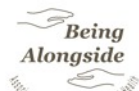


Being Alongside

the Bi-Monthly magazine of *Being Alongside* / apcmh



Nov - Dec 2011

Poem: Seeing

When I regard a little flower
It makes me think
How beautiful it is:

I like the marigold
Because it is cheeky and cheery:
I like the drowsy petals
Of a petunia.

Sitting here in my room
The marigolds are strong;
And the petunias too
Seem vibrant and meaningful.

Now it is well into Autumn
And these colours
Will be fading
And the rough winds will come.

Simon Partridge



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 and 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

Sir Thomas William Shakespeare, aka Tom Shakespeare, a geneticist and sociologist. He has achondroplasia and is a campaigner for disability rights, a writer on disability, genetics and bio-ethics and was the co-author of *The Sexual Politics of Disability* (1996 - ISBN 0-304-33329-8). He studied political science at Cambridge, where he supported liberation movements such as feminism, anti-racism and lesbian and gay rights. He currently works for the World Health Organization, in Geneva. Shakespeare is a Quaker.

This is an abridgement of an interview with a leading disability rights campaigner who sees the need for cultural shift and for the so called disabled community to raise its game to compete more vigorously with the mainstream. A few 'champions' accruing respect will help all.

If there is going to be a shift in culture it is necessary to invest in Disabled people. Given the current financial difficulties and the need to make budget cuts do you think priorities may change around activities specifically within the Disability arena? How could we ensure they do not "slip off" the agenda?

I think particularly in a time of economic crisis, what the government industry is wanting is for Disabled people to be independent and not a burden. What the disability community have said repeatedly is, that whatever your level of impairment you can be independent, you can make a contribution, if you have those supportive systems and resources that enable you to reach your full potential. So we're all talking the same language which is empowering people to make a contribution to the world.

In this era of counting and reporting organisations are often required to measure results, but how can we gauge anything as complicated as a change in culture?

When you're trying to see what kind of impact a project or funding has had, you can try for those objective indicators: How many disabled

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people are in work? How many disabled artists are represented in galleries? How many disabled stories are in the media? So you can do all that, which is sort of a proxy of what you are trying to achieve. But what really matters is what goes on inside peoples heads and their hearts and you can't measure that, but you can feel it. Eg: We know , that over the last 20 years attitudes to Lesbian and Gay people have transformed in this country, not solved all the problems, but there is a change. We can't measure it but we can feel it. There's something in the air and there is a different level of acceptance and awareness. I think that's sort of what we're trying to achieve, which is to change the way we imagine, what disability is.

Given the historic oppression that disabled people have faced, what do you think is the single most important step that will shift the public perception of disabled people from 'pity' to 'equal'.

Historically, disabled people have been excluded, as have many minorities such as Gay people and Black People. What we need I think, is to be able to show disabled achievers in different walks of life - disabled people in positions of authority, in positions of respect. Because it is very difficult to maintain cognitively that disabled people are rubbish, when we see them as doctors, newsreaders, lawyers, politicians, business people. Once we see enough folk, with disabilities in the public eye, in those positions that we associate with success, achievement and prowess and power; once we see that, then it will be the attitudes that follow that.

It seems to me that one of the problems with disability arts - and probably in other areas of disability life - is we don't criticise, we are not honest as to whether something is good or not. We have got to put together disabled and non disabled people so disabled people can learn from non disabled people. I think we have got to examine quite a lot of our prejudices. We have painted ourselves, sometimes into a corner as disabled people, where we're not prepared to judge fairly and rigorously, where we're not prepared to accept help or work with non disabled people, and where we don't set high standards for ourselves. I think that is what has got to change. But once we have got the people into positions of power and authority then attitudes towards disability will change.

(Abridged)



Manic Generosity

Robert has contributed to recent issues. He introduces the one below with:

(The themes of my pieces) are primarily a result of years of trial and error, and being forced to find ways of coping with my illness which do not always appear merely from reading accounts of other sufferers.

I believe in slow progress - rather like the Still Small Voice of God, rather than so called miracle cures; although they might happen to some people, they do not happen to everyone.

There are still great misunderstandings about the dangers of mental illness as regards the church. In every church I have been in, I have heard appeals for money, and this can be so dangerous for people who are generous to a fault and who put others before themselves. When my illness was at its height 25 years ago, I would just give money to anyone who asked me, because I thought that was helping them.

