



Being Alongside

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

March - April 2011



Angel's Wing and Spider's Web...

An Angel is 'supported' - or is it 'trussed'? - depends what we think of arachnids!

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: but leave message if no live answer)	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

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Front Page

with

Suzanne Heneghan

Put Your Hand Into The Hand Of God

Mahalia Jackson

'You are wearied in the greatness of your way; yet said you not, 'There is no hope': you have found the life of your hand; therefore you were not grieved.'

Is 57:10

Hands are the symbol of human action, a manifestation of all that flows from the mind and heart of a person, whether for good or ill. God's right hand is frequently mentioned as a symbol of power and strength and when we open our hands and minds to God in stillness and prayer, we exchange our own human efforts for His power and strength, which connects us to the heart and mind of God.

Well ideally that is, but its not quite that simple is it? I am one of life's doers – a product of the 21st century and all that came before it. I find it practically impossible to stay still for very long. I suffer from the elusive mind syndrome! Even my more 'spiritual' pursuits are frenetic and compulsive. I do yoga classes regularly, attend mass and pray but truly I am rarely ever present. I'm informed that the art of writing/journaling is encouraged throughout the process of recovery in cases of addiction as it apparently slows the mind down to the speed of the pen, I am hopeful that in my attempt to recall and relate my most recent experiences that my own recovery will be forthcoming!

Early in December and having just recovered from the flu I set out to France on the Eurostar for an overnight Christmas shopping expedition. Feeling somewhat weary, I consoled myself with the prospect of visiting one of my favourite haunts – Tati – a bazaar like French shopping outlet where Raisa Gorbachev loved to frequent and had once resulted in the late arrival of her husband at a business meeting. Arriving early at a very frozen Lille Europe, I had coffee at an adjacent hotel before making a hasty retreat. The next thing I recall was lying flat on my back and in pain with an impending grim sky above. I The speed at which I fell meant that I had no

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recollection of the actual event. I gazed up at my right hand, which was stretched out and deformed and what appeared to be an unusual distance from my body and then the pain! To my relief a man took my head – 'I'm a fireman!' he said and then two German folk kept me distracted with kind humour, wrapping me in their Christmas foil and we all waited for what seemed like forever for the ambulance to get through the traffic. For the first time in my life I had to completely surrender and I would spend the next 24 hours being carried and wheeled around. I had been yearning for something to slow my thoughts down so that I could resolve some seemingly irreconcilable conflicts that had been causing so much grief in recent months but this was not really what I had in mind. However I had now arrived at a place where I would come to really know something of the saving hand of God which was being reflected in all the faces and the kind words, the actions and attitudes of all those around me and the memories of which came to override all the more negative events yet to come.

Some time later, after the various necessary painful procedures when the x-rays were complete, I was ministered that heavenly whoosh of morphine and experienced a huge sense of bliss as it surged through my veins. I had badly fractured both the radius and the ulnar bones in my wrist and was later that day transferred to another more specialised hospital. After a 3 hour-long surgery under the care of Professeur Chantelot and his team under local anaesthetic, I emerged from theatre at 12 midnight. One of the staff waved a titanium plate before me to indicate that this had been set over the radius and another doctor explained that it would remain forever – I did not like the sound of that, (and for those readers wondering whether or not the metal detectors at airports can be activated by the metal plate – the answer is – occasionally. So there shall be no excess bottles of brandy going in my luggage!). The other bone was secured with K wires.

The next morning following surgery and still under the effect of the morphine, I dizzily prepared for the discharge procedure and began strategically flossing my teeth by attaching one end of the floss to a door handle and attempted a not so skilful makeup application with my left hand. The nurse gave me a stare. However, after various instructions later and having had the pot fitted I was all prepared to brave the world and I would catch the scheduled Eurostar train in the evening. I arrived home at 11pm and instead of the French hat I had intended to purchase, I now boasted a French pot and plate. So you could say that all went to plan!

