Association for Pastoral Care in Mental Health

NEWSLETTER

NOVEMBER 2005

This months Front Page article

THE GIFT OF GIVING

Christmas approaches fast. The clocks have just gone back. By the time of the next newsletter it will be the New Year. But I want to reflect on two events that took place in August while summer still seemed to be very much with us.

Dr Margaret Norris (30th June 1926 – 2nd August 2005)

At the end of August I attended the Requiem Mass for Margaret Norris who had died peacefully a few days earlier at the Phyllis Tuckwell Hospice in Farnham. Extracts from the tribute read at the Mass appear at the end of this article.

I doubt whether many people will be aware that Margaret was the person on the APCMH contact line. She did this virtually anonymously and never expected anything in return. It was an example of dedicated service carried out with great humility and not for any reward save that of knowing that she was doing what she felt called to do.

The contact line had started life some years previously as a "Careline" giving support to people caring for those with mental health problems. I met Margaret through the Guildford branch of APCMH and attended her training days for the prospective Careline team. The training was exceptionally good. The resources that she compiled were as comprehensive as any I have seen. She obviously had an extraordinarily well-ordered mind. I realised that she was clever, experienced and organised. But it was only at her Requiem Mass that I discovered that she had obtained a double first and doctorate as a mature student after raising 5 children! This was the person who took it upon herself, not only to train a team for the Careline, but also, to be the principal telephone answerer for year after year. I find it even more extraordinary that this part of Margaret's life seems to have been so little known. She was clearly someone who was satisfied to do what she felt was right without proclaiming her achievements to the world – a wonderful and inspiration.

Thank you, Margaret, for all you have done both for APCMH and for the many people who used the Careline and contact telephones. We shall miss you very much.

Friends Yearly Meeting in York

This took place at the beginning of August. Some 1600 Quakers gathered for their main yearly meeting. APCMH has been working closely with the Young Friends since they chose us as their charity two years ago. In May, in response to the Young Friends' prodding, mental health training had been provided for elders and overseers at the Quaker Training Centre at Woodbrooke in Birmingham. A number of Young Friends had led or contributed to this training. They were now asked to take part in sessions at the Yearly Meeting. I would like to thank them again for all their efforts and to congratulate them on all they have achieved in highlighting mental health amongst Quakers and putting it on their agenda in this way.

I was asked by the Young Friends to speak from my own personal experience of mental ill health at both the Woodbrooke and York events. I had not done this for some considerable time. It reminded me how much we are affected by our diagnosis. We are all so different in so many ways but there is one thing we have in common – when we are diagnosed with mental illness, we become "mental" in the eyes of the world. And this seems to stick forever.

Continued .....

The Gift of Giving

So what did I say about mental health in these short talks? I could only speak for myself. What I had to say might well not apply to others. But in preparing my talks I realised that:

The most helpful and valuable thing for me was to be allowed to give to others.

This included being accepted for both voluntary and paid work as well as simple things like others accepting tea, sympathy or ideas from me – rather than always the other way around. It also applied both to Margaret Norris and to the Young Friends both of whom allowed – even encouraged – me to contribute to these different aspects of APCMH's work. That has meant a great deal to me.

I sometimes felt almost suffocated by the care – and advice – that I received when I was struggling. It was as if I was not being allowed to be well again. Conversely it was so good to be allowed to do something for others. It certainly has been the most important factor in helping me to feel human again – and, I believe, is the main reason why I have kept reasonably well, and medication-free, for the 13 years since my last hospital admission.

So I would ask all those who are interested in providing pastoral care to bear in mind that the recipient of the care may also want to be able to give – whether by using their skills, by giving their time, expressing opinions, offering tea or in some other way. If the pastoral carer can accept and value these offered gifts without being patronising, then they will be providing the "Gift of Giving" which for me is one of the most precious gifts of all.

"For it is more blessed to give than to receive" Acts 20:35. Everyone should be allowed the opportunity of that blessing.

John Vallat

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Extracts taken from the tribute read at the Requiem Mass of

Dr Margaret Norris - 30th June 1926 – 22nd August 2005

Born 79 years ago, Margaret was an only child – and having no brothers and sisters of her own was one reason she had a large family herself.

She joined the army towards the end of World War II and met Ted – her husband to be – while he was hiding behind a shed taking an illicit cigarette break!

After the War, Ted and Margaret married in 1948 and set up home in Thornton Heath, later moving to Wallington and finally to Guildford in 1961 to a house built for the family which Margaret was heavily involved in designing.

