



## The Who and What of APCMH

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*APCMH is 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, APCMH is primarily concerned to promote and encourage "being alongside" people experiencing mental or emotional distress*

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*The views expressed in *Being Alongside* are not necessarily those of the Association.*



## Being Alongside



*Living proof that the men in White Coats are human! Professor Andrew Sims (APCMH Patron) and Dr Roshan Jain share a joke at February's Mind and Spirit conference at Chelmsford produced by InterAct.*

*More next issue.*

the Bi-Monthly Newsletter of the  
**Association for  
Pastoral  
Care in  
Mental  
Health**

**March - April,  
2007**

*How good is 'Yesterday' as a guide to 'Tomorrow'?*

## Being British

Being British is about driving in a German car to an Irish pub for a Belgian beer. After, grabbing an Indian curry or a Turkish kebab, to sit on Swedish furniture and watch American shows on a Japanese TV.

And the most British thing of all? Suspicion of all things foreign!

Only in Britain can a pizza get to your house faster than an ambulance.

Only in Britain do supermarkets make sick people walk all the way to the back of the shop to get their prescriptions while healthy people can buy cigarettes at the front.

Only in Britain do people order double cheeseburgers, large fries and a DIET coke.

Only in Britain do we leave cars worth thousands of pounds on the drive and lock our junk and cheap lawn mower in the garage.

Only in Britain do we use answering machines to screen calls and then have call waiting so we won't miss a call from someone we didn't want to talk to in the first place.

### NOT TO MENTION..

3 Brits die each year testing if a 9v battery works on their tongue.

142 Brits were injured in 1999 by not removing pins from new shirts.

58 Brits are injured each year by using knives instead of screwdrivers.

31 Brits have died since 1996 by watering their Christmas tree while the fairy lights were plugged in.

19 Brits have died in the last 3 years believing that Christmas decorations were chocolate.

British Hospitals reported 4 broken arms last year after Xmas cracker-pulling accidents.

18 Brits had serious burns in 2000 trying on a new jumper with a lit cigarette in their mouth.

A massive 543 Brits were admitted to A&E in the last two years after trying to open bottles of beer with their teeth.

*www.spam*

## In This Issue

**Front Page: The Value of Friendship: John Vallat**

p 2

**Editorial: Theme for a Dream: Steve Press**

p 4

**The Invitation: Oriah Mountain Dreamer**

p 5

**(more on) Spiritual Needs: Cynthia Robinson**

p 6

**Early Day Motions - from Bad to Worse (!?)**

p 8

**Two Choices**

p 10

**A Welcome Development: Ken Bunting**

p 12

**Make Us Channels of Peace**

p 15

### STOP PRESS

**Conference: The Role of Faith and Faith Communities supporting Mental Well-Being amongst Refugees**

University of East London, Docklands campus

Date: Monday 2<sup>nd</sup> April 2007 Time: 10am – 4.30pm

The Refugee Research Centre, East London University's School of Psychology, Barts Centre for Psychiatry and London's Queen Mary School of Medicine are holding an inter faith conference on the role of faith and faith communities in building resilience and mental well-being with refugees.

The format will consist of a plenary session in the morning, lunch and workshops in the afternoon.

**Attendance & lunch fees are being met by the Department of Health.**

## Front Page

by John Vallat

### **The Value of Friendship**

I am an academic failure. My 3-year fellowship with the "chaplaincy" team at the Maudsley Hospital ended more than 6 years ago. I was considering the questions why so many psychiatric patients feel "dehumanised" by the mental health system and what effect that might have on recovery. My "paper" has not been finished! But my work and experience convinced me that "friendship" was a crucial factor in most people's mental health. Apart from my own experience, first as a patient and later as a lay chaplain, I found support for this fairly obvious conclusion from two other pieces of research that I would like to encourage readers to consider.

#### (1) *Better outcomes in developing countries.*

A 9-centre international study by the World Health Organisation in 1973 (with follow-up in 1979) showed that the countries with the least sophisticated psychiatric system had the best outcomes. Nigeria and then India achieved the best results, 3 or 4 times better than the worst that, strangely, was England (the Maudsley Hospital was the centre studied). There appeared to be an inverted relationship between successful outcome and available "expertise" and medication.

I am not suggesting that our sophisticated psychiatric system is responsible for the poor outcomes. But I am interested in the influence of the different cultural effects in particular "stigma, family support, availability of treatment and rehabilitation services, social relationships and available employment for disabled individuals."