It is not wrong for people who have illnesses where they have endangered themselves by giving too much away, to think about themselves rather than listen to the endless appeals for money.

I have found that voluntary work helps deal with this issue. I clean the church I go to for nothing. This is an enormous help in that I am giving what I can afford - time rather than money which I cannot.

I am also a member of Wildwood an animal reserve about 4 miles from where I live. Again they are always asking for money, but the way I deal with that by collecting apples and pears to donate; I have been informed that the wild boar and the deer especially like them. Most of the apples and pears come from another place I work at and because I do not get paid by this other place they allow me to collect fruit which no one else appears to want.

To sum up, there are many forms of giving and they are all necessary and it must be recognised that some people's illnesses could mean they rather need to spend their money on themselves.

Robert Mackintosh

Spiritual Journeying Group

Are you curious about the meaning of life? Are you looking for something a bit different?

'Encounters'

Tuesday 1st November,
7:30 - 8:45pm, St Mary's Church

Wednesday 16th November,
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 2SR

27th Sep

- Little Acorns -

1st Nov

- Encounters -

Afternoon Sessions

1:00-2:15pm

High Cross

Knoll Road, Camberley
GU15 3SY

12th Oct

16th Nov

For enquiries please contact Jennine Thomas on
07505477457

Supported by:  Camberley

Surrey and Borders Partnership NHS Foundation Trust 

NEW WEBSITE: www.spiritualjourneying.org.uk

What 'Personality Type' Was Jesus?

There's a good question!

I'm sure those of us who know something of the Myers-Briggs type indicator and the sixteen different types identified, could make out a case for saying Jesus displayed mannerisms and behaviour which linked closely with the personality type which we most closely identify with.

Jesus was certainly **Extrovert**, happy to mix with crowds and meet their needs. He also displayed **Introvert** characteristics too, valuing time with just his close followers and most of all, time in prayer with his Father.

As a **Sensor**, Jesus recognises the practical needs of his apostles and the people around him and urges others to "sow" if they would "reap" rewards for their actions.

Jesus the **Intuitive**, uses situations as opportunities not only for meeting others' material needs but more importantly their spiritual ones, challenging them to see their lives in a new light, to change and to grow.

Jesus the **Thinker** was obvious to his contemporaries, even those who opposed him, as one who speaks the truth, and whether confronted about whether it is right to pay taxes to Caesar, uses logic to state the obvious that what is due to Caesar should be given and that what is due to God should be given to God. Likewise, Jesus is clear in identifying the false reasoning and behaviour of the Scribes and Pharisees who pretend they are following God's will though their behaviour shows otherwise.

Jesus the **Feeler**, is always prepared to listen to others who are in any kind of need or who approach Him in good faith. He recognises that the crowds who have been following Him will need to go and find food and seeks to meet this need of theirs too. He doesn't ignore it or abandon the people at such times. In His parable of the Prodigal Son, He highlights the importance of making amends and showing compassion to those who have fallen short by stressing the Father's efforts of reconciliation.

In doing the Father's will, Jesus showed respect for the Jewish faith, eg: He fostered obedience to the Law. In advising the Rich Young Man, Jesus reminds him of the commandments, and when this didn't bring peace to the man, Jesus challenged him to sell all and follow Him. The

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young man may have gone away sad, but Jesus did not leave him in any doubt as to what he needed to do. These are some examples of Jesus living as a **J**udger.

Though Jesus did plan His daily life, as a **P**erceiver He was able and willing to change His plans to meet others needs. For example on hearing of the sickness of the centurion's son, He was prepared to go and see him. His instruction to Peter on the topic of forgiveness, indicates the need to be tolerant of others' failings and the "Our Father" prayer also shows God to be forgiving. Jesus was also happy to mix with all peoples in society, whether respectable or tax collector and sinner.

The above lists just some of the ways Jesus displayed his **E**xtrovert, **I**ntrovert, **S**ensing, **I**ntuitive, **T**hinking, **F**eeling, **J**udging and **P**erceiving characteristics. He did not let one particular characteristic dominate when its counter-characteristic was called for. For example, He was prepared to share His experiences of relating with the Father with others, to relive them with the disciples and so help them to discover a new understanding of God. In such circumstances, **E**xtrovert characteristics were called for. He did not let any inclination just to sit and reflect stop him reaching out to people at such times. Neither did Jesus' wish to help the sick, the poor and those seeking His word stop Him from putting time aside for prayer.