I spent the next 6 weeks in a state of recumbent contemplation as I learned to surrender my fragility into God's hands, experiencing life in a

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new way. I began to come alive, to feel again and really appreciate the simple pleasures of life in the moment and to dream like a child. I found myself listening more intently to what others said and being properly heard. However, there were moments when I completely went berserk and in fact when I asked my partner what he was finding the most difficult he replied 'The mood swings' and there were plenty of those, I can't count the times I have to apologise for yet another outburst although things are improving and I try to heed the lessons that accompany each moment, this reminds me that we're never in isolation in our suffering and that others journey alongside us just as opposite sides of the same coin. I find that its tempting to blame others when no solution can be found and expect another to satisfy our needs and uphold our rights but I can only conclude that I think that we must eventually claim ownership of our individual experiences without blame or self recrimination but through the help of God who can enter into each and every moment of our suffering and give us the courage to walk the path of our own soul's journey so that we might grow and reflect the nature of who He Is. As much as we might rage against the unfairness of life, the process of suffering and loneliness are as necessary a part of the solution within the whole healing process so that we can learn to endure and mature spiritually, detached in God's love.

So after this initial challenge, this new super left hand was becoming quite competent. However, – hands, I discovered, like people, work best in relationship, interacting and achieving tasks together to form a dynamic relationship. Eventually this broken hand would have to re introduced before the brain became permanently detached. This was the real challenge. When the pot was removed, I was not prepared for what I saw. This deformed and lifeless thing at the end of my arm could not belong to me! – I wanted to reject it, wrap it back up and it would just go away. But once I got over the initial shock, I decided to apply positive affirmation and encouragement and gentle massage alongside the physical hand therapy routine to music and over time my hand has become like a delicate branch that thrives well on good nurture so that it can be assimilated and reintegrated as a part of the whole.

So where to from here? Well gradual progression is being made, on average, 1 millimetre every week or so on the measure - sometimes there is seemingly no improvement at all. 'Alternate progress and impediment, and yet a growing prospect in the main'. Wordsworth. It's a slow steady process, just as healing is happening from within, in learning to nurture every moment and to trust God in all things and to be grateful, to listen to the Holy Spirit and trust that He will over time provide Wisdom and

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understanding for those unresolved conflicts. I am now able to do some yoga and have adapted many of the positions to suit my needs. I can appreciate it so much more when my mind is focussed. And as for my prayer life – like constant running water, I only need acknowledge the source of God's supply and still my vessel. In every moment there is an opportunity for divine communication.

This brings me back to the activities of the National Committee. High on the agenda is: 'The value of listening as a tool for befriending', which has partly inspired this article. Whether we are being befriended or we are the ones offering our services, good communication is vital. So the question most strongly resonates with me is: 'How can we sustain a relationship of genuine listening'?

Suzanne Heneghan

National Committee Member & a former Chair of BA / apcmh

Gimme Shelter...

... is a song by The Rolling Stones, its theme being fear of a generalised doom resulting from a broken relationship. I've chosen this rather contrived link to write about a local initiative by churches in my home town of Folkestone, called the Folkestone Churches Night Shelter. (More facts are available on the web site, www.folkestoneshelter.com whereas this piece is mostly a very personal outpouring...)

From December till the end of February the 'collective' offers up to 14 homeless 'guests' a hot meal, a bed for the night and, the following morning, a light breakfast, in a different church venue each night (so as to avoid falling foul of planning regulations.) There is a wide volunteer base, mostly, but not all, of church members. Some offer up several hours a week; others may only be able to do one shift in the 3 months. There is a co-ordinator to allot over 250 volunteers across the 7 venues through 4 shifts for each of 90 days to assist nearly 50 guests. Where a church cannot provide enough volunteers, neighbouring churches make up the numbers.

This is how it works at our venue: The volunteers are allotted to shifts which comprise:

- *Cooking:* (done at chefs' convenience!): meals are home made, frozen and stored at the venue;

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- *Hospitality:* 7 - 10pm: guests are welcomed to the venue and entertained till 'lights out' Although many board games like *Monopoly*, *Trivial Pursuit* and card games are available, the favourite past-time is chatting. This can often be about sport, tv, politics, the weather etc but occasionally books, education policy and religion crop up - Paxman, prepare to be amazed!
- *Overnight:* 10pm - 7am: this is a team of four who rotate sleeping / on watch so that there is always two 'on duty' with the other two close at hand if required. Being 'on duty' might mean accompanying guests to the dedicated outside area where they can smoke, provide medicine taking facilities, making drinks for the insomniacs etc.
- *Clear Up:* 7 - 8am: in the morning a team arrives to help the 'guests' pack their bedding in their own dedicated boxes which then get taken by one of the Project Workers to a central place for laundering ready for taking to the next venue. Tables and chairs have to be re-positioned, washing up needs competing and hygiene facilities need cleaning. The venues' caretakers maintain their beady eyes on things to ensure normal church life is ready to resume by 9am.

