

# Chaplain

Newsletter of the Mental Health Resource Group



Winter 2011

## New Year New Editors New beginning!

You will not receive this newsletter until February 2011 but since it is still early enough in the New Year and this week is Chinese New Year I can wish you a happy one. It's also the last quarter of the financial year, the first quarter of the calendar year and as one of the "brand new editors!" it all adds to my reflections.

I asked myself shall I try and make it distinct and make my mark or use the fantastic template left by our previous editors: Richard Allen and Emma Louis. This edition was also scheduled to be a reflection on our last conference in September so looking back at the last year is definitely in order. We will, also however be looking forward to the next conference between 17 and 19 October 2011. Reflecting back on the past and looking forward to the future. Mixed emotions: as always!!

I started the New Year by signing on to an e-course ([www.spiritualityandpractice.com](http://www.spiritualityandpractice.com)). My task for today was to reflect on what I really needed. One answer to that would be a newsletter that is not only an aide to but a reflection of the membership. Contributions to the newsletter would, therefore, be gratefully received. It is your newsletter so please feel free to contribute or suggest topics. Thank you for all those who contributed to this newsletter particularly in response to a direct request and despite very full schedules.

Our conference last year was a joint one where chaplains who work in a variety of sectors came together to share experiences, reflect and learn from each other. I hope the contributions to the newsletter give you a flavour of this heady cocktail. I am very grateful for all the contributions including Lisa Reid for the design.

For inspiration I have included some photographs of my trips to Egypt, Nepal, and Turkey. All truly amazing and particularly in the case of Nepal the glories of nature were all too evident.

**Happy New Year**

**Qaisra**

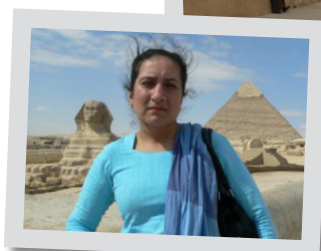
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Above: A young Semazen at a Sema (whirling dervishes ceremony) in Konya, Turkey. Left: Coptic monastery, Egypt. Far left: Giza: Spinks and Pyramid, Egypt.



# Reflecting on ‘Self as Tool’ Together

**As joint organisers, Mark and I were delighted that, despite the financial climate, over 70 delegates gathered at Sheffield University last September for the Annual Study Conference. It was especially encouraging as we were doing things a bit differently! This conference brought together those working in both acute and mental health contexts to reflect on the theme ‘Self as Tool’ together, rather than having training separately as we often do.**

Here is a summary of the 3 days from Mark, our CHCC President, with what has stayed in his mind:

“Stephen Bushell led us on an exploration of aspects of our ‘shadow’, (remember Red Riding Hood?) imploring us to reflect deeply on ourselves as the source of deep inner wisdom, which is the foundation for spiritual care. Alistair Ross asked us to be mindful of the first five minutes of all our encounters and to be aware that others will search for the look that affirms them from the beginning. He wondered how chaplains can address the wounding that constantly being a ‘transitional object’ might bring. Janet Morley introduced us to some concepts of poetry, through example, encouraging us to read poetry and learning it by heart to slow down to the hearts time. She offered time to write and share our own works. I shared my own model of spiritual care that enables chaplains not to shrink back from the edge but to embrace the chaos of loss and pain. Martin Kerry provided a reminder of the need for and the means to engage with supervision.” As chair, Ewan Kelly made the conference purr along introducing his insightful wisdom, to thread things together and contain the sense of collegiality.

The formal evaluations, and informal feedback, were overwhelmingly positive. The main sessions offered by Stephen Bushell and Alastair Ross were rated very highly and Mark’s session was also received well. Delegates enjoyed reflecting on poetry with Janet Morley and were pleased with the choice of workshops. There were also lots of positive comments about Ewan’s chairing.

Other aspects that people commented on positively were Bob’s Quirky Quiz (quirkiest quiz I’ve ever been to) and the venue which seemed to work well overall (despite some bedrooms varying in temperature and cleanliness). People valued the opportunity to have a ‘joint’ conference and the issue of how to best come together in future years will be taken forward by the College.

What’s still with me, a few months on, is the preciousness of being able to take time within our working year to join together to reflect on our work, and ourselves in that work. In our Trust I know it will get increasingly harder to find the resources to allow our Team, or even some of the Team, to come to these and other residential conferences, but feel it’s something that’s really important to keep making a priority. And if we are able to attend, I want to ensure we enter into the whole experience creatively and mindfully, making the most of the valuable time to learn and grow in the company of others also involved in the important work of spiritual care. That’s when we benefit. I feel grateful to all those who approached the conference in this way in September, it made all the hard work worth it!

## Emma Louis

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# Working with Mental Health:

## 2 Workshops at the CHCC Annual Study Conference Sept 10

led by Simon Harrison & Sheila Swarbrick

We chose to lead this workshop because of our local experiences. Sheila found herself visiting two mental health wards while employed as a bank chaplain in the neighbouring acute hospital. The lead chaplain had left, one part-time chaplain was covering the whole acute hospital and Sheila, (an ordained priest with nearly 20 years of varied parish experience but no mental health training) was asked to support the mental health wards within her time. Simon has worked in mental health and acute chaplaincy for several years— many as lead chaplain for a mental health Trust in which most direct chaplaincy input was provided informally and formally by local acute general hospital teams.

We now both work together in the same acute Trust, Simon is the recently appointed lead chaplain

and Sheila's temporary post is substantive. Although she now receives supervision she still has no training for mental health working.

We wondered how many other chaplains were in a similar situation to Sheila, working 'across' to mental health so to speak, but without some of the benefits of training, supervision or experience that come from being embedded within a mental health Trust. Could we, in a short workshop, build up some idea of best practice for non-specialist chaplains with some mental health responsibility?

### Outcome of the Workshops

During our discussion it became evident that a number of chaplains were indeed working on acute mental health wards with little introduction, training or supervision.

A ward manager from a mental health trust was present in one group and, alongside her admiration of the work of chaplains, expressed her dismay at the lack of awareness some of us had concerning basic procedures, personal safety, working with nursing colleagues and so on. There was a huge range of experience and practice, from the highly supported to (in Simon's eyes) the downright risky. This was emphasised by some chaplains who reported they could not access any training because of the way the service level agreement was drawn up i.e. the mental health trust was not obligated to provide training, and the acute trust said there was none. This reinforced our belief that it could benefit the profession if some guidelines were issued regarding good practice for part time working in mental health.