Jesus the **I**ntrovert drew strength from time with the Father, knowing it to be essential. Jesus thus exercised the **E**xtrovert and **I**ntrovert characteristics called for in His life in a balanced way. He did not let one characteristic predominate nor ignore the need to exercise the other. Jesus needed to similarly balance the counter-characteristics of "**S**ensing and **I**ntuition", "**T**hinking and **F**eeling", and "**J**udging and **P**erceiving", in order to follow the Father's will. We too are at our best when we do the same.

We have, and must acknowledge, our own personality type, and, having recognised where our natural inclinations may lie, we can turn to God in prayer to strengthen us in exercising those less manifested.

The excuses that we don't do something or behave in a certain way claiming "I'm not an **E**xtrovert", "I'm not an **I**ntrovert", "I'm not a **S**ensor", "I'm not **I**ntuitive", "I'm not a **T**hinker", "I'm not a **F**eeler", "I'm not a **J**udger", "I'm not a **P**erceiver", are no longer valid because Jesus has told us that with God all things are possible.

But to answer the original question posed at the beginning of this work: only God really knows.

Vincent Smith

Thought for Life

Ed: a constant bedside companion is *365 Tao: Daily Meditations* by Deng Ming-Dao; Harper 1992; isbn: 0 06 250223 9. Each page contains a daily thought and poem. What follows is the entry for 22 October. Taoism is an ancient Chinese philosophy that claims the Tao, the ultimate life force, is a transcendence which is the origin and destiny of all. We are invited to align with. Taosim has a gentle, attractive, whimsical, mysterious ambience which is at once comforting - in that it makes no aggressive demands - yet is deceptively thorough.

*Don't be afraid to explore -
without exploration there are no discoveries;*

*Don't be afraid of partial solutions -
Without the tentative there is no accomplishment.*

Indecision and procrastination are corrosive habits. Those who wait for every little thing to be perfect before they embark on a project, or who dislike the compromise of a partial solution, are the least happy. Ideal circumstances are seldom given to anyone for undertaking; instead there is uncertainty in every situation. The wise are those who can wrest great advantage from circumstances opaque to everyone else.

Wanting everything perfect in life to be perfect before you take action is like wanting to reach the destination without the travel - it cannot reasonably happen. □ For those who follow Tao, travel is every bit important as the Destination. One step after another - that is the central wisdom of Tao.

Every day passes whether you participate or not. If you are not careful, years will go by and will only have collected regrets. If you cannot solve a problem all at once, at least make a stab at it. Reduce your problems into smaller, more manageable packages, and you can make manageable progress toward achievement. If you wait for everything to be perfect according to your preconceived plans, than you may well wait forever. If you go out and work with the current of life, you may find that success comes from building on small things.

supplied by *Steve Press*

Poem: Imitations of Grace

It is so very difficult;
Words come, flowers wilt
The Earth goes round,
We make a sound,

In the sound there is a dream
Love is a constant stream
Our burdens grow faint
Changing colour like paint

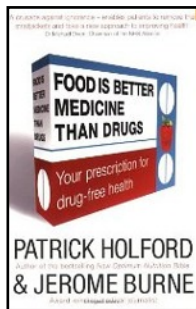
Till reason tells us
That love welling within us
Is real – He is real
Wielding prayers on a rosary wheel

Where prayer is normal
Unhoused Saints truly formal
The house is the prayer
Where we can feel near

And we need not fear
The thoughts we bear
Are sonnets of Grace
To the heart of the race

So be at peace
For life's short lease
Is cushioned with prayer
To make each one dear.

Simon Partridge



Excerpts from:

Food Is Better Medicine Than Drugs:

Your Prescription for Drug-free Health
by Patrick Holford and Jeremy Burne.

Piatkus Books; New Ed edition (Sep 2007); ISBN-13: 978-0749927974

Holford is seriously into optimum nutrition and has produced several books, both solo and with other authors. As you'll see, he is a relatively easy read yet plausibly offers academic support. Not a great deal that is new here, but affirming to see it in print again.

