenda.

Mental Health Promotion

It is a requirement of the NSF for all areas to have a strategy for mental health promotion. It is in this area that local groups outside the statutory mental health services may have a significant impact. It is about the well-being of the whole community, a potentially radical agenda.

This is not an exhaustive survey of Mental Health Services, but it may help those new to the field to pick their way through the system.

Oo-er !!!but see the next page

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## **A note from the Editor**

The above, Some Explanations !! compilation of contributions from the Newsletter files, and the contents of the following page, are as a result of a dearth of contributions for this month's edition. This also is by way of explanation that this month's offering is a little eclectic, (i.e. difference in font sizes for the chairman's letter)..... and also, late for publication !! Please accept our apologies.

There is of course a way in which this situation need not arise in future. YOU, yes you, probably have knowledge of experiences or contributions, letters, poems etc. which are suitable for inclusion in the Newsletter. Why not submit these and share them with our readers ?

***Now you do know! The facts***

- People with mental health problems have the highest rate of unemployment among people with long-term health problems. Only about 13% are in employment, compared to around 33% of people with other long-term health problems.
- The proportion of murders committed by people with mental health problems has fallen steadily over the last 50 years. The public is more at risk of violence from young men under the influence of alcohol than from people with mental health problems.
- One in four people will experience some kind of mental health problem in the course of a year.
- In a survey carried out by MIND IN 1996, 47% of people with mental health problems said they had been abused or harassed in public. 14% had been physically attacked.
- In a survey carried out by "mind out for mental health" campaign, 61% of 16-24 year olds admitted to using derogatory language about people with mental health problems. Interestingly young people were also highly aware of the discrimination surrounding mental health, and 79% said that if they knew more about mental health problems, they would be less afraid of them.
- By 2020, the World Health Organisation estimates that depression will be the second biggest international health problem (in terms of costs, lost working days etc.) after chronic disease.
- In a survey by the Health Education Authority in 1996, almost half of national press coverage linked mental health problems to violence and criminality. In the same year, a survey by MIND showed that 60% of people with mental health problems blamed media coverage for the discrimination that they experienced in their daily lives.
- In a survey by MIND 1996, 52% of people with mental health problems said they concealed their psychiatric history for fear of losing their jobs. In the same survey 34% of people said they had been dismissed, or forced to resign.
- In a survey by the Health Education Authority in 1998, 99% of mental health workers said they believed that discrimination could have a significant impact on mental health. 60% had worked with clients with long-term emotional problems resulting from discrimination.

"One in four people in the UK will experience a mental health problem of some kind in the course of a year. 65% of these people have experienced some form of discrimination, while almost half have been abused or harassed in public. This is totally unacceptable. Confronting and challenging the stigma and discrimination surrounding mental health is an urgent priority."

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

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