#### (2) *Non-professionals do better at day centres.*

Stephen Pilling (Rehabilitation and Community Care. Archives of General Psychiatry 36, 1055-66) refers to earlier research suggesting that the greater the professional involvement in a day centre, the worse the outcomes. It was those day centres run by volunteers that were the most successful. One hypothesis was that the paid staff organised activities on the basis of their own, not their clients, agenda. There may also have been a difference between "friendship" and "paid" interaction. I suspect that another difference is the need of staff to meet their responsibilities by using a model of social control rather than "being alongside" their clients.

## Make us Channels of Peace...

Wherever in our world we find hatred -  
the hatred that hurts and divides nations and communities and families:  
the hatred that dehumanises and destroys:  
- enable each one of us to bring love: love like your love for us,  
that keeps no score of wrongs and that never gives up.

Wherever in the world we find the injured -  
victims of famine and war: of want or of plenty:  
the handicapped or the disadvantaged:  
- enable each one of us to bring love: love that is patient and kind.

Wherever in the world we find despair -  
on account of alienation: or unemployment: or bad housing, or childlessness:  
on account of loneliness or fear:  
- enable each one of us to bring love to lift their spirits and bring them hope.

Wherever in our world we find darkness -  
because of superstition: of ignorance: or because people love evil rather than good:  
- enable each one of us to let our light shine,  
that others may turn to the Light that has never been extinguished.

Wherever in our world we find sadness -  
because of bereavement: or the evaporation of dreams: or because of an  
unachieved ambition: or on account of others:  
- enable each one of us to spread joy:  
the joy that comes from knowing that we are never abandoned.

Make us channels of peace - In giving, may we also receive:  
In losing our lives in the service of others, may we find them anew.

*Found in my bottom drawer. Sorry, but I can't find who wrote it.*

**WORK** like you don't need the money  
**LOVE** like you've never been hurt  
**DANCE** like nobody's watching

Mental 'illness' (still so-called because there is still some stigma (or 'nerves', as some say), is really a 'maladjustment to life'. In earlier times such 'social misfits' were either ignored, persecuted, or made to be the butt of ribald humour.

The medieval church earned a rather bad name for itself in dubbing them indiscriminately 'demon-possessed', and even resorted to witch-burnings. It became the province of a few humanistic doctors to provide for asylums, which at least offered a measure of protection. Preparing a survey on the history of psychiatry, I came across some cruel forms of 'treatment', such as the ducking stool, blood-letting, and straight-jackets, none of which were effective and rather irritated the condition.

The ancient idea that mental illness was a form of brain disease, caused many to undergo lobotomy; insulin and electro-convulsive therapy have each been approved and used in my own experience. In more recent times, tranquillisers and pschotropic drugs, including long-acting phenothiagens administered by periodic intra-muscular injection, have thankfully, to a great extent replaced them. These recent developments certainly help to lessen the severity of hallucinosis (the hearing of accusatory voices) and to some extent relieve other distressing symptoms.

When the sufferer refuses - or forgets to take medication, he or she may make some suicidal - or even homicidal attempt - or 'gesture' to attract attention. Admittedly, some 'slip through the net', occasionally making news. It is not always possible to know a disturbed person's intentions. Not all criminal behaviour is the result of mental illness, although for some lawyers it might be a convenient plea.

I thank God that A.P.C.M.H. is emphasising the need for the spiritual aspect of mental disorder to be seriously taken into consideration. Like C.G.Jung, I fully agree that this is often what I call the 'missing ingredient' in helping a distressed person to follow the path of improvement, towards hopeful recovery. The psychotic, (those with obvious symptoms of mental illness), still pose a challenge to us, but Christians can, if they will, offer the right kind of help to those who are depressed and fearful.

All churches should provide 'drop-in' facilities, when caring, and hopefully trained believers can give supportive help as needed to those who would benefit from a friendly 'listening ear'. Those who are exclusively preoccupied with divine worship may need to be reminded of those words of James 2: 17. *'Faith without works is dead'*.

*Ken Bunting*

Again I do not want to decry the excellent and dedicated work that is done by professional mental health workers. There is clearly benefit in the work that they do. But I do want to emphasise that volunteers or "friends", who can really come "alongside", may well be able to help even more.

My own conclusion is that the poor outcomes in this country are a result of the fragmentation of our communities and, to some extent, the lost art of friendship. A friend, who provides mutual respect, a listening ear, honesty and a giving (and receiving) of time and concern, can make all the difference. A healthy community naturally breeds such friendships.

