Promoting mental health:

A resource for spiritual

and pastoral care

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FOREWORD

Imagine an ordinary church anywhere in Britain. Amongst its members are people of all ages and genders, some with busy family lives and some who live alone. There will be people from different ethnic groups, people who are in work and also those who are unemployed. There will also be people who have health problems including mental health problems and needs.

Mrs Jones recently lost her husband and is caring for her elderly mother who lives with her and is suffering from the early stages of dementia. She used to play an active part in the community and attend church regularly but now rarely leaves her home except to do her shopping. Mrs Jones is becoming increasingly isolated and depressed.

Tim is in his early twenties and has been diagnosed with bi polar disorder. He experiences severe mood swings and his behaviour can be unpredictable. He has few friends and has been unable to hold down a job, having dropped out of college when his symptoms first started. The church has become an important focus for Tim and he is passionate in the way he worships and expresses his beliefs. But his behaviour during services can be unsettling for others.

Mary is a vicar who has suffered from depression off and on over the years. She has had courses of drug treatment and also therapy. Her depression still recurs and her treatment continues. She manages the difficult times and this has provided her with insights not available to those who have not had to travel this road. Her lived experience has added great richness to her ministry, which is especially valued.

These people are no different from us and they are our friends, neighbours, relations or fellow church members. Often we might be well aware that something is amiss, but the unease that surrounds mental health can prevent us reaching out to one another.

Promoting mental health: A resource for spiritual and pastoral care addresses these issues. It provides a range of information on mental health and its promotion and protection within communities and congregations. There are practical activities and information for the many different church groups that may wish to discuss and debate specific topics and concerns.

This resource is about how faith communities can be welcoming and offer understanding to people with mental or emotional distress, as well as learning from their experiences and benefiting from their contributions. Its two core principles are to provide the opportunity for people within the Christian and other faith communities to reflect on mental health and what it means for each of their members; and to use increased knowledge and understanding of mental health to create a safer and more welcoming environment for all people, whatever their mental health needs and resources. We hope that this process will enhance an understanding of mental health problems and the illness that sometimes accompanies them as not so much of a problem to be solved as a way of life to be lived.

Mary Tidyman and Linda Seymour, ***mentality***
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OVERVIEW

Promoting mental health: A resource for spiritual and pastoral care is a flexible tool for use in parishes, in a range of different groups and situations, to trigger discussion and debate.

Section One: Introduction gives some background information on why the resource was developed. It describes the aims, who the resource is for and how it might be used.

Section Two: Creating a welcoming environment makes the case for involving people who have used mental health services and offers guidance and suggestions on making the most of this opportunity.

Section Three: Planning and delivering training provides some simple guidelines to help you think about your aims, who the training is for, how it will be publicised, who will have input and how you can provide a safe environment for everyone involved. It offers pointers to planning, delivering and evaluating your event.

Section Four: Activities and workshop sessions offers outline programmes for a number of different sessions and events, including aims, who the session is for, who can contribute and resources to use. The activity sheets are to help group facilitators to plan what they are going to do but do not need to be shared with participants.

Section Five: Information sheets supply succinct facts on mental health and its promotion, links between spirituality and mental health and associated issues and themes. Each of the information sheets can be used to complement any of the activity or workshop sessions. They can be photocopied and given out to participants, or simply used by facilitators as background information.

Section Six: Contacts and resources includes details of organisations and materials relevant to the themes of mental health and spirituality. Facilitators may want to plan ahead and order some resources, for example a relevant video or booklets or fact sheets from organisations such as Mind and Rethink for participants to refer to.

Further copies of this resource can be downloaded from the following websites: -

- ***mentality*** (www.mentality.org.uk)
- The National Institute for Mental Health in England (NIMHE) (www.nimhe.org.uk)
- The Church of England (www.cofe.anglican.org)

Section One Introduction

BACKGROUND TO THE RESOURCE

Research shows that people who have a spiritual dimension in their lives, and are in touch with it, have a better chance of staying mentally healthy, or recovering if they become unwell. There is also a growing interest in, and demand for, health care that treats the whole person and acknowledges the many factors that influence both physical and mental well being. Such a broad view of health, mental health and well-being, that makes room for a spiritual dimension to life, has a great deal to offer many of us who experience mental distress.

Many faith communities already welcome, involve and provide a range of support to people with mental health problems and their carers. They accept the important role they play in enabling people with mental health problems to be part of the life of the church and wider community.

People with mental health problems often find valuable support within their congregations. Many find prayer, worship, religious belief and belonging to a faith community to be both helpful and affirming.

Nevertheless, some people have negative experiences of the church. An emphasis on guilt, or identifying sin as a cause of illness, can create barriers to inclusion. Liturgies, words and readings can provoke feelings of inadequacy or being unacceptable. Some people's experience is of church congregations keeping their distance and behaving in an unwelcoming manner. Lack of accurate information and uncertainty about how best to help can hamper the potentially valuable role of faith communities in promoting mental health, building social inclusion and valuing diversity.

Promoting mental health: A resource for spiritual and pastoral care addresses these issues and challenges. The Church of England General Synod endorsed its development in February 2003. At that time, Synod called for greater dialogue between the Church and mental health and social care services. They also urged parishes and deaneries to develop the spiritual and pastoral care they offered to people with mental health problems and their carers. This resource is the outcome.

AIMS OF THE RESOURCE

The resource aims:

- To provide encouragement for what people are already doing within the church and faith communities around the issue of mental health;
- To ensure the church is more welcoming to people experiencing mental health problems and mental distress, and their carers;
- To increase knowledge, awareness and understanding of mental health and mental ill health;
- To influence and educate attitudes and behaviour towards people with mental health problems;
- To increase awareness of the role of the church in mental health promotion;

- To recognise the needs and contribution of people with mental health problems and their carers in the worship and prayer life of the church;
- To increase awareness about spirituality and its role in mental well being among health and mental health professionals;

WHO MIGHT USE THE RESOURCE

This resource can be used on a number of different levels and in a number of different ways. People involved in spiritual and pastoral care can read it for background information on some of the issues about spirituality, mental health and the role of the church.

Those involved in leading or contributing to discussion groups, events and training programmes can use the resource in several ways:

- In the training of clergy, pastoral care leaders, ordinands, chaplains and others involved in spiritual and pastoral care. This could include training that takes place in theological colleges as well as other training events and courses, for example within the Anglican Church, courses such as the Bishop's certificate or Exploring Our Faith;

- With church members, to raise the mental health awareness of everyone as well as specifically with people who have or are currently experiencing mental distress, and carers. One or more of the suggested activities could be used with existing groups that take place within the church, with specially convened groups where membership is open to anyone within the church, and /or the wider community, or with the church community as a whole

- With mental health and other health professionals to increase their awareness of spirituality and its role in mental health

HOW TO USE THE RESOURCE

This resource has a number of self-contained sections. They can be used together or separately, or in different sequences. You can mix and match activities and workshop sessions and plan a tailor-made event or programme of work to meet your specific needs. There are plenty of practical ideas for ways to work, who to involve, and how to evaluate what you are doing. How you choose to use it depends on the people you are using it with and what your goals are.

You can choose those sections that interest you and are most relevant to your work or experience. One nominated person within your church may want to take the lead on using the resource, or there may be a number of individuals who are already involved in relevant initiatives. In short, there are a number of ways of using the resource. See **Appendix A** for descriptions of how people involved in piloting the draft version used the resource.

WHAT THIS RESOURCE IS NOT

This resource is not a ***course***, to be worked through from start to finish. Nor is this resource intended to turn congregations into ***experts.***

You do not have to have a fund of knowledge about mental health and mental distress to be able to use this resource. The basic information that you will need is included. And don't forget - you will also be able to draw on the collective knowledge, experience and wisdom of everyone involved.

Section Two Creating a welcoming environment

The event should provide a safe environment for all participants. People need to feel comfortable enough to be honest about their opinions, feelings and possible fears about mental health. However people who use mental health services may feel undermined and invalidated by such a discussion.

The challenge is to create an atmosphere in which people are free to state their beliefs without fear of criticism, and can set their fears aside and enter a process of exploration and growth. Thorough planning before a programme or event and attention to detail during sessions themselves will ensure that, as far as possible, you can concentrate on the dynamic of the group as it unfolds.

INVOLVING MENTAL HEALTH SERVICE USERS

Wherever possible in any training about mental health issues, mental health service users should be involved in planning and participating in the programme. Being involved in an event about mental health offers valuable opportunities to develop the skills, expertise and self-esteem of service users.

Service users are people who have themselves used in-patient, outpatient or primary care services because they experience, or are thought by others to experience, mental distress or mental health problems. Some people reject the term ***service user*** preferring terms like ***survivor***. It is important that sensitivity around language does not become a stumbling block to doing work in this area. People should be able to describe themselves, and be described by others, using words that are acceptable to them.

Case study: The Sevenoaks and Area Mental Health Awareness Group asked group participants for feedback on the factors that had had the biggest impact on their views They identified: - people with personal experience of mental health problems telling their own stories; participative exercises such as *Hearing Voices*, which imaginatively enlarge people's appreciation of and sympathy with others' experiences; involving service users and carers in the presentation team without making it obvious at the outset which roles and what experiences different presenters have; using a mixture of presenting information, generating group discussion, using small group exercises, and telling personal stories to keep the interest and attention going.

The most credible experts are people who have experienced mental health problems. They, together with their families, friends and carers, each have a different story to tell and a different perspective to offer. While they are not a homogenous group, they do share similar experiences. Each has overcome a range of difficulties, including distressing symptoms, receiving a diagnosis and coping with their own feelings about this, as well as the reactions of others. Their willingness to share their experience of how they manage their own mental health can challenge misconceptions and misinformation. Providing people with a safe environment in which to tell their

stories can be a powerful experience for all concerned. Overwhelmingly people find this an effective way of increasing their understanding of mental health.

There are a number of ways you can plan ahead to enable the best possible contribution from mental health service users.

Before the event

- Make sure service user involvement is real and meaningful
- Invite service user input into planning and listen to and respect the views given
- Plan to involve at least two or more service users so that they can support each other and do not feel isolated or marginalized
- Ask service users what support they need or want
- Have clear expectations about what you would like service users to do and negotiate their involvement with them
- Resources exist to help services users structure their contributions to make the most use of their personal experiences [1,2]

I received a call to say there was a mental health awareness discussion group under way in the local parish, and would I be willing to come along next week to give a 'user' perspective. I arrived to find there was only one place left to sit, and that was next to my consultant psychiatrist who had treated me over the last four years. I hadn't realised he was a local Church member. I was the only (declared) service user present and felt very much at a disadvantage and rather patronised.
Service User involved in church training event

- Payment should always be offered as a matter of principle, in addition to meeting realistic expenses, including phone calls, photocopying and stationery as required.
- People on benefits may have their payment stopped if a payment breaches their benefit conditions. A booklet published by the **Mental Health Foundation** provides essential guidance to both service users and those who wish to pay them. [3]

During the event

- Create an environment of mutual understanding and respect in which it feels safe for people to talk about their experiences
- Recognise the common human experience of distress, while acknowledging that each person's experience is unique.
- Be clear that one, or a few, service users cannot speak for all others.
- Avoid seeing people just in terms of their diagnosis
- Be aware of all the personal and social factors that influence a person's mental health
- Set realistic timescales and be considerate about the need for people to take breaks

The minister visited our user group to ask our advice about a mental health event she was hoping to hold in her parish. Three of us agreed to get involved, and we met with her over a number of weeks to plan things. Although there wasn't a big budget to cover the event it was agreed we would be paid a fee and our expenses. Two members of the planning group were available to give us support during the day, and after the event we were able to meet with the group to share our views of how it had all gone. The evaluation showed that people had really valued our input and hearing real life experiences and that felt good.
Service User group involved in mental health event

After the event

- At the end of every session, make sure everyone is alright
- Offer an opportunity to debrief afterwards about what the event was like for service users and facilitators
- Welcome input on what went well and what might be different at any future similar event
- Thank the service users for their contribution

Service user groups and organisations

There are a number of organisations that have networks of local service user groups. They should be able to help you get in touch with service users who will be willing to be involved in the work you are planning. You could arrange to attend a meeting of the group to explain what you are hoping to achieve and to invite them to be involved.