Last year (December 2009 - February 2010 inc) was our first and it came about through tragic circumstances. Our local Salvation Army Corps has a century or more chequered career of assisting those on the streets, but sad to say two years ago, one of the 'regulars' died because there being a harsh winter and no night shelter provision. It rather concentrated several minds and the result was, as they say, history.

Then we were a little wet behind the ears, and although it was a great success - even the Bishop of Dover praised it on national TV - much was learned. This year training was in better shape, procedures were smoothed and there are more volunteers to share the load.

This year the Project is lead by Colin, who has attracted the tag 'Saint Colin' because of his extra mile cooking for 100 on Christmas Day and accompanying a Guest to A&E on Boxing Day. He is ably assisted by Project Workers Matt and Liberty and by Maddie providing the admin support. Behind the scenes, a group prays...

Wonderful as the obvious work of feeding and bedding 14 homeless people is, the Project has a most worthy sub-agenda. Because the 'guests' are more or less consistent in their uptake of night shelter, they are contactable on a daily basis, making advocating and progressing their

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appeals to state social, housing, and medical / dental, charitable & NGO services much easier.

Notwithstanding, this is more than a smooth running operation - it puts in all our faces 'Alfie's Question: What's It All About?' For me, there was a seismic shift in rationale even after the first few weeks. Initially my mantra - a generally shared one - was that the 'guests were just like us' except they had fallen upon hard times and needed a helping hand. People like O & B & I who served all through The Falklands campaign and couldn't settle to civvie life; like A who had to leave the marital home when a relationship became too abusive; like R who, searching for work away from a hostile home, was promised board and lodging by a family member who later reneged, like L who could hold down neither job nor lodging because of a drug problem.

So some counselling, or an anger management course, an adequately funded stay in re-hab, or maybe offering a new chance through a small business grant - ie throwing some money and expertise - should provide the fix. But, I found, no, it goes far deeper... Right into my motivations.

This year there have been some minor - ish - incidents of potential physical harm and damage to property that we were spared last year. On the surface, the common denominator feeding such disruption appears to be alcohol. It is easy to conclude that if the booze factor was absent, the likelihood is that there would have been no trouble. Then the begged question surface: Why can't they give it up? And then, maybe, the beginning of insight: they can't give it up because they don't want to, and they don't want to because they can't see anything better that is worth the struggle. And when they are not bothered, how can we be?

They drink to mask the repeated failures of coping with Self and Life. We all have a 'map' of reality initially drawn by our genes, then refined by early experiences over which we had little choice, then embellished by experiences that do result from our own choices. Not exactly a fixed path, but opportunities to break free are rare, costly and, I have to conclude, can be achieved neither quickly, nor alone.

If people are to radically change, they need to be given and autonomously accept, a vision of better. Because many do not have a status quo to protect, let alone a vision of their own, they have to buy into someone else's dream - an exceedingly difficult sales pitch for anyone trying to help them. Once (if!) they have bought into the vision, they need the practical help and supervision to begin the journey and sustain it. At

any time there will be temptations to succumb to, let downs and desertions by the very ones that promised help, as well the slings and arrows of a chaotic and unsympathetic world to contend with. So any one, or organisation wanting to help people change has to be totally committed to a hard road for a long time. Miracles do happen, but they cannot be relied upon. For multiple reasons it is hard to help people and near impossible to help those who do not want it. T, for example, conceded that he would have died in a kerbside snow drift last year if not for the Project, but as soon as March came, he returned to the streets, consistently, but politely, refusing all help to find accommodation. One dark episode I will long recall is G drinking a full bottle of white wine in the ten minute walk from 'twilight drop in centre' to 'night venue'. The (faultless) logic was that as an alcoholic, G needed alcohol in the bloodstream to function, and as drinking is not allowed at venues, G had better get it 'down the neck' quickly.

So where am I left?