**The following are our suggestions on Guidelines for good practice. We are grateful to the participants who helped flesh these out, but would like to see the CHCC Mental Health Group support their evolution into something more robust that might be used in local inductions...**

#### Be safe

- 1 Always go to the nursing office first, and do not be afraid to ask 'Are there any risks/issues I should be aware of today- either on the ward in general, or with this patient?'
- 2 Always consider asking for a personal alarm—or know where any wall based alarm system is located—it may even be Trust policy that you wear one.
- 3 Ensure any private visiting space you use balances privacy with safety.
- 4 Make sure your training issues are met through local induction, training and supervision (you are the tool you use...)

#### Be a source for good for the person/ward you are visiting

- 5 Tell the nursing staff why you are there (e.g. general visit or someone in particular) and ask them if there is anything you should be aware of that might help you support the person you are visiting. For example, are there issues of unusual religious expression or belief? The 'why are they here?' question is sometimes the best and most direct... and if you don't understand, ask for a translation from 'Mental health' into English.
- 6 Don't forget to communicate the limits to your confidentiality when you first see someone.
- 7 In most cases—it is appropriate to talk to staff afterwards, however briefly. Be clear on what you have permission to disclose.

#### Be aware that you are a significant presence

- 8 Be aware that there is no 'neutral time' in an inpatient unit- you are very visible, quite 'symbolic' and can always be asked something—and you will often be responding blind to the context.
- 9 Be aware that your intervention may be meaningless wallpaper or the most pivotal intervention in the person's care.

The workshop ended with a poem by Chris Southgate that can be found on the next page.

**Sestina for Karen and Ros and Sue, Richard and Peter and Simon, and many others** A poem commissioned by the local NHS Trust to express the concerns of long-term sufferers of mental illness, and read in the Service held in Exeter Cathedral to mark 50 years of the NHS in Devon and at the workshop above. Reproduced by kind permission ©Christopher Southgate, from *Beyond the Bitter Wind* (Shoestring, 2000)

I came here when I was nineteen, to get well  
from a kind of flash-flood of down, from a tyrant rule  
of spiders over the thin moon of me. Safe from harm  
here, they said. The film'll run slowly. Under control.  
No-one will have to know. No-one will notice.  
They didn't say I'd come out with a label.

Mind you, it was a kind of comfort, the label,  
at first. People could see I'd fallen down a well  
that was real. It made them take notice.  
Then we lost our insurance. It's a rule,  
the girl on the phone said. So I lost control  
and broke the phone. My friend left. Only then the self-harm

and the Seclusion Room. What's the harm,  
I said, if I cut myself? Is that the wrong label?  
They tried things out till I was under control:  
Thirty milligrams the spiders. Seventy milligrams, well,  
Numbness, like living yesterday over. Fifty mgs rule  
O.K. Not disruptive enough to notice.

I watch the trees a lot. I stand by the notice  
That says all visitors must sign in and out. Harm-  
less words. I tell another patient it's a good rule.  
He tells me I'm a police spy. I like that label.  
Whoever made my loneliness made it well.  
But who was it? And is he still in control?

Sometimes I stand and think - this is a sick plan to control  
a special person who's been fighting stuff a long time. 'Notice  
the difference, when you treat me right!' I shout. Does no harm.  
It is better here, than years ago. Same label -  
but they ask about the colour of the bricks in your well.  
Sometimes they help you choose to go ahead and keep a rule.

Maybe it has to be that certain drugs rule  
your life, that without them there's just no control  
over the downs. But staff do talk to you, go past the label,  
if you get the right one, with some time to notice  
you. To see you're choosing between living and no more harm  
ever again. I read once that all shall be well -

tell me then: if I knew every rule, and could get people to notice  
me, and was under control with the drugs, and was no harm  
to anyone, and lost my label, would I be called well?





# Lasting Impressions of 2010 Conference

**Julia Sheffield, Anglican Chaplain, Mid Essex Hospitals NHS Trust, Chelmsford**

**I was, I have to confess, a little nervous of this my first CHCC conference. The University environment was itself awe-inspiring. But how could I not go; the conference title was just too inviting. Whatever else I felt I lacked in my relatively new set of chaplaincy skills, I had at least my 'Self as Tool'.**

There were as I expected a lot of 'old chums' greeting each other with hugs and hand shakes and slaps on the back. Small groups seemed to be sharing news with intense exclusion or with infectious guffaws, and I knew this was going to be a time of both learning and recreation and, most importantly for me, the meeting of like minds and shared experience. The copious notes I took are long since filed and the details have merged into an impressionist canvas. But, that impression has remained, branded into my formation as chaplain. For this conference was to be pivotal as I developed my new vocation.

All the presentations were warm, engaging and erudite. I was touched by the deep compassion and empathy for their fellow human beings that each speaker conveyed and the vulnerability they were prepared to display. From Stephen Bushell's 'Who Cares?' I came to embrace the transpersonal and the counterculture of chaplaincy in the medical environment. I learned to seek and value the 'treasure' in darkness of our shadow sides, and I came to appreciate that chaplaincy is a craft for which the primary tool is self awareness. Alistair Ross took me deeper into 'The Space Between' and the meaning of human relationships through his study of twin siblings. I was faced with my own template on which I form relationships and realised the therapeutic power of simply seeing the other, listening, and the importance of boundaries. Mark Stobart then asked us 'So What?' and we explored the value and role of chaplaincy in the NHS. I came to understand chaplaincy as Professional Artistry, by which the practitioner develops the languages of both rational and relational care, and moderates the balance between Being, Doing and Awareness, through critical reflection of our experience. Stephen Levine showed me how the Sacred Space of chaplaincy embraces the chaos of the 'not knowing' and by containing the pain and the suffering, meaning can be experienced. I saw clearly the need to restore default setting through supervision.

The two workshops I attended opened my eyes even more. From Julia Head's group looking at Self Harm I came to understand that self harm is much like other addictive behaviour to which the sufferer resorts under psychological stress that brings relief through the altering of physical or mental sensations. My interest

in Michael Savages 'Working with the Body' rose out of my three decades as a physiotherapist, but I was to be pleasantly surprised at his angle on the subject. My lasting impression from that workshop was the absolute necessity to maintain my relationship with the spiritual i.e. the Divine, in order to resource my relationship with the body, i.e. my community. Then as if my heart and soul needed anymore feeding we were treated to a lavish dessert of meaningful poetry and story courageously shared by many members of the conference, sensitively facilitated by poet Janet Morley.