Association for Pastoral Care in Mental Health (APCMH)
A UK-wide organisation offering out-of-hour drop-ins, befriending schemes, training courses and awareness raising seminars and conferences. ***Contact:*** The National APCMH Secretary, c/o St Marylebone Church, Marylebone Road, LONDON NW1 5 LT (01483) 538936 www.pastoral.org.uk

UKAN (UK Advocacy Network) is a national federation of independent patients organisations and service user groups that offers a range of advice, advocacy and awareness-raising activities. ***Contact:*** 14-18 West Bar Green, Sheffield S1 2DA (0114) 2728171 e: ukan@can-online.org.uk

Mind Link is Mind's national network of mental health service survivors. Incorporates **Diverse Minds**, which focuses on the needs of black and minority ethnic communities; and **Rural Minds** for people in isolated rural areas. ***Contact:*** MindinfoLine on 0845 766 0163 or look on the website www.mind.org.uk

The **Manic Depression Fellowship** has self help groups across the UK for people living with manic depression - users of mental health services and their carers. ***Contact:*** (0207) 793 2600 e: mdf@mdf.org.uk www.mdf.org.uk

Survivors Speak Out is a campaign for psychiatric patients past and present, focusing on human rights and fundamental freedoms against compulsion. It provides information, referrals to other groups, and a newsletter. ***Contact:*** Survivors Speak Out, 34 Osnaburgh Street, London NW1 3ND (0207) 916 5473

References

1. Wahl O (1999) *Telling is a risky business: the experience of mental illness stigma.* Rutgers University Press

2. Corrigan P and Lundin R (2000) *Don't call me nuts! Coping with the stigma of mental illness.* Chicago: Recovery Press.

3. *A fair day's pay: a guide to benefits, service user involvement and payments*. (July 2003) London: Mental Health Foundation.

Section Three Planning and delivering training [1]

Faith communities should be places where people feel they belong, and where people's mental health needs are recognised and met. People involved in spiritual and pastoral care can play an important role in improving the lives and spiritual well being of people with mental health needs, and may well have mental health needs of their own. Through discussion groups or other training events on mental health issues, people can be encouraged to come together to share ideas, challenge misconceptions and learn about mental health from one another.

THINGS TO THINK THROUGH BEFORE THE EVENT

You first need to think about what you are trying to achieve, whom the event will be for and how you will publicise it. Issues to consider include the following:-

- Clarify and agree what you are trying to achieve and whom the event is for.
- Decide whom it is best to involve. Are their people in your church or community who have first hand knowledge of mental health, either as service users, carers or professionals? If they are not already involved, invite them and/or seek their advice. Involve mental health service users. (see **Section Two**)
- Decide who is best to lead the event. If no one experienced in leading the kind of event you want to organise is available, seek help from your diocesan lay training department, a local branch of **MIND** or **Rethink**. (See **Section Six**)
- Discuss practical matters like the best venue, time and publicity.
- Encourage group facilitators to think through their own prejudices and expectations of the event and make sure they are clear about the boundaries of their role. They need to be alert to the signs of mental distress, provide a safe and welcoming environment. They should not attempt to diagnose a problem, or assume a therapeutic or counselling role.
- Plan how to support each other during the event and how to take care of those who participate - mental health issues can be distressing.
- Talk to mental health service users about the anxieties they might have coming to an event and find out from them what would help.
- Work out who people can get in touch with during or after the event for support and debriefing.
- Consider how best to follow up the event with participants.

Case study: In the Diocese of Guildford pastoral listeners volunteer to be available after an event. People can talk to them in confidence about any concerns they might have, how any issues raised might have personally affected them and their need for information on specific topics. The volunteers are all people who have completed the *Christian Listeners* training course, provided by the Christian Healing Centre in the Diocese, or chaplains and clergy with counselling experience. Guidelines are provided beforehand so that role boundaries are clear, how to refer people on to specialist services if necessary and what action to take if there is an emergency.

Know your participants

When preparing for an event, think about the following:-

- How many participants will there be?
- Who might they be?
- Do they know each other?
- What is their relationship with one another, e.g. do some have authority over others?
- Are they used to a workshop format?
- Have they come together just for this event, or are they in an on-going group?
- Have they discussed mental health issues before?
- How much time is available?

Your answer to these questions will affect the structure of the workshop, what introductions are necessary, how you divide the group up and how much time you allow for each exercise. They will also affect how open you can expect participants to be with one another. Remember that a local church group that has an on-going life is very different from a one-off event where initially nobody knows anyone else.

Consider safety issues

It is important to ensure that you consider the safety of all participants in terms of:

- ***Physical safety:*** Consider overall health and safety issues relating to the venue being used and the event taking place. Tell all participants about fire regulations and procedures in the case of fire, including exit and assembly points.

- ***Mental and emotional safety***: Plan ahead for any possible eventuality so that you are able to deal with people's anxieties, and help participants cope with emotional distress by offering support and understanding. It is important to be able to look after anyone who feels vulnerable or emotional during the process of telling their story and help them feel secure. Mental health service users may have worries about issues such as confidentiality and respect for difference. Ensure that ground rules are established at the beginning of the event.

  A common concern among people planning work on mental health is the issue of someone becoming distressed and displaying aggressive or disruptive behaviour. Remember that this is very unlikely, and that it is most important to avoid reinforcing stereotypes about people with mental health problems being associated with dangerousness and violence.

  You need to be sensitive to possible antecedents of aggression or distress that might include increased restlessness, loud talking or irritation. A person might also say that they are feeling angry or upset. Ways of dealing with potentially difficult situations include:-

  - Avoiding what might seem like threatening or aggressive behaviour
  - Behaving calmly and keeping composed

- Keeping at a distance that enables the person to feel comfortable, standing slightly sideways
- Talking to the person as an individual
- Acknowledging the person's distress
- Remembering that your own disquiet can instil anxiety in others

Together with another group facilitator you should consider taking the person out of the situation as soon as they are ready to leave.

Publicising the event

Publicity depends on whom you are trying to attract. For existing groups it may be sufficient to place an item in newsletters or bulletins. For larger or one-off events, for example to mark ***World Mental Health Day*** in October, you might consider distributing information to local self help groups, hospitals, surgeries and health centres and churches of all denominations. You might also consider publicity through the parish magazine, libraries, local media and mental health voluntary agencies.

Organising the venue

You will want the environment within which you run the event to be as comfortable and well equipped as possible. Things to bear in mind include:-

- The number of rooms you might want to use
- The seating arrangement, for example an informal set up is often preferable
- Whether you will want a flipchart, felt tip pens, blu tac
- Will you need an overhead projector and screen, or a VCR, CD-ROM, DVD player, laptop and projector
- Coffee or tea at the beginning, during and/or end of the event and water throughout

Delivering the event

At the beginning

- **Allow time for introductions**

  Before the main activities begin, there should always be some kind of introductory exercise, even if participants know each other quite well. [2] The aims of the workshop should be explained, together with an outline of what is planned.

- **Include everyone**

  The language you use as a facilitator can influence how participants contribute to the group. Use words that include and respect everyone and convey the sense that you have not made assumptions about participants. For example, if someone who has experienced a severe mental health problem gets the impression that you assume no one has a history of mental ill health; they are unlikely to be open and honest about themselves.

- **Set ground rules**

  Outline the ***ground rules*** for individual and group behaviour. You could ask participants to think about the conditions under which they feel they will get the most out of the experience, and generate the ***ground rules*** from this

discussion. If time is short, outline some ***ground rules***, and write them up on a flip chart as a reminder to participants. You can invite agreement, questions for clarification and additions.

Be sure that the following are included in ground rules:

Confidentiality*:* people should be assured that the information they share will not be misused. Whilst it is usually acceptable to discuss in broad terms what has happened in a workshop, it is important that information or comments are not attributable to an individual.

Setting boundaries*:* Each participant is responsible for deciding how much they tell others about themselves. Whatever boundaries each participant sets are to be respected by the rest of the group.

Speaking for ourselves and avoiding generalisations*:* Participants should avoid using generalisations about people or speaking for others. Encourage, *'I think, feel, believe, experience'* statements rather than *'people with depression do, think etc,'* statements.

Respecting differences*:* Participants are there to hear and understand different experiences and perspectives, rather than try to convince others that their view is the only correct one.

Timekeeping: Punctuality is extremely important and groups should begin and finish at the times stated on your programme. If for any reason time has slipped it is acceptable to negotiate an extension with group participants. However participants' other commitments must be respected.

Ways of working in groups

Discussion sessions can be run in many different ways but certain key principles apply whatever your approach. The most important way to ensure a fruitful experience is to use a variety of methods. You might want to combine a presentation of information to generate group discussion, exercises with people in small groups, sharing personal stories or describing case studies to keep interest and attention going.

Methods and models of working

Keep discussions moving

Questions are part of your strategy as facilitator and a valuable way of achieving the aims of the workshop. Be clear about the purpose of each question. Try to frame questions in such a way that everyone can be involved.

Good questions enable participants to explore feelings, values and beliefs, and to be challenged and encouraged –not daunted or embarrassed.

- Avoid questions that have a 'yes' or 'no' answer
- Avoid sweeping generalisations such as *'what do you think about people with mental ill health'*

- Choose open-ended questions such as *'what do you know about?', 'how did you feel about discussing…?', 'what steps should we take next?'*

Thought-sharing

This is a creative way of generating lots of ideas in a short time, and allows maximum group participation. It can be used to produce common definitions and terminology, or to gain an insight into the diversity of opinions and experience of those in the group. It is good as an icebreaker, or in groups where individuals find it hard to contribute. Write ideas up on a piece of flipchart paper, clarifying points as necessary.

Small groups

These are effective for exploring, identifying or clarifying ideas and feelings. They allow every member who wishes to speak to be heard in a less threatening situation. A good way to organise this is to get people sitting at small tables of say six –eight people to encourage discussion and the sharing of personal experiences. A facilitator on each table can help people keep to task.

You can also get people to work with their neighbours in twos or threes to discuss ideas without having to move seats. Give people a clear direction for focus, task and length of discussion and let them know if any feedback will be required. This can be good for discussing difficult topics initially.

Reporting back

Although formal reporting back from each group can be tedious, it is good for participants to compare notes with what has been discussed in each group. A useful approach is to ask each group to select a maximum of between four and six main points, written up on flip chart paper, for everyone to see.