- Guilty that my cat has a more reliable source of food than many 'guests', that my car has better washing facilities, that my seldom seen attic bric-a-brac has better sleeping accommodation.
- Distressed that most of the values socialised into me during childhood were precisely about saving myself from such a fate, that my culture continually berates me for having less than my neighbour... Hardly conducive to a beatitude-driven way of life.
- Annoyed that a few per cent of Banker Bonus and Celebrity Salaries could finance permanent night shelters in several of our large cities.
- Smug that volunteers come forward with concern, money and time to provide what the statutory agencies cannot, yet fearful of that goodwill being taken advantage of.

However, less than half way through the Project, there is good news! Two guests have been helped into accommodation, several have been encouraged to take up medical services

Throughout, my faith and values have been challenged; demanding who I think I am, what I think others are truly worth, how much I love my neighbour and what we should do with our wounded. I am learning that so much of what I cling to is dross apart from a seminal empathy with the emotionally damaged. And I have regained a energetic frustration that I have not felt since student days. Hopefully, it will remain - and submit to appropriate channelling - till at least the end of February...

STAVE PRESS

A Service User's Thoughts on Mental Health.

This feature was written by Mick Ewing, a mental health service user and also chairman of a user led resource centre in Sunderland called *Headlight*. At *Headlight*, he says, we accept people at face value and are more concerned about the person than the diagnosis.

More details can be found on our website www.headlight.org.uk

What is mental health - or mental illness - for that matter?

The problems of mental health are widespread and evidence seems to suggest that these are increasing; a few years ago we were warned that there was going to be a worldwide epidemic of depression. However, we do rely on statistics for this information and sometimes these can be presented for the benefit of those who provide them. Another factor may be the increased global communication that makes us more aware of its prevalence.

Usually we suspect mental illness when people appear to be not normal whatever that is. Well I would say Einstein was not normal, neither is Wayne Rooney or Shakespeare. Many of us might like to be a celebrity or millionaire. Do we aspire to be normal or am I now splitting hairs?

Mental illness is often talked about as some kind of disease – of the brain in particular. I would guess this originates because a damaged brain results in changed behaviour. We are also told that there are different types of mental illness. The number of diagnoses around can be demonstrated by looking at the American manual DSM-IV-TR - it is expected before long to be updated to DSM5; they run into hundreds. 365 actually!

It could be argued that each example is due to the associated part of the brain being faulty, often called 'chemical imbalance' the answer being to target the spot with the appropriate intervention to moderate 'chemical imbalance'. Maybe because it is described as a disease, the best thing would seem to be to administer some kind of medicine (or surgery). This hopeful idea has resulted in years of research and marketing - with some claims of success.

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The afore-mentioned is often referred to as the 'medical model' of mental health. I believe it is important to keep an open mind. I have met several carers, for example, who have been relieved that at last a drug has been tried that seems to make a difference. Sadly, one of the most common complaints about psychiatric medication is that it usually causes unpleasant side effects. To be fair the drug companies have recognised this problem and tried to address it with what are called the Atypicals. Interestingly, some statistics suggest that the general percentage rate of recovery has remained about the same (33%) since at least the 1940s, ie before most of the drugs were developed! Another common comment by medication users is that it makes them drowsy, which is an understatement - I know from personal experience. I can also claim the awful experience of restlessness and anxiety. I have heard it said that the introduction of the drugs in the hospitals improved things immensely; dare I say that drugged zombies are less trouble? We hear of the risks of mad psychotics on the loose, and resorting to compulsory medication to keep them under control, maybe this is a real reason rather than getting them well. But then – what is well? Same as normal? Oh well!

So what are we getting at when we talk about normal and well? Normal has a similar meaning to average. Perhaps it is about behaviour we are comfortable with? It's something along these lines. However, an interesting thing about us people is that we are all unique. (It's also official with all these attempts to accept diversity but we have to be careful about what we mean when we talk about equality.) The thing is that it's all to do with the nature of being human and in this context I would say that mental distress is part of being human. There is occasional talk of the happy pill which science will one day discover. (Some, quite recently, thought that Prozac was going to have that role.) In my opinion the idea is unrealistic and the nature of global happiness has maybe not been thought through. One approach would be to produce happy obliging slaves and we would be less human. Our feelings of sadness and anger, for example, are appropriate to the occasion. When someone is bereaved of a loved one grief is natural because it is about the loss of a loved one. It can be a distressing experience when a close bond is broken. It is also an example that relationships are important to us humans. I would also suggest that the most important thing in life is how we relate to each other. If this is the case it may not be surprising that the fundamental source of mental health problems lies somewhere in our relationships, past or present.

