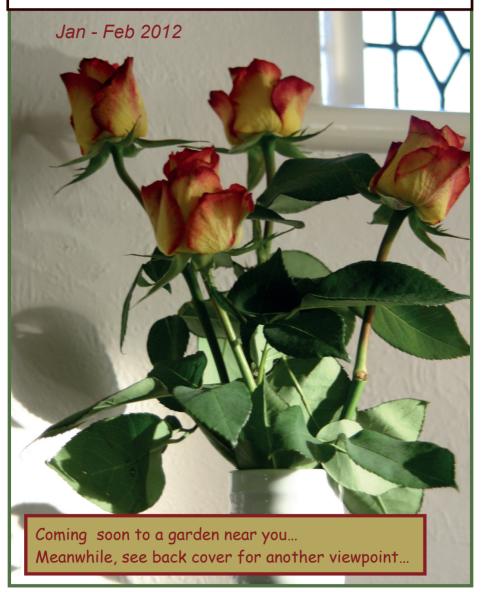
## Being Alongside



the Bi-Monthly magazine of Being Alongside / apcmh



## Help is at Hand

Samaritans: 08457 909090

(national number which will put you through to your nearest branch)

**Saneline:** (6 - 11pm each night) **08457 678000** 

Rethink Advisory Service: 08454 560455

Young Minds Parents' Helpline: 08088 025544

(9.30 - 4 weekdays, free from mobiles and landlines)

Carers in the Community: 01642 818332

(led by Edna Hunneysett. This is her home number)

**MIND:** (Mon - Fri 9am - 5pm) **08457 660163** 

**Maytree**: (24 / 7 + answerphone) **020 7263 7070** 

#### The Barnabas Drop - In Sessions

'Joseph, a Levite from Cyprus, whom the apostles called Barnabas (which means Son of Encouragement)' Acts 4:36

St. Paul's Community Project in partnership with BA / APCMH

#### Mondays 2pm - 5pm

Plus various activities: Table tennis, dominoes, scrabble, art / craft, poetry reading, tea / sandwiches / cakes and chat.

#### Wednesday 10am - 12pm

A more reflective discussion time with tea and biscuits, an opportunity to all share concerns or to receive one-to-one support (by appointment).

Free, All Welcome.

Venue: St Paul's Church Centre, 3 Rossmore Rd, NW1 (5 mins walk from Marylebone Station; buses 139 & 189 stop outside)

call: Sister Theresa: 020 7724 8517

When he arrived & saw the wonderful things God was doing, he was filled with excitement & joy, and encouraged the believers to stay close to The Lord whatever the cost. Barnabas was a kindly person, full of the Holy Spirit & strong in faith. As a result large numbers of people were added to the Lord.

(Acts 11:19-24)

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St Marylebone Mental Health Support Group meets on the 1st and 3rd Fridays of each month.

Welcoming Cuppa at 10.30am

Meeting begins 11am & ends about 12.30

### Front Page

## with Suzanne Heneghan

## New Life

It's early December and I've crept away for a couple of days before the Christmas rush descends. I'm having breakfast in a hotel cafe reading Henri Nouwen's 'The Wounded Healer' and savouring every mouthful when I'm momentarily distracted by a conversation taking place on a table close by which goes something like this, 'She's adapting to new life as a widow you know, feigning illness and lying in bed all day being waited on hand on foot - Munchausen's syndrome; continually creating huge dramas as long as the focus always comes back on her. It's influencing the children too; Munchausen's by proxy.'

Now I'm sure that this description of the predicament of this lady was somewhat of an exaggeration and that she was possibly nursing a deep grief and coping with the situation in the best way she knew how. However as I'm thinking about this woman's grief and her own attempt at handling it, this conversation strikes a chord in my own life and I see the condition reflected in the many lives of all those around me whose struggle appears to arise from the depth of the human condition that all men seem to share at one time or another and are familiar to us all, those of – suffering, pain, loneliness and the fear of abandonment and that sometimes inability to tolerate the pain of what feels like an even deeper psychic wounding that we can't even locate.