Deal with conflict

Most people do not like conflict and are uncomfortable grappling with it. Christians may find it especially difficult if they perceive disagreement as being in conflict with their beliefs. There may therefore be a tendency to try to resolve disagreement quickly. This can mean either that things agreed on are so vague as to be almost meaningless, or that disagreements are hidden by refusal to talk about them. Help people to disagree with people's views rather than the person who holds them.

One of the richest and most challenging parts of an educational process is that of explaining in detail what we mean and believe, and listening to someone else do the same. Discussions may often be dynamic, emotional and hard to handle. That is why it is important to take steps to make people feel safe and accepted.

Conflict can be destructive if it involves only a small proportion of participants and excludes others. The overall aim of any discussion should be to keep everyone involved, open, searching and questioning.

Bringing the event to a close

Each workshop or discussion group needs a clear, comfortable conclusion. Some of the issues you will need to plan for are:-

- Time for wrapping up, summing up what has been achieved
- Reviewing what ground has been covered
- Reflecting back on what conclusions if any have been reached
- The offering of a meditation or prayer is sometimes appropriate
- Providing participants with a short evaluation form that asks for participants views e.g.:-
  - Has today helped meet your needs?
  - How far did the session achieve its aim?
  - What worked well, was most helpful?
  - How will it assist your ministry
  - What did not help, was least helpful?
  - What other related themes would you like covered in future events?

You may want to get feedback after individual sessions. If however you are running a series on mental health issues you might want to evaluate the whole unit at its conclusion. The most important consideration however is to use evaluation to inform future planning.

After the event

Debriefing after an event is useful, especially while impressions are fresh. All of the facilitators should plan to stay on after the event finishes for a maximum of half an hour to talk through any issues. If service users have been involved they should also be offered the opportunity to feed back on the event at this time and be offered support if needed. The lead facilitator should make a note of any important points, as these will inform the planning of future similar events.

References

1. These guidelines have been adapted from those in Webster A (1994) *Discussing Sexuality – Workshop resources for Christian Groups*. Institute for the Study of Christianity and Sexuality.

2. *The Creativity Toolbox: A Practical Guide for Facilitating Creative Problem Solving Sessions.* Team Talk Consulting Ltd. (sales@teamtalk.co.uk)

Section Four Activities and workshop sessions

OVERVIEW

The following activities and sessions have been included to provide a starting point for work about spiritual and pastoral care and mental health. They are intended as brief outlines of ways to address different themes and topics, with a variety of audiences and with a range of goals in mind.

Activities focus on general awareness raising on mental health issues.
Activities examine strategies to support people with mental health problems.
One **Activity** describes a longer-term project to support mental health service users.
Two **Activities** have as their focus one-off events on the theme of mental health and spirituality.

You can mix and match different sessions, adapting and adding to them depending on your specific needs and what you are intending to achieve. Of course there are many ways of doing things. Through using this resource you will find what is most appropriate for your situation.

The information sheets in **Section Five** can be used as background knowledge for you as you plan the session(s). You might want to photocopy relevant sheets and shared them with participants. **Section Six** has suggestions for videos, CD-ROMs, DVDs, booklets and leaflets you might want to use to create a focus for discussion.

Suggestions are made for who might have input to the training. You will see in all cases we suggest mental health service users are invited to contribute their perspectives and experiences. Where relevant, you may also want input from:-

- a mental health specialist, GP or other health care worker;
- one or more church leaders or parish workers with particular experience or knowledge about relevant issues;
- a mental health chaplain who works with mental health service users;
- invited members of other faith communities;
- other people with specialist knowledge or experience of issues such as mental health advocacy.

Discussion points have been provided to identify issues you could explore. These can be used in a number of ways. With a smallish number of people, some questions can be discussed in the whole group and ideas gathered. Or if the group is large, you can break into smaller groups and get each one to discuss and feed back key areas to the whole group.

Remember, there are no right and wrong answers. But stigmatising attitudes need challenging and you will need to ensure that everyone's contribution is heard. It may be appropriate to try to sum up the key issues discussed and highlight any action points to be taken forward, or further training needs identified.

Raising mental health awareness

Who for: Church members and the wider community; church leaders; church workers

Aims:

- To increase awareness about mental health and mental ill health
- To increase understanding of mental health promotion
- To identify ways in which the church can provide a welcoming and supportive environment for people in distress

Length: Half day or evening session, or a series of sessions

Resources:
Information Sheet – Mental health and well-being
Information Sheet – Risk and protective factors for mental health
Information Sheet – Different mental health problems
Section Six for other resources

Input: Mental health service users

Possible discussion points:

- What is mental health? In pairs, decide on three things that indicate positive mental health; and three things that indicate poor mental health
- When positive mental health is missing, what does that do in terms of our relationships, our ability to work, our behaviour, our faith?
- Think about risk and protective factors for mental health. What contribution can faith communities make to promoting positive mental health?
- How can faith communities help create a local community that supports good mental health?
- Signs of mental ill health may be subtle and difficult to detect unless you know the person well already. Think about how you might recognise the signs of mental ill health in someone, and how you would respond.

Case study: In Lambeth discussions between faith communities and mental health service providers began through informal contacts and through more formal groups such as Chapter meetings for a particular diocese. These talks have resulted in a growing demand for mental health awareness training to cover issues such as what is mental health and illness, what is community care, stress and vulnerability, causes of mental distress, recognising mental distress and mental health services within Lambeth. The training has been facilitated by clinical staff and members of the hospital chaplaincy department, and has been well attended by faith leaders and members of their communities. The involvement of mental health service users as trainers is now accepted and their input greatly valued. This approach to training won the **Health and Social Care Award 2002** for improving the lives of people with mental health problems. In total, well over 250 faith communities have been contacted in Lambeth and links made to try to promote partnership working with a number of these groups.

Challenging mental health stigma

Who for: Church and other faith communities; church leaders; church workers; mental health service users

Aims:

- To provide a forum for people to exchange views and ask questions
- To create a safe environment for people with experience of mental health problems to share personal testimonies
- To increase social contact between the church community, parish workers and mental health service users to challenge intolerance and prejudice

Length: Half day or evening session, or a series of sessions

Resources:
Information Sheet – Mental health and well-being
Information Sheet – Risk and protective factors for mental health
Information Sheet – Mental health, stigma and discrimination
Information Sheet – Mental health problems – myth and reality
Section Six for other resources

Input: Mental health service users

Possible discussion points:

- Thought-share names and labels commonly used to describe people with mental health problems. Which are acceptable and which are stigmatising?
- How can we ensure we use 'inclusive' language that recognises that we all have mental health needs
- Why do we find mental ill health frightening? In pairs, identify things that you find frightening about mental ill health. What might reduce this fear?
- What would help reduce the distress experienced by mental health service users due to stigma?

Increasing understanding of the role of the Church in mental health promotion

Who for: Church workers, church community, wider community, people who work in health and social care

Aims:

- To increase awareness of the role of the church in mental health promotion
- To allow people to reflect on their own experiences of mental health issues and how this relates to their Christian faith
- To pray for healing

Length: Half day or evening session, or a series of sessions

Resources:
Information Sheet – Religion, spirituality and mental well-being
Information Sheet – The church and mental health promotion
Information Sheet – The policy context for faith and mental health
Section Six for other resources

Input : Mental health service users, carers, mental health professionals, church workers, mental health chaplains

Possible discussion points:

- How can the church be more proactive in the way it offers friendship and provides an accepting community for people with mental health problems?
- What resources within our church can we offer to people experiencing mental health problems, and equally what can they offer?
- How can the knowledge and experience of service users be valued and opportunities developed for it to be shared more widely?
- How can you reduce the potential damage that religion might bring about in people who are vulnerable?
- How can the ministry of the church complement the healing associated with talking therapies, professional care or medication as well as the support of friends, family and other users of mental health services?

Increasing understanding about religion, spirituality and mental well-being for health and social care services

Who for: Health and social care practitioners including mental health specialists, mental health chaplains

Aims:

- To raise awareness about the importance of faith and spirituality in relation to mental well being
- To identify ways in which health services can support the spiritual needs of their service users
- To build links between churches and local health care practitioners

Length: Half day or whole day or series of sessions

Input : Mental health service users, carers, mental health professionals, parish workers

Resources:
Information Sheet - Religion, spirituality and mental well-being
Information Sheet - The Church and mental health promotion

Possible discussion points:

- We all have spiritual needs. What are they, how do we meet our own? How do they relate to mental health? How do we make sure they are not neglected?
- How can the individuality and uniqueness of each person's spirituality be recognised, respected and responded to
- How can people working in mental health services be enabled to talk to service users about spiritual and religious needs, both when they first get assessed and throughout their care and treatment
- How can mental health services be helped to offer access to religious and spiritual resources, including people trained and knowledgeable about spiritual issues and opportunities for groups to discuss these issues
- How can effective links be built between different faith communities and mental health services locally and nationally

Pastoral care of people with severe and enduring mental health problems

Who for: Faith community leaders and pastoral workers

Aims:

- To provide a forum for people involved in pastoral care to share issues related to work with people who are mentally unwell
- To explore the relationship between spirituality and mental health and identify specific ways in which the church can support people in distress
- To look at ways of providing support to vulnerable people

Length: Whole day or series of sessions

Input : Mental health service users, church leaders and pastoral workers

Resources:
Information Sheet – Mental health and well-being
Information Sheet – Risk and protective factors for mental health
Information Sheet –Different mental health problems
Beyond Belief [video] (see **Section Six**)

Possible discussion points:

- Share experiences and difficulties faced in pastoral work, and think about the areas where more guidance and support is needed
- What constitutes mental disturbance? When are experiences valid manifestations of spirituality? How can we help people struggling with these issues?
- How can we recognise and remember that there is more to the person than their illness – think about everything the person has to offer
- What specific support can the church offer?

Case study: Westminster Christian Mental Health Forum offers a training day for clergy and pastoral workers seeking a confidential forum in which they can share pastoral issues arising from their work with people who are mentally ill. The day is limited to 24 participants to allow adequate time for discussion. The programme includes small group work to share problems, followed by a panel discussion of the issues arising. The afternoon focuses on spirituality and mental health, including seeking spiritual perception in mental confusion; the place of prayer and worship; and support and supervision. During the lunch period a Eucharist with prayer for healing is planned.

Developing support systems for people experiencing mental distress

Who for: Pastoral workers, church community, wider community

Aims:

- To think about the needs of different people with mental health problems and how to respond sensitively to their particular situations
- To develop an action plan for setting up support within the church community

Length: Half day or evening session, or a series of sessions

Resources: **Information Sheet** – The church and mental health promotion

Input: Mental health service users, carers, mental health professionals, pastoral workers

Possible discussion points:

- In small groups discuss one of the case studies below.
- Think about how your church community or the wider Christian community could provide support and help, both in the short term and longer term
- What different support systems do you have in place?
- What support could you put in place for people like these who are experiencing mental distress?

Bill is in his fifties and works full-time in the financial sector. He commutes several hours each day to his workplace and in addition travels widely within the UK and abroad. A restructuring at work has meant that he works longer hours and often at weekends. He has begun to drink excessive amounts of alcohol and this has affected him and his family. His wife has spoken with one of the church leaders about the impact on her and the children of her husband's erratic behaviour. She has become increasingly anxious and sometimes frightened.

Mrs Jones recently lost her husband and is caring for her elderly mother who lives with her and is suffering from the early stages of dementia. She used to play an active part in the community and attend church regularly but now rarely leaves her home except to do her shopping. Mrs Jones is becoming increasingly isolated and depressed.

