

NEWSLETTER

MARCH 2005

This month's Front Page article

BEING ALONGSIDE

I'm learning never to underestimate the effects that a simple gesture like a smile, a kind word or a listening ear can have on another person. I heard a story of a woman whose husband died in the Potters Bar train crash in 1999 and who herself, was badly injured. Much later she was in London with others to attend the memorial service for those killed in the train crash, when they heard a peal of bells ringing out from St Martin's Church in Trafalgar Square. Their taxi driver commented on this and when they explained that they were for the memorial service he stopped the meter and said, "It's the least I could do." His gesture showed he understood what it meant to be alongside others in their hurt or pain, a gift that touched this woman and her companions. I was also touched when I heard the story, as it opened my heart a little wider to compassion, the more so because it contrasted with the intransigence and lack of willingness of anyone else to accept responsibility or apologise for what had happened. Recently we have witnessed many countless acts of kindness, compassion and generosity by local people in their response to the devastation of their communities following the recent tsunami, as well as from overseas.

There are many times when we feel hurt or bruised or wounded, and long for others to reach out to us, for that smile, touch or word of kindness or hope. At other times we can use our experience of being wounded or hurt to reach out to others, knowing that even simple things can and do make a difference. A friend spoke recently of how each day he looked back and felt he had achieved something if he had showed some kindness and left the world that day a little better than before – something any one of us can also think about doing!

In APCMH our aim is to welcome and accept one another as we are, wherever we are, on life's journey in our strengths and weaknesses, our successes and failures. It's not always easy! We all have our different personalities, ways of seeing things and patterns or responding to people and situations. A recent workshop in London on mindfulness and depression, demonstrated the effectiveness of living with greater awareness in the present moment in preventing relapse for people with serious depression. I reckon we could all benefit from living more mindfully in the present and hope to write something more about this in the next newsletter.

This gift of being alongside, or acknowledging each person as an unique manifestation of God, and at the same time as connected and linked to one another, creation and God, is for me at the heart of APCMH. Just remind me of this whenever I fail to live up to it in any meeting with you!

Stephen Ball

SO THAT'S WHO I AM, IS IT?

In 1952, when I was eighteen years old, I was diagnosed as suffering from schizophrenia. I'm told now that this was a particularly good year for this diagnosis, as indeed it was for psychiatric diagnoses generally, as a matter of fact, there being proportionally more people admitted to mental hospitals in the UK that year than any year before or since. Be that as it may, it didn't seem a particularly good year for *me*. When it happened, it was the worst year of my life. I had had a particularly sheltered childhood. Indeed, all my life I had turned to my parents for help and protection, and the hospital they consigned me to was stern and its treatments punitive.

However, I don't want to enlarge on that, it's a long time ago now, and things have certainly changed, particularly in the last twenty years or so. Not that that usually stops me, though! Parkside Hospital (that's what it was called) has provided me with a good deal of mileage over the years. One way or another "that place" (I could never quite bring myself to call it by name; but it didn't matter, people always knew what I meant) had a considerable effect on my life. I had no idea how long I was going to be incarcerated there, current policy being to tell patients as little as possible, and assumed it would be forever. As it turned out I caught double pneumonia, and they released me after six months or so.

It is the effect of that experience upon my life that I want to talk about here. Fifteen years later I found myself back in just such a hospital. This time though, I stayed – as Chaplain and member of the whole-time staff – for eighteen years. Not that that's any excuse; I surely needn't have stayed that long. Obviously, something about such places had got under my skin. I can't think of another reason.

All the same, there were definitely some good things that came out of Parkside for me, which would make some kind of sense of my strange choice of vocation. There's no doubt that some of the experiences we go through which seem either meaningless or worse at the time, turn out to be vital for the way we eventually manage to make sense of life. In Parkside I didn't know who I was or what was happening to me; everything that has happened to me since, has seemed important in contrast. Parkside had the effect of making the rest of my life *significant*: yes, even the Parkside bit.

Actually, quite a lot of interesting things did happen to me after my fortuitous discharge from hospital all those years ago. I got into RADA, got married, became an actor, started a family. Later I went to theological college, met my present wife, and started to write books, some about church worship, others about acting and the healing effect of theatre, and yes, others about life in psychiatric hospitals....

I'm still writing about all these things (they all seem to me to be connected somehow), half a century after they began to happen. The psychiatrist who diagnosed me died thirty-five years ago. Am I the only person to have made so much of, built so much upon, a diagnosis of mental illness? The original event was so shattering, had such a destructive effect on the world as I knew it, that something or other had to be found for me to put in the space it left behind, certainly. At the same time I can't help feeling there's more to it than that. For one thing, what did come after was so much more real than what went before; by making me a mental patient, my over protective family managed to expose me to the world and to life in a way they could never have dreamt of by admitting me to the County Asylum. Somehow or other I had been given a particular kind of identity, a special sort of belonging.