Previous to this incident, I was walking through Regents Park on a sunny autumn afternoon on my way to St Marylebone's Friday afternoon 'Being Well Made' healing group which meets on the first Friday of every month, when something fell from the sky — not literally, but in that sometimes revelatory manner in which certain realisations about the nature of how things are can suddenly drop down when your mind is clear, a sort of epiphany.

I decided to share this revelation with the prayer group 'It seems to me' I said, 'that the real sickness concerning certain types of illness is

really about the need to be ill rather than the illness itself, I think I have a need to be ill'. It felt like an admission, a confession and repentance all rolled into one and that the demon denial had actually raised its head in public.

Before we prayed about the situation there were a few responses from the group and we reflected on the nature of the importance Jesus placed on certain healing miracles inasmuch as they required the individuals own willing participation 'Do you want to be made well?' John 5:6. Someone else in the group commented that it was a huge responsibility staying well. What is this 'responsibility' and why do we become so addicted to our sicknesses so that in desperation we find ourselves compelled to search beyond ourselves for safe havens of reassurance and alternative methods of dealing with them which may often harm us or hinder our creativity? Whatever the answers to these questions, one thing is for sure, after making this public admission there was no way I could ever comfortably lay helpless on my mat again in this state of 'paralysis'.

Looking even further back even, it would be impossible for me to detect exactly when these co-dependent behaviour patterns began, although I would say that a particular relationship crises and the pain involved in the loss had left an open wound which never appeared to heal with time. The torment seemed to follow me everywhere and I would do my best to keep the 'daggers of the mind' restrained. However, I always had the underlying feeling that I had been well and truly done over and that I had died a certain death that I could never be raised from and was always stretching myself beyond my limits to try to redeem myself from this state of doom in an effort to find some sense of self worth, but none of this worked very well.

I seemed to be drinking more and I even fractured my spine in 2005 in the week before the Mayfield Festival whilst rehearsing for the role of Paulina in 'The Winter's Tale' and instead of going straight to casualty, I hastily visited the osteopath who failed to diagnose the fracture and I was back in rehearsals the following day and was in agony for the next four weeks, the corsets we used in the production were very functional in more ways than one. The show had to go on!

However, my doctor lent a sympathetic ear on more than one occasion and following a course of group therapy sessions, I attended an

alcohol advisory service for a few weeks. It was a difficult thing to do because I had expected that I would be instructed to stop drinking and I did not want to. Alcohol was my medication! However, the approach that the service used was almost the opposite to how I had imagined, there was no regulations about alcohol whatsoever, the only instruction given was the request to keep a daily record of every unit consumed each day and to share this with the counsellor in the one hourly one to one sessions the following week. There was no judgement at all and over the ten weeks I saw my units reduced by 75% or more.

Intermittently, over the next few years, I attended sessions with my GP's Counselling service. I also experienced cognitive therapy at WPF and then attended regular weekly psychotherapy sessions for eighteen months before embarking on an eight week course of 3 hourly Mindfulness Based Cognitive Therapy. You would think by now I would be ship shape and ready to sail the stormy seas. However, towards the end of MBCT I found myself unable to mediate for even a minute. I just felt like a huge tiredness had descended and I completely lost the ability to focus within. All those eight weeks of meditation and hours of useful and valued practice at home seemed to be lost in an instant. I put it down to the exhaustion of having undergone three operations from Dec-July following my wrist fracture and the effects of the anaesthetic.

The group was really supportive and reassuring that whatever I had developed so far would not be lost but I just felt as though I was drifting away and would eventually be lost and it would all be because I had failed to keep up the practice, I felt that I just hadn't worked hard enough again. Then a few weeks later towards the end of the summer, everything came to a head. My hand therapy had come to an end, the MBCT was complete, I saw my psychotherapist for the final time and I was discharged from rheumatology and was moving house and relinquishing my flat. My life seemed to comprise of one discharge after the next and all in close proximity.