This way of thinking leads me to expect that an answer to mental health issues lies in the field of relationship. The recognition of talking

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therapies is to be welcomed as these are relationship based. Yet every now and then I come across examples which demonstrate quite convincingly that some aspects of the brain have definite links with, for example, psychosis. Recently I was assured by an eminent professor in psychiatry that increased levels of serotonin in the brain were present when someone experiences psychosis which instigates research to find an appropriate medication that will correct this, and this basically, is the rationale of how the drugs are supposed to work. It looks as if the psychosis occurs as a result of brain changes and these can be observed. However, it would be interesting to research the possibility that perhaps the change in brain chemistry is caused by the individual's thoughts and emotions etc. If this were the case, working with thoughts, emotions etc could well influence the psychosis and the serotonin, say, would revert to the usual level. If this is the case, I would suggest that working in a psychological way would help the situation. These interventions would hit the target more precisely through effective communication than an anti-psychotic drug. I say this because the vast unknown complexity of the brain renders our chemical remedies only a hopeful shot in the dark. Actually there is recent evidence that supports this alternative approach. Brain scan techniques have shown that features of the brains of those who practise regular meditation show significant differences.

Treating mental health problems by means of communication and relationships has wide implications. The state of being human was mentioned earlier and it could be that the whole debate hinges on the question of what it involves to be human. One proposition is that we are a product of a long term random process in the evolution of the universe. Somehow we have got to this state but nevertheless we are the equivalent of highly sophisticated robots. It occurs to me that the 'we are robots' concept demands detailed, thorough, measurable approaches to mental health with evidence based conclusions. These days the reputation of science has never been higher. This is supported by its clear logic as well as the truly amazing and beneficial things it has achieved in recent times. Even so I was pleasantly surprised to be told by a psychiatric researcher who used these quantitative, scientific methods that he also believed there was a place for consideration of ideas that were more qualitative, abstract and maybe even immeasurable.

I would suggest that this includes the nature of our relationships. I would also say that part of being human is our need for relationships and reverting to logic, good ones. My stance is that the importance of our relationships, past and present, must not be ignored and must be taken

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seriously. I believe such an approach would help prevent mental health problems as well as help people with them when they occur. The current increased interest within society in things like counselling and psychotherapy is a start. However, I do pose the question: to what extent could this backfire if we apply vigorous logic and measurement? I would also say that these ideas can be extended beyond the mental health field because relationships come into all human activity as well as mental health issues. It could be said that all misunderstandings, disputes, crime, injustice, abuse, cruelty, wars etc as ways of relating can lead to mental health problems. Conversely, a world made up of loving, caring, supportive, understanding relationships may just be the answer.

To conclude, as a place where mental health service users - as a priority - are valued as a person rather than a diagnosis, I would like to pay tribute to my organisation. Its staff, volunteers and members have all helped my learning and recovery which these days has more to do with my development as a person. Crucial to this, I have also made good friends which means... good relationships.

Mick Ewing.

Headlight uses community work methodology, recognising the importance of communities in society to encourage members to move on in their lives. It is important they have a sense of belonging and a voice in the running of the organisation. The volunteer policy is that they (volunteers) come from the membership, and service users are encouraged to be nominated and become trustees thus increasing their experience and confidence. A number have moved on to paid employment.

Headlight's big claim to fame was being featured on 'The Secret Millionaire' at Easter 2009.

www.beingalongside.org.uk www.pastoral.org.uk

two addresses-same website

Day Course

The **No Health Without Mental Health** strategy was launched this week by the Government, guaranteeing mental health is given the same prominence as the nation's physical health. But, what does this mean for those responsible for older people with complex mental health needs? Growing numbers of vulnerable adults are suffering from endemic mental health challenges notably depression and dementia - adding to the demands on already over-stretched services.

As well as the impact on quality of life, untreated depression in older people can increase the need for other services, putting pressure on charities and other care partners. Mental conditions respond well to the early application of psychological and medical treatments, but where can you find the latest best practice in coordinating an approach to mental health?

Ageing Population 2011, Tuesday 10th May, will showcase the latest integration best practice and allow you to engage with key mental health stakeholders including **Professor Alistair Burns**, *National Director for Dementia, Department of Health*. A comprehensive selection of policy makers will detail how the government intends to meet the challenges and opportunities of an ageing society, in the wake of the radical changes proposed in **No Health Without Mental Health**, and the current Health and Social Care Bill.