Well – am I mad? What do you think? I would be grateful to know if anyone agrees with me about this, or if anyone else had had experiences like mine. But even if you haven't, and consider such an attitude to be perverse – or even worse, politically incorrect – the fact remains that for me it has proved a remarkably positive way of looking at things for a very long time now. For me at least, despite its relative inaccuracy, the diagnosis turned out to be creative.

If you do have any opinions about this, and would be willing to share the effect which a diagnosis of psychiatric illness had had upon your own life, I would be glad to hear from you. You'll have to write.

Roger Grainger.

HEALTHCARE IN THE COMMUNITY : A PROPOSAL FOR DEVON

By the Council for Church and Society

A positive and participatory approach to health promotion and ill-health prevention using creative arts and centring on the life of the local community.

Introduction: Health Centres across the country hold a wealth of potential, positioned, as they are, in the centres of our communities as places that everyone knows and will, almost certainly, visit at some time. Due to the lack in time and resources of the health profession much of this potential remains unseen and undeveloped. This proposal hopes to promote a vision that transforms 'health centres' into just that: from places of ill health to places of life, vitality and well-being. By using the strength of community, creative arts and communications this project would seek to take a strongly preventative approach to health and one that does not rely on the health professionals, but on the members of the community themselves.

This project would run in line with the Department of Health's commitment to focussing on the prevention of disease rather than just its treatment, and the Government's wish to focus on educating the public about healthier living. This project could correspond with other Department of Health initiatives like Local Exercise Action Pilots, The National School Fruit Scheme, the Food and Health Action Plan and linking with Healthy Living Centres.

A similar project has been piloted in Withymoor Village in the West Midlands and examples of their good practice will be included in this proposal.

The Proposal:

Aim 1: A strong sense of community is found at the Health Centre.

In an age where places that were once pillars of community life are no longer standing, such as local shops, post offices, and local industries, 'places of community' are desperately needed. Health Centres are remarkably placed for such a function. They are non-threatening, non-exclusive and well known buildings. However, they can often feel cold, frightening or lonely places to be. If people are coming to the Health Centre for reasons other than illness attitudes toward the Health Centre and indeed Health may begin to change.

In this project the space of the Waiting Room would be transformed into a welcoming and inviting space with, for example, a play area for children, plants, fish tanks, music and comfortable chairs. At Withymoor Village surgery a competition was set up at a local school to produce a mural. The result was a painting of a giant rainbow incorporating symbols of hope, happiness and imagination that are well loved by everyone. A sense of community could be achieved by the use of a community board, local news and ways to easily share information.

The Health Centre becomes the place where walking groups, exercise groups, or Healthy Eating groups are linked and co-ordinated. Other initiatives like Time Banks may also make the Health Centre their headquarters. The Health Centre may be used in the evening for groups or community events such as a novel being read aloud for successive weeks, or craft workshops.

Aim 2: The subject of health and well-being is deeply engaged with using the Creative Arts,

Nothing changes attitudes and behaviour like creativity. The Creative Arts can play an important role in people's lives because it is interactive, personal and communal as well as being expressive, inspirational and restorative.

An Artist in Residence is employed. The work they do can be particularly focussed on one health subject or many. Examples of the kind of work they may undertake are: running craft/creative writing/story-telling workshops with a particular focus such as smoking, obesity, asthma etc. /working with local schools to create an exhibition on a subject; co-ordinating an open book that will be available in the Waiting Room for people to read or write in, where accounts of people's experiences of sickness and health can be shared; co-ordinating the sharing of experiences on specific subjects such as pregnancy/birth, death or parenting.

Continued

At Withymoor Village Surgery a craft workshop was set up for a mothers' group to make cards that congratulated mothers on the birth of their new babies, bringing together socially isolated women to share skills and companionship.

Aim 3: To be aware of health issues outside the local area for discussion and discovery.

Engaging in global issues can inspire, motivate and bring a community together.

The Health Centre would be linked with a Health Centre in another country where stories can be shared, global connections made an interest in Health issues stirred.

The Role of the Council for Church and Society

The Council for Church and Society has a theological commitment to realising, and encouraging others to realise, the significance of healthy living and wholeness in human development. The Council acts as a channel for churches to engage with social and economic issues and through this project hopes to provide churches to give practical support and service to the project, such as providing volunteers, funding, use of their buildings and a spiritual focus, inviting other faith groups to be involved is also possible.

Practicalities: A committee would be set up at each Health Centre to plan the project that will suit their particular area and needs. This committee must be made up of a majority of local people, and some employees of the Health Centre (receptionists, nurses, care takers, doctors etc.) The committee would create the job description for the Artist in Residence and, in consultation with the appointed artists, the artistic programme and budget.

