Association for Pastoral Care in Mental Health

NEWSLETTER

SEPTEMBER 2006

This month's Front Page contribution .....

I wonder how often you say, "Isn't time passing more quickly?" We plan for holidays, and then Christmas seems to be upon us. This year I celebrate my 40 years since my Church Army Commissioning in 1966. Time has gone by.

One of the things I have done this year is to visit 40 different churches and cathedrals in the UK. I also visited one church, St Nicholas, in Amsterdam. I have now visited 47 and will finish this sponsored tour on the 30 July. This has been for the work of Church Army, and for the work of St Paul's, Marylebone, where we hold our APCMH meetings. So far I have raised £686 so I am very thrilled with this result.

It has been lovely to share in some of the worship of our great cathedrals, but also to worship in some of the small, ordinary parish churches throughout our land. It has been exciting to see how different churches have come alongside those that are mentally ill. It has also been sad to see how some churches are making no provision. Does this mean there are no mental health sufferers and no carers in that locality, or does it mean the Church is blind to the needs of the mentally ill? Or does it mean it is just one or two faithful people coming alongside, but their work is hidden?

Forty years ago, when I started my Church Army ministry, when I was working in one of our big hostels, I remember visiting the large psychiatric hospitals, Morton and Banstead, where some of our ladies would have been sent when they were ill. One lady in particular stands out in my memory, she had been in Morton for 35 years and that hospital was home to her. I remember sharing in her excitement, but also her fear, as she left all she knew and joined her family at Queen Mary's in Victoria. I remember showing her the post office and local shops in her settling down period, and later – many years later, re-settling her in her own flat near the hostel. All this was done with all the human love that the hostel team had, but above all, the love that came from the Saviour. That was the reason that morning and evening we gathered in the chapel to proclaim God's love in that place.

While I was working at the hostel the large hospitals were closed and "Care in the Community" started. It was during this time that Sally, a Community Psychiatric Nurse came to visit and help support the work in the hostel. I remember having many battles with local surgeries to get one of the ladies who were at risk on their list, which always seemed to be closed when we gave the address. In later years we were welcomed at the local surgeries and we also had a local doctor who would visit us in the hostel each week.

Throughout the 40 years of my commissioned life there has always been the people who have fallen into the gaps of community care. Some vulnerable people and their carers still seem to miss out on the care that they need. That is why APCMH is around, and that is why we have a branch at St Paul's, Marylebone. Today, some people are still looking for someone to come alongside.

This year I am working on a City & Guilds Community and Mental Health Certificate, which is a stimulating one-year course. I am doing this mainly to update my theory, since it is 30 years ago I took my social work course. Throughout my working life I did lots of small courses to keep me updated, but I have not done anything since I retired eight years ago.

Continued.....

Front page contribution continued .....

One of the things we are studying at the moment is the historical context of mental health services up to the present day. If anyone would like to share their memories both good and bad, and how either statutory Mental Health or voluntary Mental Health Services has met their needs, I would appreciate hearing from them via the newsletter, or through St Paul's, Rossmore Road.

A few sentences from APCMH members about what coming along to the Marylebone Branch at Rossmore Road means to them: -

> **Shirley** says, "Just to sit with a group of people without having to make conversation can be very helpful."
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> **Pat** says, "I love to come and chat and play Scrabble and meet friendly people."
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> **Michael** says, "Theresa and Pam are both kind and gentle ladies, who cheer me up and give me confidence, and I feel better for going. I'm also very fond of Joan who makes the most delicious food. There is such a friendly atmosphere. I love Sister so much and come a long way to see her – from Croydon. There's a light, airy atmosphere, pleasant and soothing. Much that calms the mind."
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> **Diana** (0207 402 9421) a National Committee member, says, "Spacious, airy, accessible armchairs, easy environment. Pleasant walk from Marylebone tube. Lovely soft and delicate music and lighting. Life can be so hectic. Open-ended drop-in group with no fixed agenda can be a relief and frees you up. Provides good healthy food courtesy of Joan. It's a chance to share news, experiences or even a private place to retreat to chapel or quieter areas. After the group there is the option to stay for the service in the chapel, last week with hymns. A lovely, social atmosphere. You will also find unusual artefacts to buy at affordable prices!"