As I said, the conference was pivotal for me as I went with a decision to make—between embarking on an MA in my 56th year or pursue a long held desire to train in Spiritual Direction.

For me this conference shone the brighter spotlight on the Being of chaplaincy, and the latter has won out. I have found the skills and processes I'm learning in Spiritual Direction enhancing and empowering my professional encounters as I learn to be present, to see, to listen, to reflect, and to embrace the presence of the Divine in all human experience. Thank you conference for showing me my most precious tool in the craft of chaplaincy, and how to keep it honed.

## CONFERENCE 2010 COMMENT

*I attended the Sheffield conference & enjoyed it very much. I thought it was good having the Mental Health & General Chaplains together. We can learn so much from each other. The quality of the presentations was excellent. I enjoyed networking & meeting others as its easy sometimes to get engrossed in your own 'patch' of work.*

*Attending workshops proved to me all the more the importance of 'getting together' & sharing more. I felt there was a certain 'fear' of mental health issues even from chaplains (who work in general hospitals).*

*By the way the accommodation & food was also excellent!*

—Mary Geoghegan

# Professional Boundaries, Safeguarding and Social Inclusion:

**Peter Bates National Development Team for Inclusion**

Tel 07710 439 677 or email [peter.bates@ndti.org.uk](mailto:peter.bates@ndti.org.uk)

**This all began when a mental health worker told me about a training day on safeguarding. The trainer had told him how to behave when he was off-duty, in the pub, enjoying a drink with friends. 'If a service user came in', he was told, he should 'abandon his beer and go straight home'. On return to work, he should 'report the contact to his line manager and record it in the person's casefile'. In the trainer's view, any staff member who was reluctant to write about this encounter in the casefile had something to hide.**

I subsequently told that trainer about my GP. We have both been lay members of the same Anglican church for thirty years, where he was the leader for my home group and I am an occasional preacher. The trainer felt strongly that my friend, the GP, was acting unprofessionally and any responsible doctor would insist on transferring my whole family's care to a colleague. As it happens, my GP and I feel that our overlapping relationship enriches and safeguards us both, as we are held accountable to one another in a caring community, where power vectors are numerous and varied, so that no one person has universal power over others.

I fear that our national preoccupation with safeguarding does not always lead to the outcomes it seeks, and for people using mental health services, current arrangements can reinforce depersonalisation and exclusion. Instead of rigid prohibitions, we need to acknowledge that lives overlap in many different ways. A person using the mental health service may be our 'client', but also our co-worker, a governor of our Foundation Trust, a neighbour, an old school friend, a lover, a fellow worshipper, and, of course, ourselves. Chaplains routinely hold dual relationships with the people they support, as they meet in faith communities as well as at work.

Unfortunately, much of the current guidance for mental health and other health and social care professionals are written as if the right thing to do is to maintain a kind of apartheid, in which any contact outside the counselling room or the care plan is frowned upon. We need a more sophisticated discourse, one that assumes that our lives overlap in a variety of ways, and builds in appropriate levels of safeguarding so that people do not end up being harmed or abused, but also that ensures that people are not excluded, segregated or devalued.

My own reflections on this issue have led me to develop and publish a conceptual model called the Boundaries Clock, along with a short questionnaire that examines a range of boundary issues in order to shed light on what is really happening. The next stage of this work is to find partners who wish to:

- **use the Boundaries Clock to examine their own practice. I already have examples of the model being used in half a dozen contexts, and it would be helpful to add a chaplaincy viewpoint, whether from mental health or elsewhere.**
- **seek local permission to gather some data via the questionnaire (it is comprised of 19 short multiple choice questions on one side of A4, presented as a staff version or a version for people using mental health services)**

If you would like to follow up either or both of these ideas, I'd be pleased to hear from you. As we engage in discussions about David Cameron's Big Society, perhaps we will be able to provoke a discourse based on an understanding of whole people, honest relationships, mystery and complexity. It's worth a try!



One-day workshop

**Monday 21st March 2011**

Conference Room A, Springfield University Hospital, Tooting

9.30 (for 10.00 start) – 4.00

# Spirituality & Psychotherapy: 'Endurance, persistence & patience'

## Key-note speaker:

**Sue Holland**, Psychotherapist & Coach,  
Institute of Psychosynthesis:  
**'Psychological Disturbance  
and Self-Realisation: Trauma as  
a doorway to spiritual awakening'**

## Plus

**Rahim Jung**, Social Worker, Wandsworth:  
**'Islam means Peace—A Muslim  
Perspective on Suffering.'**

**Rosemary Jambert-Gray**, Nurse, Kingston:  
**'Truth, Trust and Consent—a Quaker view'**

## Organisers:

**Rev. Cathy Wiles**,  
Head of Department of Spiritual  
and Pastoral Care (TRUST)

**Martin Weegmann**,  
Consultant Clinical Psychologist (TRUST)

**Linda-Mary Edwards**,  
Group Analyst (Large Group Convenor)

Cost £10.

Payable in advance or at door-  
but please register interest with  
our administrator:

## Jenna Williams

Telephone: 0208 682 6265

Mobile: 07968 753 773

email: [jenna.williams@swlstg-tr.nhs.uk](mailto:jenna.williams@swlstg-tr.nhs.uk).

**Book now for this innovative,  
annual workshop!**

Tea/coffee provided. Lunch can be  
bought in the Hospital canteen

# The Body: A Workshop by Michael Savage

Springfield Hospital, South West London and St Georges  
NHS Mental Health Trust

At the joint conference in 2010, I offered a workshop on **Bodies**. To me it is such an obvious topic for any conference dealing with spiritual care in a health context, both mental and acute. And yet, the body/bodies, at worst can be forgotten, or at best only looked at through the lens of instrument. In other words, my body is really only an instrument of my thoughts, or my body is really an unsafe place where disease of some kind has been diagnosed, which can often lead the person to sit uneasily (dis-ease) in relationship to their own embodiment.

Bodies is indeed a huge area, as it taps into physicality, emotion, sexuality, desire, relationships, ethics, politics and so many other facets of human existence. It is almost easier to talk about what it is NOT involved in, if that is possible.

