Bano B (ed) (2011) *Welcome me as I am: Understanding mental health needs in parish and deanery communities – a resource pack for facilitators.* Deal: Telos Training Ltd.

Introduction – Using this toolkit

Mental Health is not always the easiest subject to talk about – its often associated with stigma and a degree of misunderstanding. There are different levels of knowledge and understanding in particular parish and deanery communities. For this reason the toolkit is designed to be as flexible as possible to cover the variety of needs and situations which we will come across.

'Welcome me as I am' can be used in several ways:

- To open up conversations about mental health in a deanery or parish.
- To enable reflection on positive mental health as well as mental ill health.
- To understand the needs of people who experience mental distress.
- To plan and implement spiritual and pastoral support as a result of these reflections.
- To understand and address the needs of caregivers.
- To develop different but complementary forms of ministry in the parish and deanery.

What would we like to achieve? Its important to ask ourselves this question at the outset of a programme which explores mental health issues in parishes and deaneries. You might use the 'See – Judge – Act' model so that we give ourselves time to reflect on the issues involved before getting involved in a process which might prove too demanding for all concerned.

For example, at a Parish Council meeting or Deanery Pastoral Council meeting you may wish to consider:

- Where are we now? What is the level of awareness of mental health issues? It might be useful to ask each organisation in the Parish or Deanery to think about what support they may need in their awareness of Mental Health issues. For example, members of the Society of St Vincent de Paul are often in contact with people with mental health needs, particularly older people.
- There are different ways of raising awareness, for example a healing Mass or using the framework of one or more of the modules in this toolkit.
- Are there places to which we might we might want to offer inreach – for example the Chaplaincy Service of a local Mental Health Unit? This is explored further in Module 3.
- Mental Health is also an issue of interest to schools. You might want to discuss

with the teacher responsible for this particular curriculum area areas ways in which this agenda can be raised in the school.

- You will find some ideas for liturgy in the resources section of this pack. If you are interested in raising awareness of mental health issues, the modules in this pack can be used as 'stand-alone' materials or as part of a half-day or day session
- Do we wish to use the materials for a half-day or day workshop?
- There are a number of opportunities during the year to focus on mental health issues. Lent or Advent are opportunities to organise an event. World Mental Health Day occurs on 10th October each year. Carers Week each June is a good opportunity to focus on the needs of carers – perhaps through a day of recollection offering the opportunity for a relaxing day away from the stresses and strains of the caring role.
- Responding to existing needs through organising a healing Mass or a day for Carers. This can be a good way of raising awareness of mental health issues.
- Remember that other Churches may also be interested in the Mental Health agenda. The topics in this toolkit could offer a good opportunity for work between Churches.

About the modules: Each module focuses on a different aspect of mental health and has been designed to form the material for a 'stand-alone' discussion or perhaps a half-day workshop in which you might want to have a keynote speaker and then use the material in the modules for smaller workshops.

1. **'Something deep inside me'** – In this module we explore spirituality as the 'core' of our being – what gives us meaning and purpose in our lives. We then explore how spirituality relates to religious faith and how this sustains us. This module is designed to open up the subject of why spirituality is important not just for people with mental health problems but for all of us. This module forms the basis of an introductory session to the topic of mental health.

2. **'There is no health without mental health'**– In this module we explore protective factors in mental health and the boundaries between mental distress and a formal diagnosis of mental illness, as well as signposting people to local services.

3. **'Welcome me as I am'** – the ministry of welcome and inclusion. This module challenges us to consider as a parish how inclusive we are as a community and to reflect on what actions we need to take to make progress.

4. **'Caring about Carers'** – Carers can so often feel distant from parish life. They may need to be able to talk about their often complex feelings in a safe and supportive environment. This module focuses on a number of testimonies, including Edna Hunneysett's story, and provides a focus for exploration of how we can better support carers.

5. **'The journey of hope'** – Mental Health services are now increasingly focused on the recovery model – our journey through mental illness needs support and a sense of optimism from those around us together with spiritual and pastoral support. In this module we explore the recovery model and its links with the Christian message of the resurrection

6. **Resources, prayers and suggestions for liturgy.** In this module you will find suggestions for liturgy and pastoral support, as well as additional prayers which you may wish to consider using.

When organising a group discussion session on mental health issues: Remember not to be too ambitious and to invite representatives from all the parish groups: SVP, Youth Groups, etc.

A possible sequence for a 90 minute to 2 hour session might be:

- Opening Prayer
- Reflection from scripture
- Group discussion on the issues raised (Depending on numbers, this can be done in twos or threes with a report back to the full group. In this way several perspectives can be obtained)
- Discussion on next steps
- Closing Prayer

You will want to ensure that you take a refreshments break. For a 90 minute session you might want to organise refreshments at the beginning or end of the session, but for a 2 hour session it is advisable to take a break in the middle of the session. Each module contains several themes for group discussion. All the discussion topics are shown in the modules. The suggested timings are designed to be as flexible as possible as follows:

'Something deep inside me' – 90 minutes
'There is no health without mental health' – 2 hours or a half-day
'Welcome Me as I am' – 2 hours
'The journey of hope' – 90 minutes
'Caring about Carers' – 90 minutes to 2 hours

For each module the yellow sheets are for the facilitator and the blue sheets for use of participants. If possible it is helpful to distribute copies of the blue sheets in advance – if not you may need to allow up to an additional 15 minutes reading time. Copies of each module are available in Word 2003 format to enable you to 'cut and paste' as required. A flipchart is ideal to capture the points made during the discussion, but if this is not available, some sheets of paper will do equally well.

And some issues and ground rules to consider: Remember that the subject of mental health can be sensitive for some participants who may have their own personal experiences.

- Remember that you and those present are not expected to be experts on Mental Health.
- Think about who you would like to facilitate the event. The sessions are designed to be facilitated by someone who has taken part in a training session on using the toolkit. If you don't feel confident yourself yet you could ask someone from 'Rethink' or 'Mind' or an external facilitator. You may wish to share the facilitation with another person – this can work well but remember to plan together how you will both manage the session. The discussion materials in this pack are provided to stimulate debate – but depending on the nature and wishes of the group you may wish to guide the discussion using your own material.
- Group size can influence the experience of participants. For up to 10 people, you may wish to discuss the topic as a whole group. Beyond this number you may wish to ask participants to form smaller sub-groups which can then report back to the larger group. Each of the modules can be used with both formats.
- Be aware of options for professional help (usually via the GP), helplines, and other self help groups in the area. Just occasionally someone might attend suffering from acute mental distress. If you feel that they are an immediate risk to themselves or others, you should (1) refer to your safeguarding guidelines and (2) seek immediate help through dialing 999.
- Create an environment in which those present can be honest about their own feelings as well as their fears. Its important to think about the dynamic of the group as one of exploration and growth. Its also important to develop a climate in which those present are encouraged to search and discern rather than make hasty judgements.
- Clarify the ground rules – for example confidentiality and respecting each person's point of view. There may be other expectations which you want to add: for example that each person is responsible for setting the boundaries about what they tell about themselves.
- Think about how to react to someone experiencing mental distress during the group. You may want to suggest that they should take time away from the group – somewhere comfortable away from the group may be helpful. Where possible it is useful to have someone identified in advance who can act as a supporter for a group member who is distressed.
- Where possible, ensure that there is someone with whom you can discuss the session – both before and in advance of the session.

Parish or Deanery level? Most of the material in this toolkit can be used at Deanery level as well as Parish level even though throughout the modules reference is made to parishes. Factors which influence a choice of parish or deanery include:

- Where there is an active Deanery Pastoral Council, this could be a helpful Lenten

or Advent Project.

- Some people may prefer to share their experiences in a more 'anonymous' setting such as a Deanery rather than in their own parish.
- There may be a person in the Deanery who because of their professional role would be prepared take this agenda forward.

A word about terminology…*There are a number of ways in which we can describe the experiences of people with mental health needs. Many of us experience transient mental health problems at difficult times of our lives. This is referred to in the toolkit as 'a person experiencing mental distress'. Sometimes these experiences develop into a clinical condition which meets agreed diagnostic criteria – at this stage this is referred to 'mental illness' or 'people with more enduring mental health problems' so as to avoid any confusion. Remember also to treat the term 'sufferer' with care.*

While this might resonate with some people, others, particularly as they are recovering from a mental illness, might have difficulty in linking this term with their own experience. In Mental Health services, people who receive services are often referred to as 'service users'. You may see the term 'survivor' in use – this refers to someone who has got well despite – rather than because of – mental health services !

The toolkit makes frequent references to carers. Those in this role may not always feel comfortable with this term and may see the care and support they provide as something natural rather than something that needs a specific term.

Acknowledgements

The development and production of this toolkit was coordinated by Ben Bano, Director of Telos Training Ltd.

A large number of people have contributed to the formulation of this toolkit, including:

Edna Hunneysett (contribution of testimonies)
Grace Neal (cover design)
Helen Bassirat (advice on liturgy and pastoral support)
Sr Siobhan O'Keeffe, for permission to use extracts from 'Petals of Prayer'
Professor Peter Gilbert - Preparation of content for 'Something deep inside me' and 'There is no health without mental health'
Peter Bates (National Development Team for Inclusion) – Preparation of content for 'Welcome me as I am'
Gail Sainsbury, Mental Health Project Officer, CBCEW, for her support and encouragement

And many others who have contributed their own personal experiences of their journey through mental distress to recovery.

Note – Every effort has been made to ensure accuracy of the information in this pack, but Telos Training is unable to take responsibility for any errors arising from the use of this pack.

The discussion sheets for participants may be copied freely and Word files are available from Telos Training as required. The information on Mental Health legislation (in Module 2 - There is no health without mental health) applies to England and Wales but not to Scotland and Northern Ireland).

Feedback on the use of this toolkit is always welcome so that we can continue to develop and improve the resource. You can email your feedback to Ben Bano at telostraining@aol.com

Some useful resources

Disturbed by Mind and Spirit – Mental Health and Healing in Parish Ministry – Knight, G and Knight J, Mowbray (2009)

Guidelines on spirituality for staff in acute care services (Staffordshire University, 2007)

Loneliness – human nature and the need for human connection (Cacioppo, J, Patrick, T, Norton) London (2008)

Man's search for meaning – (Frankl, V,) Rider Publications (2004)

Mental Health (Hunneysett, E. Chipmunka Publications (2012)

Our Suicidal Teenagers – Hunneysett, E. Chipmunk Publications (2009)

Petals of Prayer – reflections and resources for dementia sufferers and their carers– (O'Keeffe, Siobhan) Kevin Mayhew, 2011)

Prayers for the depressed (Hollings, M, and Gullick, E), McCrimmon Publishing (1986)

Prayers for surviving depression – (Hermes, Kathryn), Pauline Books (2004)

Psychosis – stories of recovery and hope (Cordle et al), Quay books, (2011)

Promoting Mental Health – a resource for spiritual and pastoral care (Church of England Archbishops Council, Mentality, NIMHE (2004)

Spirituality and Personhood in Dementia (Jewell, A. (ed) Jessica Kingley (2011)

'Spirituality and Mental Health (Gilbert, P. ed) Pavilion, (2011)

Surviving depression – a Catholic Approach (Hermes, Kathryn, Pauline Books) (2003)

Some DVD Resources:

'Hard to Believe' – a film exploring Spirituality and Mental Health (Croydon MIND,) (2005)

'Its still ME, Lord' – a film exploring Spirituality and Dementia (Caritas Social Action Network) (2009)

Spirituality – have you found any yet? (Alzheimer Scotland – Action on Dementia (2010)

Some useful websites:

Royal College of Psychiatrists – www.rcpsych.ac.uk (Helpful factsheets are available on this website).