Now you would think that I would be content with this obvious progress to wellness, however, my immediate thoughts following were 'I need to see my doctor' – (get back on my mat). I almost despaired inside at the preposterous nature of the thought and headed for the UCH Chapel where I had attended the weekly Eucharist throughout my hand therapy. There was no Eucharist that day and it was a peaceful haven. I sat alone

feeling angry and abandoned and alone. Then along came Father Kevin. 'How are you?' he asked. I've just been discharged from hand therapy and I know that I should be happy but it feels worse now than the actual fracture and everything that's gone before. We spent a few minutes together. 'It's been a long haul' he said. 'but you can always come here any time you feel'. We also discussed the issues involved with the difficulties involved with forgiveness. 'It's a process' not an event' he said. That's a few months back and now for the first time in a long time I feel as though I'm regaining my strength and resisting any unnecessary temptation I have to run to my doctor for reassurance. I am slowly more able to spend more time meditating prayerfully and I recognise the absolute necessity of time spent with God. At a recent follow up session at MBCT we were all asked if we feared becoming depressed again. My response was that I did briefly have a recurrence just recently but for the first time, I was able to make sense of it, to journal its movement and to feel it lift after a few days and my partner has an uplifting spirit which is a huge support.

I'm not so much looking for a cure for suffering as I feel that it's unrealistic and that a kind of fear resides there, but I'm grateful rather for being offered the means by which to endure and to sense God's Grace in each moment. It didn't feel good when I said that I fell asleep twenty times or more during the guided visual group meditation recently but it did feel good to be authentic about the experience and to just be human.

It seems to me that each part of the healing journey is as valid in the healing process and that it is sometimes necessary to lie in the beds of our own grief for some time until we develop the strength to move forward. It seems to me that those who have travelled through this wilderness are the best people equipped to help others through their own. In *The Wounded Healer* Henri Nouwen explores all these issues and so much more and in so much depth with simple, intelligent and articulate clarity and I would recommend it to all.

Suzanne Heneghan

Thank you for all your contributions - they are absolutely essential! No offerings - no newsletter! Simples! See p19 for 'How to' send material.

Next *BA* due out 1 March. Material to the editor by 21 February, but asap is always more helpful & inclusion of submissions more likely.

# Issues that Arise in Befriending Persons with Mental Health Problems

David Roe, Chairman of BA /apcmh Merton

APCMH Merton is a branch of *Being Alongside* (the Association for Pastoral Care in Mental Health) that runs an entirely voluntary befriending scheme in the London Borough of Merton and neighbouring districts, helping those with mental health problems who are referred to us by professionals in the mental health care services. In 2011 we celebrated our 20th anniversary of our formation. At present we have 44 ongoing befriending relationships – 21 women befriending women, and 13 men befriending men. Other befriending services have since been established in the south-west London area – some have come and gone, and some have been established more recently. I thought it was timely to share here some of our experiences – not those that relate to the running of the organization, but those that relate to the nature of befriending and issues that arise in establishing and sustaining a helpful befriending relationship. The views expressed are my own, and are not the official views of APCMH Merton.

#### The Nature of Befriending

The dictionary definition of "befriend" is "to be a friend to", and a friend is "a person known well to another and regarded with liking, affection and loyalty". The setting up of an initial befriending relationship requires certain formalities – the training of the befriender; the referral of the person to be befriended; the matching up of the befriender to a suitable referral; the arrangement of an introductory meeting, and so on. This differs from the more informal process when a person gains a friend – they may meet by chance, or through having mutual friends, or at a club, place of further education, or work-place.

I do not believe that the ongoing relationship in befriending is quite different from that in an ordinary friendship. The perception of many who are not befrienders, including some in the mental health care services, is that befriending is a sort of one-way activity — something that we (the "well") do to them (the "unwell"). The national APCMH web-site says

"Relationships in befriending are not the same as friendship. Befriending is based on a formal contractual relationship, is artificial to some extent and is negotiated within a specific time-frame". I disagree - this might apply to some professional befriending services, where the service is provided for a set period, with a set frequency of visits, and is covered by a service contract, but in my experience it does not apply to voluntary In 2010 we issued a questionnaire to our befrienders, befriending. covering, amongst other matters, the nature of their befriending relationship. 30% of befrienders described it as a close mutual friendship, and 60% described it as a mutual friendship, but not close. I conclude that it is difficult to sustain a befriending relationship unless it involves true mutual friendship. Of the friendships facilitated by APCMH Merton, many have continued for years, not because of some obligation to do so, or in a spirit of dependence, but because the initial relationship has developed into a fully-fledged friendship where, as in any healthy friendship, the support is truly mutual.