So I first wanted to get a sense of how each one of us relates to our own body. And I wanted us to get a sense of this not with our heads, but with our felt sense, with a kind of embodied sense. This embodied sense may have several strands to it—how I first experienced (or not) my body as a child, and/or how I experienced my body as I came into puberty, and/or how I experienced my body as I entered intimate relationship for the first time. The importance of these embodied senses is that they frequently become foreground when a person is in an acute setting in hospital, or when they suffer some

form of mental health problem. It is here that the body can become a very unsafe place, and the person either retreats into some tiny part of themselves, or cuts off completely from the bodily reality being experienced. And certainly for healing (not cure) to take place, there has to be a compassionate engagement with the body, which allows past identifications to be engaged with so as to begin again to be the embodied person that I am.

Allied to this, I also encouraged the participants to reflect on what their own spiritual and religious tradition has added to the picture. This, for the chaplain, is a huge challenge in dealing with people in a health care setting. If the chaplain has acquired a bodily sense of their own embodiment as something to be feared, something to be ashamed of, something to be tamed, something to be disgusted at, then this will be in the field between him/her and the patient. And given the role of the chaplain in a healthcare context, then it can have quite negative consequences. Communication as we know only too well is not only verbal, but is also bodily, and also 'energetic'.

In the end, my hope is that we work towards a sense of the body as gift, as my truly embodied, limited and unique self lives in the world, and yet is also experienced as a reality not pre-determined, but as one of surprise and joy.

**Sept 2010 was my first CHCC conference. I went partly because of the subject matter and partly to increase contact between NI and GB chaplaincy bodies. As well as being Lead Chaplain at Belfast Trust, I am Director of Training for the NI Healthcare Chaplains' Association (NIHCA). I am also a NI representative on the UKBHC.**

I enjoyed the experience of meeting previously known and not known colleagues. It was good to share stories and experiences, both in the formal sessions and informal times (Quiz and chocolate particularly come to mind!!!). It was good to see committed and gifted chaplains seeking to develop professionally. I strongly believe that as people who are called to care, we are also challenged to develop professionally and to show that who we are and what we do makes a difference.

The sessions gave opportunity for internal and external reflection and learning. That is time very well spent. The GB chaplaincy world is more culturally and theologically diverse than NI, so that was a helpful learning experience. All the sessions were worth attending, some more than others. Indeed, on the basis of hearing the speakers, I have invited both Stephen Bushell and Paul Nash to facilitate training days for the NIHCA in 2011.

**Derek Johnston, Royal Hospitals Belfast Trust.**  
[derek.johnston@irishmethodist.org](mailto:derek.johnston@irishmethodist.org)

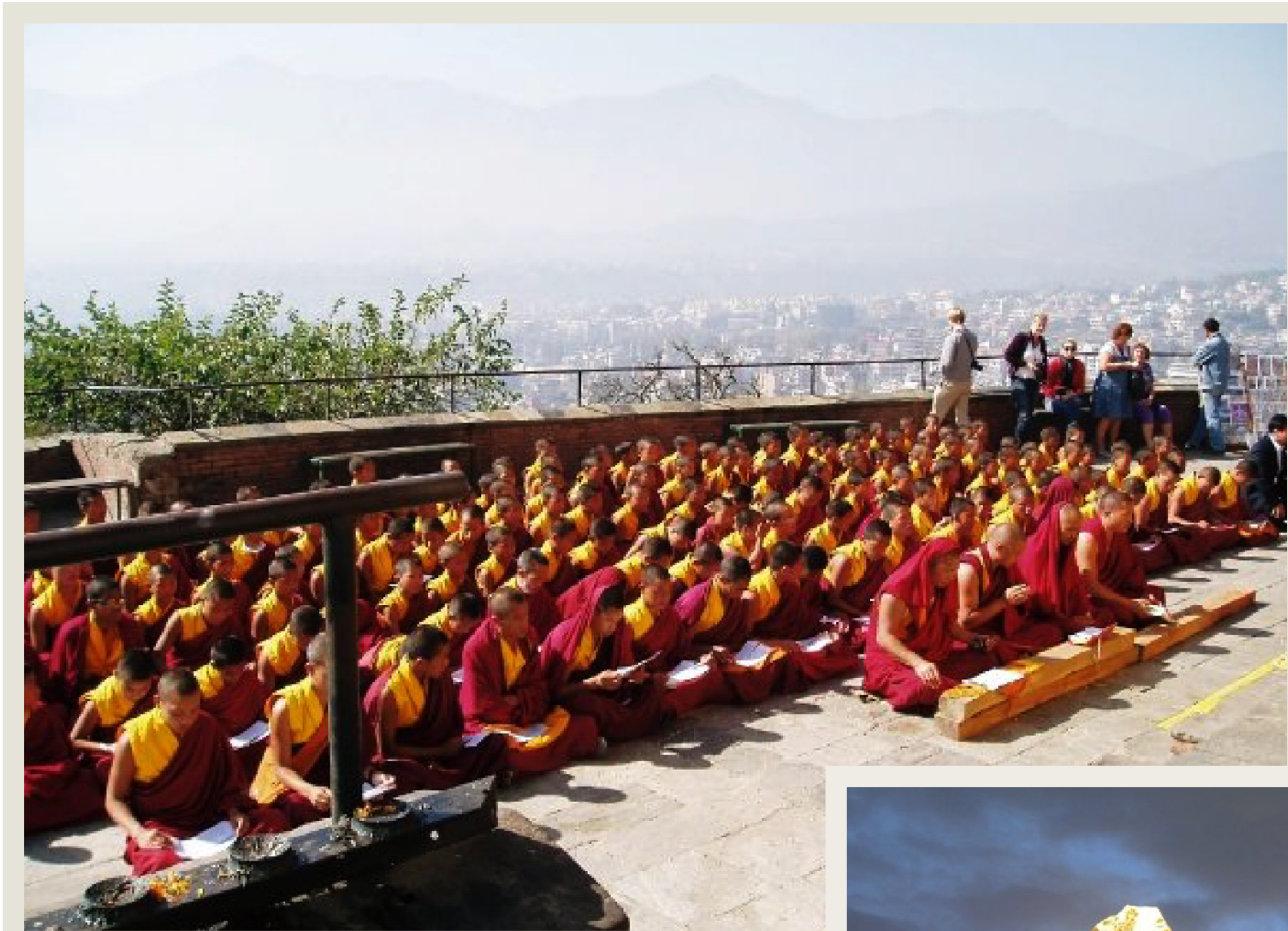




# Spiritual Challenges

These are pictures of my trip to Nepal. It was a very physical challenge but very spiritual too. We would be looking at dark clouds one minute and a second later another majestic mountain would come spectacularly into view.