MIND – www.mind.org.uk

Rethink – www.rethink.org.uk

Mental Health Foundation – www.mentalhealth.org.uk

Young Peoples Mental Health and well being – www.youngminds.org.uk

Information on dementia – www.alzheimers.org.uk

Support for carers: www.carersuk.org.uk

Welcome me As I Am – Foreword

Following the decision of the Bishops' Conference of England & Wales to initiate the Mental Health Project, *Welcome me AS I AM* is a very welcome addition to the resources available to the parishes of our Dioceses. We owe a debt of gratitude to Ben Bano and all those who have assisted him in preparing these new materials.

While it would be neither possible nor appropriate for our parishes to attempt to become places of primary mental health care, we must all have a care for mental health. This begins with ourselves – and these resources open for us, in straightforward fashion, a number of elements that will help us to be healthy in every sense.

There will be those in our parish communities who will be experiencing difficulties in mental health, especially at a time when the demands on so many have become so great. It is incumbent on us, therefore, to ensure that we are aware of their needs. This will enable our parish communities to be places of welcome, prayer and support for all.

At the heart of all things is our relationship with God and our openness to the Good News of the life, death and resurrection of Christ. We are prompted by the Holy Spirit to be bearers of that Good News. The more our parish communities, our dioceses, deaneries and schools, are places where we are the fullness of life is manifested, the more we shall be responding to the Call of the Gospel.

I am pleased to encourage the use of these resources, as one way in which parish communities can respond to the needs of those who live with difficulties in mental health, to recognise the gifts with which each one is endowed by God, that all may work together for the building of God's Kingdom.

Chair, Mental Health Reference Group

Bishops' Conference of England & Wales

Module 1:

'Something Deep Inside Me' - Exploring Spirituality and Mental Health

Guidelines for Facilitators

You will need:

- A flipchart and pens to capture the points made during the meeting.
- Sufficient copies of the discussion sheets and testimonies for members of the group.
- Paper for sub-groups to record their thoughts.

Aims of this module:

To explore spirituality as the 'core' of our being – what gives us meaning and purpose in our lives.
To explore how spirituality relates to our faith and how this sustains us in times of difficulties.

Suggested length of this session:

Suggested length of this session: About 90 minutes -

Programme/Plan for this module:

Opening Prayer (5 minutes). You will find some suggestions in the Resources section of this toolkit.

Introductions and Ground Rules (10 minutes)

Discussion 1 – 'Something deep inside me' Ask the group to discuss what spirituality means for them. Record their views on the flipchart. Following this discussion you might want to reflect on how we are all 'spiritual' beings, even if we don't have a religious faith. Distribute discussion sheet 1. Are there any factors which we would want to add to our list? How may we combine spirituality and religion in our lives?

(30 minutes)

Discussion 2 – Our Faith sustains us. Ask the group to read discussion sheet 2 – 'Bill and Fergus'. Some questions you may wish to put: Can we relate to their experiences? How does our Faith sustains us when we are going through difficult times? Have we equally experienced the 'dark night of the soul' ? What has sustained us at these times? Are there particular prayers we find helpful? If you

have an opportunity to discuss this issue in sub-groups, consider Eva's story as well. How can we as a community provide a welcome for people such as Eva? (30 minutes)

Closing Prayer and summary – 15 minutes

Discussion Sheet 1 – 'Something deep inside me'

"We are not human beings having a spiritual experience; we are spiritual beings having a human experience"

- Teilhard de Chardiin, P. (1955) *The Phenomenon of Man*

All philosophies and religions have a concept of human beings having an inner spirit. The theistic religions see this inner spirit as God-given. The three Abrahamic faiths (Judaism, Christianity and Islam) use very similar ideas of God breathing the divine spirit into each human person.

The idea of 'spirituality' is not new. Catholic theologian, Ursula King, reminds us that the first Latin use of the term is found in a letter of St Jerome from the early part of the 5th Century, when he speaks about a sense of the spiritual life resulting from the grace of baptism. St Jerome also sees spirituality as an essential counterpoint to materialism and purely carnal desires (King, U. 2009).

In what is a very materialistic and consumerist age, when human beings are often defined by their consumption, physical appearance and age, it is even more important that we rediscover the idea of an inner spirit. Sometimes this idea of our spirit is very much interconnected with a religious faith, but we know that people move in and out of religious observance; with many people returning to their faith at a time of a physical or mental crisis.

The central features of spirituality	
Meaning:	The significance of life; making sense of life's situations; deriving meaning and purposeful existence
Value:	Beliefs and standards that are cherished; having to do with the truth, beauty, worth of a thought, object or behaviour; ultimate values
Transcendence:	Experience and appreciation of something beyond the self; expanding self-boundaries
Connecting:	Relationships with self, others, God/higher powers, the cosmos, and the environment
Becoming:	An unfolding life that demands reflection and experience; includes a sense if who one is and how one knows
- From Swinton, J. 2001 and Parkes et al, 2011	

The problem with a very individualised spirituality is that while it may sensitise us, it can leave us isolated, and without a framework to live by. Being someone in touch with our inner spirit, and also a member of a religious/faith community should provide:

- A real sense of God's love for us as a whole person
- A feeling of, in Christianity, Jesus walking with us, suffering with us in divine empathy and compassion (literally, 'suffering with') with the promise of the resurrection.
- An overarching story which explains the meaning and purpose of life; why we were created, the meaning of life and what happens when we die
- A framework for living with symbols, rites, rituals and sacraments
- The social support of a faith community and the promotion of ties and mutual obligation, within a sense of social solidarity and responsibility.

Membership of a faith community creates a framework within which people seek to understand and interpret and make sense of themselves, their lives and daily experience (see Gilbert, 2011).

Of course faith communities can be welcoming , integrative and supportive , while some others can be exclusive and stigmatising in a people experiencing mental ill-health. We all have individual experiences of our parish communities - some parish communities can be very accepting and sustaining, whilst others can feel remote and lacking in understanding.

We are all creatures of a loving God, walking this earth as human beings, with a divine spirit within us.

'Humanity – that's us'…Just as our physical bodies can be prone to illness and injuries, and we all die (despite the modern urge to deny this!) our minds and spirits also can become fatigued, oppressed, burdened, and pulled out of shape.

Despite Jesus' concern to heal mental as well as physical hurt, so movingly described in the Gospels, however, we are still suspicious, and even afraid of mental ill-health. If we are to be like Jesus to our fellow humans, why is this so?

Discussion Sheet 2 - Our faith sustains us

In the majority of studies, religious involvement is positively related to:

- Well-being, happiness and life satisfaction
- Optimism and hope
- Purpose and meaning in life
- Self esteem
- Adaptation to bereavement and loss
- Greater social support and less loneliness
- Reduced levels of anxiety.

The studies also show that a positive religious faith, and a spiritual sense, not simply adhering to formal rituals, can assist in physical as well as mental well-being; a reduced likelihood of substance misuse; and better engagement as citizens.(see Swinton, J. and Parkes, M. in Gilbert, P. Ed 2011)

Our faith can play an enormously important part in our mental and physical well-being. There is a need for us to understand that the human experience is varied and that the 'dark threads' are as important as those which are of 'gold and silver'.

Our spiritual life may depend on a range of elements including a personal relationship with God; the sacraments; the life of the parish community; personal relationships with family and friends; ongoing formation and education; and other creative elements such as communing with nature, exercise, music etc. Affirming the whole person is essential to the Christian life.

Bill and Fergus

'Bill' and 'Fergus' attended the same Sunday morning mass at an inner city Roman Catholic parish. Like many of us they were creatures of habit, and Bill and his family, and Fergus and his wife tended to sit in the same pews each Sunday. Fergus didn't know Bill very well but he knew enough to know that he was a successful self-employed businessman, and Bill always gave Fergus a firm handshake at the kiss of peace, and a warm, pleasant smile. Over the last few weeks, however, Fergus had noticed that the other man had seemed distracted, withdrawn, with a sad expression on his face.

In the parish room, after mass, Fergus quietly asked Bill how things were going. Bill gave a lopsided smile and said that over the last few months the recession had really impacted adversely on his business and he was struggling. "I'm not depressed or anything!", Bill said defensively, but "times are hard". Fergus paused and mentioned that a few years previously he had been made redundant from his factory, at a time when the car industry was in decline, and that he had felt increasingly isolated, irritable with his wife, and eventually she persuaded him to go to his GP.

The family doctor had been very helpful and understanding: she had prescribed sleeping tablets and antidepressants, and arranged for him to see a counsellor, which Fergus had found useful in just simply expressing his anger, frustration and fear at perhaps being unemployed long term. Fortunately he had found another job, the antidepressants had lifted his mood, but he'd now discontinued them, and he'd started running with a group of friends to "clear my head" and get in touch with nature and the outside, which he felt he had become separated from.

Bill listened carefully but made no comment. A few weeks later, however, he bumped into Fergus, thanked him for sharing his experiences and said that he too had gone to his GP, found his doctor reassuring, and was now sleeping better, feeling more at one with himself, and had regained enough self confidence to take a business opportunity, which looked as though it might well re-float his business.

He had also talked to their parish priest, whom he'd found very understanding, warm and supportive, and, as they both agreed, the framework of attending mass and receiving sacraments had helped both of them through a difficult time. As Bill put it, speaking quietly to Fergus: "I felt, to be honest, I was walking through 'the valley of the shadow of death', but when you showed some understanding, and shared your experience with me, I realised that, of course, Jesus would be walking with me through that 'valley' – I've always been very independent, and I still am, but I know I'm not alone!".

Eva's story.

'Eva' was brought up in a staunch Roman Catholic family in Poland. In her early 20's she came across to England to both study and find work. Bewitched by the consumer culture, she dropped out of the practice of her faith, but as the new benchmark of her success was a material one, she felt she never quite made it. Becoming depressed she found herself alienated both from her faith, and also from her new friends, and became increasingly isolated.