As well as raising a family of 4 daughters and a son, Margaret assisted Ted in a number of his business ventures. She enrolled at Surrey University to do a Psychology and Sociology Degree at the same time as her eldest daughter, Susan, started her degree in Liverpool. Margaret gained a double first and went on to gain a Doctorate based on her studies of therapeutic communities. She was a Fellow of Surrey University, had several publications and lectured and supervised students for several years.

Margaret was a devout Catholic and supported the parish and was a Catenian Society wife and latterly widow. She was a founder member of the Yvonne Arnaud Theatre and a member of the County Club. She had a large circle of friends from her many and varied interests. [Editorial note: These interests included the development and running of the APCMH Careline which later became the APCMH Contact line]

Margaret leaves her family and many life-long and more recent friends, saddened by losing her but able to rejoice in loving memories of her.
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The following journal extract is from an article in 'Young Quaker'.....

GREENBELT DIARY

After attending the Greenbelt festival for a day last year, I was persuaded to spend the whole bank holiday weekend under canvas on Cheltenham racecourse for Greenbelt 2004. These are my thoughts of the experience:

Our tents - mine and Paddy's, Anne and Wendelin's and Klaus' are together. In the morning we all sit on our recycling bags. Out come the coffee beans (organic and fairly traded of course!); out comes Klaus' bean grinder. Hot coffee is best just then when we are cold and sleepy. After this the standard of our cuisine slips: we have bags of dried fruit, packs of spicy Chinese noodles and a big bag of cereal, powdered milk and not much else. We have a trangia (camping stove) meal once a day, and then succumb to the trailers or the stalls for our other meals.

Late at night we light the lanterns, huddle in our fleeces, drink hot chocolate and eat cake. Above, the moon is huge and has a red aura. The clouds are small and pearly. We always think we will stay up late, but the cold drives us to our tents. Then comes the struggle to get warm and stay warm. We have nests of sleeping bags and blankets. In the dark we cease to talk, breathing instead into our sleeping bags for warmth. In the morning I don't want to get up: at last my sleeping bag is warm.
(Someone's been reading Shakelton's Antarctic journal again! - Ed)

Sunday

The main thing that has struck me so far is the light. The camp is in the racecourse, which is in a flat place with distant hills all around. The arc of the sky is huge, the view panoramic. The weather is tempest and sun. Just now walking by the grandstand to find the loo I was struck by the sun on the wet concrete. The concrete was dark gold and the sky unbearably bright gold. From the camera lens I could capture legs, shadows, moving figures.

Monday morning

The endless noise and crowds of people numbs my mind. I'm so constantly stimulated I switch off. There are the stalls one finds at all festivals selling bright 'ethnic' fairly traded goods. The sort of thing one can only wear at a festival. Vans sell organic falafels, ice cream, chips, bacon and chi.....

Occasionally something catches my attention. I see two men flouting the no alcohol rule in the village. One, clad in a hood, gives himself away as his chosen disguise is an Alpen packet sellotaped around his can. The other man's diet lemonade label slips back and forth to show his can of strong lager.

Later I see an impromptu band performing in front of a JCB, to the delight of the onlookers.

It's interesting to see the transformation of the grandstand. The huge 'Hall of Fame' hung with jockey's colours, fitted out with mechanical horses, cash machines and the ever-present betting booth and bar has become a meditation space. There is a Celtic labyrinth to walk, candles, cushions, prayers upon the walls, pencils and colours and silence. It is transformed so much that one ceases to notice all the racing stuff. Looking out the window the hills shine out. Other rooms with plush carpets and names like 'Fox Hunter', 'Gold Cup' or 'Insurance Lounge' are places for talks and discussions on all things ethical or spiritual, and venues for theatre and film.

The outside of the huge building has been draped with official banners of 'Drop the Debt', 'Trade Justice' and 'Greenbelt 04' etc. Our banners are as immaculately placed as the 'Tote' or 'Ladbrookes' ones they replace might be. It is as if good has triumphed.

Amanda Headley-White

MENTAL HEALTH WELL-BEING IN LATER LIFE Birmingham University May 2005.

Continued from September's Newsletter:

National Spirituality & Mental Health Interfaith Forum.

Its reassuring to know that the recognition and inclusion of spiritual values in the recovery process for people suffering from mental health problems (the elderly in particular) was emphasised as being part of the Department of Health's clinical governance in the the provision of mental health services. The nature of the National Inquiry Into Mental well being In Later Life, launched at The House Of Commons last summer was described in the previous newsletter.