Tim is in his early twenties and has been diagnosed with bi polar disorder. He experiences severe mood swings and his behaviour can be unpredictable. He has few friends and has been unable to hold down a job, having dropped out of college when his symptoms first started. The church has become an important focus for Tim and he is passionate in the way he worships and expresses his beliefs. But his behaviour during services can be unsettling for others.

Developing support for carers

Who for: Faith community leaders, pastoral workers, carers, the whole Church community

Aims:

- To raise awareness of the needs of carers within the church community who are affected by mental ill health
- To explore ways in which the church can offer support to people caring for someone with mental ill health

Length: 2-hour session or series of sessions

Input : Carers, mental health service users

Resources:
See **Section Six** for resources –including carers' resources from Rethink
Information Sheet – Risk and protective factors for mental health
Information Sheet – Mental health, stigma and discrimination

Possible discussion points

- Think about some of the difficulties that carers may face.
- How can the Church ensure issues around confidentiality and boundaries are established?
- What kind of support could be developed for carers?

Case study: A ***Mental Health Matters*** study day was organised for pastoral assistants. The afternoon included a workshop on the theme of carers, offering a personal viewpoint from someone who cares for her daughter with severe mental ill health. There were presentations with different scenarios and situations where pastoral care could support someone in a caring role. Advice about who to contact for more information was also on offer.

Setting up a mental health befriending scheme or drop-in

Who for: Volunteers, pastoral workers

Aims:

- To increase understanding and awareness about mental health issues
- To provide an opportunity for volunteers to develop listening and interpersonal skills and ways to cope with emotional distress
- To set up an on-going support system for volunteers

Length: 4 – 6 sessions over a number of weeks

Input : Mental health service users, carers, mental health professionals, pastoral workers.

Resources:
Information Sheet – Mental health and well-being
Information Sheet – Risk and protective factors for mental health
Information Sheet – Religion, spirituality and mental well being
Information Sheet – The church and mental health promotion
See **Section Six** for resources

Possible discussion points:

- Getting the right ethos – how to avoid an 'us' and 'them' approach, create a welcoming atmosphere and involve participants as much as possible in the running of the scheme
- Consider ground rules that will be needed and how to negotiate them with the group participants.[1]
- Think about how you can provide support to the volunteers - volunteers need to know who to turn to when they need support between group meetings.
- Discuss how to befriend, make connections, see potential in others and honour the humanity of all those with whom we share our life and come into contact
- Learn to listen – to our own inner voice(s), to the spirit of God, to what others are really saying.

Case study: The South London and Maudesley NHS Trust ran a four-week training course in listening skills and spiritual and pastoral care for mental and emotional health. The brief was to support the development of befriending, drop-in and volunteer services in two Pentecostal Faith Communities. The course covered the following areas: **Week 1**: *Introduction: Hopes and Fears*. Begin with a listening exercise and continue with experiential work around issues of mental ill health, emotional distress and mental health. **Week 2**: *The nature of mental and emotional distress*: causes, diagnosis and treatment, approached from an experiential angle, with guest speaker. **Week 3**: *Religion, spirituality and mental/ emotional health.* **Week 4**: *Listening and interpersonal skills*

Case study: A Mental Health Support Group is run twice a month by Marylebone Parish Church and provides a chance to meet with people who have experienced prolonged mental health issues. Two people, one of whom has experienced severe mental ill health in the past, facilitate the group. Up to 25 people attend on any given day, with a smaller core group. When the group started, many different themes and issues were brought up, from housing to psychiatry, and the issue of spirituality was skirted round for quite some time before it gradually became more central to the discussions.

References

1. See the APCMH leaflet which sets out some core values, including guidelines on alcohol or non-prescription drugs, smoking, lending money, mutual respect and empowerment, confidentiality and boundaries (www.pastoral.org.uk).

‘People in Mind’ Event

Who for: Church members and the wider community, including the mental health community across a Diocese or wider church community

Aims:

- To provide a day of worship, reflection and discussion to raise awareness about mental health
- To offer people with mental health problems, and their carers and families an opportunity to speak for themselves and share experiences
- To increase understanding and awareness about mental health issues

Length: Whole day event

Input: Mental health service users, carers, mental health professionals, faith community leaders

Resources:
Information Sheet – Mental health, stigma and discrimination
Information Sheet – The church and mental health promotion
Information Sheet – Worship on the theme of mental health

Case study: A ***People in Mind*** event involving a day of worship, reflection and discussion ran in the Diocese of Ely. The Anglican parish church agreed to co ordinate the day, in consultation with groups representing users, carers, the local MP and a mental health professional. Speakers were invited to run workshops on personal experience, as well as medical, political and theological responses to mental health. A separate programme was planned for children on the theme of ‘celebrating differences’. 169 people attended the day, which began with a short act of worship and ended with a plenary session on the way forward. Much of the success of the day stemmed from universality. Those who had previously felt isolated in their experience were given an opportunity to feel included.

Case study: **Hope through the Darkness** was a special service held for **World Mental Health Week** in October 2003 in the Diocese of Guildford. It came from a discussion at the Mental Health forum and was a way of supporting the mental health community across the diocese. The service included contributions from a number of individuals and groups with experience of mental health needs. It was widely publicised to bring together people with personal, pastoral or professional experience in mental health and 140 people attended. The venue was a church in Guildford, chosen for its good access for people with disabilities and via public transport. It also *'had the right feel'* and was seen as not intimidating to non-church goers. A group of school students devised and performed a dance piece as an interpretation of the story of the Good Samaritan and there was a reading of poetry written by a young girl who had experienced severe depression. Following the prayers of intercession, people had an opportunity to light candles as another kind of expression of concern, for themselves and others. The intercessions included a prayer for people who have taken their own lives in despair. Pastoral listeners were available after the service. (See **Section Three**: *After the event*)

Worship on the theme of mental health

Who for: The local community, church members, other faith communities

Aims:

- To hold a service on the theme of mental health
- To come together and share an insight into what it is to have mental ill health
- To celebrate our differences, pray for healing, and value everyone equally

Length: 1 -2 hours

Input: Carers, mental health service users, local schools, and other local groups

Resources:
Information Sheet –Worship on the theme of mental health

Possible discussion points

- How can we as Christians provide the love, support and understanding that people with mental health problems turn to us for?
- To think about the spiritual and biblical basis for the care of people with mental health problems
- Worship for people with mental ill health – we may not sing in tune but we want to worship God. How can the church respond?

Case study: A **Neighbours Community and Churches Together Mental Health Workshop** was held, with 60 people attending from 24 congregations in Northampton. There were two invited speakers – a Chaplain within Northamptonshire Mental Health Trust and a local GP responsible for mental health education at Northampton Primary Care Trust. The event was held at the United Reformed Church and the minister welcomed people and led the prayer. The video 'With a little help from my friends' from the Diocese of Ely (see **Section Six**) was used as an introduction. The speakers provided two different perspectives: a medical background to the issues, and the spiritual and biblical basis for the care of people in mental distress. Plenty of time was left to share each other's stories over refreshments. People were encouraged to return to their own church communities to take forward the concerns raised and the strategies identified for dealing with them.

Section Five Information sheets

OVERVIEW

Information sheets have been supplied on a range of topics on mental health and its promotion, links between spirituality and mental health and associated issues and themes. These sheets provide succinct facts and are not intended as a complete guide to the particular topic.

Each of the information sheets can be used to complement any of the activity or workshop sessions. You will see that in **Section Four** each activity sheet offers suggestions on **Information Sheets** that might be used in conjunction with a given activity.

You can use the **Information sheets** in a number of different ways. For example the people organising and facilitating an event might want to read specific sheets before the event and discuss the contents as part of the planning process. If you know who will be attending an event, you might want to send people copies of the **Information sheets** beforehand as background information. Or you can photocopy the relevant sheets and give them out to participants at the end of an event.

The **Activity sheets** in **Section Four** include discussion points that provide issues you could delve into with participants. The **Information sheets** in this **Section** will give you a range of facts that can help you to think of areas to explore. Some of the **Information sheets** may trigger other areas that would benefit from discussion.

Remember, there are no right and wrong answers. You can use a variety of approaches depending on your specific needs and what you are intending to achieve. There are many ways of doing things. Through using this resource you will find what is most appropriate for your situation.

Remember however, this resource is not intended to turn congregations into ***experts***. You do not have to have a fund of knowledge about mental health and mental distress to be able to use this resource. If someone asks a question that you do not know the answer to, it is alright to ask if anyone else in the group knows the answer, or to say you will try to find out and let them know.

Mental health and well-being

What is mental health?

Mental health concerns everyone, and is more than the absence of mental health problems. It underpins our health and well being and influences how we think and feel about ourselves and other people, how we interpret events, and our capacity to learn, communicate and form and sustain relationships. Mental health affects our ability to cope with and manage change, transition and life events such as the birth of a child, redundancy, retirement or bereavement.

Mental health problems are common. At any one time, one in six adults experiences mental health problems of varying severity with an estimated 1 in 4 people in the UK experiencing some kind of mental health problem in the course of a year. [1, 2]

Everyone has mental health needs, whether or not they have a mental health diagnosis. We can think of mental health as a continuum with people positioned at various points along that line at different points in their life.

Mental health needs are met in a variety of settings where daily life takes place- at home, at work, in schools, local communities, faith communities, prisons and hospitals. Positive mental health depends on whether people feel respected, included and safe, or on the margins, afraid and excluded.

There are many different definitions of mental well being and these are influenced by individual experiences and expectations, as well as by cultural and religious beliefs. An individual with good mental health is someone who functions well and is able to cope with and enjoy work, family and social relationships. One useful definition is:

> *Mental health is the emotional and spiritual resilience, which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well being and an underlying belief in our own worth, and the dignity and worth of others.*

Like physical health, all of us need to take our mental well being seriously and take steps to protect it, whether or not we currently have a mental health problem. A variety of factors are known to influence our mental well being. These include genetic inheritance, childhood experiences, life events, individual ability to cope and levels of social support. Broader socio-economic and cultural factors also influence mental health e.g. adequate housing, employment, financial security, access to appropriate health care. Gender, ethnicity, social class and age are also crucial to mental health. In addition racism, homophobia and other forms of discrimination also affect mental health and can be an underlying cause of mental health problems.

Mental health is not simply a characteristic of individuals. Whole neighbourhoods, organisations such as schools or workplaces, or specific groups of people, for example asylum seekers, may have low levels of mental health. There are links between poor mental health and poverty, deprivation, exclusion, isolation or low status. Poverty and social exclusion are both a cause as well as a result of mental health problems.

Mental health promotion

Because we all have mental health needs, we can all benefit from mental health promotion, which works to strengthen our capacity for positive mental health, whether or not we currently have a mental health problem. Mental health promotion can also help reduce factors which are known to damage mental well being, for example through social support, anti-poverty strategies or by tackling racism.

A growing body of research suggests that individuals can undertake certain activities to promote their mental well being and help reduce symptoms of stress, anxiety and depression. These include physical activity, keeping in touch with friends, getting involved in activities, learning new skills, taking time out to relax and being able to ask for help. Companionship, meaningful occupation and opportunities to participate and contribute are also known to protect mental health.

Mental health promotion is essentially concerned with:

- how individuals, families, organisations and communities think and feel
- the factors which influence how we think and feel, individually and collectively
- the impact that this has on overall health and well being.