The visit of Pope Benedict XVI to the United Kingdom in the autumn of 2010 revived her interest in her faith and stimulated her to contact her parish church.

For further reading and reflection…

Mental ill health throughout history

Perhaps one of the reasons we find mental health so challenging, is that the earliest human beings grew up in small tribes. To make sure that we were safe, we learnt how to discern difference. We needed to know who was and who was not in our tribe, and in many ways this is

the basis of all discrimination, not just racial discrimination. We were suspicious of anyone different from us.

This suspicion of mental ill-health has been with us throughout history, although many philosophies and religious traditions have also seen a state of mental imbalance as an opportunity to become closer to God, and to use one's creative instincts.

The mediaeval Christian monasteries have been described as the 'first welfare state'. When the monasteries were abolished in England in the 16th Century, many people who had found sanctuary there just had to wander the streets, or were placed in Poor Law institutions. In the 19th Century, reformists, with strong Christian instincts, such as Lord Shaftesbury, initiated the building of major hospitals for those with mental illness. These were often beautiful buildings, created with the best of intentions, but then often became overstretched and turned into the institutions which warehoused many people with mental illness (see Gilbert, P. 2011).

From Institutional Care to Community Care

In the 1980's the large institutions gradually gave way to more community based services. Inpatient units provided the minimum number of beds thought necessary - many would argue that this number remains insufficient – others would argue that however many beds are provided, they will always be filled.

In many ways the old institutional thinking still remains, as professional staff are often taught that they are almost a different category of people from those experiencing mental ill-health. There are some mental health trusts, such as St George's and South West London, with a policy of employing a high percentage of people who have experienced mental ill-health, and are able thus to better empathise with those experiencing mental distress.

In a moving interview, Dr Ian McPherson (a psychologist and head of the Government's mental health advisory group from 2008 to 2011) spoke of the fact that he had received treatment in one of the old institutions as an adolescent, and on qualifying as a clinical psychologist, had hoped to bring that understanding with him. But, as he recalls: "I quickly got the message – subtly and less subtly – that even in what is a fairly liberal profession, there was an implicit distinction between people who are patients and people who are professionals".

Ian now feels that there has been something of a sea change. Although his own illness "gives no unique insights" into mental health conditions in general, Ian insists, what it has done is to "allow me to understand what it feels like" to be seen as separate, or "that person over there with a mental illness" (O'Hara, M. 2009).

American philosopher, Benjamin Franklin once wrote in a poem that at some stage God will "unroll a canvas" and explain why "the dark threads are as needful in the Weaver's skilful hand as the threads of gold and silver in the pattern He has planned". Humanity, in God's plan, requires the dark threads and the gold and silver to be intertwined.

References

Basset, T. Stickley, T. (Eds). (2010) *Voices of Experience*, Oxford: Blackwell/Wiley

Gilbert, P. (Ed). (2011) *Spirituality and Mental Health,* Brighton: Pavilion

King, U. (2009) *The Search for Spirituality: Our Global Quest for Meaning and Fulfilment,* Norwich: Canterbury Press

McCulloch, A. (2006) 'Understanding mental health and mental illness'¸in Jackson, C. and Hill, K. Ed (2006) *Mental Health Today: A Handbook*¸ Brighton: Pavilion

Parkes, M. et al (2011) *Report on the Place of Spirituality in Mental Health*, National Spirituality and Mental Health Forum, February, 14th February 2011

O'Hara, M. (2009) 'Voice of experience', *Society Guardian*, 24th June, 2009, page 5

Swinton, J. (2001) *Spirituality in Mental Health Care: Rediscovering a 'Forgotten' Dimension*, London: Jessica Kingsley

Module 2 - There is no health without mental health…

Guidelines for Facilitators

You will need:

- A flipchart and pens to capture the points made during the meeting.
- Sufficient copies of the fact sheets and testimonies for members of the group.
- Paper for sub-groups to record their thoughts.

Aim of this module:

To explore protective factors in mental health
To explore mental distress and the boundaries between mental distress and a formal diagnosis of mental illness
To understand where it might be necessary to signpost people to local services.
To reflect on how as a parish or deanery we can take this agenda forward.

Length of Session:

2 hours or a half day session if time permits

Programme/Plan for this modu

Opening Prayer (5 minutes). You may wish to compose your own prayer for this section or use one of the prayers in the Resources section of this toolkit.

Introductions and Ground Rules (10 minutes)

Discussion 1 - What keeps us mentally healthy? Ask the group to list the factors which might keep us mentally healthy and put these on the flipchart.

Following your discussion, ask the group to consider particular issues, for example what keeps us mentally healthy in later life.

Distribute the fact sheet 'What keeps us mentally healthy'? Ask the group to discuss the questions on the factsheet. (45 minutes)

Tea/Coffee Break

Discussion 2 – Hearing the voice of people experiencing mental distress. Ask the group to read discussion sheet 2 - 'Hearing the voice of service users' and Mary's story. What do we feel about her experiences?

Ask the group to consider how we might better understand and be aware of those in our parish experiencing mental distress. How can the parish help to overcome the stigma of

talking about mental distress? List the points made on a flipchart. (30 minutes)

Discussion 3 – From mental distress to mental illness. You may want to have this discussion if your session extends to half a day. Consider inviting a staff member from the local Mental Health Services or a professional who is involved in your parish or deanery to provide input. Discussion Sheet 3 can be adapted to fit your local service provision. (45 minutes).

There are a number of issues you may wish to raise for discussion, for example how local resources such as counselling services or mental health helplines might be advertised on the Church notice board.

If you are organising a half day event you might wish to run the following as a parallel workshop.

Discussion 4 – Suicide and self-harm. Distribute Discussion Sheet 4. This is not an easy subject to discuss but is included because some people may want to discuss this subject more openly – they may have personal or family experience of suicide or self-harm. As part of the discussion, ask participants to read Edna's testimony (Module 6) which describes her experience in looking after her suicidal daughter. This also provides an opportunity to focus on the mental health needs of young people and how these needs can be better addressed. (30-45 minutes) Consider the points for discussion at the end of the sheet.

Summary: Ask the group to consider the implications of your discussions for pastoral and spiritual support offered by the parish or deanery. List potential action points Finish the session with a closing prayer. (You might want to use your own or you can find some suggestions in the Resources Section) (15 minutes)

Discussion Sheet 1 – What keeps us mentally healthy?

Keeping mentally healthy: Ask the group what are the factors which keep us mentally healthy…

The Mental Health Foundation have produced a guide on tips in looking after your mental health. These include:

- Talking about your feelings
- Keeping active
- Eating well
- Drinking sensibly
- Keeping in touch with friends and family
- Asking for help when you need it
- Knowing when to take a break in our lives
- Doing something I am good at
- Accepting who I am
- Caring for others.

Do the group agree with this list ? Are there other things you would wish to add, for example meeting our spiritual needs?

Discussion Sheet 2 - Hearing the voice of people experiencing mental distress.

For this to work, we need to be in touch with the experience of those who use services (sometimes described as service users, patients, clients in the official jargon). Clare Allan's columns in *Society Guardian* are a particularly helpful insight into the perspective of somebody who has a serious psychotic illness. In one article, Clare speaks about the shock of suddenly developing a paranoid psychosis after living a life as a successful and gregarious student, studying English at university (she has since published a novel partly based on her experiences: *Poppy Shakespeare*).

Clare talks about having a diagnosis by a doctor as helpful, as it meant somebody was recognising her illness and it wasn't just in her head. But the diagnosis was also limiting, in that diagnoses quite often tend to put people 'in a box', like it did for 'Rosie' at the beginning of this chapter. Clare also refers to the fact that at school she didn't remember any jokes about cancer or heart disease or a person's arm or leg, but children do make jokes about people who are 'mad', but perhaps because we need to define others as 'mad' so as to prove to ourselves that we are 'normal'. Many of us who have or experiencing mental distress in ourselves or in our families may experience some of these feelings.

In a recent book on people experiencing mental ill-health and their journey to recovery: *Voices of Experience* (Basset, T. and Stickley, T. Ed, 2010) quite a number of people speak of the importance of faith in their journey, their pilgrimage, towards better health.

Mary's story

'Mary', a sprightly woman in her mid-70s, was walking back from the shops when she bumped into 'Rosie', the 21-year old daughter of a friend in the local parish. Mary was fond of Rosie, because when Mary lost her husband through cancer six years before, and had also been bedridden after breaking her ankle, Rosie and some of her school friends had been a great help in coming round, getting in the shopping, making tea, cheering Mary up and generally seeing that she was all right.

Mary said to Rosie: "Hello Rosie, how nice to see you, I haven't seen you for ages". Rosie looked shy for a minute, and then responded: "Well, I've been away… I'm not telling everybody, Mary, but I've been in the local psychiatric unit. I've been very ill, I'm a schizophrenic". Mary paused and looked kindly at Rosie. She reminded the young woman how helpful Rosie had been to her at a time when she had been distressed and invited her to come round at any time if she could be supportive to her. At the end of the conversation Mary took Rosie's arm, looked her straight in the eye and said: "To me Rosie you are not 'a schizophrenic', or actually 'a anything', to me you will always be Rosie".

Discussion Sheet 3 - From mental distress to mental illness.

One in four people are said to suffer from mental illness at some point in their lives. This percentage may well in fact be higher, because of the problems of stigma and our reluctance to say that we have experienced mental ill-health. A distinguished scientist, Dr Lewis Wolpert, writes that because he has spoken publicly of his mental ill-health, nearly everybody he talks with has either experienced a mental illness or knows a family member or close friend who has. Interestingly, Dr Wolpert is an atheist, but he talks about his depression as "soul loss", thus using spiritual language to describe this very human experience (quoted in Gilbert, 2011)

'Low level Mental Health Problems'. Recent work has demonstrated that 'low-level mental health problems' such as mild depression, stress and low self-esteem, has a negative effect on the lives of three in five women and girls. Recent work has also been carried out on the particular issues for men and mental health, where men may hide their ill-health, and perhaps act out their symptoms in substance abuse and aggression, meaning that their problems can easily be overlooked or misdiagnosed. Men often see admitting mental distress as a 'weakness'. The recent economic crisis, stemming from the credit crunch of 2008, has clearly adversely affected a number of people. Almost half of young people without a job say that unemployment has compromised their mental health. Unresolved loss and bereavement is also a particular risk factor in developing mental health problems later.

From mental distress to mental illness. Many people might be thought of as having a mental illness when they might be going through a transient phase of mental distress. For this reason clinicians use clearly defined diagnostic criteria and in general practice the most commonly used criteria is DSM IV. This means that a specified number of symptoms have to be present before a diagnosis can be made. GPs should follow diagnostic protocols before deciding on treatment and where possible mental illness is treated within primary care without recourse to specialist services. There is clear guidance to GPs on the way in which a mental illness is diagnosed as well as its severity.