Visit <http://www.ageing-population-conference.co.uk/>

to see details on the distinguished programme, highlights from 2010's event, and why you cannot afford not to be part of the discussion.

Many thanks to all our contributors! Your offerings are so vital. Submissions are welcome from all areas of the community, especially insights from the varying faith communities. Whilst we all appreciate a well balanced magazine, I can only put in what I receive - so I hope you're working on your next piece...!

Copy for next issue - due May 1st - to the editor by April 17 please, but sooner is always more helpful!

Feeling Wasted - or Wanted?

This piece by a mental health sufferer compares prevalent sentiment in contemporary culture with some words of Jesus. There is no doubting Jesus's commitment to the underdog and marginalised, while 'this world' seems only interested in being - and applauding - 'winners'.

I have heard of lot of anger and despair among sufferers who, according to the 'you only live once' dogma, have had the chance of a successful life cruelly taken away from them through incurring a mental health disorder. I myself have a university degree but am unable to work in an executive, managerial or professional capacity due to my illness (schizophrenia). (I do however have quite a lot of pieces of part time work including being the cleaner of the church go to.)

Jesus says Matthew 20:26-27 (KJV):

But it shall not be so among you: but whosoever will be great among you, let him be your minister; And whosoever will be chief among you, let him be your servant.

To me this gives great hope that Jesus values any kind of work we do, and that ideas of success / failure in the afterlife are so opposite from this world. Also, being a cleaner has opened my eyes to the fact that people of a far lesser education are just as valuable in Jesus's eyes, if not more so. After all, Jesus says in Matthew 20:16 (KJV):

So the last shall be first, and the first last: for many be called, but few chosen.

To me this is the way Jesus answers those doctrines one hears so frequently: 'You only live once', and 'life is not a rehearsal.' Jesus is talking to people who cannot succeed in this world by showing that there is still hope.

I do not claim that my understanding of Jesus's teachings is 100% correct; all I can say is how inspirational I find them.

Robert Mackintosh

Day Course: 7 March

Cognitive Behaviour Therapy (CBT) Across Cultures

at: The Resource Centre, 356 Holloway Road, London, N7 6PA

Tel: +44 (0)20 7700 0100 / <http://www.theresourcecentre.org.uk>

More details from: Ahmed Qureshi tel. 07540 356 526

email us on: info@bmehealth.org or visit us on www.bmehealth.org

The third wave new CBT treatments include Mindfulness Based CBT and Meditation. The latter is prevalent in many cultures across the world and practiced directly or indirectly by several world religions.

Having made progress, there is now a need to consider the extent to which counselling and psychological services are culturally appropriate and whether they need to be adapted.

Key considerations when delivering CBT with clients from diverse cultural backgrounds include:

- The location of the service
- use of interpreters / therapist who can speak client's mother tongue
- Health beliefs and explanatory models of distress/mental disorder
- The presenting problem/s
- Expectations about CBT

Some the key questions discussed during the one day event include:

- Is it necessary to make adaptations when delivering CBT across cultures? If so, how?
- Are traditionally routed treatments such as Mindfulness CBT and Meditation more appropriate when working with individuals from BME communities?
- In instances where individuals have unique and "different" culture-led conceptions of health and ill health and the way this is managed, how is this reconciled?
- What evidence base exists which demonstrates that CBT is affective with clients from different cultural backgrounds?

'Narratives'

Tuesdays,
7:30 - 8:45pm,

St Mary's Church, Park Road, GU15 2SR



Wednesdays,
1:00 - 2:15pm,
High Cross, Knoll Road, GU15 3SY

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

Afternoon Sessions
1:00-2:15pm
High Cross

8 th Mar	- Rainbows -	23 rd Mar
12 th Apr	- Chocolate -	27 th Apr

For enquiries please contact Jennine Thomas on
07505477457 or Trish Ellis on 01276 507673



The Who & What of Being Alongside

Patrons	Bp Stephen Sykes	Prof Andrew Sims
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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 / acmh s primarily concerned to promote and encourage "being alongside" people experiencing mental or emotional distress.

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MICHAEL JA

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“If you enter this world
knowing you are loved
and you leave this world
knowing the same,
then everything that
happens in between can
be dealt with”

*Michael
Jackson*