Mental health promotion can take place with individuals, communities or at policy or structural level and is relevant to the whole population as well as vulnerable groups and people at risk of or currently experiencing mental health problems.

Many people turn to a religious faith in times of emotional crisis and there is some evidence that religious involvement protects mental well being and may help people with mental health problems. Faith communities can provide a spiritual resource and a place of belonging which help to counter the impact of prejudice, inequalities, loneliness or isolation. For example, the worshipping, witnessing and caring life of the church contributes something to good mental health since it brings people in touch with Jesus the great healer. In many ways then, faith communities are ideally placed to promote the mental health of all their members.

References

1. Office for National Statistics (2000) *Survey of Psychiatric Morbidity Among Adults Living in Private Households.* London: HMSO

2. Goldberg D (1991) Filters to care in *Indicators for Mental Health in the Population.* Jenkins R and Griffiths S (ed). London. The Stationery Office

Risk and protective factors for mental health

Good mental health can be encouraged by reducing risk factors that are known to damage mental health or by intervening at points of greater risk, for example following bereavement, retirement or redundancy. There are also protective factors for mental health, which influence how individuals respond to stressful, or traumatic life events.

There are individual and family risk factors for poor mental health, as well as life events and community and cultural factors that increase risk: [1]

Individual factors –poor social skills, low self-esteem, poor physical health;
Family/social factors –marital discord, lack of warmth and affection, or substance misuse;
Life events and situations - divorce or family break up, bereavement, physical illness, job insecurity, long term caring responsibilities, moving into residential care;
Community and cultural factors –deprivation including unemployment, homelessness and poor housing, neighbourhood violence and crime, racism, lack of support services.

Key protective factors for good mental health include: [1]

Individual factors –problem-solving skills, good coping skills, optimism, moral beliefs, values, social competence, feeling respected, valued and supported, having a sense of hopefulness about the future;
Family/social factors –good parenting, secure stable family, strong family norms and morality, supportive relationship with another adult;
Life events and situations –good physical health, positive school experiences, financial security;
Community and cultural factors –strong community networks, participation in church or other community group, strong cultural identity and pride, access to support services, sense of belonging.

Individuals with positive mental health show a number of characteristics: [2]

- feeling of some control over their life
- an ability to learn, grow and develop
- feeling loved, trusted, understood, valued
- having an interest in life
- autonomy (independence)
- self-acceptance and self-esteem
- optimism and hopefulness
- resilience

A local community may have a number of features that promote the mental health and well being of the people who live or work there. Consequently, mental health promotion can be about enhancing some or all of these features: [3]

- Equitable access to resources and services
- Support for parents and carers
- Activities that bring members of the community together
- Effective sharing of local information
- Tolerance and trust
- Friendly physical environment
- Dealing effectively with crime and anti-social behaviour
- Robust local democracy and opportunities to participate

The extraordinary protective effects of religion and spirituality are just beginning to be recognised: [4]

- In general, about 25% of women and 12% of men suffer major depressive disorder during their lifetime. But people with a spiritual or religious affiliation are up to 40% less likely to get depressed than people who do not have such affiliation.
- When they do get depressed, they recover faster.
- Where psychotherapy is offered, those receiving religiously orientated therapy sensitive to their religious beliefs score best on post-treatment measures.
- Depression affects up to 35% of patients who are medically seriously ill. However an increased commitment to religion was strongly linked to an increase in the lessening of depression.
- Religious/ spiritual commitment correlates with lower levels of substance abuse. The risk of alcohol dependency is 60% greater when there is no religious affiliation

References

1. Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch

2. Stewart-Brown (2002) Measuring the parts most measures do not reach *Journal of Mental Health Promotion* **1**(2): 4-9

3. Department of Health (2001) *Making it Happen: A guide to developing mental health promotion* London: The Stationery Office

4. Article by Dr Andrew Powell see (www.rcsych.ac.uk/college/sig/spirit)

Religion, spirituality and mental well -being

Religious and spiritual beliefs play an important role in the lives of people with experience of mental and emotional distress, and religious involvement is increasingly associated with positive mental health outcomes. [1, 2, 3]

Studies emphasise the value of support from faith communities for people with mental health problems. One study in the US has shown that spiritual belief had a positive impact on mental health by fostering feelings of comfort, being cared for and not being alone and that faith can protect against depression. An Australian study found a correlation between regular church attendance and measures of personal psychological well being. [4]

The ***Strategies for Living*** service user-led project in Somerset found that for some people involvement in faith communities provided stability and a sense of community and family which helped reduce isolation.[5] Aspects of religious practice such as prayer brought comfort to some, and for one or two sitting in a sacred place helped them feel more calm and peaceful. What people found most helpful was the offer of practical help such as lifts, phone calls and visits and feeling that they were cared for, as well as appreciating when other members of the community prayed for them after seeking permission.

Some people talked movingly about the presence of God and what this meant to them. For one, the voice of God had prevented him from taking his own life. For others, their experience of distress and the spirit, belief in the sanctity of life or faith brought them through and gave them a sense of meaning and purpose in life.

Mental health services and religion and spirituality

Within mental health services, the role of spiritual or religious beliefs for individuals experiencing mental health problems is sometimes overlooked. There may be taboos around discussion of religious beliefs within mental health services, or religious beliefs may be ignored or interpreted as symptoms of illness. Some people who use mental health services feel that their spiritual needs are not understood and valued.

People may be trying to understand the meaning of their distress in religious and spiritual terms and may look to mental health service staff to help them with this. In some cases, professionals may be very helpful, listening without judgement and being willing to ask pertinent questions about people's experiences and beliefs. The chaplaincy service offers a valuable source of support.

Defining spirituality

'A quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God.'

Spirituality can play an important role in the survival strategies of people with mental health problems by providing:

- wider feelings of sharing and community that go beyond religious practice
- a source of personal inner strength, fostering both perseverance and forgiveness
- inner contemplation and outer activities that help individuals develop greater self knowledge and understanding of others, and also lead to strong communities

While recognising the valuable support commonly extended by faith communities to people with mental health problems, it is important to acknowledge that some people have been damaged by their experiences with religious groups. In the ***Strategies for Living Project***, some people felt rejected, for example because their own beliefs did not sit comfortably with those seen as acceptable in the church. Some research has identified potentially harmful aspects of some spiritual or religious beliefs or attitudes.

Rejection and fear of people with mental health problems has been commonplace in many different religions and cultures. Attitudes are often ambivalent and contradictory. Mental health problems may be seen as possession by evil spirits or demons, or by good but powerful spirits. There may be no easy distinction between some forms of religious inspiration and symptoms of psychosis. Visions, speaking in tongues and hearing voices can be interpreted as powerful expressions of faith and spirituality.

Explanations for mental health problems proposed by some faiths, such as blaming individuals or looking for sins in their lives to account for their problems, have caused great suffering. Concerns have also been expressed about religious groups who may discourage people with mental health problems from seeking professional help. Faith communities are not immune from the wider fear and misunderstanding about mental health problems that are characteristic of social attitudes in general. As a consequence some service users may have experienced stigma and discrimination within their faith communities.

References

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2. Lindgren KN & Coursey RD (1995) Spirituality and serious mental illness: A two-part study. *Psychological Rehabilitation Journal* vol. **18**(3): 93-111
3. Ellison C & Levin J (1998) The religion-health connection: evidence theory and future directions *Health Education and behaviour* **25**(6): 700-720
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Mental health, stigma & discrimination

Mental health problems are common and can affect anyone. Currently one in seven adults experiences a mental health problem, with an estimated 1 in 4 people in the UK experiencing some kind of mental health problem in the course of a year. [1]

In spite of this, mental health issues are often deeply taboo and surrounded by fear and misunderstanding. The stigma attached to mental health problems adds greatly to the distress and isolation felt by people who have experienced problems. People with mental health problems consistently identify stigma, discrimination and exclusion as major barriers to health and quality of life.[2] When people with mental health problems and their carers are asked what would make a difference to their quality of life, they frequently say reducing stigma. [3]

Stereotyping is the belief that most or all members of a particular group share certain negative characteristics. For example there is a widespread misconception that all people with a diagnosis of schizophrenia are violent. Stereotyping frequently leads to prejudice – unfairly formed opinions and feelings against a group of people. Prejudice towards people with mental health problems shows itself through public fear, misunderstanding, intolerance and ignorance about mental health issues.

Community care has increased the public visibility of people with mental health problems and brought associated stigma, fear and confusion more into the open. The stigma surrounding a diagnosis of depression, schizophrenia, manic depression, eating disorders or self-harm is widespread. Inaccurate and sensationalised media coverage reinforces stigma.

Media stereotypes of people with mental health problems often emphasise violence and crime, giving an unbalanced view, which has fuelled public concern. It is therefore not surprising that myths and stereotypes about people with mental health problems should also be common among faith communities. Much remains to be done to increase understanding and awareness and break down barriers.

Public attitudes towards people with mental health problems are often inconsistent and contradictory.[4] The relationship between attitudes - such as prejudice - and behaviour - such as discrimination - is complex and one does not automatically lead to the other. For example, people can be prejudiced but act fairly, and people can discriminate unintentionally. It depends how socially acceptable discrimination is, whether there are any penalties involved and how likely these are to be enforced. Reducing stigma and discrimination will, by its very nature, promote the mental health of some people within the community, especially people who have used mental health services.

Raising awareness and changing attitudes do not necessarily lead to reduced stigma and discrimination. Programmes to reduce stigma and discrimination must aim to change the behaviour of a particular community or group of people. Effective approaches include increasing social contact, providing support and skills to individuals required to adapt, developing an environment of intolerance to prejudice and ensuring change is sustainable and supported by policy and legislation.

To challenge stigma we need to provide a forum for people to express their fears, where people can speak up, ask questions, challenge and communicate their worries.[5] The single most powerful way to break down barriers between people and challenging preconceptions is for us to get to know each other – as friends, neighbours and colleagues. It is particularly effective if we do things together as equals such as learning together or working together on common goals. Key conditions are: [6]

- equal status between people
- common goals
- face to face contact on a close personal level

Personal testimonies are a powerful tool for delivering relevant messages. Featuring real stories prompts emotional responses that are known to facilitate learning and change. A study looking at the value of service user involvement in anti-discrimination programmes compared different types of programme on participant knowledge, attitudes and behaviours. When service users were involved in having input to the programme there was the greatest impact on the audience. [7]

Case study: The project facilitator from ***Beyond the Cuckoo's Nest*** in Rotherham found in their experience: *"… the most effective element has simply been offering a personal account of mental ill health… At the end, when one of us says, "One of the reasons I'm here is to talk about my experience of manic depression…" it comes as a real surprise to people. It challenges common perceptions of people with mental ill health and helps normalise mental ill health. This in itself counteracts stigma, especially coupled with giving people the opportunity to ask questions about what it's like to have an illness. We try to create a space where people feel it's OK to ask questions without feeling stupid or worrying that they'll be judged"*

People who know someone with a mental health problem are more likely to report more positive and less stigmatising views in public attitude surveys. [8] Contact is effective even where it is only short term, for example in a school project with service users working with young people for one week. Simply giving people information about mental health will not change their attitudes, let alone their behaviour. People are more likely to change if there is peer or community support for change, and you can provide this within the church community.