Some of the diagnoses which we come across are:

- Depression
- Psychosis
- Dementia
- Autism
- Dual diagnosis including mental ill-health caused by substance misuse.

Specialist (or secondary) Mental Health Services. Specialist Mental Health Services are often organised through Community Mental Health Centres, or through a presence in Health Centres. There will often be an intake team, with responsibility for assessing urgent situations, and a team with responsibility for working with people with more enduring mental health problems. In addition there may be specialist teams

organised on an area wide basis, such as crisis intervention and home treatment teams, Assertive Outreach Teams, Early Intervention in Psychosis Teams, and specialist teams dealing with drug and alcohol related problems.

Specialist services for young people are often known as Children and Adolescent Mental Health Services (CAMHS) and are comprised of staff from a number of disciplines. Specialist Teams for Older People with Mental Health Problems often function alongside teams for younger adults and often (but not always) offer a Memory Service for people with early signs of dementia as well as support for carers.

Some people who are at risk to themselves or other people are admitted to hospital under the provisions of the Mental Health Act, 2007. The most common types of admission are under section 2 (admission for assessment for up to 28 days) and under section 3 (admission for treatment for up to six months). During this period in hospital, pastoral support from the parish can be particularly important, especially as those involved often return home on leave for the weekend.

Under the Mental Health Act a person can also be subject to a 'Community Treatment Order' which requires them to see a psychiatrist or another Mental Health Professional when required. Health and Social Services Authorities have a duty under section 117 of the Mental Health Act to provide aftercare – and spiritual needs should be seen as an important part of aftercare. Any person subject to the provisions of the Mental Health Act has a right to an Independent Mental Health Advocate (IMHA).

The voluntary sector is very active in Mental Health Services and often is responsible for the delivery of community services as well as day services and advocacy services. Some nationally based organisations include MIND (www.mind.org.uk) and Rethink (www.rethink.org.uk)

Personalised Mental Health Services: Over the last few years there has been a trend towards services which are tailored to the needs of service users with more enduring mental health problems.. Staff are encouraged to work with the service user as an equal partner in identifying what services might be of help, for example provision of a personal assistant or help with pursing a particular activity or hobby. This is sometimes known as 'self-directed support' and involves the use of an individual budget which is paid directly to the service user. Local authorities normally take the lead in providing this service alongside NHS colleagues. Over time it is planned to develop this approach to cover other

directly provided Mental Health services.

Focusing on dementia. You may wish to explore the issue of dementia further in response to the increasing numbers of people with dementia in our parish communities. Over recent years there has been much interest in the pastoral and spiritual needs of people with dementia and in particular a person-centered approach to their support and care. Caritas Social Action Network has produced a DVD 'Its still ME Lord, which looks at understanding and meeting spiritual needs in care settings as well as in the community. Further details available from Caritas Social Action Network – www.csan.org.uk

A useful resource. The DVD: *Hard to Believe* issued by Croydon Mind in 2005, is an excellent resource for looking at the spiritual needs of people suffering from mental distress; and how faith communities and mental health services can work more effectively together.

Most of the research around the values of religious belief and practice in respect of mental health is based on Christian and Jewish communities in the USA. Very little research has been undertaken in the UK. The USA research demonstrated that, in 70% of the studies reviewed, religion has played a positive role in well-being, recovery and resilience in mental health.

Discussion Sheet 4 – Suicide and Deliberate Self-Harm

Suicide is an experience which some of may have encountered in friends, colleagues or family. As a Church, we still regard taking one's own life as objectively wrong. However, nowadays, we recognise that, when a sufferer has serious depression, such as a bipolar sufferer on a "low", takes their own life, it's caused by their illness and so we can't hold them fully responsible for their actions.

Suicide is an issue of major concern is most industrialised societies. The group most at risk are males under 45 more at risk than the older age group. At the same time men are less likely to seek help for mental health problems, particularly depression. Risk factors include long term unemployment, social isolation, as well as recession and poverty. Alcoholism, as well as a major depressive illness and also a chronic physical condition are also significant causes of suicide.

Deliberate self-harm (DSH) refers to behaviour where are harm is intended but which does not result in suicide. It needs to be taken seriously because 10-14% of people who harm themselves ultimately die by their own hand. There is a variety of motives for DSH, including a wish to die, a cry for help, and a response to unbearable physical symptoms.

The spiritual aspects of suicide and DSH are complex. Coghlan and Ali (2009) point out that religious thought content, particularly distorted ideas about sin, can be problematic. Just as our faith can be a source of strength, some people can be weighed down by 'tyrannical religious views' resulting in self criticism and self loathing. The journey to recovery through the love God gives us can seem a very distant reality

Read Edna's story (in the module 'Caring about Carers' for a powerful account of the experience of her daughter's suicidal behaviour. Details of her book are in the resources section of this toolkit.

Point for discussion:

- *How might we look for signs in someone who is suicidal and in need of professional and pastoral help? Do we know where we might 'signpost' them to for further assessment and support?*

- *How, in our parishes, do you think all of us involved in the funeral of such a person, such as priests, deacons, those involved in a lay ministry and ordinary parish members, can prepare sensitively for the funeral? How can all involved minister sensitively to the relatives and friends?*

Module 3 – Welcome Me as I am

Guidelines for Facilitators

You will need:

- A flipchart and pens to capture the points made during the meeting.
- Sufficient copies of the discussion sheets and testimonies for members of the group.
- Paper for sub-groups to record their thoughts.

Aims of this module:

To understand how people with mental health problems can feel excluded from community life and participation in the parish.
To reflect on how our parish communities can become communities of welcome.

When arranging this session:

Ensure where possible that parish organisations such as the SVP are included in your publicity and invitations. Suggested length of this session: 90 minutes

Programme/Plan for this module:

Opening Prayer (5 minutes). You will find some suggestions in the Resource section of this toolkit.

Introductions and Ground Rules (10 minutes)

Discussion 1 – Mental Health and Exclusion. Distribute discussion sheets 1 and 2 to the group. Ask the group to consider the implications of social exclusion and the Church's social teaching for our parish life. (20 minutes). List the ideas on the flipchart.

Discussion 2 – Mere attendance or true belonging? Distribute discussion sheet 3 to members of the group. When they have read through the sheet, ask participants to discuss the questions at the end of the sheet. (20 minutes). When you reconvene for feedback, draw two columns on the flipchart, one looking at positive experiences of inclusion, the other looking at negative experiences. (20 minutes)

Discussion 3 - Taking inclusion forward in our Parish and Deanery community. Ask the group to consider how we might address the issues raised in the discussion so far. List the feedback on the flipchart. Then distribute the sheet 'Taking inclusion forward' and compare the ideas of the group to those on the sheet. (15 to 25 minutes)

Closing Prayer

For those interested after the session, distribute 'Some issues for further reflection and discussion'

Discussion Sheet 1 - Mental Health and inclusion

Exclusion and People with Mental Health issues. People with mental health issues have long been excluded. In the eighteenth century, people would visit London zoo to look at the animals and then travel on to Bethlem psychiatric hospitals to look at the inmates. The Victorians built many asylums and surrounded them with high walls to protect patients from the abuse and taunts of the general public. In the twentieth century, hostels, sheltered workshops, day centres and social groups were created to complete the segregation of people experiencing mental health problems from the rest of the community. In their heyday, psychiatric hospitals had shops, newsagents, churches, banks, libraries, gardens and concert halls inside the walls. As a result, the rest of society lived as if mental illness did not exist and people become ashamed and secretive about their own problems.

Mental distress and illness is normal. Taking the whole of life together, it is unusual to have an able body, an agile mind and a buoyant spirit. We all start our lives needing others to keep us clean, fed and warm, many of us end our lives that way, and much of the time in between is characterised by aches and pains, disabilities and impairments, worries and troubles. This is not about being gloomy, but simply recognising that the times when we are bursting with health, bronzed, athletic, and overflowing with joy are temporary, abnormal phases for most of us.

Mental distress is a normal part of human experience, and one in four people experience treatable mental illness at some time of their lives, so any congregation with more than three people is statistically likely to have some members with personal experience of distress. We all live our lives with a mix of illness and wellness, and some people who struggle with obsessions, or troubling ideas or feelings demonstrate kindness, generosity, forgiveness and hope, while others have no sign of any formal mental illness but remain trapped in bitterness, guilt and self-centredness.

Jesus supports inclusion. Jesus spoke to a society that excluded all kinds of people – prostitutes, foreigners, tax collectors, criminals, lepers, and those we would, these days, call mentally ill. These divisions split 'us' and 'them' and dehumanise the people that God had made. Over the centuries, we have seen these divisions played out again and again, in concentration camps, apartheid and ethnic cleansing, homophobia and disability hate crime, and even the school playground. By his words and his actions, Jesus opposed such divisions and today stands with all who welcome those who are different from themselves. He stands with all those who accept the people that others would call outcasts.

In our own century, efforts have begun to combat this history of exclusion. The simple message from successive governments is that people need high quality help *in situ*, so that, as far as possible, they do not have to give up their usual life. People might need some time off from the job, but should not have to give up work altogether, they might need a short period of time in hospital, but they should not lose their home, and they

might want the support of people who have travelled the same road, but they should not lose all their friends. This is known as *social inclusion.*

Discussion Sheet 2: Catholic Social Teaching and mental illness

- **'**Those who are marginalised and whose rights are denied have privileged claims if society is to provide justice for all. This obligation is deeply rooted in Christian belief' (The Church in the Modern World, #69. Second Vatican Council)

- Whoever suffers from mental illness 'always' bears God's image and likeness in [themselves], as does every human being. In addition, [people with mental illness] 'always' have the inalienable right not only to be considered as an image of God and therefore as a person, but also to be treated as such' (Message to Health Care workers, Pope John Paul II, 1997)

- Every Christian, according to [their] specific duty and responsibility, is called to make [their] contribution so that the dignity of these brothers and sisters may be recognized, respected and promoted. (Pope Benedict XVI, 2006)

- 'I therefore encourage the efforts of those who strive to ensure that all people with mental illness are given access to necessary forms of care and treatment… I commend pastoral workers and voluntary associations and organizations to support in practical ways and through concrete initiatives, those families who have people with mental illness dependent upon them. I hope that the culture of acceptance and sharing will grow and spread' Pope Benedict XVI, 2006)

Discussion Sheet 3 – Mere attendance or true belonging?

What does it mean to belong to a community? It means many different things, ranging from someone knowing your name to feeling part of a joint project and being able to contribute your gifts and abilities. In some ways, community is always just out of reach, a foretaste of heaven that we are constantly searching for, an aspiration rather than an achievement in this life.