Gerry Burke (Age Concern) presents us with a definition of spirituality as one that 'expresses the longings of every human being for the fulfilment of emotional and intellectual aspirations.' He asks 'How are we to pursue a spiritual quest in a secular society'? We could respond by asking 'does the juxtaposition of the secular and the spiritual necessarily imply contradiction'? Not according to the above interpretation of 'spiritual'. Whether we worship a transcendent God, have a more esoteric belief, or idolise a particular person/object/pastime they are all enshrouded within our humanity and exist within the context of our own community. As someone once said – 'there is no spirituality outside our humanity'. We can only conclude that whatever it is that gives meaning and purpose to our lives must be that which we refer to as the 'spiritual'.

The response from people in later life suggests that 'feeling valued and loved within ones community and family is of uppermost importance in the prevention of depressive episodes. However, because communities differ quite dramatically it would be useful to see where depression amongst elders in different social settings prevails to a lesser or greater degree to show us a positive indication of how communities at large can best influence the positive mental health of individuals in later life and learn from their mistakes, in order to provide social model of response to a social model of depression.
Professor Rabinowtz (Bar Ilan University) from his research of 'Primary Care Physician's Detection of Psychological Distress' emphasised the importance of having a family/community oriented structure within society which consults and respects the elders as the heads of the family and values their role as active members within society. He suggests that a kind of 'anomia' or disconnectedness can be the result where a society 'decapitates' its citizens. This may partly explain the reason why there appears to be less depression amongst the elders within Jewish and Moslem communities who appear to have a stronger community support network.

Presentations were also made by Dr Qureshi – Consultant Psychiatrist who had himself survived a depressive episode and his testimony sparked much interest, so much so that it appeared that we were heading for a theological debating session on the meaning and purpose of suffering in relation to the will of God but it swiftly blew over and the time constraint resolved the momentary conflict.
To round up the day, the Rabbi Jonathan Dove – psychotherapist, introduced the term SDS – Spirit Deficit Syndrome' which almost speaks for itself. It also suggests to me that as humans, we never abandon our quest for God but are often deluded by false idols, which can lead us into despair. In the pursuit of love, we often become misguided by the false promise of a quick fix to quench the pain of lost intimacy with God, and the more we surrender to the 'fix' the tougher the battle against the demons which hold us captive is when we endeavour to pursue a more wholesome life. We need to be released from those bondages and filled with the Holy Spirit and renewed and protected every day through constant prayer.

Finally Rabbi Dove reflected upon some of the principles of SACBT - Spiritual Augmented Cognitive Behavioural Therapy (Russell De Souza) – a theory which holds that doing more of what makes you feel good increases mental/spiritual well being. Depends on the pursuit. I know that if my prayer life is increased I will feel good – but do I do it? I know that alcohol will make me feel temporarily good but then much worse, but I take it anyway. I know that a large glass of water will make me less depressed – yet I resist! Having too many hedonistic tendencies, so I'm not completely sold – yet.

The highlight of the day for me was listening to the Rabbi recite Psalm 147 and contemplate on the nature of how God alternates between the personal and the cosmic within his design – a very uplifting finish to a thought provoking day. *(For details of the Interfaith Forum se the back page)*

Suzanne Heneghan

Capital under Stress

By Fenella Dening, Medical Journalist

In 1993 the Royal College of Psychiatrists instigated a five-year Defeat Depression campaign. Many GPs were missing the diagnosis and the first year of the scheme was directed at the professionals. Subsequently it was directed at the public as a whole. While generally accepted that the campaign did raise the level of awareness and go some way to removing the stigma, the problem has not gone away. It is in fact, increasing as the soaring sales of anti-depressants demonstrate.

Between 1990 and 2000 spending on anti-depressants rose by 800% (Tanouye 2001) due principally to the introduction of SSRIs. (Selective Serotonin Reuptake inhibitors). In the USA $10 billion of the $23 billion psychotrophic drug bill was spent on anti-depressants. Cognitive therapy, which in some studies has proved more effective, is sparsely available. Drugs alone do not strengthen the foundations of morale, increase social security, explain the causes of depression – nor provide strategies with which to cope.