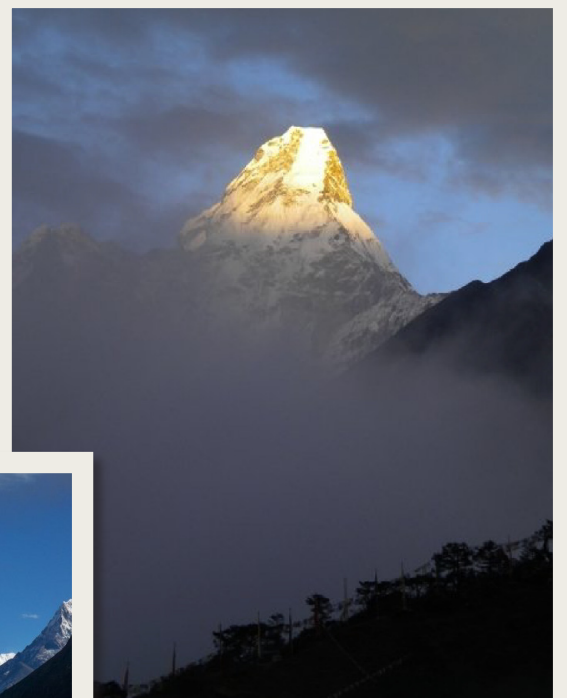
Great for my health and well being!



In May 2011 I shall be climbing Ben Nevis for Alzheimer's Society

[www.justgiving.com/QEhsan](http://www.justgiving.com/QEhsan)

Qaisra



# Healing Word

**Fr David Sutton, Chaplaincy/Spiritual Care Coordinator Greater Manchester West Mental Health NHS Foundation Trust**

At the conference Janet Morley, made the case for poetry as a 'resource for the caring self', and read examples of poetry for us to reflect and comment upon. This was an exceptionally stimulating session for poetry (along with other aspects of art) plays such a large part in recovery. Our community have a quarterly magazine, "*Marooned*" produced by service users in which a considerable amount of poetry is generated and published

I was also engaged with Janet's session as I have occasionally written poetry in my journal or when on retreat, usually for my eyes only. I am currently working through a fascinating book by Stephen Fry—*The Ode Less Travelled*, a deliberate misquotation of a book of popular psychology. I say 'working through' as it not only describes different types of poetry but gives exercises on how to write it!

So when Janet gave out copies of a poem by Kerry Hardie, 'Sheep Fair Day', and invited us to reflect on it and possibly write a poem along the same lines, that is what I started to do. I didn't complete the poem, but I have been prompted to do by the editor. 'Sheep Fair Day' is a wonderful account of taking God to the sheep fair and showing Him around, based upon Simone Weil's words: 'The real aim is not to see God in all things, it is that God, through us, should see the things that we see.' My poem is along those lines, so here it is.

## Poetry Commotion

I took God to Cromwell House.  
'This is where they come,' I said,  
'The people with appointments,  
those wanting advice and help,  
the searchers,  
and those with nowhere else to go.  
You'd better sign in;  
it's Health and Safety.  
We have to know you're in the building.

Behind the glass screen and the locked door  
is Dot,  
steering the ship of the day at her computer.  
Upstairs are the professional carers,  
getting ready for the curt and thrust,  
the ins and outs of their work.'

Next I ushered God into the drop in.  
'Sam is the one with the wispy beard.

He will tell us the story he has told many times before.  
Over at that table there,  
nursing cups of tea and coffee,  
folk are exchanging bits of news,  
what's happening in the papers and on TV,  
where to go for the best acrylic nails,  
and where to find the bargain shops.  
That is Mavis rolling up a cigarette.  
She is still allowed to smoke  
so long as she goes outside –  
a privilege hanging on by its nicotine-stained finger-tips.'

So I took God into the garden  
to stand with the smokers.  
He huddled beneath the shelter with them  
feeling the cold and rain,  
but also the friendly banter.  
I hoped He would notice the ritual –  
He's into that kind of thing.  
I let him see how each one supports the others,  
unknowingly offering healing  
in this place where health is in the name.

Back inside I pointed God towards the kitchen.  
'Behind the counter you can see Sue,  
looking matronly in her apron,  
peeling vegetables for the Monday banquet,  
the feast in which all share.  
You can have some too,' I said to God.  
'It's a snip at one-fifty.'

We met Mike as well, frail-looking today,  
shaking as he shuffled over  
to ask for a simple blessing.  
'Thank you,' he said. 'I feel better now.'

Later, as the call went out for the drop in to close,  
and people began to leave for the comfort of home  
– or perhaps not –  
I asked God how He had enjoyed  
his time at Cromwell House.  
'Oh,' He said. 'I have been here many times before.  
I don't bother signing in and out.  
I am already in the stories,  
in the meal,  
in the weakness,  
in the sharing and caring.  
It's poetry commotion.'

<sup>2</sup> Also on line at [www.maroonedonline.co.uk](http://www.maroonedonline.co.uk).

<sup>3</sup> M Scott Peck *The Road Less Travelled* 1978

# The Wounded Healer

**Liz Jones, Chaplain: University Hospitals Coventry and Warwickshire NHS Trust.**

The theme of the 'wounded healer' had a great resonance. Stephen Bushell opened up to idea that we all carry wounds. We may have thought that our wounds have all healed, but the reality is, that it isn't necessarily the case as we each carry wounds which are part of who we are and remind us of the weaknesses of mankind and suffering that we have encountered. We need to stay in touch with our ongoing wounded-ness. When relating this to mental health, what we find is that the patients we encounter also have wounds and some of those run very deep. Some of the wounds are buried so deep that they have ever been acknowledged. The fact that the pain was too great to be faced causes other issues, for example unresolved grief for a previous bereavement and loss. Just last week a patient told me something that she had never

able to tell anyone else before: it happened when she was 10 so she had been carrying it around for over 40 years.

**We were left with some good questions to ponder.**

How do we 'be with' the pain of another person's 'stuff'?