If we are to include people in our church community we need to welcome them as they are and treasure their gifts, even when those gifts are awkward or hard to spot. Someone who speaks hesitantly teaches us to slow down, someone with unusual ideas teaches us to listen with our heart rather than our head, someone who can't sit still during the prayers teaches us to find the silence within ourselves.

Instead of making demands on the person to change, we are invited to change the way we do things and maybe our attitudes as well, so that there is a place for everyone. This means a place to belong, to contribute, to be valued for who we are, rather than just a place to physically attend from time to time.

Every organisation creates formal and informal rules or traditions that govern how people can participate. Sometimes these rules make sense, such as insisting that the treasurer be honest and good at maths! But in other places, the rules make less sense and form a barrier to many, including those experiencing mental distress.

For example, one church ran a luncheon club for older people. They welcomed people of any faith or none to eat lunch, but only church members could serve out and wash up. Elsewhere, in a church meeting, the chairperson passed a microphone around so that anyone who wanted to speak to the whole group could do so, but systematically prevented a certain person from having a turn. In a third place, nobody offered lifts to the church and so only car owners could attend, and in a fourth, it was almost impossible to take a break from any role.

The challenge for the church is to remove all unnecessary barriers so that people can easily increase their involvement or step down from responsibilities for a time – so that all may take part in the life of the parish community.

Some questions for discussion

Can you think of a moment when you, a family member or a friend felt included or excluded by the attitudes, actions or arrangements of the church or elsewhere?

If you feel able to do so, please tell the group about it.

Pay attention to the feelings, rather than discussing the fairness of the events too much.

Discussion Sheet 4 – Taking inclusion forward in our parish – some ideas

1. Can we invite people who have lived with mental distress to speak about their experiences in order to get the issue into the open and see the person behind the label. Create an environment where mental distress is not a taboo subject, but rather an acceptable issue to talk about in a Deanery Pastoral Council, from the front of church, in the pews and in the pages of the parish newsletter.

2. Perhaps we can find out how to get help from local mental health services (more of this elsewhere in this toolkit) and ensure that the people involved in pastoral and care work in your parish and deanery community know about it.

3. Locate buildings and groups that have been set up for people with mental illness in your parish and offer to help with the chaplaincy service.

4. Can we develop local resources, such as prayers to use in a healing liturgy (see the resources section) For additional ideas you may wish to look at the following websites: www.Pathways2Promise.org, www.MentalHealthMinistries.net, www.congregationalresources.org/mentalhealth.asp , www.nami.org/namifaithnet, www.dayofprayerfordementia.org.uk

5. Can we consider how to reach out and maintain our connection with people whose participation levels fluctuate. This will be the case for some people with mental distress, but not all, and also true for many other groups, such as those with very small children or some long-term health issues. Are there enough home visits and opportunities for people to build friendships through our parish community? Do people sense our ongoing interest and care for them in the times that they are in hospital or during other times of absence?

6. Be sparing with 'good advice', as crowding the person with instructions can feel oppressive and make problems worse. Respect people's preferences, especially if they prefer to avoid eye contact, handshakes or hugs.

7. Review all your activities to detect and lower barriers to real contribution and belonging. Would I feel able to speak about my own distress? Would a diagnosis of mental illness shut me out from things? If I needed support to participate, would this be available?

8. Offer a break to relatives who cannot leave their loved one alone, for example those with dementia. For more ideas look at the module 'Caring about Carers'.

9. You can focus on mental health issues on the 'Day for Life' which takes place each July. Get involved in World Mental Health Day that takes place each year on 10 October. Take the message to your employer and social or neighbourhood group outside the church. Write to media organisations to encourage them when

they report a positive story concerning mental distress, and perhaps challenge sensationalist reporting.

Some issues for further reflection and discussion

Stereotypes and mental illness

For some members of the public, including people with mental health issues is a frightening prospect. Horror films, sensationalist journalism and an increasingly safety-conscious society have linked mental illness with violence. Occasional tragedies, in which people main, murder and abuse others are incomprehensible to most people, and the common explanation is that the perpetrator must be 'mad' to do such a thing. Sadly, these events sometimes occur because of depression or delusions, but they remain rare. Meanwhile, around one in four of us will have some mental health problems at some stage in our life.

Over the last 500 years, the world has become a much safer place, and we are around 50 times less likely to be murdered for any reason at all than we were in the Middle Ages. In the last 50 years, murders have increased somewhat, but there has been absolutely no change in the murder rate that can be attributed to mental illness. For every mental illness related death, there are 70 deaths on the roads. Whilst nothing can be guaranteed for anyone, the vast majority of people with mental health difficulties are no danger at all to anyone else.

Three possible causes of exclusion

Many people with mental health issues remain excluded from ordinary life. They are more likely to be unemployed, homeless or in temporary accommodation, have other health problems, be out of education and missing from social groups and community activities. Along with many unemployed people, they are less likely to volunteer their time for charitable and community purposes. They may be less likely to get involved in church or to stay involved once they join.

There are three possible reasons for this exclusion:

- Issues to do with the person themselves and their mental health difficulties
- Issues to do with the community and its hostility towards people who are seen as different
- Issues to do with the support that is available from the welfare state – doctors, social workers, care staff, jobcentres and so on.

Most real life situations play out in all three fields. For example:

- a depressed worker might find it difficult to get out of bed and face the workplace on a particularly bad day, the community of fellow workers may pour scorn or suspicion on any of their number who are mentally ill, and the doctor may sign the person off sick without thinking about the impact on his future employment prospects.

- A member of the congregation who struggles to leave the house because of her anxiety may miss Mass for a few weeks, the congregation may not notice or do anything about it, and the psychiatric nurse may hint that faith is reinforcing her feelings of guilt and failure.

The Social Model of Disability

Lets look at the second of the three possible causes of exclusion that were set out above – the idea that the local community has a part to play in whether people join in, feel welcomed, contribute and maintain their engagement. Our part of the local community is the church, and so we will examine what the local congregation can do to welcome people with mental health needs.

It is based on a theory called the Social Model of Disability and this approach accepts people for who they are and looks for the physical and social environment to make adjustments so that they can fully participate. In the Social Model, a wheelchair user is not disabled until someone introduces staircases, and the focus is on putting in ramps, lifts and welcoming attitudes so that everyone can contribute as equals.

Few people experiencing mental distress need ramps and lifts, but we need to look for similar things that remove barriers and help people engage despite their mental health issues. For example, some psychiatric medications make people feel drowsy, and so offering a service later in the day and avoiding criticisms of worshippers who fall asleep will help people feel understood rather than judged. Many of the medications that people take dry up saliva in the mouth, so simply offering a water jug and some glasses will help people to feel welcomed and able to sit through the service.

Three kinds of provision

Over the past two hundred years, there have been three main responses to excluded people, whether this is disabled children, people with learning difficulties or those with mental health issues. They focus on special buildings, special groups or individual support. For mental health, the special buildings include psychiatric hospitals, residential care and nursing homes, day and drop-in centres and sheltered workshops. Groups include therapy and support groups, sometimes run as self help groups such as Depressives Anonymous or the Hearing Voices Network.

While separate buildings and groups provide an opportunity for people to meet in a supportive environment, they deprive the wider community of the contribution of this

group of citizens and further isolate them from wider roles and relationships. People who spend a lot of time around mental health buildings and groups find themselves living in what might be termed a 'benevolent ghetto'.

The third approach is to support people to reconnect with the wider community or retain their connection to it, to establish friendships with people who have had different experiences, and to keep ordinary life going, despite their difficulties. This approach offers the best hope for building a community where everyone can belong.

Church history has examples of each of these three responses to exclusion – separate church buildings for sick people, Black people or poor people, separate groups for learning disabled people, or for those exploring the interplay between hallucinations and spiritual revelations, and individual support for people to join in with the mainstream.

A local congregation may use a separate building for very good reasons (such as the chapel inside a prison), or a separate group (where people are sharing their personal experience of the 'dark night of the soul' and reflecting on the Psalms together), but, without a parallel agenda of making the wider church accessible to ex-prisoners or those facing depression, their work may be a dead end rather than a through road.

This is at the heart of the mission of the church – welcoming everyone, irrespective of status, wealth, mental health or ethnicity. Perhaps the final option is the most significant – how to support people to participate in the same things that everyone else does, rather than just creating separate services, activities or groups. That way, the whole parish community is involved and everyone benefits.

Participation in Church Life – some questions for reflection

Make three columns on a flipchart sheet and list the local examples you know about of mental health buildings, groups and individual support for participation in church life. Then think about the upside and downside of each of these options. End with a row of ideas for moving forward. Here's an example, but it's best if the group fills out the table for themselves.

Buildings	***Groups***	***Individual Support***
Locally, there is the chapel at the psychiatric unit and our priest celebrates Mass there each Sunday.	*We have a 'mental health and spirituality' discussion group meeting in the church hall on Monday evenings. We don't know if anyone from the congregation attends.*	*Several people who we think might have mental illness attend Mass from time to time, but only one person in our group knows their names, and they don't attend anything else.*
The positive side is it offers a chance for people	*The positive side is that group members get a*	*The positive side of this is that people are attending*

who are detained to worship.	*chance to relate their faith to their experience in a sympathetic and understanding group.*	*the church and may continue to do so after they are discharged from the mental health service.*
The negative side is that it can associate churchgoing with illness.	*The negative side is that the rest of the congregation miss out on the insights developed in this group*	*The negative side of this is that we have not really found ways for these folk to belong.*
Possible action includes church members volunteering with the chaplaincy	*Possible action includes inviting members of the group to give a talk to the rest of the congregation*	*Possible action includes getting to know the people concerned and moving our focus from attendance to belonging.*

Caring about Carers

Opening Prayer

YOUR STRENGTH LORD, IS WITHIN US

When the pressures of life are just too much. We just can't cope and really lose touch. From our illness there is no immunity but you know we need your community. The people out there are our sisters and brothers and what has happened to us will happen to others. This is your strength within us, Lord. We know it. We have your gift of compassion to show it. We pray to you, that we use it to benefit others, Your Church, and our sisters and brothers. Give us a positive attitude to mental health awareness. Why the stigma? Where's the fairness? We believe we understand the position. Give us your strength to work on this mission. *(Ad Majorem Dei Gloriam: To the greater glory of God) Nick McCreton*

In our parish communities carers often find it difficult to take an active part. They may often have obligations at home or feel perhaps reticent in accompanying their loved one when their behaviour could be seen as unusual or challenging. For this reason carers need to be made welcome and understood.

The term 'carer' has been given prominence in recent years through a focus on the burdens of care and the need to recognise that carers should not just be relied upon at the expense of statutory services. But some carers might feel uncomfortable with the label 'carer' and prefer to see themselves as 'Mum' or 'Dad'.