*John Vallat*

National Committee Member  
February 2007

### *FROM THE EDITOR*

*Thanks for all the positive comments re the new look newsletter, BA. Such 'stroking' helps a great deal!*

*But as we all know, a rag is only as good as its material. (arrgh!!) So thanks to all those plying me with contributions and - keep 'em coming! (Postal and e-mail contact details on the back cover.)*

*Although it is proving elusive at the moment, the great hope is to get BA out in better time for the start of the month, so if contributions could arrive by the start of the previous month, eg by beginning of April for the May / June issue, it would be a great help.*

*Meantime, I hope to continue trying to make the e-mail version available. The difficulty is the new colour cover which vastly increases the overall file size and thus compromises its ability to be e-mailed. As before, [www.yousendit.com](http://www.yousendit.com) will e-mail you saying that that BA is available for downloading. Do let me know how it's working.*

*Steve*

## Editorial?

Welcome, Dear Reader, to the second issue of your new look *B.A.* Many thanks too, to those who have been tempted to offer contributions; there can never be too much material which is by the Readership, for the Readership. Apologies to those of you who were expecting an e-mailed version; getting that right is a 'work in progress'. Please contact Pam if your 'e' version won't download, and she can send you a printed version.

I'm not sure that our bi-monthly newsletter can reach the dizzy heights of being able to offer 'themed contents', but considerable space this issue is concerned with the difficulties of the dis-advantaged being dis-empowered. Such is the usual way of our world - which many believe to be 'fallen' - and where 'hard cheese' is the forced diet of the majority.

We all need to live in a world - the sooner the better - where 'nature red in tooth and claw' can be reversed, changed, healed, evolved, engineered, redeemed (add you own preferred process). Just look at the caricature of 'the Brits' outlined on p16. Have a laugh first, then realise the caricature is not a million miles from the experience of many of us. Then be more dismayed by Parliament's lack of concern over the undermining of A&E provision for mental sufferers in South London on p8 onwards.

Yet not all is darkness. Notice the hope Ken Bunting speaks of as informed, practical compassion finds its way into the care of mental sufferers (p13). Note too, how it chimes with John Vallat's *Front Page*. Feel the irrepressible seeds of goodness push through the concrete in the stories on p6 and p10, and the personal mission statement from Oriah Mountain Dreamer on p5. (Used entirely without permission, so visit me in gaol - if they've got any cells left!?)

But perhaps it's the (revised) 'prayer' on p15 that expresses a deep home truth that the most important 'turn around' has to be in us before it has any chance of happening 'out there'. Or as Gandhi put it, 'Be the Change you want to See'. But should you find those sentiments a bit 'Bootlace Gospel', remember that all religions and therapies - when at their best - advocate honesty, self acceptance and forgiveness as priorities.

Learn to Love Yourself. Promise?

*Steve*

## A Welcome Development

*Pastor Ken Bunting, formerly of Ministry to the Distressed, offers an overview of the treatment of the mentally unwell. Towards the end he extols APCMH and finishes with a challenge to the churches.*

I would like to begin with a word of sincere appreciation for the new '*Being Alongside*' magazine, which is really the fulfilment of a longing I have had for many years.

In 1947 I started as a student nurse at a large, grim looking Victorian mental hospital (now closed) of 2000 beds. It was only just beginning to shed its former name as the 'County Lunatic Asylum'. All its doors were kept locked, and patients - about 600 at the time, most of them being 'psychotic' and certified 'insane' - were counted in and out, even when allowed on to the high railing airing courts.

White coats were replacing the black brass-buttoned tunics and peaked caps of the former 'Asylum Attendants', but a change of dress didn't always mean a change of character: some were unkind, cruel, and officious. Food was basic, with thick cut bread, with only a trace of margarine. Only spoons were allowed.

In more recent times, intake was greatly increased by those who were labelled 'functionally mentally ill'; ie those who showed fair insight (or self-understanding) but were 'undeveloped', or 'immature' and unable to make reasonable relationships, or cope with the common crises of life. Shorter-term periods of hallucinosis or delusional symptoms should not necessarily warrant rejection by a family or life partner.

When the sufferer retains enough insight as to feel there is something wrong and seeks treatment, this often indicates a condition of short duration, and does not mean that he or she needs a secure environment - as used to be for 'life'. Whilst it is not always possible to know whether a sufferer is in imminent danger to himself or others, the individual who lives at the mercy of his mood-swings may make alarming threats or gestures in order to attract attention to his 'plight'.