What do we find difficult about chaplaincy?

Which patients make us feel uncomfortable?

What brought us into chaplaincy?

The mental health workshops were very informative and there were some good pointers for good practice which reminded me of the importance of building relationships with staff in the mental health units.

It is good to have an understanding of mental health language e.g. the higher the level of OBS the higher the risk.

The importance of health and safety was stressed: that it is need to get a briefing and check out the level of risk before visiting a visiting patients and to try to on how a patient is before visiting.

This can be difficult as can be shown by the fact that staff recently forgot to tell me a patient hadn't been taking medication so was quite aggressive! We were reminded to make sure that we had attended 'breakaway' de escalation training and also to reflect on our own experiences of visits with patients. It was good to share with other chaplains during the workshop as well.

## A Note of Hope for the Stretched and Stressed Chaplain! Judith Gilbert, Chaplain, West Suffolk Hospital, (In partnership with Suffolk Mental Health Partnerships)

I have a book on my shelf to which I find myself returning again and again. It's the most heart-warming book that I've ever read and helps me to be focussed as a Chaplain, in being there for others as well as caring for myself. I'm so profoundly grateful to another Chaplain who recommended it in the first place. It's called "My Grandfather's Blessings. Stories of strength, refuge and belonging" and is written by Rachel Naomi Remen (Thorsons, 2000). Rachel reaches into her Jewish background, her own chronic health condition and her many years of counselling experience

of being with people with chronic and terminal illness, to share with us the blessings of the human spirit. In sharing numerous stories of her encounters with others, she shows us in such a gentle way how we can bless each other, sometimes in ways we don't even realise. In so doing, we help each other to be healed from the things that deny our wellbeing so that we may live life more fully. Surely, good news for Chaplains, to encourage us to reflect on our own encounters and to hear the wisdom that others may show us about life.





THE MENTAL HEALTH RESOURCE GROUP  
OF THE COLLEGE OF HEALTH CARE CHAPLAINS

CHCC COLLEGE OF  
HEALTH CARE  
CHAPLAINS



Friday July 8th 2011, 10.30am–4pm  
Balsall Heath Church Centre, 100 Mary Street, Birmingham B12 9JU  
(only 10 minutes by bus, taxi or bike from main train station)

# ‘Using Mindfulness within Spiritual Care’

Mindfulness has been described as “Paying attention in a particular way: on purpose, in the present moment, and non-judgementally.” (John Kabat-Zinn)

There is a growing interest in and evidence base for using mindfulness based approaches in various healthcare settings. Mindfulness can offer people practical skills that can help with daily and ongoing life challenges and physical and mental health problems. Mindfulness, under different names, is found at the heart of most spiritual traditions so it very accessible for chaplains.

## This study day will:

- have an emphasis on experiencing some key mindfulness practices in a safe and supportive environment
- provide an opportunity to explore the nature and roots of mindfulness from a spiritual perspective
- enable us to reflect on how mindfulness approaches might be used within the context of spiritual care.



The day will be facilitated by Emma Louis & Stephen Bushell on behalf of the CHCC Mental Health Resource Group.

The cost of the day will be £45 (CPD points applied for). If you would like further information you can contact Emma on 0121 612 8067 or Stephen on 01296 565569.

To book places please fill in the form at the end of the newsletter.

Emma has worked in healthcare chaplaincy for 11 years and is currently Head of Diversity & Spirituality at Sandwell Mental Health & Social Care NHS Foundation Trust. Emma has a particular interest in using mindfulness in her work in the mental healthcare setting, as well as putting it into practice as a key element of her own spiritual journey.

Stephen has worked in Mental Health chaplaincy for 12 years and is a Jungian psychotherapist. He is currently Head of Spiritual & Pastoral Care at the Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust and represents mental health chaplaincy on the CHCC National Professional Council. He has a particular interest in Eastern and Western meditation practices and sees one of the tasks of chaplaincy is to bring spiritual insight to psychopathology.



## College of Health Care Chaplains' Training & Development Programme 2011

<b>March</b> 8th & 9th (9th Ash Wednesday?)	CHCC Introductory Course (Non-residential)	Whole Course Cost: £180.00	128 Theobald's Road London WC1X 8TN
<b>May</b> 19th	CHCC Healthcare Chaplains' Seminar 'Chaplaincy Beyond The Boundaries—Surviving The New NHS'	Cost: £40.00 Members £50.00 Non-members	128 Theobald's Road London WC1X 8TN
<b>June</b> 14th	CHCC Faiths Resource Group Study Day	Cost: £40	Leicester
<b>July</b> 8th 10.30am–4pm	Mental Health Resource Group Study Day "Using Mindfulness within Spiritual Care"	Cost: £45	Carrs Lane Church Centre Carrs Lane Birmingham B4 7SX
<b>September</b> 13th–15th	CHCC Annual Study Course	Cost: £450 members £550 non members (£25 off for early booking)	East Anglia University Norwich
<b>October</b> 17th–19th	Mental Health Study Conference 'Dazzling Darkness - Engaging with Complex Emotions in Spiritual Care'	Cost: £325 members £350 non member (£25 off for early booking)	Hinsley Hall 62 Headingley Lane Leeds LS6 2BX
<b>November</b> 7th–10th	CHCC Introductory Course (Residential)	Cost: £480.00	Hinsley Hall 62 Headingley Lane Leeds LS6 2BX

Further information and applications for all courses may be obtained by contacting William Sharpe, CHCC Registrar, on [William.Sharpe@unitetheunion.org](mailto:William.Sharpe@unitetheunion.org)

Please see CHCC web site for further details of CHCC training and cost.  
[www.healthcarechaplains.org](http://www.healthcarechaplains.org)

## Rakesh Bhatt: Multi-faith Co-ordinator

**Recently, God has given me a wonderful opportunity to take up the role as Multi-faith Co-ordinator for CHCC. So, what will I be doing?**

My role requires me to create good relations between the CHCC and our diverse range of faiths and beliefs. I shall try my best to build strong bridges between individuals and Teams and the CHCC. I, with the help of CHCC and our wonderful chaplains, hope to be able to organise training courses and events that can help show awareness of the various faiths and cultures present in the UK.

I hope to be able to fulfil my job by helping and providing relevant support to the chaplains, which can in return help our growing multi-faith community. I currently work

for various hospital Trusts around the West Midlands, and this should help me to work with you and increase my understanding of other faiths and beliefs.