The Council for Church and Society would assist the committee in making funding applications and would also co-ordinate the link with an Overseas Health Centre.

It is suggested that this project is piloted in three Health Centres across Devon, including an urban, a rural and a market or coastal town setting.

Is this an opportunity for APCMH

..... To become involved in the furtherance of good Mental Health? Ed.

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**Obituary**

**Gwen Nitta**

Gwen was one of APCMH's founder members. Sadly she died recently following a mugging and also falls when in hospital. Her family has experienced a great deal of worry and stress, and we would like them to know how much we appreciated Gwen. She was a great support to us when we started up the organisation in Croydon. She gave up her time on a regular basis to be a volunteer at the drop-in of The Rainbow Club. Always very sensible and down to earth, she had a lovely sense of humour and could always be relied upon.

We send our condolences and sympathy to her family at this time.

# ***A Trilogy of Hope :***

**Three poems by Ros Mackenna**

## ***HOSPITAL VISIT***

Listen! Can you see me thinking?  
Hear me feeling; hope my healing?  
Carry my shouting; bear my sleeping?  
Listening. Jesus does too: and for you.

## ***IMPERATIVES***

Your arm comes out  
Wrist turns to pin me to the floor  
And then the hammer blows begin  
Of your opinion. The black and white  
Imperatives exclude the breathing space  
For thought and feeling of my growth.

Was this how you felt?  
Held by carers in your early years –  
Caught? Restrained for fear of your self harm  
By iron guardians, through  
Some major seizures; there before  
Christ healed you by his Word.

The One Who gently stands  
Beside us still takes all the blows.  
He listens silently  
Wearing a radiant crown,  
Would draw us up  
While lead balloons go down.

## ***CONTRACTIONS***

Rocks grind within the belly of the world.  
Shocked rush of water on the earth is hurled.  
Knee-jerked, it gathered power as it grew  
And coast to coast much chaos quickly threw,  
Reverberations of enormous woe  
Are felt too deeply for the mind to know.  
Earth cries to heaven in its desperate need  
Releasing stores of fresh compassion seed.

When aid is sown on painful fresh-turned ground  
Kindness may kindle hope, God's care be found  
Beyond the prodigal of earth's decay are newborn, from contractions of the clay  
Bringing aid instead of bombs today  
Swift through the darkness, crimson morning ray.  
Servants bearing lamps into the reeds  
The costly myrrh of mercy meeting needs.



## Almost twenty years in Forest Hill

The Forest Hill Branch of APCMH began with a meeting in St Peter's Church, Lordship Lane in May 1987. There were eight of us at the meeting and we had a long theoretical discussion of alternative models for the branch and how we might research what other people do. At the end of the meeting we decided to jump in at the deep end and see what happened. As a result we found premises next to Forest Hill station and opened our Drop-In centre for the first time on 19 May 1987.

Our objective was to run a Drop-In Centre providing support for people with mental health problems and for their carers as well as helping to raise awareness of mental health issues in our area. Carers do contact us from time to time though usually not on a regular basis. We have done some raising of awareness of mental health issues by giving talks to local organisations. However, most of our effort has been giving support direct to people with mental health problems.

We have been open once a week since we first opened, except for one year when our regular day coincided with Christmas day and for a short spell when shortage of volunteers meant we could not open quite so often. We reckon we have been open for over 900 sessions. We have moved premises a time or two and are now open every Wednesday at St Saviour's Church Hall, Brockley Rise between 7.00 and 9.00pm. We really are a "drop-in" and any one, user or volunteer, is welcome.

From the start we advertised ourselves in local churches, doctor's surgeries and libraries and this, plus word of mouth, is how we continue to promote ourselves. Our first user arrived within five minutes of opening the doors and she became a regular for over ten years before she moved out of the area. The number of users built up steadily and we now have about fifteen each week, which means, I suppose, that over the years we have had about 13,000 visits. Most of our clients are regulars and some continue to come for many years, usually until they move out of the area or their circumstances change. Of our current regulars, one has been coming almost every week for twelve years, while another moved away but still comes almost every week from Kilburn.

Apart from the Drop-In we have outings in the summer. Most years we have a day in central London or on the river to Greenwich as well as a weekend away. In the early days, each year, for several years, we went to Hengrave Hall in Suffolk as well as visits to Ramsgate, while for the last three years we have been to Whitstable – a trip that includes a service in Canterbury Cathedral with a special prayer for APCMH.

We have four people on duty at the Drop-In each week and we rely entirely on volunteers. To avoid overburdening them we need a team of twelve, each of whom is on duty every three weeks. At the moment we are down to eight volunteers and we need to recruit more, particularly men, in the near future. If we were not to continue our regular opening it would be unfortunate for our users, some of whom have very little other contact with the outside world.