Sometimes it needs patience and persistence on the part of the befriender to encourage the development of a mutual friendship. A person being befriended, because of their illness, may at first see the befriender as like another professional carer, who is there just to listen to their problems and accompany them on activities that they seek to pursue. A counsellor or professional care worker listens and gives helpful advice and support, but a befriender should do more: they also need to open themselves up – to talk to their friend about their own life and feelings, and encourage their friend to show an interest. Also, they may have to help their friend learn that they can find mutual activities that they both enjoy.

There is one difference from many normal mutual friendships, where friends for various reasons may not meet for several weeks or for a few months, and then pick up their friendship where they left off when they do meet. The average befriender feels a commitment to meet up with their friend more regularly – our survey showed that although some befrienders meet up once a week, and some may only keep in touch by telephone, the typical befriender meets their friend for 2-4 hours every 2-3 weeks.

#### Establishing a Relationship and Keeping in Contact

The initial stages of befriending can be difficult for the person being befriended. They may have problems in starting a friendship with anybody, because of their illness. Despite the best of intentions in wanting a befriender, they may become very anxious about meeting up, or they

may have expected their befriender to visit them at specific times that fit in with their routine, or to accompany them to medical or therapeutic appointments, and may be disappointed if this doesn't suit their new befriender. The befriender has to persevere in arranging meetings, and must assume that their friend's reluctance is probably due to their illness and / or anxiety over meeting – not because their friend doesn't want to see them.

At the start of befriending a befriender can be cautious about giving their friend their address and phone number. In my experience, nuisance phone calls are extremely rare, and I have never heard of a problem arising from unexpected visits to a befriender's home. My personal view is that if a befriender withholds their phone number, even at the first introductory meeting, their friend can perceive that they are being stigmatised – treated as unreliable just because they have a mental illness. Prolonged withholding of a phone number can also cause practical difficulties, e.g. if the person being befriended wishes to cancel a prearranged meeting. I also believe that it is essential, at the right time, for a befriender to introduce their friend to their family – in a way that doesn't cause any anxieties. This is much appreciated by the person being befriended, and is something that professional members of the medical profession rarely or never do.

Once a mutual friendship and a routine about frequency of meetings has been established, the befriender usually has to make the running in arranging when and where to meet. If their friend suddenly stops returning calls, or otherwise becomes elusive, there is no need to panic, but sometimes it is due to their friend's relapse into more serious illness – so it is important to establish if this is the case. If their friend goes into hospital for treatment for their mental condition, then the befriender should not sit back and wait to hear from their friend, they should try to visit them in their time of need, as they would do with any good friend that went into hospital for another type of medical condition.

#### Moving On

The valuable role that friends of a person with mental illness can play is recognized in guidance issued by the South West London and St. George's Mental Health NHS Trust, which is addressed to persons with mental health problems and deals with how they can regain confidence

and hope, can develop a new sense of meaning and purpose in life, and can take control of their destiny.

In my experience it is especially beneficial to help your friend to relax by talking quietly about matters such as nature, music, what you have seen at the cinema or on TV, sport, your joint interests, family, and so on – indeed anything that gets them to escape from the depressive or anxious thoughts whirling in their head, especially if you are in a pleasant environment like a park. They can then "lighten up" and move on to being more optimistic about the future.