In one part of Australia in 1998-9, 82% of suicides were committed by people taking anti-depressants under the care of mental health teams. It is an accepted fact that people in the UK work harder and longer than any in Europe. They are also reputed to be the highest alcohol and drug takes. So it is hardly surprising that depression rates in urban UK (17.1%) are higher than the rest of Europe and Scandinavia (Spain 2.6%, Finland 5.9%). But when does a certain amount of beneficial stress turn into Dis-stress and Dis-ease? The answer may well lie in when there is continuous high circulating levels of cortisol. This biological device intended to alert us to wild animals and physical attack is now more likely to be activated by psychological threats to our status and social standing. The more social stock goes up the more cortisol levels deplete and vice versa. Work with baboons has shown that the more social power you have the lower your cortisol – top baboons had low levels while low ranking baboons had high ones (Sapolsky 1995). When the brain detects threat the HPA (hypothalamic-pituitary-adrenal) system is activated culminating in the release of the stress hormone cortisol. High cortisol levels are linked to relative high activity in the right frontal brain generating fearfulness, irritability and withdrawal from others (Kalin et al 1998).

Continuous high levels of cortisol interfere with our immune system, damaging lymphocytes and even killing them off and preventing new cells forming (Martin 1997). They alter muscle mass and can be involved in osteoporosis. Most striking, however, is their effect on our vital mood enhancers-serotonin, dopamine and noradrenaline. Under stress serotonin levels plummet in turn dropping dopamine and noradrenaline production. Lowered serotonin means lowered mood, increased impulsiveness, aggression and reduction in prefrontal cortex function. In the long term depression the subgenual prefrontal cortex shrinks by 40-50%. New brain cells are formed in the hippocampi and following extreme stress and depression there has been up to 40% shrinkage leading to memory and concentration impairment.

Depressed people appear to have a sluggish left frontal brain unable to manage a storm of negative feelings. Their cerebral blood flow is affected by repeated negative thoughts slowing the supply to the left dorsolateral and left angular gyrus (Lichter and Cummings 2001) The involvement of depleted dopamine means lowering of motivation, arousal and release of the pleasure neurotransmitters endorphin and enchepalin which are vital for forming strong social bonds. When stressed beyond certain limits we cannot restore our normal biochemistry by ourselves.

Coping strategies

Since the causes of depression appear to be twofold – psychological and biochemical – the solution must be also.

Psychological solution

We cannot all be top baboons; indeed aspiring to heights beyond our capabilities creates further stress. We need wisdom, which is the skills of joy, of friendship and loving connections and the sharing of power. It is about developing self-awareness and awareness of the well-being needs of the people and creatures around us and always includes a sense of purpose. We need compassion. In his book "Overcoming Depression" Paul Gilbert writes that: "We need to reactivate the caring-healing part of ourselves that depression has knocked out. We need to be warm, supportive and encouraging rather than harsh and bullying.

The compassionate mind does not treat others or ourselves as objects with a market value. Self-worth and self-acceptance are not things that can be earned, nor are they conditional nor based on fulfilling contracts." We are designed biologically to be part of a social group and there are real dangers in disregarding this – monkeys kept in solitary confinement rapidly drop their serotonin levels. In Western culture social groups are being destroyed faster and faster. Neighbours no longer speak to each other, single mothers are isolated and children find it harder to play with each other. The money spent on them only increases their isolation.

Continued .....

'Capital under Stress' continued .....

Depressed children of all ages are making their appearance again demonstrated by the sales of drugs. In 1992, 50,000 under eighteen-year olds were receiving antipsychotic drugs as outpatients. By 2002 the figure had risen to 530,000 (Thomas 2002).

Social homeostasis is part of our design, which involves time to enjoy a stable sympathy group of at least eight friends, to spend four to six hours daily in social grooming with them, taking time to share and enjoy activities and maintain status. When our social status in our social group is threatened we become stressed. A highly stressed environment spreads in the group but drops when we care for one another. It is obvious that a sympathy group is very important to restore mood and if one is lacking for depressed people they become very vulnerable.

Biological Solutions
Exercise
Taking regular exercise gives a feeling of achievement but it also stimulates endorphins. A German study (F.Dimeo et al 2001) showed that a daily 30-minute walk could significantly decrease depression in ten days. This had been preceded by one that had shown a brisk 30-minute walk or jog three times a week was as effective as antidepressants (M. Babyat et al 2000).

Nutrition
Low levels of omega-3 fatty acids can be involved in irritability as well as in depression. A pre-curser to serotonim is the amino acid tryptophan found in fish, turkey, chicken, cheese, beans, tofu, oats and eggs. Carbohydrates, such as those found in fruit helps absorption of tryptophan and since it also promotes sleep such a combination is beneficial before retiring. A banana high in carbohydrates that releases insulin, which carries the tryptophan to the brain thereby raising serotonin, has excellent benefits.