Sister Theresa

(Turn to the back page for further information of events at St Paul's, Marylebone)

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Challenging Medical Ethics: Volume 2

Patients in Danger: the Dark Side of Medical Ethics.
(Enterprise House (UK) Editor Craig GM ISBN 0 95528407 272 pages Price £18.50)

This book was published in June 2006. It covers tube feeding as a form of life support and explores ethical dilemmas created by decisions to withdraw or withhold tube feeding. This dark side of medical ethics is illustrated by case reports, press reports and analysis of professional guidelines. American author Wesley J Smith paints a worrying picture of futile care theory as practised in the USA, yet we in the UK are following suit.

In 1999 the British Medical Association published guidelines that caused widespread concern. The BMA strongly refuted the suggestion that non-provision of tube feeding is a form of euthanasia, but some people took a different view. Attempts to protect people by Act of Parliament failed. Guidance published by the General Medical Council in 2002 was subjected to critical appraisal in the High Court in 2004/5. The interface between medicine and the law is fraught with difficulty.

Medical practice has become polluted with politics as governments seek to contain the costs of health care. Faced with an ageing population and limited resources the weakest go to the wall. The lives of children with learning disabilities, mentally incapacitated adults and the frail elderly are now at risk. Society is deeply divided about how to tackle these problems. At one extreme are those who campaign for euthanasia – at the other are those who hold all human life to be sacred. It remains to be seen how events will evolve in years to come. This book is highly topical and should be of interest to all who are involved in difficult "end-of-life decisions."

Sales and distribution. Volume 2 is available in the UK for £18.50 + £2 p&p from
Medical Ethics Books, PO Box 341 Enterprise House, Northampton NN3 2WZ (UK)
Please enclose a cheque made out to Medical Ethics Books with your order. Thank you.
Postage and packing to Europe will be £3. and to the USA £5. per copy.

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..... Sometimes, inner voice has something to say

The patient asked the psychiatrist: "How is it that when I say I talk to God, you call it prayer, but when I say God talks to me, you call it an hallucination – proof that I'm mentally ill?

Back when I was minister of a growing parish, the last thing I wanted to face were parishioners keen to come and share with me either dreams or their experiences of "hearing the voice of God." Though I would have been offended had anyone said so, I knew nothing about dreams. Regarding "voices" I was just as ignorant and shared the prejudice the patient in the story complains about. Now, from experience and insight, I know something about both. Here, I'm concerned about inner hearing – a voice within – and its importance in living a spiritual life.

Over the years, many have written to tell me about their most private, inner selves, and in doing so have opened up to describe "peak" or "cosmic-consciousness" experiences in which "hearing" a voice or voices was often a key feature. In most of these, the tone was sensible, and the content was life changing. Struck by this, I became gradually more aware of just how many occurrences there were in the Bible of leading characters, including Moses and Jesus, hearing either from outside or, most often, within, the voice of God or of the Spirit. The same phenomenon proved to be true of other faiths.

St Paul's sudden conversion, and that of St Augustine later, came as the result of mystical experiences in which inner hearing and seeing were involved. Muhammad received the verses of the Qur'an from the voice of the Archangel Gabriel. George Fox with his visions of an "inner light" and his experiences of an "inner voice" brought about the founding of the Quakers, or The Society of Friends. One of the reasons Socrates was finally put to death by the Ancient Athenians was for "introducing new religious ideas." He said that in daily conduce he was guided by a "daemon" or inner divinity, which never gave him positive orders to do anything, but always told him when not to follow a certain moral path or decision. Anyone who has attempted to live a life of prayer – though an inner "voice" is by no means restricted to religious folk, since it's familiar to artists, novelists, and most who explore true creativity – knows that talking to God is never a one-way street. For those who listen, there is a response, perhaps a "still, small voice." Gandhi began his first long fast for social justice during an inner spiritual struggle in which he "heard" the voice of God: I can offer no proof... But, I can say this – that not the unanimous verdict of the whole world against me could shake me from the belief that what I heard was the true voice of God."