Another valuable role that a befriender plays is helping their friend to "move on" - to undertake new activities, or activities that they used to enjoy before they were unwell, and which are of benefit in coping with their illness and becoming more independent. A person with mental illness is often reluctant to try new activities that can cause excessive anxiety, and sometimes a befriender and their friend may just sit indoors and talk, or they may visit the same café every time to chat and have tea or coffee. APCMH Merton advises befrienders that they should carefully try to overcome their friend's anxieties about, e.g. going outdoors, using a car or public transport, visiting different places or places where there are crowds. or going for a walk or on an outing. The anxiety a person with a mental illness may experience when faced with a new situation is real – and it can be overwhelming. But often they know from experience, or can be persuaded, that if they try a different activity accompanied by a trusted friend they can cope with it, and may enjoy it, despite the initial anxiety. The next time they try that activity the anxiety level is often less. Because befriending is a two-way friendship, the befriender has a say in what activities they share with their friend. They can progress to enjoying a wider range of activities together, and it is especially rewarding to the befriender to learn that their friend has overcome anxieties sufficiently well to be able to enjoy these activities by themselves or with others.

#### The Place of Religion in Befriending

I thought I should touch on this here because *Being Alongside I* apcmh is a Christian-based organisation and every issue of this bi-monthly magazine has much in it about religion, so perhaps regular readers may expect the relevance of religion in befriending to be addressed. We welcome all adult referrals, whatever their religious faith (or lack of one), age, race, background, sexual orientation, and so on, provided that the referrer deems them ready to have a befriender. I think that most referral

agencies would find it unacceptable if we showed any discrimination. Likewise we welcome all adult volunteers, irrespective of religious faith, or lack of one, etc. Some of those who volunteer for befriending have a Christian faith, or another religious belief, and some have no religious belief. They all volunteer because they are caring individuals who want to help people with mental health problems. Of course, some may also have other reasons, for example, the experience is helpful to them with regard to their further education or seeking employment in the care services, or because helping others less fortunate than themselves is part of the ethical code associated with their religion.

When referrals are made, the referred person has an opportunity to say whether they want a befriender in a particular age range, or one with the same religious faith, or one who is not a believer. However, the choice is limited and a perfect match is rarely achieved. A befriender needs to listen to a friend who is a believer and wants to recount their relevant religious experiences and say what their belief means to them - and the befriender should show an interest. It goes without saying that if the befriender is not a believer, they should not debate religion with their friend to try to convert them from a believer to a non-believer, nor try to dissuade them from continuing to attend a place of worship. Likewise, a befriender who is a believer may talk about their experiences as a church-goer and what their belief means to them. My personal view is that if the person they are befriending is not a believer, the befriender should not debate religion with their friend, who has a mental illness and is classed as a vulnerable adult, with a view to persuading that friend to attend a place of worship and converting them to a believer. Perhaps others in APCMH would disagree if they are certain that a religious belief is very helpful to a person recovering from mental illness. In the 15 years that I have been involved in APCMH Merton, religious matters have hardly ever been raised in our "support groups", where befrienders discuss issues that arise in befriending. Either befrienders and the person they befriend do not discuss religious matters, or if they do, no problems arise as a result.

To me, the essence of befriending is to "be alongside" – to show that you like, understand and care for your friend, to treat them as you would any other friend, despite the abnormal behaviour and thoughts caused by their illness; to reach through to contact the human spirit within.

David Roe

### 'Fresh Starts'

Tuesday 10th January,

7:30 - 8:45pm, St Mary's Church Spiritual Journeying

Wednesday 25th January,

1:00 - 2:15pm, High Cross

The Spiritual Journeying Group is for those of us who sometimes find our daily lives difficult and challenging. It reaches out to anyone who asks questions about the meaning of life and wants to explore their own spiritual dimension. A knowing, caring God is at the heart of our themes but no-one is expected to view things in any prescriptive or fixed way. We expect and encourage differing perspectives of faith. It is an open group to which people are invited as and when they can come.

It would be lovely to see you there!