Care giving is a natural process and is not simply an activity. Care giving is a mixture of behaviour, feeling and emotions. Some of these emotions are based on love in spite of the daily challenges of looking after a loved one, while others are based on more complex feelings of anger and guilt.

Did you know that carers who provide 'regular and substantial care' are entitled to an assessment of their needs by the local authority? And their social as well as occupational needs have to be considered. While there is no statutory entitlement to a service following an assessment, carers can receive a carers grant, often a one-off payment. This should enable carers to take a break, or perhaps to enjoy the experience of a retreat – see below…

Stephen's story

I am organist at our local Church as well as being a Eucharistic Minister. I am also Vice-

Chair of our Parish Council. Our son has suffered from a psychotic illness for the last five years. Last Christmas he had to be compulsorily admitted under a section of the Mental Health Act. I found the experience very difficult but when I tried to talk about the psychiatric ward after Mass over coffee I felt people around me didn't know what to say. Its so much easier to talk about someone suffering from a physical illness, but when it comes to mental illness, people seemed embarrassed to talk about it – I felt that I just couldn't share my feelings. My question is – 'How can we make mental illness an OK subject to talk about?

Stephen's prayer

We saw our son today on the Mental Health Unit. His eyes were glazed over and he couldn't decide if he should come out of his cubicle. Perhaps his voices told us that he couldn't be sure of us…or perhaps he was just too exhausted after his compulsory admission earlier in the week, just two days after Christmas. All the world seemed too much for him as he turned back to his bed, laid down and tried to get some more sleep.

Lord, I've been trying to understand the terrible experience of psychosis in our young son. When the world is so full of opportunity, its so hard to understand that your creative goodness should pose such a burden on such a young life. When family and friends become too much and the bedroom is the only refuge for 24 hours a day and when nothing else matters other than retreating from the world.

Lord, we are back at home now. In the darkness of the winter evening, perhaps you can help us to find some meaning in the emptiness we feel tonight. In the peace of our living room we have lit a candle for our son. We've put it next to the crib, symbol of your creation. Exhausted and bewildered, we turn to you.

Help us to cherish the goodness and personhood of our son who has been created and shaped in your own image. Help him to glimpse once again a world of meaning and love.

And in the darkness and confusion of his cubicle on the ward, be present to him and shine your light of love and hope.

Amen

For discussion: How can we help parishioners such as Stephen?

Edna's story

My Mother suffered from a compulsive obsessive disorder which began to manifest itself more acutely in the years after my Dad died. I became the person to whom she could off-load her obsessions, pleading with me for advice as no-one else must know! She was clever and articulate but inside her four walls was tortured by her disorder. She telephoned me frequently. This was on-going and then, Elizabeth, thirteen, and youngest of our eight children became seriously ill. Eventually, we saw a consultant psychiatrist at an emergency appointment at St. Luke's hospital, a very old mental hospital but modernised although its reputation hadn't moved at the same pace. When I told Elizabeth where we were going, she was horrified. She said, 'you know what they say about that place, Mam. They call it the 'looney bin' where the 'nutters' and 'psychos' go', this kind of language still used in our society. By turning a person into a label, we take away their dignity, their personhood and dehumanise them.

Elizabeth was very ill, in a severe clinical depression caused by a chemical imbalance triggered off at puberty, and a patient at the hospital. Everything had to go on hold, no school, no homework, no music lessons. She was a clever girl. We had been told at her last open evening at school that she would probably do maths at university. She had passed five grades of cello and four of piano. She never again put in a full week at a time at school because of this illness. However, I was told that because of her age, it was thought that staying over night at the hospital may do her more harm than good, that I could take her home each evening but not to let her out of my sight as they did not know her 'flip point'. In other words, she was suicidal and on a twenty-four-hour watch. I took her home and I did not know what to expect. I was not a trained professional. I am a mother, a grandmother. That was early May.

The days ran into weeks, into months and I looked after Elizabeth mostly at home with many visits to the hospital. It was very stressful with Elizabeth's mood swings and tears and devastating on our family relationships. In the August, the psychiatrist wanted Elizabeth back in hospital because she was so ill and thus, I went to see a priest because up to this point we hadn't had a visit from one although they were praying for us but I needed a Christ-in-the-flesh. I asked the priest if he would come to our home and pray with our daughter and us. He was a kind and gentle man, humble and very honest. He said, 'Edna, I know my limitations and I'm not very good with teenagers and I don't know your daughter very well. I was trained forty years ago and I know next to nothing about mental illness and I'm frightened that if I come I may do more harm than good.' So I asked him if he could recommend anyone else and he said that he couldn't and I went home alone.... I was slowly becoming a broken carer. I needed a compassionate Christ. I thought a lot about this. I think that we are a good Church at supporting families where there is sickness and suffering and I suspect that had our

daughter been experiencing a different sort of life-threatening illness, we would have had more support. I wondered, was there a gap in pastoral care with reference to mental illness.

I was doing my BA degree in Divinity at the time as a very mature student studying from home distance-learning. I decided that when I got my degree I would continue with a Masters degree because I knew I'd be allowed to chose my own research topic and I wanted to look at this area of pastoral care within the Church. I wanted to see if there was a gap or was it just our family that I felt had fallen through the net.

As part of my research for a Masters Degree, I interviewed at length four Catholic clergy still active today in our diocese, about support for families where there is sickness and suffering including where there are mental illnesses. I looked at the documents of Vatican II and found enough to support this area of pastoral care. I sent questionnaires out to two Carers support groups, one of which I initiated with the help of a priest and it has been on-going ever since, as carers come and go. We begin with a short Scripture Reading because I needed to meet Christ in all of this. One day, a carer telephoned me. She said, 'Edna, I've been thinking of coming to your support group for some time now but I'm frightened that if I do, it will get out.'

The stigma of mental illness! She didn't want anyone to know what was going on in her family. I reassured her that what was said was treat confidentially and she came and told her story. We share our joys and sorrows, and sometimes our tears and we say a little prayer.

I submitted all my research and the Examining Board gave me a distinction and said they hoped that I would get it published in some form, which is what inspired me to write my book, Carers in the Community: 'Why have you forsaken me?' re-published in 2009 under Our Suicidal Teenagers: Where are you God? It contains six years of our journey with our daughter through her teens including her relapses and the effect on our family relationships; how I went about setting up a carers pastoral support group; and my Masters research.

Firstly, it is to give people hope because we are the lucky ones as we still have our daughter with us. In her late twenties, she finally achieved her 2.1 degree at the University of Durham and is now a primary school teacher and has two school children. Secondly, I hope the book will help in understanding the effects of mental illnesses on individuals and families.

As well as the Carers pastoral support group, I also facilitate a fortnightly pastoral support group for those experiencing mental ill health, which I began with the help of a

priest, a number of years ago.

In conclusion, I think people with mental illnesses in our society today are among some of the most marginalized people. They lose their self-esteem and their dignity. They don't feel lovable and they have no status. Many people don't really want them in their back yards and as for applying for a job, do you put on the form where it asks about your mental health that you've been under a psychiatrist in your teens and still take medication and if so, will anyone employ you even if you are able to work? It's called discrimination. I think if Christ was walking this earth today, He would be with these people and their families. He has our hands and our feet. So I hope that in raising awareness about the silent suffering that goes on behind four walls, there will be more acceptance, compassion, understanding and support so that on the Day of Judgement Christ can say, 'Come you blessed of my Father. When you did this to one of these my brothers and sisters, you did it to me' (Mt.25:40). Edna M Hunneysett

Some questions for a group discussion:

Edna's daughter experienced a mental illness at the age of 15. How might we better support young people in mental distress?

How can I be a compassionate Christ to an individual experiencing a mental illness? To someone who is suicidal? How can the Church community be caring?

How can I be a 'Good Samaritan' to someone who cares for a person with mental ill health? How can the Church community be supportive?

Caring for a person with dementia. Caring for a person with dementia can be challenging, particularly as dementia advances. Carers can feel reticent to bring their loved ones to Church and may feel it is easier for them not to participate in parish life. Even at the early stages of dementia when memory loss takes hold, carers may feel anxious about their loved ones taking part in activities which they previously enjoyed.

Consider how we welcome those with dementia and their carers Caritas Social Action Network recently produced a DVD on this subject – obtainable on www.csan.org.uk

Topics for Group Discussion:

Ask those present to reflect on the stories above and how parishes and deaneries can be a source of support and understanding. You might then want to consider some of the ideas below…

Some ways in which we might support carers in our parishes and deaneries:

- *Read Edna's story. Her experience led her to setting up a support group for carers which enables carers to share their experiences in a safe and non judgemental climate. The groups which Edna facilitates also involve scriptural reflection and prayer. Do you have someone in the parish who would be prepared to act as facilitator for such a group? Edna is happy to provide advice and support – her phone number is:*
- *Carers often need some time and space away from their immediate situation. A day retreat for carers in a pleasant and nurturing atmosphere can help in that important process of recharging batteries. The Pastoral Care Project (www.pastoralcareproject.org.uk) has experience in organizing days for carers which are both nurturing and enjoyable.*
- *Carers often feel quite isolated. The opportunity for a drink and a chat can be very important. Perhaps the parish can set up an informal opportunity for carers to meet and chat over tea and coffee.*
- *Offer a lift on a Sunday or other times of the week. Members of the SVP, for example, can relieve carers through offering transport as well as support.*
- *Carers often feel a stigma in their role – encourage them to talk – and pray – about their experiences.*

A Carer's Lament

I've cared for the Youngsters, the Old and Infirm.
I've nurtured the Ones with no prospects to learn. I've spent many years with the Mentally Ill.
I've memories of these, which none other can fill.
I've spent sleepless nights tending Dying and Sick.
I've cared for the Troubled until mentally fit.
Like Jesus, whose once-darkened souls He has lit. And now I am old, and as tired as can be, I wonder who's going to look after me?
Thank God, we've a Saviour who says he will not, for a moment forsake us, whatever our lot! *Ken Bunting*

My beautiful wife…

My beautiful wife has dementia.
She was neither a good cook nor a very good housekeeper,
but she is a beautiful person,

beautiful within.
She has a beautiful spirit.
She has been my beautiful wife for sixty-four years,
I love her with every fibre of my being.
She is my beautiful wife.
"A perfect wife, who can find her?
She is far beyond the price of pearls.
Her husband's heart has confidence in her." Proverbs 31. 10 -11

From 'Petals of Prayer' by Sr Siobhan O'Keeffe

Module 5 - The Journey of Hope

Facilitator's Guide:

You will need:

- A flipchart and pens to capture the points made during the meeting.
- Sufficient copies of the factsheet and testimonies for members of the group.
- Paper for sub-groups to record their thoughts.

Aim of this module:

- To understand mental distress and mental illness as a journey of hope in spite of setbacks along the way
- To consider the recovery model in mental health and to link this to the pastoral and spiritual support we provide as a parish and deanery.