Positive education and active learning:

- Telling people they are wrong rarely results in change
- Understand the people you are trying to influence, their fears and concerns, and tailor what you want them to understand to the things they are ready to hear
- Make it interactive – work through their problems, help them develop practical solutions and skills, help them work out how to do things right
- Keep working with them to support them to put what they have learned into action.

Case Study: The ***Like Minds, Like Mine*** project to counter stigma and discrimination associated with mental ill health in New Zealand targets the general public, mental health workers, and other agencies with frequent contact with people with experience of mental ill health, media, other opinion leaders e.g. politicians and church leaders. It involves public relations, advertising, development of national policy and curriculum guidelines.

The National Institute for Mental Health in England (NIMHE) launched a five year anti-stigma and anti-discrimination programme in June 2004.[9]

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The church & mental health promotion

Faith communities can contribute to improved mental well being by offering an important source of friendship, belonging and support that both helps prevent mental distress and assists people with mental health problems to cope with and recover from mental distress. They can also provide spiritual guidance, counselling and emotional support, and support for carers and families of mental health service users. Religion or spirituality can act as a part of the holistic healing process that gives calmness and peace that is so vital to recovery. [1] A great deal of work is undertaken by church leaders and lay people who help and support people with mental health problems, who either may come to them in distress or come to talk about their problems. The worshipping, witnessing and caring life of the church contributes something to good mental health by bringing people in touch with Jesus the great healer.

The Church has a really important role in raising awareness and increasing people's understanding and knowledge about mental health problems. It can do this through the way it behaves and includes people and by acting as a sanctuary. Many people with mental health problems find that the church is the one place they can go where they are treated the same as everyone else and be accepted for who they are.

Within any faith community there will be people who are experiencing mental distress, people who currently have a mental health problem or who have experienced one in the past, and many others who are affected by mental health problems as family members, friends or carers. Church communities together with the wider community in which they sit have a responsibility towards and concern for people affected by mental health problems.

Helpful aspects of spiritual life include: [2]

- religious belief
- faith as a source of comfort or support, including the sense that God is always there, no matter how you feel or what happens in your life
- prayer as a source of reassurance or guidance
- reading the scriptures to provide guidance for life
- belonging to a religious community, and the support gained from other people who do, including religious leaders, through the sharing of beliefs and a sense of community.

Building social capital: Faith communities possess valuable resources and can help build social capital through the use of their networks, buildings, voluntary activities and leadership skills. A recent study [3] found that religious communities provide an impressive range of valuable services and represent a local resource that is underused and little appreciated. It concluded that faith communities are especially important in generating or supporting social capital in deprived areas where other social infra - structures may be absent. Faith groups are particularly skilled at identifying the needs of their communities as well as finding practical and innovative ways of fulfilling

them. The wider community also shares the benefits derived from the activities of faith groups.

Offering friendship: Where there is mutual trust and respect between spiritual and religious leaders and their congregation, this can provide a strong basis on which to support people's mental health needs and offer informal neighbourly care, openness and friendship to people who may be vulnerable.

Valuing people with mental health problems: The church can offer a lot to people with mental health problems, providing a safe and welcoming community and helping improve their quality of life. In turn, people with mental health problems have a great deal to offer others through, for example, sharing their experiences, and participating in community work, religious groups and religious services.

Promoting the mental health of the whole community: As well as creating an environment in which people with mental health problems can feel involved, included and valued, the church is an important setting for promoting mental well being more broadly. Activities and groups that take place in church premises, for example youth groups, older people's groups, homeless drop-in centres, mother and toddler groups, user and self-help groups and other community activities contribute to mental well being, and help reduce social exclusion.

Raising awareness about mental health and challenging stigma: Talking openly about the mental health needs of the whole community fosters understanding of the issues and dispels notions of 'them and us'. Accepting and welcoming people with mental health problems into the church community can act as a powerful message to those who view them with fear or mistrust. Developing or organising training or discussion groups to raise awareness and dispel myths, including contributions from mental health professionals, mental health service users and voluntary agencies can also help challenge stigma and discrimination.

Supporting people at key points in their lives: People are likely to turn to their faith community at times of great change or crisis in their lives, or to mark deeply significant events like birth or marriage. Support at these times can strengthen the mental well being of individuals, families and whole communities. This is particularly the case following bereavement. Bereavement is a time of great mental distress and may also challenge a person's spiritual beliefs or give them greater intensity. The quality of help and support a person receives following the death of someone they are close to is a very important factor in reducing the risk of depression. To know you are supported by a faith community and are being prayed for has very positive effects. Spiritual leaders have an important role to play in increasing awareness of the need for time to grieve, for both adults and children, and in assisting access to practical help and support during bereavement.

Linking people with mental health services: Some people with mental health problems, in particular those from black and minority ethnic communities, face barriers to accessing mental health services. For some people, faith communities may be a first point of contact and can act as a link and referral system to statutory mental

health services and other sources of support in the community. Faith communities can play an important role in forging partnerships with mental health service providers and supporting people to seek professional help.

Offering information, emotional and practical support: The church also provides an informal setting for users and carers to meet with others, and can offer practical and emotional support for both. It can support people with mental health problems by making pastoral visits to them and their families and carers. One example of the help that can be offered is providing a service to sit with people experiencing mental health problems to relieve their families. For some people, particularly those who are isolated or unemployed, the church may be the only place where they can meet socially and one of the few sources of information and support.

Support for someone experiencing mental distress

Everyone has off days, and from time to time we all get angry, need to talk about our worries or feel down. A pattern that continues for some time may indicate an underlying mental health problem. Sometimes a person will have an insight into their situation and be willing to seek help. More often it will be important for those around them to be aware and sensitive to what they are experiencing, and to offer some support. Some of the obvious signs include a significant mood change, frequently feeling tired or experiencing aches and pains, a change in how drugs or alcohol are used, indecision, poor morale or lack of confidence, and lack of co-operation.

Be prepared to offer support when needed:

- Consider different support systems that could be put in place in the parish, including peer support, practical help, information about local support agencies;
- Be alert to signs of mental distress, but do not attempt to *diagnose* the problem or *treat* it;
- Know where and how to signpost people towards professional help, self help groups and other sources of support;
- Once someone has experienced mental health difficulties, try to agree with them what action they would like to be taken when and if problems occur again, for example, contacting a family member or close friend, encouraging them to take their medication early on, accompanying them to see their GP.

When someone becomes distressed:

- Ask the person how you can help and what they would find useful, for example someone to talk to, time to be on their own;
- Ask if there is anyone they would like contacted, for example, a family member;
- Make space for the person to be distressed in private, to express emotions, let off steam or calm down;
- Discuss with them the possibility of them seeking professional help. Encourage them to get help from their general practitioner or other health professional;
- Rarely, someone may be in crisis. Where possible, contact the person of their choice. If this is not possible, you could ring the duty social worker at your local social services for advice or intervention.

***Offering social support*:** The church is an important source of opportunities for people to meet and socialise, for example by providing drop-in facilities, social occasions such as lunch clubs, recreation groups and outings.

***Providing counselling and therapy*:**
Churches may offer counselling, and in the best cases this will provide a perspective that is open to a spiritual and Christian dimension without pushing any particular belief. The quality of counselling provided by churches is variable and it is important for counsellors to be professionally trained and accredited. The Association for Spiritual and Pastoral Counselling is developing a network of counsellors affiliated to their organisation (Tel: 0870 443 5220). For general secular counsellors, the British Association for Counselling and Psychotherapy (BACP) provides a directory of accredited counsellors and psychotherapists on their website (www.bacp.co.uk) and you can search by region.

Case study: St Marylebone Healing and Counselling Centre, situated in the crypt of St Marylebone Parish Church, offers a number of approaches to healing including professional counselling and psychotherapy, spiritual direction and prayer. They have access to the services of 15 trained and accredited counsellors and psychotherapists, all of whom share a Christian belief in the need for human wholeness based on authenticity and relatedness. They are open to exploring issues of faith and spirituality with people who are offered one session per week for up to two years.

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Mental health problems – myth & reality

What is mental health?

A broad view of mental health and its promotion can provide a helpful framework for understanding how to build a mentally healthy society.

Mental health and well being is influenced by a combination of social, cultural, economic and political factors impacting on people's life experiences. For example, people place a high priority within their community on friendliness, community spirit, security, feeling safe from crime and being in close proximity to friends and family. All of these factors contribute to individual and community mental and emotional well being. [1]

In other words, such problems are not influenced by our biological inheritance alone.

We all have mental health needs and a mental health problem is any thing that disrupts how we think and feel – temporarily or on a more long-term basis. Our mental health can fall anywhere along a continuum, and will move along that continuum depending on what else is happening in our lives.

What are mental health problems?

There are many misconceptions about mental health problems, often fuelled by sensationalist media coverage. Research carried out by the Royal College of Psychiatrists in 1998 revealed that 30% of employers interviewed would not, under any circumstances, consider employing people who had experienced mental health problems. This attitude reflects lack of knowledge and understanding about mental health problems in society.

There is also often confusion between mental health problems and learning disability. The two are quite different. For more explanation see **Information Sheet** on *Different mental health problems.*

What are some of the common myths surrounding mental health problems?

Myth:
Mental health problems are permanent and untreatable.

Reality:
Studies over a significant period show that the majority of people with a mental health problem lead stable and productive lives. A mental health problem may be permanent but it is not untreatable. As with other chronic conditions, mental health problems are amenable to a combination of medication, support from services as well as friends and family and adapting ones life to changed circumstances.

Myth:
People with mental health problems are violent.

Reality:
Mental health problems are not a predictor of violence. With rare exceptions, the vast majority of people who have been diagnosed as having a mental health problem are not violent or aggressive. Only one per cent of violent crimes committed against the person are by people assessed as having a mental disorder.[1] People with schizophrenia are 100 times more likely to harm themselves than to harm others, with a suicide rate of 6 –10 per cent [2] and they are more likely to be victimised as a result of their mental health. People are more at risk from young men under the influence of alcohol than from people with mental health problems.

Myth:
Someone with a mental health problem is going to take lots of time off sick and be unreliable at work.

Reality:
One research study found that a person with depression had significantly reduced chances of employment compared to someone with diabetes because of employers' concerns about poor work performance.[3] People may need time off with mental distress, but this is not always the case. In fact, people with a diagnosis of a severe mental ill health may have excellent sickness records, and employment can contribute to their recovery and staying well. People with mental ill health are often far more conscientious and motivated to 'do well' than others.[4]

Myth:
People with a mental health problem are not going to be able to cope with pressures and fulfil their responsibilities.

Reality:
Do not assume a person with mental health problems will not be able to cope. For many people, having a mental health problem will not affect their ability to manage day-to-day responsibilities; for others, it may only have a temporary effect. Some people need help to find ways to manage the pressures in their life and to identify sources of support they can draw on.

Myth:
There's nothing anyone can do to avoid mental health problems, it's just the luck of the draw.

Reality:
There are many risk factors for poor mental health and most of these have little to do with inheritance. Just as with physical health, mental health can be bolstered and improved through a range of preventative measures. The Church and faith communities can provide important support for people's mental health.

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Different mental health problems

Mental health problems include a wide range of different conditions, many of which are common and widespread. While rarely requiring hospital care, they do have a significant impact on the overall health and well being of individuals, their families and friends and the local community.

When working with mental health service users, it is important to remember that there are different views and perspectives on mental health problems and diagnostic labels like schizophrenia and manic depression. Some people do not believe it is helpful to use one label to describe a wide range of different experiences.