We have deliberately remained small and informal. Friendship is at the heart of what we do and our emphasis is on concern for our users as individuals, the whole person, rather than focussing on any illness they may have. That is the role of medical professionals. We do not require new volunteers to have specific knowledge of Mental Health issues – we provide guidance and training in that area. What volunteers do need is a concern for their fellow human beings and a willingness to listen. We have always survived on a modest budget of about £2,500 per year. This has come from local supporters including Churches and Rotary Clubs. Other supporters have had fund-raising lunches and theatre performances for us, and one of our volunteers has run in the London Marathon twice to raise funds.

If you would like to find out more, come to the Drop-In at Brockley Rise any Wednesday or call Solomon Brown on 020 8291 6462 or Gail or me on 020 8670 5822.

**Nicholas Cotton**

Founder member of the Forest Hill Group.



# ***The Experience of Mental Health and Illness in Poorer Countries***

Readers of this newsletter and APCMH members may be interested to learn of an organisation concerned with helping to meet the needs of people experiencing mental distress and illness in poorer countries. BasicNeeds started in 2000 and now works in India, Sri Lanka, Ghana, Tanzania and Uganda.

Its vision is to help meet the basic needs of mentally ill people and to enable their basic rights to be respected, often in situations where there is a link between mental illness and poverty. This is achieved by using a model of working which actively involves mentally ill people and their carers with the ultimate aim of greater integration with their families and the local community. The emphasis is on listening to mentally ill people and those around them (family, carers, and community) to hear what they feel and think need to be done to improve their situation.

More often than not these consultations bring up two practical needs: treatment for their illness and access to mental health workers, and also improving/increasing family income. Many people live in remote areas long distances away from mental health facilities and are too poor or ill to make the journey to seek treatment. Many have become mentally and physically isolated, sometimes the object of cruel humour, sometimes sent away and often adding to the stress and burden of family and community.

BasicNeeds through its local partners responds to this need for treatment by organising rural outreach clinics and camps where people are seen by mental health professionals who travel to meet with them. Medication and treatments are made available following assessment and diagnosis allowing the journey of recovery to begin.

Once people have achieved greater stability, education, support and training opportunities enable people to return to work or develop new skills. This not only helps them, it also enables their family or carers to have more time to take up employment, often resulting in contributing to family income. For example, the Ti Sampaa project in northern Ghana where the region's level of development contrasts with the rest of the country, and where most people turn first to herbalists and traditional healers for treatment. Ti Sampaa means Our Meeting Place. It is a social centre where mentally ill people can go for treatment and meet each other and which provides some safety and comfort for those who have nowhere else to go. On land adjacent to the building they will be involved in setting up and running a horticulture project. This will provide training and enable them to grow their own vegetables and other crops.

BasicNeeds also works in Sri Lanka with over 100 community volunteers working in the Southern Province on long term community mental health issues with over 1000 mentally ill people living at home in the community. Local BasicNeeds staff were able to establish themselves relatively quickly when asked to take their community approach to those individuals and communities affected by the Tsunami tidal wave earlier this year. People needed to be heard, their stories to be told and listened to, in order to help heal their grief, loss, guilt (for surviving...).

The vulnerability of children in particular has been recognised, with programmes developed around children aged 4 to 14, creating space for them to express their feelings through artwork and to talk about them afterwards. BasicNeeds in Sri Lanka intends to support those affected by the Tsunami for as long as it takes.

***Stephan Ball***

*(Based on BasicNeeds material and an article by Winifred Dalby)*

***More information can be obtained from:***

***BasicNeeds UK Trust, 158A Parade, Leamington Spa, Warwickshire, CV32 4AE.***

***Tel: 01926 330101;***

***Email: [basicneeds@basicneeds.org.uk](mailto:basicneeds@basicneeds.org.uk)***

***Web: [www.basicneeds.org.uk](http://www.basicneeds.org.uk)***





Association for Pastoral Care in Mental Health

# ANNUAL GENERAL MEETING 2005

Saturday 30<sup>th</sup> April

10.00am to 4.30pm

## *All are Welcome*

### Venue:

St Pauls Church Centre, 3 Rossmore Road, London NW1  
Nearest underground, Marylebone or Baker Street

**Morning:**      *A Soulful Exploration*  
.....*through Art and Drama*



**Free Lunch .....donations welcome**

**Afternoon:**    *AGM and Open Forum .....*

*We invite you to bring news about your local groups / events and to share individual stories / poetry. Should you wish to participate in this open forum, or contribute material that someone else could read for you please let us know*

**Call Suzanne on 020 7383 0167  
Or 01483 538936 (APCMH line)**

### 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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