Evening Sessions

7:30-8:45pm

St Mary's Church

Park Road, Camberley

GU15 25R 29<sup>th</sup> Nov

- Great Expectations -

10<sup>th</sup> Jan - Fresh Starts -7<sup>th</sup> Feb

- An Extra New Day -

Afternoon Sessions 1:00-2:15pm

High Cross

Knoll Road, Camberley

GU15 35Y 14th Dec

25<sup>th</sup> Jan 29th Feb

For enquiries please contact Jennine Thomas on 07505477457

Supported by:



NEW WEBSITE: www.spiritualjourneying.org.uk



## A First Annual Report from the Battersea Befriending Network

#### A Message from our Chair of Trustees

I am delighted to report that during 2010-2011, Battersea Befriending Network (BBN) became operational and began delivering one to one befriending in the Borough of Wandsworth. We matched referrals that have led to ongoing and active Befriending relationships and there are plans for 2012 to significantly increase the capacity for delivering befriending in 2012.

It has been a particularly successful year for realising this ambition in a modest vet successful way. Battersea Befriending Network received referrals from some of the Community Mental Health Teams from the Wandsworth Directorate of South West London and St George's Mental Health NHS Trust and is proud that there are:

- 10 active and ongoing befriending relationships in the London Borough of Wandsworth
- a further 3 trained and high-calibre befrienders awaiting matching with referrals from local Community Mental Health Teams or other agencies
- · plans for further recruitment of volunteers and the delivery of training course in January 2012

#### Battersea Befriending Network

Battersea Befriending Network is a small voluntary sector organisation that provides a befriending service for those who experience mental ill health or are recovering from the same and are living in the community in the London Borough of Wandsworth. The organisation affiliated to Being Alongside the Association of Pastoral Care in Mental Health is run by a management committee of Trustees and has a number of trained volunteers, each of which befriends a person who has been referred and matched. Those who are befriended may live alone and usually have a limited network of family and friends. The befriended and befrienders benefit greatly from this service, which aims to help alleviate their sense of social isolation by providing a company via a psycho-social intervention. The befriending relationship contributes to their recovery and

integration into the community, and the avoidance of relapse into more serious illness.

#### Back to the Future

As with all new projects there is a period of gestation and planning before goals are realised. It is a credit to all the individuals involved over the previous 4 years that Battersea Befriending Network is now up and running. There are a number of core activities that enable to the service to be provided, These include the Committee meetings; Training Volunteers; facilitating a Support and Supervision group for the befrienders; hosting Social Events; and having a Quiet Day to reflect and take stock and consider the future of BBN:

#### Training Volunteers and Running courses

BBN has run three training courses in the last two years, each consisting of five sessions held over a weekday evening and two Saturdays:

- The first, in January 2010, was led by Richard Allen, a chaplain with the South West London & St George's Mental Health NHS Trust and a long-term friend and adviser to BBN. It was mainly for Committee members and a few church friends who had expressed an interest, and has resulted in 2 ongoing befriending relationships.
- The second, in July 2010, led again by Richard Allen, together with Phillipe Cotgreave de Rahman was advertised in the volunteering section of the Wednesday *Society* supplement to the *Guardian* newspaper and was attended by 7 trainees, of whom 4 have gone on to befriend.
- The third, in June / July of this year, advertised in the same way, was led by 2 Community Development Workers with the Mental Health Trust, Ermias Alemu and Elicia Mollineau (Ermias being also a BBN Committee member), together with Phillipe Cotgreave de Rahman, the BBN Chair. It was attended by 12 trainees, of whom 9 expressed their intention to befriend by completion of the necessary CRB checks and our befriender application forms. Of these, 4 are now befriending, 2 have had to put their volunteer work on hold because of new work commitments (but remain very keen to befriend at a later date) and the remaining 3 are still in the process of being matched.

Furthermore, as there is known to be a growing interest both from further potential volunteers and from agencies wishing to make referrals, it has been decided to hold a further training course next January. Ermias and Elicia have again kindly agreed to conduct the course - and again without charge to BBN - which is itself indicative of the very positive

development of "co-production" between BBN and South West London and St Georges's Mental Health NHS Trust.

#### Befriender Support and Supervision

The main support mechanism for befrienders is the "Support and Supervision Group" which meets 6 times a year and which it is virtually mandatory for all befrienders to attend. It is facilitated by mental health professionals and Committee members.