I hope to be a voice for individuals, Teams and Communities and do whatever it takes to make sure that the opinions and suggestions are heard and action is taken in response. Your suggestions, opinions and experiences are more than welcome and I would be happy to take them to the CHCC.

I shall be using my 17 years of experience as a faith representative to help me harmonise the work that we chaplains carry out individually, and hopefully help our chaplaincy community move from strength to strength.

### CONFERENCE 2010 COMMENT

*The “working with dementia” workshop achieved what very few workshops do. It took a whole bunch of people with varying degrees of knowledge, experience and interest in the subject and sent them away after an hour having learnt something new! I guessed I knew more than most about the subject but I never felt that I was in a beginner’s class. That’s the real skill of a workshop leader to be able to take a mixed bunch—some experts and seasoned practitioners and some who knew nothing and wanted to learn the basics and every level in between—to take them all, and make sure that nobody was bored and no-one felt it was over their head. The time flew by I learned something new, I got a quiz to take away (that I’ve used successfully with other groups since) and most of all I left feeling inspired that I could work better on the elderly wards in my hospital. What more could anyone want of a workshop?*

—Michael Belfield Avon & Wilts Partnership Trust [michael.belfield@awp.nhs.uk](mailto:michael.belfield@awp.nhs.uk)

## Celebrating Mental Health Projects and those who support them.

**Bishop Richard Moth will host an awards reception at Amigo Hall, Southwark to celebrate the eleven projects chosen to receive £70,000 in small grants from Day For Life—the day in the Catholic Church’s year dedicated to celebrating the dignity of life from conception to natural death. Applications were sought from local projects across the Catholic community which support and encourage the pastoral care of those with mental health needs, their families and carers. The funding comes from the generosity of parishioners who gave to the Day for Life collections in 2008/2009 focusing on mental health.**

The eleven projects set to receive funding offer help and support to a wide range of ages—from school children to dementia sufferers. Several of the projects seek to increase pastoral mental health support for sanctuary seekers; for homeless people and for parents with complex difficulties and needs. Funding has also been made available for a research project looking at young Catholics and stress and the mental health of Irish travellers in prison.

Bishop of the Forces, Richard Moth, is the lead Bishop for the Mental Health project, in advance of the awards reception, he said: “All our parish communities are places where people with mental health difficulties seek support, pastoral care, and comfort. It will often be a place where people feel safe; a place where they feel at home, close to God.”

To read more about the individual projects, for help lines and support services and for useful resources please go to: [www.mentalhealthproject.co.uk](http://www.mentalhealthproject.co.uk) / [www.catholicchurch.org.uk/mentalhealth](http://www.catholicchurch.org.uk/mentalhealth)

**For more information contact:**

**Gail Sainsbury**

Bishops’ Mental Health Project  
Department for Christian Responsibility and Citizenship  
Catholic Bishops’ Conference of England and Wales  
39 Eccleston Square  
London  
SW1V 1BX

[gail.sainsbury@cbcew.org.uk](mailto:gail.sainsbury@cbcew.org.uk)

**CHCC** COLLEGE OF  
HEALTH CARE  
CHAPLAINS



**CHCC Mental Health Chaplains'  
Study Conference  
Hinsley Hall Leeds  
October 17th – 19th 2011**

## **‘Dazzling Darkness—Engaging with complex emotions in spiritual care’**

As mental health chaplains we will frequently find ourselves engaged in complex and challenging emotional situations. Being able to stay with our own emotional responses is essential in the process of providing space for the emotions of those we are accompanying. The conference will provide an opportunity to explore how we as spiritual carers work with our own and others' emotional worlds. The conference will be a mix of presentations from people who are approaching the emotional life from different angles —music, art, poetry, drama, as well as psychological and spiritual. This year we shall give more time for facilitated reflective groups with the aim of enabling us to explore our responses to conference sessions. This will keep the conference firmly rooted as practitioner-based.

**A full conference programme will be available in early March.**

**A booking form can be found at the back of this newsletter and will be available on the CHCC website.**

**Cost:**

**£325 for CHCC members**

**£350 for non CHCC members**

**Early bird (before May 1st) discount: £300**

**For informal enquiries about the conference please contact**

**The Conference Organiser is:**

**Stephen Bushell**

**Email: [stephen.bushell@obmh.nhs.uk](mailto:stephen.bushell@obmh.nhs.uk)**

**Phone 01296 565569**

# National Recruitment And Retention Premia (NRRP)

## Update From The Trade Union Side Of The Nhs Staff Council Executive. January 2011

**Following the outcome from the Hartley employment tribunal equal pay case the NHS staff council was required to carry out an independent review of national recruitment and retention premia currently paid under the provisions of Agenda for Change.**

The review report was submitted to the staff council in November 2010 and the review concluded that the payment of the national RRP beyond 31st March 2011 could not be justified. As a consequence there have been discussions between the unions and the NHS employers which led to an offer on payment transition arrangements from the NHS employers at a meeting of the staff council executive last week.

The staff side has issued the following statement on the outcome from the executive's meeting. The Unite consultation on the offer from the NHS employers will include a ballot of members who receive a national RRP; the ballot arrangements will be decided shortly and you will be advised of these.

The NHS Collective agreement known as 'Agenda for Change' was legally challenged by a 'no-win-no-fee' lawyer in 2008/09, who claimed that NRRP were discriminatory and contrary to equal pay legislation.

The case was heard over many weeks at an employment tribunal in Newcastle and NRRP was defended by trade unions. The verdict of the tribunal was that the NRRP payments were objectively justified but that a review of these payments must have been completed by 31st March 2011 that demonstrated a continuing justification. Failing that the payments would end. If they did end, a period of transition (protection) would be justified. The tribunal issued an order amending the national collective agreement accordingly.

The NHS Staff Council, representing trade unions and employers agreed that the review should be conducted by an independent organisation and its report was presented to the Staff Council in November 2010. The report recommended that all NRRP should end but acknowledged that there may be a need replace them with local recruitment and retention premia in some areas and secondly that the Staff Council should review the position in 2 to 3 years time.

The trade unions expressed reservations about the recommendations in the report which acknowledged that in the case of craft workers, the NHS rates would be below Joint Industry Board rates without the NRRP but gave greater weight to the employer's evidence that they had little difficulties with recruitment and retention of craft workers.