(These clips were offered by Suzanne Heneghan & abridged by the editor.)

Unlike drugs for related problems such as anxiety, depression insomnia, which often interact with each other in damaging ways, various elements of a nutritional approach all complement one another. To begin to cure any chronic disorder you need to be sure that the various biochemical elements involved are balanced in an optimum way. So what has to happen to lift depression?

First, you'll need the building blocks for the relevant neurotransmitters. These are tryptophan or 5-hydroxytryptophan (5-HTP), both amino acids found in protein foods. But they are no good without the catalysts that turn them into neurotransmitters, which are B vitamins, magnesium, zinc and something called trimethylglycine (or TMG for short). These nutrients will also keep levels of an amino acid known as homocysteine low in the blood, which is important for keeping at bay.

Omega 3 fats, especially one called EPA, are vital. Not only do they act as catalysts, but they are also needed to build the receptors - the docking ports in brain cells that serotonin and the other neurotransmitters

attach themselves to. Finally, the whole system needs a constant and stable supply of energy, which is why blood-sugar levels need to be maintained within healthy limits. Other elements of the new package for depression could include exercise and increased exposure to natural light, both of which raise serotonin, along with psychotherapy.

But what is the evidence that each one of these elements not only works on its own but is more effective than anti-depressants? Just one of them may do the trick for you, or you may benefit from several in combination. However, once you see how they all work together, it becomes clear just how limited the standard drug style clinical trials are for testing this sort of medicine.

5 - HTP: the Results

We've now seen how serotonin is made in the body and brain from 5-HTP. In its turn, 5-HTP is made from another amino acid, tryptophan. Both can be found in food: many protein-rich foods such as meat, fish, beans and eggs contain tryptophan, while the richest source of 5-HTP is the African griffonia bean. Not getting enough tryptophan is likely to make you depressed: people fed food deficient in tryptophan became rapidly depressed within hours. Both have been shown to have an anti-depressant effect in clinical trials, although 5-HTP is more effective. There have been 27 studies, involving 990 people to date, most of which proved positive.

So how do they compare with anti-depressants? Eleven of the 5-HTP Trials were double-blind placebo controlled, and seven of those measured depression using the Hamilton Rating Scale. The studies differed in design, so you cannot just add up the scores to get an average, but the improvement rated 13, 30, 34, 39, 40, 56 and 61 per cent. It doesn't take a scientist to realise these results are a lot better than the average 15% improvement response for anti-depressants.

Light, exercise, air and friends

Exercise is a key part of the new medicine model's non-drug approach. It also turns out to be as effective as taking anti-depressants. A number of studies in which people exercised for 30 to 60 minutes three to five times a week found a drop of around five points in their HRS - more than double what you'd expect from anti-depressants alone. In an Australian study published in 2005, involving 60 adults over the age of 60,

half took up high-intensity exercise three days a week; the other did low-intensity exercise. Of those doing high-intensity exercise, 61 per cent halved their HRS, while only 29 per cent of those doing low-intensity exercise halved their score.

And if you exercise in bright light, you get a double dose of 'natural anti-depressant', as a number of studies using full-spectrum lighting (versus normal room lighting) have shown. Unlike normal 'yellow' lighting, sunlight is white and contains a stronger and fuller spectrum of light. Although more expensive, full-spectrum light bulbs are a worthwhile addition, especially if you are prone to the winter blues - known as SAD or seasonal-affective disorder. In one study published in 2004, a third of depressed volunteers who exercised in full-spectrum lighting experienced a major improvement in their depression (a 50 per cent or more decrease in their HRS). Other studies from 2005 have also found a definitive improvement, even among those not specifically prone to SAD. The effect could be due to the direct effect of light on raising serotonin.

One other gadget, or lifestyle change, you might want to consider to beat the blues is an ioniser. These give off negative ions, which are naturally generated by turbulent water - think waterfalls and the seaside - and are thought to be good for you, while positive ions, produced especially by electronic equipment such as computer screens, air conditioning and TV sets, are not. In one controlled trial, depressed patients exposed to both full-spectrum lighting plus a high-intensity ioniser reported major improvements in their depression. By leaving an ioniser on overnight you might substantially improve mood.