At the height of his civil-rights campaign, Martin Luther King Jnr. said "More than ever.... I am convinced of the reality of a personal God...God has been profoundly real to me in recent years. In the midst of outer dangers, I have felt an inner calm. In the midst of lonely days and dreary nights I have heard an inner voice saying, "Lo, I will be with you." What kind of "voice" is this? Certainly it's not a sound that could be heard if only the right technique could be found to tune in. It's not a vibration impacting on one's eardrum. Yet, it's definite, identifiable and compelling. It wells up from deep within and is received by heart and mind simultaneously. The test of authenticity is whether or not what is being "said" is for the greatest good. Is it truly loving? Does it enhance the freedom and humanity of all it affects?

There are evil voices that can flow from within. Sadly warped and ill personalities can follow and obey illusions that lead them astray and do harm. But, labelling all inner voices as "auditory hallucinations," as western psychiatry has done, is a gross mistake. That's why I find myself in such strong agreement with an article called "Inner Spiritual Voices Or Auditory Hallucinations?" It's from the Journal of Religion and Health, and was written by Beverley J Scott, the anthropology, sociology and social work librarian at the University or British Columbia. (The quotes above from King and Gandhi came from it.) Scott calls upon the American Psychiatric Association to re-define auditory hallucinations as "inner voice" which can be positive, neutral or negative. It depends upon the level of consciousness from which they come. The term hallucination, she argues, distorts the issue because it starts with a built-in negative bias: "Perceiving a voice does not automatically denote anything about the state of an individual's health." Without the inner voice of conscience and the divine Spirit, there would be nor religion and little spirituality around.

Tom Hapur *The Toronto Star*

"THROUGH MY EYES"

Louise's Story: Mental Illness has taken my life away

It is a sad reflection of our society that due to the stigma about mental illness, due to fear, ignorance and prejudice, Louise does not want to use her full name. She has a young daughter and a brother whose work puts him in the public eye and is concerned that they will be embarrassed if her situation becomes widely known.

I think it is a terrible thing that you should feel embarrassed to be mentally ill. Having a mental illness is like having major upsets ten-fold, and people who have a mental illness should be nurtured and loved and cared for.

I was the middle child in a big family and my brothers and my father bullied me. I was a very timid child and I grew up thinking I was stupid because I didn't do well with my schoolwork. I used to sit at the back of the class and it turned out that I was slightly deaf. One of my teachers took time to talk to me on my own and had me moved to the front of the class. I was able to hear what was being said and found I could answer the teachers' questions.

I started having psychotic episodes and these got worse after I married. My husband was a dreadful man, another bully who tortured me mentally.

I felt blessed by God from the moment I had my daughter. I was so happy to be a mother and I put all my energies into giving my child the best possible life. I can say that I am proud of myself for the way I brought up my daughter, giving her all the love and caring she needed. If I'd have had a loving and nurturing husband I know I wouldn't have been as ill as I was.

When my husband and I divorced I was too ill to go to court and he told lies about me, exaggerating the effects of my illness on my daughter. Because of that he was given custody of her and my illness became worse and worse. I lost all motivation. I couldn't get up in the morning, couldn't care for myself and spent a lot of time crying.

I still have panic attacks and sometimes find that when I go shopping I have to leave the shop before I have finished. I get anxious and frightened about leaving the house, and I can't always face seeing people. I can't always drive because I get easily distracted. I feel that I am better off on my own so that I don't have to answer to anyone or explain how I feel. People who haven't experienced mental illness just don't understand what it is like.

My medication has helped more than I can say. But they are sedating and can have unpleasant side effects. When I have a really bad episode I do need to go into hospital. I think it would be helpful if we could train our brains to think in a different way. I have found that aromatherapy massage and relaxation have helped me in the past to get through the day. But these treatments are expensive and I can't afford them anymore. I think that doctors should keep an open mind to everything that gets us better. I don't have a lot of faith in psychiatrists and think that they need to listen to the symptoms that cause the problems. Some of them have been helpful but some just don't seem to want to take time to really listen. I wish they would try everything available rather than dose you up with medication that stops you functioning. I did go to a self-help group and I found that helpful. Even if you just sit around not saying very much, you are with people who have some understanding of what you are going through. I feel that I am a prisoner of the person I have become through my mental illness. I would like to know what it feels like to have a normal life. Not to be afraid to meet people, and not to have a mind that just won't switch off.