Between 1993 and 2002 there were 4,767 deaths in England and Wales involving anti-depressants. About 80% were recorded suicides. In the same time, prescriptions for anti-depressants increased from 10.8 million to 26.30 million. (Office for National Statistics August 2004). *These numbers speak for themselves.*

My attitude to mental health is preventative, supportive and restorative!

Proverbs have a lot of useful comment:

Proverbs 17 v. 22:
A cheerful heart is good medicine...

Proverbs 16 v. 24:
Pleasant words are a honeycomb, sweet to the soul...

Proverbs 15 v. 30:
A cheerful look brings joy to the heart...

Proverbs 15 v. 15:
All the days of the oppressed are wretched but the cheerful heart has a continual feast.

Proverbs 15 v. 13:
A happy heart makes the face cheerful but heartache crushes the spirit.

Proverbs 12 v. 25:
An anxious heart weighs a man down but a kind word cheers him up...

Fenella Dening

St Marylebone Healing and Counselling Centre

SPRITUALITY, RELIGION and MENTAL HEALTH

Thursday 19th January 2006

A day conference designed primarily for mental health professionals and church leaders who want to think about the place of spirituality in mental health care, and the creative and destructive aspects of religious faith and practice.

PROGRAMME

09.30 **Arrivals, Coffee etc.**

10.15 **Welcome & Introduction to the Day**
Revd. Christopher MacKenna, Director of St Marylebone Healing & Counselling Centre

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 professional and faith communities

11.05 **Discussion and Input about the work of St. Marylebone Healing and Counselling Centre**

11.30 **Coffee etc.**

12.0 **Workshops**

A. The pastoral care of those with mental illness
B. Hard to Believe
C. Psychosis and spiritual experience
D. The stigma attached to mental illness
E. Strategies for Living. The work of the Mental Health Foundation

1.00 **Lunch break. Sandwiches will be provided**

2.00 **Incorporating the patient's spiritual journey into our thinking**
The Revd Andrew Wilson, Chaplain to SLAM and Mental Health Chaplain (Croydon)

2.45 **How does spirituality relate to religion ?**
Professor Peter Gilbert, of the National Institute for Mental Health in England

To be held at:
St. Marylebone Healing & Counselling Centre
17 Marylebone Road, London NW1

TICKETS £50.00 (Individual Concessions upon request)
To book, please complete and return the form on the back page

Any queries: 020 7935 5066 or email: healing@stmarylebone.org

The Interfaith Forum

Aims to ensure cooperation in the exchange and the development of mental health services for all faith communities and to combat stigma and discrimination. Usually the meetings are held in Central London.

For more information call:

020 8371 5888 or **email mentalhealthjsmh@aol.com**

Have you had a mental health inpatient admission?

What was your experience of the admission?
How did the hospital staff meet your spiritual needs, or did they not?
How did your church community meet your mental health needs, or did they not?

Julia Little is a trainee Clinical Psychologist undertaking her Doctoral research in this area and hopes to give a voice to Christian service-users' inpatient admission experiences. To this end she is inviting our readers to volunteer to assist her in gathering together their experiences as mental health inpatients.

This will involve volunteers in a One hour to One & Half hour long interview at a mutually convenient location. All travel expenses will be paid.

The interviews would of course be completely confidential and any information reported would be totally anonymous.

One aim of the project is to publish the results of her undertaking to provide valuable information to service providers. If your admission was within the last five years, and ended at least six months ago, and you are interested in this project, then please either telephone **Julia Little** direct **on 07886 768 891,** or you can phone the **APCMH contact line** on **020 7383 0167** and leave a message for Julia. You will be sent more detailed information about the project so that you can then decide if you wish to participate in the survey.

THE ASSOCIATION FOR PASTORAL CARE IN MENTAL HEALTH

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Office: APCMH c/o St Marylebone Parish Church, Marylebone Road, London NM1 5LT

Web site address: www.pastoral.org.uk.

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

We welcome contributions for publication, please send them to the editor:

John Rawson, 24 Leeds Court, Denmark Road, Carshalton, Surrey, SM5 2JA

☎ 020 8669 0667 or email: johnrawson@blueyonder.co.uk

To St. Marylebone Healing & Counselling Centre, 17 Marylebone Road, London NW! 5LT

Please send me .... ticket(s) for **'Spirituality, Religion and mental Health'** on Thursday 19 January 2006
I enclose a cheque for £ ..... (made payable to St. Marylebone Healing and Counselling Centre together with a stamped self-addressed envelope)

Names of delegate(s): .....

Address: .....

Post Code: ..... Phone No: ..... Email: .....

Occupation: ..... Dietary requirements, vegetarian, vegan .....

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