Counselling and psychotherapy

Probably the biggest non-nutritional factor in recovering from depression is having someone to talk to about life's inevitable problems and stresses. Much depression is linked to, or triggered by, stressful life events such as a death, the loss of a job, or the break-up of a relationship.

Or you may have felt that your life was out of kilter and lacking in essential elements - a circle of supportive friends or relatives or good standing at work, for example - for some time, and feel that you're tipping over from the blues into a real depression.

Feeling bad about yourself and lacking someone supportive to listen to you can be a major cause of depression however good your diet might be. A problem shared is a problem halved. While good nutrition

might give you more mental and emotional energy to solve your problems, it doesn't take away the underlying issues that fuel depression. For this reason, we recommend counselling and psychotherapy as well as nutritional approaches.

Food or drugs? The verdict

The evidence suggests that the nutritional approach is not only more effective, it's also practically free of serious negative side effects. So why not do it? Well, you could argue that there's not enough research to conclusively prove all the benefits we've discussed here. You might be thinking that many of the trials are small, although well designed. That's true to an extent, and it's also unlikely to change: there's little profit to be made from non-patentable nutrients such as omega-3, folic acid or 5 – HTP.

Psychiatrist Dr Erick Turne from the Mood Disorders Centre in Portland Oregon, who uses 5-HTP in his practice, says:

Unfortunately, because 5 – HTP is a dietary supplement and not a prescription pharmaceutical, there is comparatively little financial incentive for extensive clinical research.

Also, since no benefits for nutrients can be put on their packaging, and there's no army of reps or marketing budget, most people simply don't know about these highly effective, and considerably safer, nutritional options.

But then there's the other, now-familiar problem: most doctors are also unacquainted with food-based medicine.' A doctor receives virtually no training in nutritional approaches to depression. It's an obvious oversight, given the wealth of evidence,' says Andre Tylee, professor of primary care mental health at the Institute of Psychiatry. But that is no reason why you shouldn't try it yourself with the help of a nutritional therapist.

What works

- Set up the building blocks. Most of the studies we've cited used 300 mg of 5-HTP, but we recommend ideally testing to see whether you are low in serotonin with a platelet serotonin test and starting with 100 mg,

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or 50 mg, twice a day. Be aware that 5-HTP is best absorbed either on an empty stomach or with a carbohydrate snack such as a piece of fruit or an oat cake. Otherwise, make sure you eat enough protein from beans, lentils, nuts, seeds, fish, eggs and meat, which are all high in tryptophan. If your motivation is low, you could also supplement 1,000 mg of tyrosine.

- Put the catalysts in place. Test your homocysteine level, which can be done using a home-test kit. Your doctor can also test you, although few do. If your level is above 9mmol/l, take a combined 'homocysteine' supplement of B2, B6, B12, folic acid, zinc, and TMG, providing at least 400 mcg of folic acid, 250 mcg of B12 and 20 mg of B6. If your homocysteine score is above 15 mmol / l, double this amount. Also eat whole foods rich in the B vitamins - whole grains, beans, nuts, seeds, fruits and vegetables. Folic acid is particularly abundant in green vegetables, beans, lentils, nuts and seeds, while B12 is only found in animal foods - meat, fish, eggs and dairy produce.

- Take omega-3s. You need about 1,000mg of EPA a day for a mood boosting effect. That means supplementing a concentrated omega – 3 fish oil capsule providing 500 mg twice a day, and eating a serving of either sardines, mackerel, herring, or wild or organic salmon, 3 times a week. Tuna steaks are also a good source but should be eaten only once a fortnight because of possible mercury contamination, whereas tinned tuna has very little omega - 3s because of the way it's processed. Very little of the omega - 3 fats found in flax or pumpkin seeds convert into EPA, so while these are good to eat, they don't have the same anti-depressant effect.

Top Fish for Brain-Boosting Fats:

- amount of EPA in 100g (3oz) -

Mackerel

1400mg

Herring / Kipper

1000mg

Sardines

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- Keep your fuel supply stable. Eating a diet that will stabilise your blood-sugar (see page 143), and supplementing 600mcg of chromium, will help tremendously in keeping your moods stable. Chromium supplements generally come in 200 mcg pills. Take two with breakfast and one with lunch. After a month, cut down to one with breakfast and one with lunch. Don't take chromium in the evening, as it can have a stimulating effect.