Depressives of all types are likely to be self-centred and self-pitying. However, remarks of a judgemental or accusative nature are of little or no help. Only an accepting friendship and encouragement with forgiveness towards the one who may feel that he has 'wronged' you whilst mentally disordered, will help.

it to first base. He scampered down the baseline, wide-eyed and startled.

Everyone yelled, "Run to second, run to second!" Catching his breath, Shay awkwardly ran towards second base, sweating and struggling to make it. As Shay approached it, a fielder near the First Base had the ball - his chance to be the hero for his team. He could have thrown the ball to the Second-baseman for the tag, but he understood the pitcher's intentions so he, too, intentionally threw the ball high and far away beyond anyone's reach.

Shay now ran toward third base deliriously. All were screaming, "Shay, Shay, Shay, all the Way!" But Shay only reached third base because the opposing shortstop ran to turn him to the shortest route, and shouted, "Run to third! Shay, run to third!"

As Shay rounded third, the boys from both teams, and the spectators, were on their feet screaming, "Shay, run home! Run home!" Shay ran to home, stepped on the plate, and was cheered as the hero who hit the grand slam and won the game for his team.

"That day", said the father softly, "the boys from both teams helped bring a piece of true love and humanity into this world".



**Mind in Croydon** is gaining a reputation for producing ground - breaking documentaries.

Our video on self-injury, **Visible Memories** (27 mins; £40), was recently featured in a programme shown on Channel 5.

We were also pleased when our latest film **Pillar to Post** ( 23 mins; £35) was featured in the Department of Health's *Guide on Good Practice in Dual Diagnosis* as a recommended educational resource.

Also available: **Hard to Believe**, (on spirituality and mental health: 30 mins; £35) and **Finding the Edge** (a positive view of young people and mental health: 15 mins; £25)

For further information contact Richard Pacetti:

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## Prepare yourself for *The Invitation*

It doesn't interest me what you do for a living. I want to know what you ache for, and if you dare to dream of meeting your heart's longing.

It doesn't interest me how old you are. I want to know if you will risk looking like a fool for love, for your dream, for the adventure of being alive.

It doesn't interest me what planets are squaring your moon. I want to know if you have touched the centre of your own sorrow, if you have been opened by life's betrayals or have become shrivelled and closed from fear of further pain.

I want to know if you can sit with pain, mine or your own, without moving to hide it or fade it or fix it.

I want to know if you can be with joy, mine or your own, if you can dance with wildness and let the ecstasy fill you to the tips of your fingers and toes without cautioning us to be careful, to be realistic, or remember the limitations of being human.

It doesn't interest me if the story you are telling me is true. I want to know if you can disappoint another to be true to yourself; if you can bear the accusation of betrayal and not betray your own soul; if you can be faithless (*ed: sic*) and therefore trustworthy.

I want to know if you can see beauty, even when it's not pretty, every day, and if you can source your own life from its presence.

I want to know if you can live with failure, yours and mine, and still stand on the edge of the lake and shout to the silver of the full moon, "Yes!"

It doesn't interest me to know where you live or how much money you have. I want to know if you can get up, after the night of grief and despair, weary and bruised to the bone, and do what needs to be done to feed the children.

It doesn't interest me who you know or how you came to be here. I want to know if you will stand in the centre of the fire with me and not shrink back.

It doesn't interest me where or what or with whom you have studied. I want to know what sustains you, from the inside, when all else falls away.

I want to know if you can be alone with yourself and if you truly like the company you keep in the empty moments.

From *The Invitation* by Oriah Mountain Dreamer  
Copyright © 1999 by Oriah Mountain Dreamer

## Another Look at Spiritual Needs and Mental Health

*Cynthia Robinson has an MA in Social Work and I was a member of the group that produced Into the Mainstream - Women's Mental Health in 2002.*

It was a treat for me to read my first *Being Alongside* and I enjoyed it all, but none more so than David Roe's thoughts as he explored spirituality needs and non-believers. This is something that has absorbed my interest for decades. Yes, I am retired now, but I am still studying and reflecting on faith and spirituality.

In 1986 I co-founded a project, later a charity, offering help to women with mental health problems. Over the next 14 years I was privileged to walk with these women, listening, thinking and most of all reflecting on my own experience of anxious depression some years before.

In the 1980s regulations about residential homes were few and with my 2 co-founders we opened our home in rural Norfolk to 6 residents. It so happened that we were Christians, but we made it clear that there would be no proselytising and we simply hoped that our beliefs would underpin the work that we did in restoring a sense of individual freedom and dignity to those who needed a safe bridge from hospital to independent life.