Suggested time for this session: 90 minutes (approx)

Programme/Plan for this module:

Opening Prayer (5 minutes) You will find some possible prayers in the Resource Section.+

Introductions and Ground Rules (See Introduction) (10 minutes)

Scripture reading. Ask one of the participants to read the Emmaus story (Luke 24, 13 to 35) to the group. What are the implications of the Emmaus story for our discussion? Ask if there are other passages from Scriptures which resonate with us on the theme of recovery. (15 minutes)

Recovery Model - Distribute Discussion Sheet 1. In the group, ask participants what they think of the Recovery Model and to consider what this means in terms of the Gospel message. (30 minutes)

Testimonies: Distribute Discussion Sheets 2 and 3. Ask participants to read the testimonies of either Mary or James (You might ask the group to split into two smaller groups to consider both testimonies). Consider the questions linked to the testimonies. (20 minutes)

Summary: Ask the group to consider the implications of the discussion for pastoral and spiritual support offered by the parish or deanery. (5 minutes). Finish the session with a closing prayer.

Discussion Sheet 1 – the Recovery Model in Mental Health

Anthony (1993) described recovery as " a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."

Recovery does not necessarily mean a full, 'clinical' recovery. It means building a life beyond illness, sometimes in accepting that the illness may not leave us.

Each of us with mental distress will experience our own personal journey of recovery. Ultimately, because recovery is a personal and unique process, everyone with a psychiatric illness develops his or her own definition of recovery. Perhaps the most essential contribution to recovery is **hope**.

> **"In the depth of winter, I finally learned that there was within me an invincible summer."**
> Albert Camus

Hope is a desire accompanied by an optimistic expectation. It is a foundation of our Christian belief in the resurrection. It gives us a foundation for recovery from our mental distress. Even the smallest belief that we will get better gives us hope.

The Mental Health Foundation has published a helpful online guide to thinking further about the recovery process. Among many factors, it suggests that the recovery model

- Provides a holistic view of mental illness that focuses on the person, not just their symptoms
- believes recovery from severe mental illness is possible.
- is a journey rather than a destination.
- does not necessarily mean getting back to where you were before.
- happens in 'fits and starts' and, like life, has many ups and downs.
- calls for optimism and commitment from all concerned.
- is profoundly influenced by people's expectations and attitudes.
- requires a well organised system of support from family, friends or professionals.

Of course, we need more than hope on the journey to recovery. We also need:

Empowerment those around us to empower us to make decisions about our lives as we grow stronger.

Support – both from our friends and family and parish community in being understood

and in taking small steps in our journey to recovery. Spiritual support is a vital part of this process. Talking with others as part of a support group can be equally important. Good professional help and input can also be equally important.

Meaningful activity. For some people this will be a return to work or an activity which provides meaning and purpose. The parish can play an important part in helping people with mental distress to feel useful and purposeful

This passage shows that its not just ourselves, but those around us who need to start and promote the healing process. Over recent years we have used the term 'recovery model' to describe a more optimistic and positive outlook on recovery from mental health problems.

Discussion Sheet 2 - Mary's testimony

The experience of God's healing - a faith journey to recovery

I've suffered from depression for 30 years, thankfully not continuously. It's been a difficult journey for me; without my husband's love and the gradual awareness that God loves me as I am, I would not be here now. Most of its roots were in my childhood. I was blessed to be born into a loving, Christian family, the middle child of three. However, when I was four Mum developed TB and was sent to a sanatorium for over a year. The was family split, as it was impossible for my Dad to work and look after us. I didn't see Mum for all that time. Later in my childhood, Dad had two serious work accidents, which maimed his hands and developed serious stomach problems. Mum recovered from TB but was often not strong. My brother also was sent to an openair hospital for a year, following a longish period of ill-health. This, and a further separation when I was 10, caused me to develop deep insecurities.

The child in me still believed it was my fault that Mum had gone away. I learnt to be quiet and good, work hard and make no fuss. I became a nurse and later a midwife. In nursing I experienced things that left deep scars within me, especially seeing the burnt bodies of two children left at home alone and a tiny infant born far too early but still crying.

I was baptised as an adult in my Baptist church when I was 22, yet didn't believe God could love me. Why should He? I didn't love myself. It took a long time, with God's wonderful patience and much pain before I believed He does. I became a Boys' Brigade officer and a deacon in the Baptist church. I worked hard both in church and at work because, I realise now, I wanted to prove to myself that I was useful and lovable. I knew the Bible said God loves me but I felt he couldn't love me; nobody did, especially me. You can't live like this without something breaking and it did, me. I withdrew into myself but wore a mask so nobody knew my pain. I continued with church and midwifery work, often crying in the car between clients or at home. When I tried to share some of this with a Christian colleague, she told me my faith wasn't strong enough; again it was my fault! It reminded me of schoolteachers telling me I how stupid I was. However, deep down, it was still my faith that somehow kept me going.

In the early 80s my Dad developed motor neurone disease. His care both in hospital and at home was appalling and lacked compassion, leaving me angry and hurt at a profession I'd been proud to be part of. I helped to nurse him at home while still working as a community midwife, having been refused leave to work less hours temporarily on compassionate grounds. This was the final straw in my illness. At the time, I believed it was my fault Dad died; "I'd not looked after him well enough". I sunk into deep depression and one night after church I took an overdose. I was soon admitted to a psychiatric hospital where I was sectioned for five months, trying there to kill myself twice more. Having reached rock bottom the only way then was up, a long

painful journey with many ups and downs.

There has been many down times since. Family illnesses, such as our son's epilepsy and self-harming, our daughter's mental health concerns renewed my feeling of inadequacy and self blame. In the worse times I also started to self-harm. It was the only way I could deal with my own pain when our daughter age 15 was in a psychiatric unit. Again, as usual, I blamed myself. God has very graciously taken his time with me, slowly allowing the healing process. It's been a long journey through at times a very dark tunnel, for me as well as my husband, whom I met whilst on holiday recovering. I believe that God's intervened in those "God-incidences" in my life which have so helped me move on. Meeting my husband was one. About a year after our marriage was another. I was in the church hall looking at some children, when I clearly heard God say to me "don't worry this time next year you'll be holding your own child" (I'd been told by doctors that I was going into my menopause when I was in my early thirties). Our daughter was born the following April, just before my 40th birthday, followed by our son the next year, praise God.

I learned that God was with me in the journey and was helped by prayers of healing; receiving the Holy Spirit at a Catholic prayer group was both a surprise (I was still a Baptist at this time) and a tremendous help. I also received "Life Prayer", which prays for your present, past and background, at a retreat organised by the Maranatha Community, of which I'm a member. This was an amazing break-through for my relationship with my mother and thus began a long but fruitful healing process of my memories and of my attitude to myself, which continues to this day.

- *Some, possibly all, of you will have known somebody close who is suffering or has suffered from clinical depression. How has reading these accounts changed your view?*

- *People with clinical depression need the help of trained professionals, such as psychiatrists, psychologists, counsellors, psychiatric nurses and social workers, and psychotherapists. Nonetheless, without trying to be experts, how can those of us who are not experts help the sufferer?*

- *How can we nurture a sense of hope in those around us who are experiencing mental distress?*

- *Clinical depression is surprisingly common and, fortunately, now much more openly recognised and discussed than even a decade ago. What more do you think our parishes and the Church in general can do to help sufferers from clinical depression? What if the sufferer is one of the parish's priests or deacon?*

Discussion Sheet 3
James's testimony - Drawing closer to God in my recovery

My family has a long history of clinical depression. It can be debilitating and potentially lethal, with the sufferer becoming suicidal. The roots are deep in our family history and experience. My Dad suffered from it all his life, yet his deep faith sustained him and finally gave him much healing.

Indeed, it was the Christian Faith that kept us all going. I've had to deal with several family members suffering from depression, trying simply to be their for them and understand. This could be a heavy burden. Sometimes, coming home after work, I felt there was a dark cloud hanging over our house and longed for it to go; yet I couldn't run away.

In 2001 my daughter began to have mental problems. She became much worse in 2002 and was diagnosed as bipolar. At the same time, major changes at work began, my Dad died, we suffered the trauma of moving house and my wife became seriously depressed too. Because of her mental state, she berated me for being unfeeling and uncaring, which was an added burden, and entirely untrue. I had to carry on as best I could. 2004 became more difficult at work. The policy then was to prefer 20 yearolds; those of us above 50 began to feel very out of it.

Several close colleagues my age left; I felt very alone. I was left for long periods to run the new department I was in, entirely by myself. I enjoy the challenge of setting up new things, and although stressful, this wasn't a problem. I'd begun to work through the stresses of the previous three years relatively well. However, in September, on top of the constant strain of trekking into London, difficulties at work became just one too many stresses. My wife and daughter had been concerned for a while. I was increasingly tired and anxious.

I went to a church meeting on the Monday evening, where I was unusually subdued, got home and just sat in a chair in our conservatory for a long time. At work the following day, after a committee meeting, about which I remember nothing, I went to a disastrous team meeting. Clearly, my previous six months' hard efforts were totally unappreciated and, instead, I got nothing but criticism. I was very angry and felt badly let down.

When I got to bed that night I broke down, burst into tears and hardly slept. Everything I'd been through over the previous three or four years then began to come out. I foolishly went to work the next day. My wife rang our trade union. His advice was "Tell him to come home now!", the best he could give. She did, saying on the phone that if I didn't come home she'd come and get me!

I saw our GP the following day, who signed me off sick and prescribed antidepressants. I had, in total, seven weeks off sick. I was clearly seriously depressed. Others remarked how I looked strained and worn, not normal for me. I lost my normally healthy appetite and even stopped wanting to read, a life-long passion. My parish priest was a great

help and very encouraging. I also had eight very helpful sessions of counselling.

I rested, often sitting quietly for hours listening to Christian music and meditative CDs, but I ensured that I didn't spend all day in bed. I went cycling for exercise. Several times I went to Aylesford Priory in Kent, just sitting for hours in the cloister chapel before the sacrament, experiencing wonderful healing and peace. I gradually got better. During this time, in my helplessness, depression and quiet, I drew closer to God and became much more open to Him. It enabled me to experience first-hand what others in the family had been going through. It gave me a greater sensitivity and awareness of my own vulnerability.