- Exercise for at least 15 minutes most days. Psychocalisthenics is especially good for balancing your mood.

- Consider psychotherapy .

Working with your doctor

Much of what we recommend you can either do for yourself or by seeking the guidance and support of a nutritional therapist. However, the process of weaning yourself off anti-depressants is something you must do with the support and guidance of your doctor.

We recommend 5-HTP not be taken in amounts above 50mg if you are on an anti-depressant. 5-HTP helps the body make serotonin while SSRI anti-depressants stop it being broken down. If your doctor is willing to wean you off anti-depressants it helps - at the same time - to wean you on to 5-HTI, gradually building the daily amount up to a maximum of 300 mg, but no more than 100 mg before you are completely off the anti-depressant. In our experience, this minimises and shortens the withdrawal effects that many people experience when coming off anti-depressants.

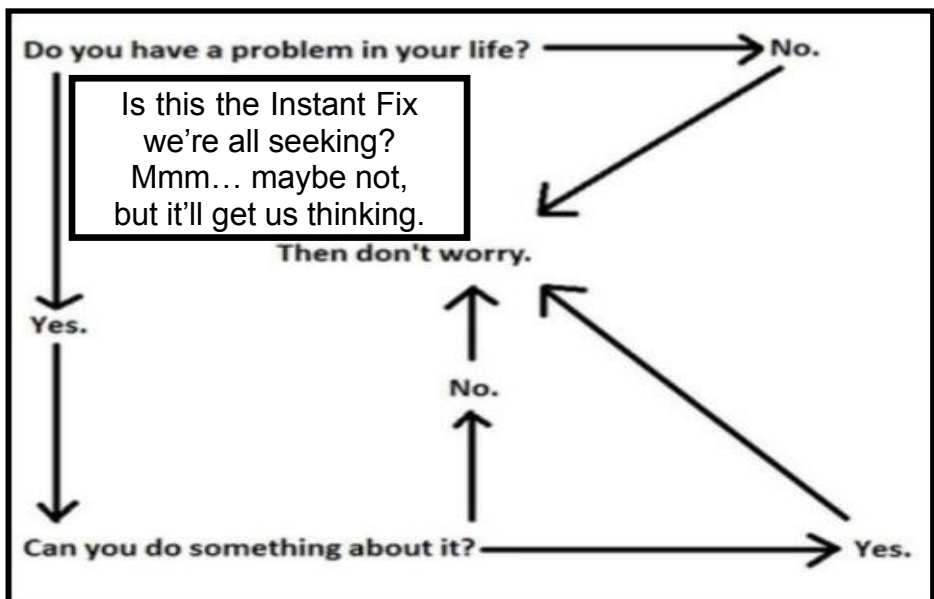
All the other mood-boosting factors we've discussed - from omega -3s to exercise - can safely be added while you're on medication and will probably help your reduce your need, then come off anti-depressants with fewer withdrawal effects.

Abridged without permission! Visit editor in gaol?

10 TEN COMMANDMENTS FOR REDUCING STRESS

1. Thou Shalt Not Be Perfect, Or Try to Be.
2. Thou Shalt Not Try to Be All Things to All People.
3. Thou Shalt Leave Things Undone That Ought to Be Done.
4. Thou Shalt Learn to Say "No".
5. Thou Shalt Not Spread Thyself Too Thin.
6. Thou Shalt Schedule Time for Thyself and for Thy Support Network.
7. Thou Shalt Switch Off and Do Nothing Regularly.
8. Thou Shalt Be Boring, Untidy, Inelegant, and Unattractive At Times.
9. Thou Shalt Not Even Feel Guilty.
10. Especially Thou Shalt Not Be Thine Own Worst Enemy,
But Be Thy Best Friend.

Supplied by *Vincent Smith*





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.

UK Registered Charity: 1081642

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Poem: Sunset

The day dies in golden flames
Copper fingers stroke the clouds
Teasing apricot blushes
Rainbow hues clamour for attention

But orange dominates
Sometimes rosy then saffron
Cadmium shadows deepen
Into tarnished brass
As slowly the sun sets

And all colours disappear
Leaving a Technicolor echo.

Jean Wearn Wallace