Time and again we found that it was the tiny, everyday gestures that gradually re-built confidence and self-esteem. Things as simple as having a choice about the morning drink, knocking and waiting to be invited into someone's room, a gift of a flower, being available for conversation or to accompany someone on a country walk. I could go on for a long time, but it was in these moments that a person could begin to find hope again and to look outwards.

As the project grew and took on more 'stages' to the work, such as move-on accommodation and supported tenancies, so we grew better at discerning and naming milestones of progress. It was always a time to rejoice when someone began to see beyond their own inner turmoil to beauty in the outside world. Slowly the 'ill' days would be outnumbered by the 'well' days. Then, at their own suggestion, people would move on to greater independence.

on a team shirt. His Father watched with a small tear in his eye and warmth in his heart. The boys saw the father's joy at his son being accepted.

In the bottom of the eighth inning, Shay's team scored a few runs but was still behind by three. In the top of the ninth inning, Shay put on a glove and played in the right field. Even though no hits came his way, he was obviously ecstatic just to be in the game and on the field, grinning from ear to ear as his father waved to him from the stands. In the bottom of the ninth inning, Shay's team scored again. Now, with two outs and the bases loaded, the potential winning run was on base and Shay was scheduled to be next at bat.

At this juncture, do they let Shay bat and give away their chance to win the game? Surprisingly, Shay was given the bat. Everyone knew that a hit was all but impossible because Shay didn't even know how to hold the bat properly, much less connect with the ball.

However, as Shay stepped up to the plate, the pitcher, recognizing that the other team was putting winning aside for this moment in Shay's life, moved in a few steps to lob the ball in softly so Shay could at least make contact. The first pitch came and Shay swung clumsily and missed. The pitcher again took a few steps forward to toss the ball softly towards Shay. As the pitch came in, Shay swung at the ball and hit a slow ground ball right back to the pitcher, so the game would now be over. The pitcher picked up the soft grounder and could have easily thrown the ball to the first baseman. Shay would have been out and that would have been the end of the game.

Instead, the pitcher threw the ball right over the first baseman's head, out of reach of all teammates. Everyone from the stands and both teams started yelling, "Shay, run to first! Run to first!" Never in his life had Shay ever run that far, but he made



### Drop In

A chance to meet others experiencing mental health issues.

Venue: St Paul's Community Church,  
3 Rossmore Road, London NW1 5LT

Time: 3 - 5 every Monday, 10 - 12 every Wednesday



## Two Choices, or,

### Someone Needs to Do It, Don't They?

*It's tissue time folks as you plough through this piece of e-mail spam. I'm sure you'll get the drift even if you don't know the rules of Baseball...*

At a fundraising dinner for a school that serves learning-disabled children, the father of one of the students delivered a speech that would never be forgotten by all who attended. After extolling the school and its dedicated staff, he offered a question:

"When not interfered with by outside influences, everything nature does is done with perfection. Yet my son, Shay, cannot learn things as other children do. He cannot understand things as other children do. Where is the natural order of things in my son?"

The audience was stilled by the query.

The father continued. "I believe that when a child like Shay, physically and mentally handicapped comes into the world, an opportunity to realize true human nature presents itself, and it comes in the way other people treat that child."

Then he told the following story:

Shay and his father had walked past a park where some boys Shay knew were playing baseball. Shay asked, "Do you think they'll let me play?" Shay's father knew that most of the boys would not want someone like Shay on their team, but the father also understood that if his son were allowed to play, it would give him a much-needed sense of belonging and some confidence to be accepted by others in spite of his handicaps.

Shay's father approached one of the boys on the field and asked (not expecting much) if Shay could play. The boy looked around for guidance and said, "We're losing by six runs and the game is in the eighth inning. I guess he can be on our team and we'll try to put him in to bat in the ninth inning."

Shay struggled over to the team's bench and, with a broad smile, put

*visit: [www.pastoral.org.uk](http://www.pastoral.org.uk)*

Sadly legislation over the past 16 years has curtailed some of that work as care programmes, time-limited contracts and other necessary financial structures have put a rigid framework in place. Care in the community has much to commend it, but sometimes in the mental health field, it lacks a vital ingredient – continuity.

So, I think that I am coming to another concept of spirituality to add to David Roe's list and I will try to encompass what I mean. Spiritual needs are those that go beyond the physical and material aspects of life – as Maslow indicated – but which enliven and enrich us and help us to reach out beyond ourselves to the Other.