In addition, each befriender is assigned to one of the Committee members as his or her mentor, so that any problems which arise in the befriending relationship can immediately be discussed. The mentors are encouraged pro-actively to contact any befriender both at the start of his or her befriending relationship, to check how things are going, and on an ongoing basis, if for example the befriender misses a Support and Supervision Group meeting.

#### Social Events

Twice a year, in August and December, the Committee meeting is enhanced by a social event, to which are invited, members and friends of BBN, all befrienders and those waiting to begin a befriending relationship, together with all those who are being befriended. On the last three occasions this has taken place in a local pub where buffet food and a first drink for everyone are provided at BBN's expense.

#### **Quiet Day**

In July this year the BBN Committee held it's first Quiet Day, at St Michael's Convent, Ham Common. Whilst initially intended as a one off, to enable us to relax together in a peaceful environment at the end of a particularly busy patch and to take stock of where BBN stood and catch a new vision for the future, 'foe event proved so successful on both counts that it was decided to make this a yearly event..

#### A Word of Thanks to:

Anand and Jessie Asir, Pam Freeman, Ermias Alemu (Committee members); Richard Allen (former Committee member) Corinne Voilquin - (former Vic Chair now Secretary); Elicia Mollineau (Community Development Worker); Helen Trout (Treasurer); Richard Trout (Befriending Co-ordinator); Being Alongside National Committee; SW London & St Georges MH NHS Trust; Alan Gadd, Ivor Smith Cameron; All Saints Church.

abridged; supplied by Pam Freeman

## Behind the Counselling Room Door

Psychologist Roz D'Ombraine Hewitt explains the origins of her one-act drama *The Counselling Diaries* which is being performed in Islington on 9 January.

January not only brings the snow, but according to counsellors a rush of people seeking their services. So what exactly goes on behind the counselling room door? Bound by a code of confidentiality, practitioners don't discuss their clients so outsiders can only speculate. Though clinical evidence indicates that counselling can be beneficial, including to those individuals who've been diagnosed with a severe mental health problem such as schizophrenia / schizo-affective disorder (S/SA-D).

Unfortunately, for such potential clients the NICE (National Institute for Health and Clinical Excellence) guidelines recommend they only be offered counselling on the NHS when other more "efficacious" treatments, such as CBT, are not locally available. CBT's efficacy has been established through countless randomised controlled trials (RCTs). Whereas counselling is a 'person-focussed', rather than a symptom-focussed approach and therefore its effects aren't easy to measure objectively, in the manner of a quantitative RCT.

However, given the extensive clinical evidence – including my own – I decided to carry out my own qualitative, rather than quantitative research study into counselling's impact on the 'recovery' with women who been diagnosed as being on the S/S-AD spectrum.

So what were my findings? Did the participants feel that their recovery was helped or hindered by counselling? If you'd like to know the answers to these and other questions about the process you might be interested in a lunchtime performance of *The Counselling Diaries*. This is a one-act drama based on the verbatim accounts of five of the women who participated in my research. It's being performed at The Claremont Centre, 24-27 White Lion Street, N1 9PD in Islington on Monday 9 January, at 12.45pm. followed by refreshments. Entrance is free, making it an ideal

opportunity to discover what *really* goes on behind the closed doors of the counselling room.

Roz Hewitt

#### The Counselling Diaries





Monday 9<sup>th</sup> January 2012 at 12.45pm

Claremont Project (Islington) Arts for Life 24-27 White Lion Street N1 9PD

Underground station: Angel (Islington)

Happy New Year! Let's do what we can to make it better than the last one; and it's usually better ...

Being Alongside!



## The Who & What of Being Alongside

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'Being Alongside' is the operational name for the 'Association for Pastoral Care in Mental Health', (apcmh), a Christian based, voluntary association of individual members and affiliated groups who recognise the importance of spiritual values and support in mental health. It has a network of supporters throughout the United Kingdom and it welcomes and encourages people whatever their own faith or belief system. Governed by its National Committee, BA / apcmh s primarily concerned to promote and encourage "being alongside" people experiencing mental or emotional distress.

All submissions welcomed by the Editor.

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