I was brought up as a Roman Catholic and my faith has kept me going. When I talk to God at the beginning of the day and ask Him for help it helps me to get through.

From YOUR NEWS a magazine for service users and friends
Published by South Essex Partnership, a NHS Foundation Trust

The Tablet – January 2006

PARISH PRACTICE

"For depression, take compassion" .... Christopher Danes

The Church has in the past let down the mentally ill, but a new awareness may result in greater support, as one sufferer believes.

HERE IS AN instructive exercise. Try typing the words "Catholic Church and mental illness" into an Internet search engine and see the wealth of irrelevant material that appears. Or look in the index of the catechism – not a bean. If you go to Flannery's two-volume edition of the Conciliar and Post-Conciliar of the Second Vatican Council, you will find only two references in the 1,800 pages; both of these are about mental disability and come in the context of urging compassion rather than euthanasia in the treatment of the severely mentally handicapped.

Those of us in the Church with long-term mental illnesses (such as depression, bipolar disorder or schizophrenia) might be forgiven for wondering quite how the Catholic community understands mental illness.

Nine years ago I was married, I was head of a Catholic boys' school, the co-author of several successful RE textbooks, an Open University tutor, a diocesan school inspector and a pillar of my parish. All of this was hard work but fun until I found myself in a mental hospital and hurtling down the blank road of a despair that ended my marriage, my career and very nearly my faith as well. The details of the illness – the endless weeping fits, the screaming rows as desperation spiralled into mania, drinking, loss of income, a sense of failure and shame – are boring and distressing and I have not worked since.

At first, I was diagnosed with chronic depression and prescribed Prozac, followed over the years by a succession of newer anti depressants. I also went for a great deal of counselling, but after six years I was still having irrational –even at times dangerous – periods of excitable and violent behaviour, and after two emergency referrals in quick succession to our local psychiatric unit, I was given a new diagnosis of bipolar disorder (manic depression to most of us) and a new course of treatment was prescribed which has helped me greatly.

During that first phase of my illness, I truly believed that I was sinful. I was certain that I was not really ill at all. I saw myself as a worthless failure and a hopeless drunk on the short road to hell. I was convinced that my failures were my own fault, and these feeling were fuelled by the memories of what I did when I was manic. And let us be clear about this: sometimes mentally ill people can behave in ways that are very ugly indeed. So, for a long time, I resisted my counsellors' and doctors' repeated assertions that I was truly unwell. I was convinced that I knew better than they did. Despite everything the counsellors said I knew a profound truth of human existence that had been drilled into me, which lies at the heart of our catechism – that we make our own moral choices. I was not going to lie to myself and say that somewhere, in all this mess, I did not give moral assent to the terrible things I was doing.

One of the things that contributed to my "bad not mad" self-image was the way the Catholic community treated me. A very compassionate parish priest serves our large, rural parish, but he is vastly over-stretched. He and the parish community are firmly committed to visiting the sick and comforting the dying and the bereaved; they raise money for Cafod and for justice and peace issues. However, there is no organised ministry for the mentally ill Catholics in the parish, and they simply did not know how to reach out to me. In addition, when I became ill, my colleagues at school and in the diocese – both clerical and lay – seemed to desert me. I felt isolated from all of them and from God, and I stopped going to Mass.

That time in my life reminds me of the story of the Gerasene demoniac. He was living alone in the tombs on the mountain no one could secure him – not even with chains. All night and all day, he howled and gashed himself with stones. (Mar 5:1-20). When he saw Jesus, he was torn: part of him was attracted to Jesus, part of him was repulsed. I think, like me, he wanted to be cured of the demons possessing him; like me, he was afraid of what Jesus might do to him.