Not everyone believes that seeking a cure for mental health problems, notably schizophrenia, is necessarily the right approach. Experiencing and coping with depression, hearing voices, visions or changes in thoughts and feelings can be frightening and distressing, but can also enrich people's lives. It can be more helpful to focus on strategies for solving problems, rather than trying to achieve consensus on definitions and labels.

Signs of mental health problems may be subtle and difficult to detect unless you know a person well already. When people start to function less well they may just begin to withdraw from participation in services and meetings. They may 'put on a good face' at church or out and about, making it hard to recognise when they need help. Getting to know people within the church community through, for example, small informal groups or shared activities can be an important way for helping us to recognise changes and mental health problems as they develop.

Mental ill health and learning disability

There is sometimes confusion between learning disability and mental ill health, but in fact the two are quite different. A learning disability is a lifelong condition that starts very early on. Someone who has a learning disability will have certain limitations on their ability to think and impaired intellectual ability. This limit might be hardly noticeable or very severe, and anywhere in between. In the past many other terms have been used such as mental handicap and retardation, but people find these labels offensive and prefer to be described as having learning disabilities or special needs.

Mental ill health is very common. About one in four people in the UK experiences some kind of mental health problem in any year, but there are many different views about what it is, what the causes are and how people can be helped to recover. A mental health problem can develop at any point in your life and can lead people to experience problems in the way they think, feel and behave. These difficulties can range from minor distress to severe disorder. For some, this can significantly affect their relationships, their work and their quality of life. Most people with a mental health problem lead stable and productive lives and many will recover altogether.

Stress

What is stress?

Stress is the 'wear and tear' our bodies experience as we adjust to changes in our life. It is a natural reaction to excessive pressure or other types of demand placed on us.[1] Stress can add anticipation and excitement to life. When stress is too great or goes on for too long, it can result in distrust, rejection and anger which in turn can lead to mental and physical health problems such as depression, anxiety and heart disease. Stress can result from common life events such as the death of a loved one, the birth of a child, job promotion, divorce or a new relationship. Anyone can experience stress as a result of problems or excessive demands in their life and some people are more vulnerable to the stresses in their life.

Prevalence

Work related stress is estimated to be the biggest occupational health problem in the UK, after musculoskeletal disorders such as back problems.

Signs and symptoms

Stress can affect the way individuals think, feel and behave. For example it can lead to increased anxiety and irritability, impaired sleep and concentration, verbal or physical aggression, reduced attention span and poor memory. It can also produce physical changes such as raised heart rate, gastrointestinal and skin conditions, headache and lowered resistance to infection. Individuals may consume more alcohol, smoke more and use excessive caffeine. Prolonged stress can make a person vulnerable to mental health problems.

Treatment options

Early recognition of signs of stress is crucial in dealing with the problem and preventing it becoming more serious. Most people make a full recovery, often carrying on normal daily activities, including work. They should be encouraged to seek help from their GP who may refer them to a mental health worker or counsellor. Efforts should be made to remove or reduce further sources of stress in their life, and to support the individual through any short-term crisis.

Counselling can be an invaluable help in assisting recovery and rehabilitation. There are a wide variety of skills training options including assertiveness training, time management skills and relaxation techniques. Physical activity can also help reduce stress levels.

Anxiety

What is anxiety?

We all feel anxious and uneasy at times, and anxiety is a normal experience arising in response to stress or uncertainty. It only becomes a clinical problem when it is too severe for the person to handle and stops them from coping with everyday life. This is

when symptoms are more intense or long lasting and interfere with a person's concentration.

There are a number of different types of anxiety. Some people suffer from anxiety all the time – this is called ***generalised anxiety***. People with ***phobias*** may experience extreme fear of a particular object or place affecting their way of life. ***Obsessive-compulsive disorder*** causes certain words or ideas to keep coming to mind automatically, leading people to repeat things over and over to get rid of these thoughts. For people with ***panic attacks***, symptoms of anxiety may come out of the blue. ***Post-Traumatic Stress Disorder*** may occur after an unusually frightening or horrifying experience, for example seeing someone killed, losing your home or family.

Prevalence

Anxiety disorders are quite common, affecting five per cent of the population at any one time, with more women affected than men.

Signs and symptoms

Anxiety affects the way we feel, think and behave and the way our bodies work. The external signs of anxiety include physical changes such as sweating, a racing heart, palpitations or rapid breathing, caused by an increase in adrenaline, the substance released by the body to help it get ready to deal with danger or escape from something. Severe anxiety happens when the body over-reacts and responds to something that is not really dangerous. This can happen when a person is under stress or when they start thinking about past difficulties and experiences.

Treatment options

The aim of any treatment is to try to help someone reduce the symptoms of anxiety to an acceptable level, so that they no longer interfere with day-to-day living. Self-help can be very useful and people can help themselves by learning to relax, taking exercise, and learning more about their symptoms. Recovery can be greatly helped by the support received from family and friends, colleagues and others.

People may need to seek professional help from their GP, who may refer them to a mental health worker or counsellor. Talking therapies may include cognitive-behavioural therapy, psychotherapy or counselling. Anxiety Management Groups or classes may be available at the local surgery or health centre. Occasionally, medication is prescribed for short-term relief and support. An anti-depressant may be prescribed in combination with non-drug treatments. A tranquilliser may be used, with caution, because of the risk of long-term dependence.

Depression

What is depression?

Depression is used to describe a range of moods, from the low spirits we all experience occasionally, to a severe problem that interferes with everyday life.

Everyone may feel fed up, miserable or sad at times, particularly after a deeply distressing occasion such as the death of someone close. Usually this kind of sadness passes with time, but occasionally it may carry on or seem to get out of proportion. Sometimes, depression just comes out of the blue without any obvious reason. Depression is only a significant problem if it lasts more than two weeks. If it persists, it can dominate every aspect of the day.

Prevalence

Depression is one of the most common mental health problems and affects 20 per cent of women and 10 per cent of men at some point during their lives.[2] One in twenty of all adults are estimated to be experiencing depression at any one time.

Signs and symptoms

People with depression usually have a number of symptoms, often including low mood, loss of interest and enjoyment in life, feelings of worthlessness and guilt, tearfulness, poor concentration, reduced energy, reduced or increased appetite and weight, sleep problems and anxiety. From the outside, a person may seem lazy, difficult or disinterested, but this is not the case. They need help and support. Recognising and treating depression as an illness can shorten its duration and reduce the risk of relationship breakdown, sickness, accidents, alcohol and drug misuse, job loss and suicide.

Treatment options

Depression is serious but can be treated. Over 80% of people with the most severe depressions can be helped quickly, 50% will recover with only minor relapses and 25% will recover completely. Recognising that someone is experiencing depression and supporting them to seek help and treatment will speed their recovery as well as reducing needless distress.

People need to seek professional help from their GP, who may refer them to a mental health worker or counsellor. Effective treatments include talking therapies such as cognitive-behavioural therapy, psychotherapy or counselling, either alone or together with anti-depressant medication.

Bi-polar Affective Disorder

What is Bi-polar Affective Disorder?

Bi-polar affective disorder is a condition affecting a person's moods. We all experience mood changes, but in someone with bi-polar disorder these changes can be more extreme and sometimes unpredictable. Most often there is a high, or manic, period alternating with a low, or depressed, period. There is usually a period of stable mood in between. Each person's symptoms are unique so it is difficult to generalise about how an illness will affect someone. There are a wide range of characteristics associated with the illness that may not be present in every individual.

Prevalence

About one in one hundred of the general population are likely to develop bi-polar affective disorder.[3] Of people who suffer from serious depression, about one in ten

will also have periods when they are elated and overactive. Men and women are equally affected by bi-polar disorder, and it tends to run in families.

Signs and symptoms

Some typical symptoms might include periods of deep depression, lack of energy, life no longer seeming worthwhile, and periods of elation and hypomania that are associated with excessive activity. People may display disturbing behaviour, for example rapid, loud or incessant conversation, nonsensical arguments, delusions, over-confidence and lack of common-sense and self-awareness. There may also be disturbed sleep and eating patterns and overspending.

Treatment options

Bi-polar disorder can be managed successfully with support, medication and other forms of treatment. Many people with bi-polar disorder can go for years without any signs of elation or depression, and many make a full recovery. Early diagnosis and treatment can limit the intensity and duration of an attack.

Schizophrenia

What is schizophrenia?

Schizophrenia is a term used by mental health professionals to describe a condition where thoughts, beliefs, feelings and experiences are severely disrupted. Some people do not believe it is helpful to use one label to describe a wide range of different experiences. Schizophrenia does not necessarily affect an individual for life. A quarter of people diagnosed will recover completely, two-thirds will have multiple episodes and 10 –15% will experience more enduring problems. Some people may continue to have symptoms for the rest of their lives, but they may become less severe over time. Many people with schizophrenia lead worthwhile and fulfilling lives that include having relationships, children, work and study.

Prevalence

About one in a hundred people in the UK will experience an episode of schizophrenia. It affects both men and women equally but men often experience the condition at an earlier age.

Signs and symptoms

Symptoms usually start in the late teens or early twenties, and the diagnosis is usually given to people between the ages of 16 -35 years, but it can be much later.
There is a range of symptoms, which can start gradually or rapidly, may follow a period of stress or be triggered by a major life event, or may just occur without warning. Symptoms include hallucinations (unusual or unexplained sensations that are heard or seen), a change in patterns of thinking, delusions (strongly held beliefs which are out of keeping with your background and your usual way of thinking), loss of interest in things and lack of motivation.

Violence is rarely associated with schizophrenia and if anything people tend to be more timid and over-sensitive rather than aggressive or violent.

Treatment options

There is no immediate cure for schizophrenia, but a variety of approaches include medication, talking treatments, complimentary therapies, crisis support and various forms of self-help and a combination can be most helpful.

Dementia

What is dementia?

Dementia is the name of a group of diseases that affect the normal working of the brain. The changes in the brain slowly lead to memory loss and confusion, and affect people's personality and behaviour. They begin to lose the ability to carry out normal, everyday activities for themselves. Alzheimer's Disease is the most common cause of dementia, followed by vascular dementia, which is triggered by a series of small strokes that destroy brain cells.

Prevalence

Alzheimer's Disease is the most common cause of dementia and affects up to ten per cent of the population aged over 65, occurring much more rarely in people as young as 35. For all types of dementia, there are more than 700,000 people in the UK affected, and 18,500 of them are under 65. Over the age of 80 about one in five people will develop dementia.

Signs and symptoms

There are many variations, but usually three distinct stages. In the early stages, people often appear confused and forget about things that have just happened. They may not remember where they are or what they did five minutes ago, but their longer term memory is not much affected. Concentration and decision making become difficult, and mood changes frequent. The second stage brings more obvious confusion, forgetfulness and mood changes. The person may become anxious and aggressive. They may wander restlessly and be up and about at night. They may also become suspicious of loved ones. Personal safety can be an issue, especially for those who smoke or cook. In the final stages as dependency increases, it may become very difficult for the person to manage at home or with relatives. A care home or nursing home may be the only option.

Treatment options

Unfortunately, there is no cure for dementia as yet, but there are drugs available to provide some relief and many other strategies for coping. Although physical treatment is limited, a lot can be done for the emotional health of those with dementia.

The needs of the carer are also huge. It is extremely upsetting and exhausting when someone you are close to develops dementia, and carers need to make sure they get the help they need.