Some questions for reflection and discussion…

- *Some, possibly all, of you will have known somebody close who is suffering or has suffered from clinical depression. How has reading these accounts changed your view?*

- *People with clinical depression need the help of trained professionals, such as psychiatrists, psychologists, counsellors, psychiatric nurses and social workers, and psychotherapists. Nonetheless, without trying to be experts, how can those of us who are not experts help the sufferer?*

- *Some times we may feel a sense of distance from God during times of mental distress. How do we deal with these feelings?*

- *How can we nurture a sense of hope in those around us who are experiencing mental distress?*

- *Clinical depression is surprisingly common and, fortunately, now much more openly recognised and discussed than even a decade ago. What more do you think our parishes and the Church in general can do to help sufferers from clinical depression? What if the sufferer is one of the parish's priests or deacons?*

Module 6 - **Pastoral and Spiritual support in Deaneries and Parishes**

In this section you will find some ideas for providing pastoral and spiritual support in a deanery of parish. These range from an afternoon event for people who have or are experiencing mental distress, as well as ideas for a healing liturgy. This section concludes with some prayers which many people who have contributed to this resource pack have found helpful.

Providing pastoral support in our parishes

Helen Bassirat, Mental Health Project Worker in the Diocese of Shrewsbury, has organised a number of events in the diocese: She writes of her experiences:

'To date I have organised two afternoon events in different parts of the diocese simply inviting anyone whose life is affected by mental health issues. So this would include sufferers, carers, professionals, family members etc. Although the events did not have huge attendance, they generated a lot of work in our diocese and for me!

Responding to those who did attend I have since organised healing Masses around the diocese including an anointing of the sick for mental health sufferers and their families. This has certainly raised awareness and in a small way I think it is beginning to break down some of the stigma as people are talking about it more openly.

The format for the afternoon events is quite simple. A welcome, introduction and prayer (we use as our theme 'Come to Me' taken from Matt 11:28-30). Edna Hunneysett then speaks about her experience, then we break into groups for people to share/comment on Edna's input. Then there is more input from Edna. In this second input she generally speaks about the carers groups and the importance of spiritual support. We then break into groups again asking for feedback and how participants feel that the church/parish can help and support them.'

The events such as the afternoon sessions which Helen describes can be a strong source of support for those with mental distress and Helen speaks of one Mass which was particularly powerful as the homily was based on the personal experiences of the priest who celebrated the Mass.

In our planning we may want to consider having someone available to be with a participant to needs to take 'time out' from a discussion session or a Mass.

While the liturgy will be based on the liturgical guidelines on Pastoral Care of the Sick, we will need to be sensitive to the feelings of some potential participants that sickness may be associated more with a physical than a mental health condition.

Organising a Mass or Healing Service

You may wish to consider a Mass within which anointing takes place or a healing service which is not part of a Mass. Here are some ideas for readings and psalms.

Some ideas for Scripture Readings for Healing Liturgies

Isaiah 40:28-31

The Lord is the everlasting God,
He created the boundaries of the earth.
He does not grow tired or weary,
His understanding is beyond fathoming.
He gives strength to the wearied,
He strengthens the powerless.
Young men may grow tired and weary,
Youths may stumble,

But those who hope in the Lord renew their strength,
They put out wings like eagles.
They run and do not grow weary,

Walk and never tire

Isaiah 49:13-17

Shout for joy, you heavens; earth exult!
Mountains, break into joyful cries!
For Yahweh has consoled his people,
is taking pity on his afflicted ones.
Zion was saying, 'Yahweh has abandoned me,
the Lord has forgotten me.'
Can a woman forget her baby at the breast,
feel no pity for the child she has borne?
even if these were to forget,
I shall not forget you.
Look, I have engraved you on the palms of my hands,
your ramparts are ever before me.
Your rebuilders are hurrying,
your destroyers and despoilers will soon go away.

Romans 8: 24-27

The spirit too comes to help us in our weakness. For when we cannot choose words in order to pray properly, the Spirit himself expresses our plea in a way that could never be put into words, and God who knows everything in our hearts knows perfectly well what he

means, and that the pleas of the saints expressed by the Spirit are according to the mind of God.

Psalms for healing liturgies

There are many psalms appropriate to liturgies which have a focus on mental health issues. Helen Bassirat suggests the following:

Psalm 144:17-21 R. 18

Psalm 87:2- R.3

Psalm 26:7-9 13-14 R. 13

Psalm 138: 7-10. 13-14 R 24

Psalm 22

Healing or curing - reflecting on liturgical focus. Some people experiencing mental distress may feel 'let down' when their prayers and the spiritual support they receive don't lead to an instant cure.The letter of St James gives a focus on healing as a continuous activity rather than on an instant cure. 'Is anyone sick among you? He should call for the priests of the Church and have them pray over him and anoint him with oil in the name of the Lord and the prayer of faith will save the sick person and will raise him up. If he has committed any sins, he will be forgiven» *(Jas* 5:14-15).'

The healing power of Eucharistic Ministry – Stephen's story

Stephen's story about his difficulties in talking about the hospitalisation of his son in the parish is in the module 'Caring about Carers'. Stephen is also a Eucharistic Minister and he reflected on how he might get involved with Eucharistic Ministry at the local Mental Health Unit.

'*I first approached the Chaplain at our Mental Health Unit who told me that there is a need to bring Communion to Catholic patients on the inpatient wards. The requests do not occur that often and staff need to be made aware that this service is available – they may not always recognise the specific spiritual needs of patients. As a volunteer with the Chaplaincy team I receive training and support and the opportunity to work with volunteers.*

My first visit was to Michael, a 29 year old man on a locked ward with a very deep faith. Michael asked me to have our Communion service in his bedroom. He had taken a sheet

from his bed and used it to cover a small table for our service. As our service progressed I was conscious of the Holy Spirit being present to both of us. He had thought carefully about the reading he would like - from John 6, and he took the trouble to provide a short homily on the reading for me ! Our prayers of intercession were also special and we concluded our Communion service with further prayers chosen by Michael. There is so much healing in the Eucharist in these circumstances – not just for the patient but for ourselves as well.'

Peace and Tranquility – the contribution of meditation. In mental distress there is often a need for silence, peace and tranquillity. Meditation can often help in restoring wholeness and confidence. Christian meditation can often be a source of spiritual strength. Further information can be found on meditation – the World Community for Christian Meditation on www.wccmeditatio.org.

Providing pastoral and spiritual support for carers. For some years Edna Hunneysett has been facilitating support groups for carers and those experiencing mental distress which meet in a confidential and non-judgemental setting. Edna has contributed to a number of events in sharing her experiences. Read her account in the module 'Caring about Carers'

People with dementia and their caregivers have spiritual needs which should be addressed in parishes and deaneries. A recently made DVD 'Its still ME, Lord' addresses these issues both in the context of parish life and in the pastoral support provided by parish communities to residential and nursing homes. For more details on obtaining the DVD and on taking this agenda forward in parishes and deaneries contact Caritas Social Action Network – www.csan.org.uk . For resources in pastoral support contact the Pastoral Care Project on www.pastoralcareproject.org.uk. The Pastoral Care Project also facilitates retreats and days for carers.

The National Week of Prayer and Awareness of Dementia initiated by the Pastoral Care Project takes place every year 12-19th March where resources are available to download for parishes to pray specifically and raise awareness about dementia and the strain on family carers. It is also an opportunity for schools to get involved. Resources and details of some of those who organised events and raised donations for the charities work can be found on the Pastoral Care Project website www.pastoralcareproject.org.uk

Some additional prayer resources for discussion sessions and liturgies

Hail Mary…

Hail Mary, strong, gentle woman,
divinely chosen to be the mother of God,
divinely chosen as mother of all who suffer,
divinely chosen as mother of all who weep,
divinely chosen to stand and wait, wait, wait,
divinely chosen to witness the crucifixion,
divinely chosen to feel the death of your only Son, your only Son.
Divinely chosen to receive the broken body of the Christ of God.

Divinely chosen to stand beside all who suffer,
divinely chosen to be with all who are mocked,
divinely chosen to be with all who are humiliated,
divinely chosen to be with all who are put down,
divinely chosen to be with all who are taken down from the cross of dementia.

Divinely chosen to receive their broken bodies,
divinely chosen to receive their broken minds,
divinely chosen to receive their broken spirits,
divinely chosen to present them to God.

Divinely chosen as mother of all,
Divinely chosen.
Divinely begotten daughter of God.

"Rejoice so highly favoured, the Lord is with you." Luke 1. 29

(From 'Petals of Prayer' - Sr Siobhan O'Keeffe – published by Kevin Mayhew Publishers (2011)

Our Lady of Mental Peace

Edna Hunneysett writes: This information was sent to me some years ago by Christine Mears when she lived in Glasgow. She had invited me to speak at a Conference that she had organised at St Mungo's Academy in Glasgow in May 2003 and it was there that I learned from Christine of the devotion to Our Lady of Mental Peace. Christine has since emigrated to New Zealand. She asked me at the time if I would promote this devotion in England and I try to do this wherever I go to raise awareness of support needed for those with mental illnesses and their families, especially when I speak at Masses or at Conferences, and I take the prayer cards

with me to distribute to anyone wanting one.

Our Lady of Mental Peace

Mother of tranquillity
Mother of Hope
Our Lady of Mental Peace
We reach out to you For what is essential In our weakness.
Teach a searching heart That God's love is Unchanging
That human love begins and grows By touching His Love
Our Lady of Mental Peace Pray for us.

We remember humanity'…

We remember humanity, breathed into life by God's Holy Spirit;
People of beauty and brilliance,
People of gifts and grace,
People of extravagant diversity.
We pray, healing God,
For people whose lives are diminished because they live with their own or another's mental illness;
for people facing the stigma caused by misunderstanding about mental illness;
for people struggling to find help where they need it.

From 'Not Alone' Worship Resources, Methodist Church, 2010

Some suggested opening prayers for sessions:

Lord, help us to understand the needs of all those experiencing mental distress. Help us to bring hope to them and those close to them as they face the challenges of daily life. Help us to learn from their experiences as we confront the challenges of our own lives.

Help us to make our parishes and deaneries communities of love, understanding, and healing as we journey with those experiencing mental distress.'

'God be in my head and in my impairments.
God be in my eyes and in my blindness.
God be in my ears and in my deafness.
God be in my head and in my madness.
God be in my legs and in my lameness.
God be in my hands and in my clumsiness.
God be in my mouth and in my silence.

God be at my end and in my dementing."

(Janet Lees, speech therapist, revisits the Sarum prayer. Printed in the Religion and Spirituality Division Quarterly, Spring 2006, page 3)

There are people close to us
Perhaps they are feeling overwhelmed by loneliness and despair
Perhaps we are overwhelmed by the despair they feel.

Help us Lord to bring our healing to them
Bond us through what is holy and sacred.

Help us to journey with them in our parish community
Help us to be share their pain and uncertainties.
Let the gift of words flow through us , dear God.
Help us them to experience your love and healing.

Let our meeting be an encounter
Where the balm of your grace is present.
Send forth your Spirit
To inspire and nurture all those experience mental distress.

We ask this in your name's sake. Amen

(Adapted from 'Prayers for surviving depression' – details in the toolkit introduction)