Although a final decision will not be made by the NHS Staff Council until its next meeting on 10th March after the NHS Pay Review Body has expressed views on the report, it is very unlikely that the national employers side will agree to the continuation of these payments which, in any case, cease to exist by order of the tribunal.

In the light of this the trade union side proposed, without prejudice, that there should be a national transitional (protection) agreement. The employers have been prepared to negotiate but have also said that if it were not possible to reach a national transitional agreement, they would be content to leave the transitional arrangements for local (trust) determination.

These negotiations have taken place over two meetings. The initial employer offer was for 6 months full pay protection and they were unwilling to agree to a further national review stating that this should now be all for local determination.

Eventually the negotiations produced an outcome (see over) that the trade unions representing those in receipt of NRRP will now consult upon. Our trade union view is that this is the best that can be achieved through national negotiations and that if it is rejected we will need to support local trade unions in negotiating local transitional arrangements.

Separately from this, trade unions will issue advice on the opportunities to negotiate local recruitment and retention premia. The decision members in receipt of NRRP are asked to make is whether they wish to accept the national transitional arrangement of 1 year full pay protection and 1 year half NRRP protection or whether they wish that transitional arrangements be determined at local level.

### CONFERENCE 2010 COMMENT

*It was very helpful.*

—Anonymous



# Next Newsletter

## Sharing Your Experiences

Please consider sharing your experiences by contributing to the newsletter. It is through your voice that this newsletter will ensure it reflects your interests.

**Just email the editor with your name, place of work and contact details.**

### Particular interests / issues:

Eg. mental health in older people, different faith perspectives, the therapeutic relationship in chaplaincy encounters Other experiences / projects you'd be willing to share about:

Eg. art project, creation of a multi-faith ritual or liturgy, some particular group work

## Copy Deadline

The Spring/Summer edition of this Newsletter will offer an opportunity to reflect on anxiety. We would invite articles on this or any other aspect of chaplaincy and spirituality within a mental health context, including comment on anything in this edition.

**Please submit them, preferably in electronic format to:**

Rachel Wadey:  
Rachel.Wadey@berkshire.nhs.uk

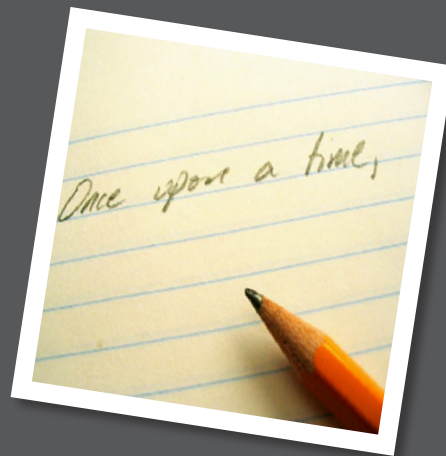
**Or by hard copy to:**

Rachel Wadey  
Chaplaincy Department  
Prospect park Hospital  
Honey End Lane  
Reading  
RG30 4EJ  
01189 605098

The copy date for the Spring/Summer Issue is Friday 8th April 2011

## Please Remember...

To ensure that we can always keep you updated, we would really appreciate if you could let us know if you have changed email address.



### CONFERENCE 2010 COMMENT

*I was quite disappointed. I'd hoped for more of a focus on mental health issues so as to relate it to my job. I appreciate that the whole College came together on the basis of the shared theme of self-care but I guess it wasn't really what I had hoped for. That being said it was good to meet some people and make a few contacts.*

— Anonymous

## Mindfulness Day Booking Form

**To book a place on the day please complete and submit this form. Please send your completed form and cheque for £45 (payable to CHCC) to:**

Emma Louis  
Head of Diversity & Spirituality  
SMHFT  
Delta House  
Greets Green Road  
West Bromwich  
B70 9PL

0121 612 8067  
Emma.Louis@smhft.nhs.uk

Please try to book early to assist with planning.  
The deadline for bookings is 8th June 2011. Places  
will be allocated on a first come first served basis.

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### Booking Details:

Name \_\_\_\_\_

Position \_\_\_\_\_

Trust \_\_\_\_\_

Full work address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No \_\_\_\_\_

Email \_\_\_\_\_

Specify any dietary needs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify any other needs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

More details about the day will be sent out nearer the time to those who have booked.



## College Annual Study Conference Hinsley Hall Leeds 2011 Application form

Please use black ink and BLOCK letters

CHCC Membership No \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

First name (the name you want on the badge) \_\_\_\_\_

Status (Full-time/Pt.-Time/Volunteer etc) \_\_\_\_\_

Denomination/Faith Community \_\_\_\_\_

Address for correspondence \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel No \_\_\_\_\_ Email \_\_\_\_\_

Name of base hospital \_\_\_\_\_

Name and Address for Invoice \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Please obtain approval from your Trust, or Paying Organisation, if necessary, and quote any order or reference number.

**The closing date for applications is 14th August 2010. Any applications received after this date will incur a surcharge of £25.** However, if your application is received before 1st July you may receive an early bird discount.

It is possible to attend as a **Day Delegate** on either the Tuesday or the Wednesday, arriving at 09.00 and leaving at 15.15. The charge for the day only will be £80. It is also possible to attend on a **non-residential basis**—you will be charged for all meals and sessions except breakfast. The cost will be: £365.00.

I wish to attend as a fully resident delegate for the whole course **YES/NO\***

I wish to attend on a non residential basis and understand that I shall be charged for all meals apart from breakfast **YES/NO\***

I wish to attend as a Day Delegate **YES/NO\* Please state which day—Tues/Wed.\***

**\*It is essential that you delete appropriately in the sections above or your application will be delayed.**

Please give details of any special needs diet, mobility etc. All rooms are en-suite but please indicate any need for ground floor access.

All Applications must be sent to:  
William Sharpe, CHCC Registrar,  
Transport House,  
2nd Floor  
128 Theobald's Road,  
Holborn, London  
WC1X 8TN

After receipt of your application an invoice will be sent to the address you have given above. If your application has not been acknowledged within 3 weeks of submission or by 30th August (whichever is the sooner) please contact the Registrar. You should retain a copy of your application.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cost: The total cost for CHCC members will be £325.00. Non-members cost is £350.00. Please note that there will be an additional cost of £25 for all applications received after the closing date. There will however be an early bird discount of £25 for all applications received before 1st May.