I have found Oliver Sacks to be an inspiration in understanding this through his book *A Leg to Stand On* When, as a young doctor, he had received all the necessary medical treatment for a fractured femur, he still needed something more in terms of trust, encouragement and loving care before he had the confidence to walk again. I also find the work of John O'Donohue, especially *Anam Cara*, to be uplifting, gently hopeful and yet understanding of pain and despair.

We found that some women at the project never talked of spiritual needs in a religious way, but they benefited too from daily gestures of unconditional love. Other women took up the offer of a confidential relationship and then exposed the raw hurt of shame and guilt and fury, possibly acquired through childhood experiences, which was utterly blocking and interfering with their religious beliefs and indeed holding them back from what could have been a life-giving help.

So much of medical practice in mental health is in a sense alienating, stigmatising and blunting of emotions, and the bridge back to independent life has to hold the hope of inclusion, usefulness in society, respect and value in one's own eyes and in the eyes of others. Better stop there!

*Cynthia Robinson.*

*This space is reserved for your article..!*

*Get it to Steve by beginning of April, although asap would be better guarantee of a place within these hallowed pages! (Contact details on back cover.)*



## EDM: From Bad to Worse!

An Early Day Motion (= EDM) is a concern of an individual, or small group, of MP's. Suspecting that there will be no Parliamentary Time allocated for a debate, nor likely become 'party policy, the idea is to start off a petition which can be signed by an MP of any party. If it gains substantial support, the result might be a full debate in the House, or, incorporation into party policy. EDM's can be tracked on the web at: <http://edmi.parliament.uk/EDMi/Default.aspx>

### **Bad: Early Day Motion 230**

#### 'MENTAL HEALTH SERVICES'

put down by Steve Webb (Lib Dem: Northavon) on 22.11.2006.  
It attracted 50 signatures.

That this House:

- recognises the acute and worsening shortages in mental health services;
- notes that nine out of ten doctors are prescribing antidepressants because of a lack of available alternatives, despite National Institute for Health and Clinical Excellence guidelines, recommending psychological therapies for many patients with depression, anxiety and schizophrenia;
- further notes that the Government does not provide adequate resources to care for patients in the community and that there are more mentally ill people on incapacity benefits than the total number of unemployed people on benefit;
- and welcomes this year's London School of Economics' *Depression Report*, which says that expanding therapy services could be paid for by the savings this would make to the Benefit bill.

Despite the seeming zero cost of a positive shift in the treatment in the mentally ill, this EDM raised interest but no real momentum.

But just weeks ago, Simon Hughes MP expressed concern at the move of amenities from the Maudsley to Kings, and attracted even less interest!

- pto p9 >>>

### **Worse: Early Day Motion 656**

Early Day Motion 656 'CLOSURE OF EMERGENCY CLINIC AT MAUDSLEY HOSPITAL' was 'put down' on 16 Jan by Simon Hughes. It shows the deterioration in mental health facilities despite concerns expressed by EDM 230. See last paragraph. It was signed by a mere 16 MP's. (All capitals and italics mine to ease reading.)

- That this House *regrets* the decision of the Secretary of State for Health to accept proposals *to close the emergency clinic at Maudsley Hospital announced on 12th January 2007*;
- *regrets* that this decision has been taken despite the opposition of many users of the service, many professionals in south London mental health services and many members of the public and the local press including in particular the south London press, as well as all five local hon. Members for Lambeth and Southwark, Lambeth and Southwark councillors and the Lambeth and Southwark Joint Health Scrutiny Committee;
- *is relieved and grateful* that King's College Hospital Trust has offered to create and provide a designated space at King's College Hospital, adjacent to the accident and emergency department, which will provide a *safe and segregated area and around the clock service for mental health users* who require assessment, and to employ the staff of the present emergency clinic in the replacement service;
- *understands* that the capital and revenue funding for this is *not secure*; and calls on the Government to provide the necessary new capital and revenue funding for King's College NHS Trust to ensure no interruption in 24 hour emergency service for all users of mental health services in South London.

ps: You can write to your MP at The House of Commons, Westminster, London SW1A 0AA. If you don't know who your MP is, visit [www.upmystreet.com/commons](http://www.upmystreet.com/commons) or ring the House of Commons Information Office 020 7219 4272

Writing personally to your MP has far more effect than signing a round robin-style letter. Similarly it is more effective for 10 people to write a letter than for 20 to sign a petition.

(The above advice was raided from the U R C website: [www.urc.org.uk](http://www.urc.org.uk))

Steve