As I very slowly began to get better, my doctors and counsellors helped me to accept that I was really ill, and with that acceptance came a new awareness. I began slowly to see that my earlier attempts to describe my condition in moral terms had to be held in balance with what the doctors were saying. Seeing myself in moral terms alone made me much more depressed; listening to a bit of science and taking the pills actually made me better, and stopped the uncontrolled behaviour which made the depressions so much worse. I have now remarried and my wife helped me get over the worst phase of this illness. Although I am excluded from receiving the Eucharist by being in this second marriage, I find comfort in my belief that Christ healed the sick; and I think maybe it is He who is acting through my wife and through the hands of my excellent, secular consultant psychiatrist friend.

Another incident later in Mark's gospel comes to my mind. We read that Jesus sent the 12 disciples out and gave them authority over the unclean spirits. They cast out many demons, and anointed with oil many who were sick and cured them. But when King Herod heard of it, he wondered who was curing these people. Some were saying it was John the Baptist. Some were saying it was Elijah and still others said it was a prophet (Mark 6:7) I believe that Jesus was acting through the disciples and I believe that he continues to come to us today through people like my wife and my psychiatrist.

Our dioceses, our parishes, our schools – indeed our whole Catholic community – need to look very seriously at the way in which it treats the mentally ill. After the Resurrection, we hear how Jesus appeared to the 11 apostles posing them a big challenge, telling them that "signs" would accompany those who believed in Him. By using His name, He told them that they would lay their hands on the sick. They heard what He said and we read that they went out and proclaimed the good news everywhere, while the Lord worked with them and confirmed the message by the signs that accompanied it. (Mark16:14-20)

The Catholic Bishops' Conference of England and Wales produced a document last year call *Cherishing Life.* In it, they talk about mental illness and how it is all too easy to respond to it by denying human community to the person so affected. They say that a better attitude, more firmly based in the Christian tradition, is to see this illness in others is requiring a response of love and care. They say that the wider community has a responsibility to provide people who are ill with adequate and reliable support and access to the help they need. Mental illness, they say, cannot strip people of their dignity as human beings, no matter how severe the condition.

We need to develop a pastoral approach that more adequately reflects this teaching; more adequately reflects the love of Christ so that others do not suffer as I suffered. We need to believe more and believe better so that our communities show clearly that they are signs of the Lord working with them and in them. We need to be reminded of the good news that Jesus came among us, to tell us that God loves each and every one of us very much.

Christopher Danes lives in Essex and is writing a novel about mental illness

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"SPIRITUALITY, RELIGION and MENTAL HEALTH"

A CONFERENCE FOR USERS OF MENTAL HEALTH SERVICES THEIR FAMILIES AND FRIENDS

At St Marylebone Healing and Counselling Centre, 17 Marylebone Road, London NW1

Thursday 23rd November 2006

PROGRAMME

9.45 am	**Arrivals, Coffee etc.**
10.15	**Welcome and Introduction to the Day.** ***The Revered Christopher MacKenna*** *Director of St Marylebone Healing and Counselling Centre and a member of the British Association of Psychotherapists.*
10.30	**'Hard to Believe'** *A film about mental health and spirituality, which explores the experiences of mental health service users and the value of liaison between mental health professionals and faith communities.*
11.10	**Discussion of the film in small groups.**
12.00	**Coffee.**
12.30 pm	**A sharing of the groups thoughts on the film.**
1.00	**LUNCH BREAK Sandwiches will be provided.**
2.00	**Psychiatry and Spirituality: Crossing the Divide?** ***Dr Andrew Powell*** *Founding Chair of the Spirituality and Psychiatry Special Interests Group of the Royal College of Psychiatrists.*
2.30	**Small Groups** *What keeps our spirits up? Our own spiritual needs and resources.*
3.30	**Sharing of thoughts from the groups.**
4.00	**Tea and Depart.**

Cost £10.00 waged, £2.00 unwaged.

TO: St Marylebone Healing and Counselling Centre 17 Marylebone Road, London NW1 5LT

Please send me ..... ticket(s) for 'Spirituality, Religion and Mental Health' on Thursday 23 November 2006, in the enclosed stamped, self-addressed envelope. I enclose payment of £ ..... Please make cheques out to "St Marylebone Healing and Counselling Centre" ***OR*** **I will pay on the day.**

Name: ..... Phone No: ..... Email: .....

Address: .....

Any Dietary requirements .....

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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