Personality Disorder

What is personality disorder?

Personality refers to the pattern of thoughts, feeling and behaviour that makes each of us individual. We tend to behave in fairly predictable ways, yet our personality also develops and changes as circumstances change. Someone who has personality disorder is likely to become quite inflexible, their range of attitudes and behaviours is limited and likely to be different from what is expected, and can cause distress to themselves and others.

Signs and symptoms

Personality disorder usually becomes noticeable in adolescence and early adulthood, but may start in childhood. There may be difficulties in making friendships, maintaining a stable relationship and working co-operatively with others. The person may feel alienated and alone, and the risk of suicide is three times higher than average.

Treatment options

Personality disorder is difficult to treat because it involves deep rooted thoughts, feelings and ways of relating. But many people are able to change their thinking and behaviour and eventually lead more fulfilling lives. Friends, family and health workers need to emphasise the positive aspects of someone's personality and encourage the individual to make the most of their strengths and abilities.

References

1. Health and Safety Executive (1995) Stress at Work: A Guide for Employers HS (G) 116, pp.8
2. National Depression Campaign (1998) Myths and Misunderstandings, NDC leaflet
3. World Health organisation (2000) Mental health and work: Impact, issues and good practice, WHO, Geneva

The policy context for faith & mental health

Since the late 1990s a range of policy initiatives have been introduced at national and local level that have broad implications for mental health and mental health promotion. Policies have been informed by an acknowledgement that mental distress is shaped by a wealth of life experiences such as poverty, unemployment, poor educational attainment, bad housing, trauma, racism and abuse. They have at their core the aim of tackling inequalities and ensuring that all the needs of the individual are addressed with respect and understanding of diversity.

A First Class Service [1] explained how NHS standards would be set, delivered and monitored. Key ingredients of this change programme were the National Service Frameworks (NSF). The **National Service Framework for Mental Health**, one of the first NSFs, was announced in 1999.[2] Its scope was aimed at setting national standards that would eliminate variations in quality of and access to services. Service models for promoting mental health and treating mental ill health were also defined.

Standard One of the NSF focuses on mental health promotion and aims to ensure that health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems. These services are required to promote mental health for all, working with individuals and communities; and to combat discrimination against individuals and groups with mental health problems, and promote their social inclusion. Guidance to support implementation of Standard One was published in 2001 by the Department of Health. [3]

A range of complementary initiatives within the Christian community and also within specialist mental health services have developed in parallel as the implementation of the NSF has progressed. At a national level there has also been recognition of the importance to integrate spirituality into a holistic approach to care, treatment and support for people with enduring mental health problems.

General Synod Debate on *Emerging Issues in Mental Health*

In February 2003 General Synod conducted a debate on the revised Mental Health Act 1983 and on generic promotion of mental health and the role of the Church. During the debate, Synod was reminded of St Mark's Gospel and the story of Legion who had been banished from his local community and lived among the tombs. The description of his behaviour would today perhaps be equated with paranoid schizophrenia. Jesus' ministry to Legion was to engage with him, heal him by addressing his inner life and return him to his local community. Jesus' actions provided a blueprint for church communities seeking to support those with mental health problems in their communities.

The General Synod debate also supported the development of ***Promoting mental health: A resource for spiritual and pastoral care*** as one way of helping faith communities to build the capacity to support those experiencing mental distress – which is all of us at some time during our lives.

National Institute for Mental Health in England (NIMHE)

The National Institute for Mental Health in England (NIMHE) and the Mental Health Foundation have a two year partnership, launched in November 2003, to bring together and develop current thinking and practice in the area of spirituality and mental health.[4] The aim of the project is to collate current thinking on the importance of spirituality in mental health on an individual and group basis, to evaluate the role of faith communities in the field of mental health and to develop and promote good practice in services that take the whole person into account.
(pgilbert@gilbert88.fsbusiness.co.uk) OR (vnicholls@mhf.org.uk)

Mental Health Foundation

The Foundation has taken a lead in the area of spirituality and mental health amongst people who use services. Their groundbreaking programme ***Strategies for Living*** led on to more in-depth project work in Somerset, specifically on spirituality and mental health. A report on spirituality and learning disability is also available.
(www.mhf.org.uk)

Hospital Chaplaincy

Hospital chaplains play an invaluable role in the pastoral care of patients and there are chaplains who specialise in mental health issues. ***Caring for the spirit*** is a CD that contains the strategy for the chaplaincy and spiritual healthcare workforce as well as a short film about what chaplains do and how the strategy can help. Available from the South Yorkshire Workforce Development Confederation. (www.wdc.nhs.uk)

Royal College of Psychiatrists

The College has an active Special Interest Group on Spirituality that meets regularly and discusses relevant topics and issues. (www.rcpsych.ac.uk/college/sig/spirit)

Spirituality Forum

A national network provides an opportunity for people from mental health, from faith communities and for people who use mental health services to meet, debate relevant issues and exchange news and views. (www.mentalhealth-jami.org.uk)

Partnership working

The church is already actively involved in many local partnerships and can play an important part, for example, in working to support local community groups within church communities to play a central role in turning their neighbourhoods around. Local strategic partnerships (LSP), New Deal for Communities (NDC) and Neighbourhood Renewal (NR) programmes all offer an opportunity to take forward programmes of work on mental health and spirituality.[5]

Disability Discrimination Act

The Disability Discrimination Act 1995 (DDA) aims to end discrimination which many disabled people face, and gives people rights in a number of areas including employment and access to goods, services and facilities. The DDA defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.'

It is illegal to treat a person less favourably because they are disabled and service providers are required to make reasonable adjustments to the way they deliver services so disabled people can use them. From October 2004, service providers may have to consider making permanent physical adjustments to premises.

References

1. Department of Health (1998) *A First Class Service: Quality in the new NHS.* London. Department of Health.

2. Department of Health (1999) *National Service Framework for Mental Health.* London. HMSO. (www.doh.gov.uk/mentalhealth)

3.Department of Health (2001) *Making it happen: A guide to delivering mental health promotion.* London. HMSO. (www.doh.gov.uk/mentalhealth)

4. NIMHE (2003) *Inspiring Hope: Recognising the importance of spirituality in a whole person approach to mental health.* (www.nimhe.org.uk)

5. To locate an LSP contact your Primary Care Trust; an NDC (www.ndfc.co.uk); and NR (www.neighbourhood.gov.uk)

Developing partnerships

There are a number of potential benefits of increasing partnership working between statutory and voluntary and community services and faith communities to provide support for people with mental health problems.

Increase awareness within services

The spiritual dimension has great importance in many people's lives. People working within primary care, specialist mental health services or other organisations providing support and care to people with mental health problems need to be aware of the importance of religious and spiritual beliefs for many people as part of their support and recovery.

Faith communities have an important role in promoting this increased awareness and understanding, to ensure that services are sensitive to people's needs and do not interpret religious expression as a symptom of illness. Developing partnerships and mutual respect between faith communities and health professionals can help increase awareness, with mental health service user and survivor groups also having an important contribution to make.

Advocacy services can help to ensure that service users, in particular those from black and minority ethnic communities, have their views known and their cultural and religious beliefs respected. This may be important if people's religious beliefs, lifestyle choices and expressions of their cultural identity are not to be interpreted as part of their psychiatric diagnosis. Focusing on meaning, identity and spirituality helps us to recognise our common humanity and the essential solidarity between mental health service users, carers and staff.

Increase understanding about mental health issues for those working in faith communities

People involved in providing spiritual and pastoral care may benefit from information and training from mental health specialists to help them understand issues around mental health and illness, identify ways they can help and recognise their limitations and boundaries. This can enable faith communities to better include and support people coping with the effects of mental distress and mental ill health in their community and support people in a way which promotes positive mental health and assists recovery.

When planning and delivering training on mental health promotion within your local church community it can be helpful to involve the expertise of a local mental health professional, for example a community psychiatric nurse or psychologist, or someone working in a local mental health voluntary agency such as Mind or Rethink.

Locating appropriate services

There are a number of routes to follow to make contact with health and social care and mental health service providers and mental health promotion specialists who may want to work in partnership with you, or be willing to provide support and information. The following section provides a summary of different organisations involved in providing health and social care at a local level.

NHS Services

Primary Care Trusts (PCTs)

These organisations deliver a range of health services in your local area. They work with local authorities and other agencies that provide health and social care locally to make sure the community's needs are being met.

PCTs include GPs, dentists, opticians, pharmacists, walk-in centres and NHS Direct. GPs look after the health of people in their local community and deal with a whole range of health problems. They work with a team including nurses, health visitors and midwives, physiotherapists, occupational therapists and others. Every PCT should have someone with responsibility for taking forward Standard One of the National Service Framework for Mental Health that focuses on mental health promotion.

Access to mental health support within primary care:

Tier One	Mild depression & Anxiety, adjustment Disorders, grief reactions	Support, reassurance and advice, problem solving, information about community services e.g. Relate, Cruse, Citizen's Advice Bureau, self-help groups
Tier Two	Mild to moderate depression, anxiety disorders, chronic social difficulties, relationship problems, divorce, separation, bereavement	Counsellor, psychotherapist, psychologist, primary care mental health worker
Tier Three	Moderate to severe depression, severe anxiety disorders, other mental ill health	Specialist clinical psychology services and/or clinical nurse therapist

Mental Health Trusts

Mental health trusts deliver specialist mental health care. They provide inpatient facilities, day hospital/ outpatient facilities, community based support and mental health promotion. They employ an array of specialist staff including psychiatrists, psychologists, mental health nurses, occupational therapists and art therapists.

Mental health chaplains

Chaplains make a valuable contribution in the NHS, providing spiritual support for patients in difficult circumstances, bereaved relatives and staff. Chaplains working within mental health in-service units have an important role to play around spirituality and mental health. You could contact the local hospital chaplaincy department as a starting point for links with the NHS.

To find out about NHS services in your area and how to contact them, look at www.nhs.uk or ring NHS Direct 0845 **4647**

Local authority services

Social services departments employ mental health social workers - Approved Social Workers - who work in community teams. They provide essential support for people who use mental health services e.g. benefits advice, housing information, organising meaningful occupation and enabling social support and networks.

National and local voluntary organisations

There are a number of voluntary organisations providing services for people with mental health problems who may be able to help you with your training by providing information, speakers, resources or contact with mental health service user groups.

A comprehensive listing of national voluntary organisations and ones with a branch near you can be found in **Section Six**.

Worship on the theme of mental health

Worship on the theme of mental health can be organised at any time of the year. Many faith communities plan events to coincide with ***World Mental Health Day***, which takes place on October 10th each year.

When planning a service, try to:

- Involve those with personal experience of using mental health services and/or carers in the planning of the worship and encourage them to share ideas for theme and content.
- Encourage service user participation in the service e.g. playing, singing, reading, prayers, drama, particularly of their own composition.
- Invite a user or carer to preach the sermon
- Try to have someone speak at the service about his or her own experience. This could take the form of an interview.

Each Christian community will have its own texts, music and traditions to draw upon but the following selections provide a starting point.

PRAYERS

O God,
who has so faithfully cared for me in the past,
and so often seen me through to safety:
Grant me that in moments of depression,
desolation, failure and despair,
I may look back in gratitude,
and refreshed by the remembrance of past grace
turn again to the future in renewed trust
and unfailing hope
resting upon Jesus Christ,
my beloved Saviour.
(George Appleton *One Man's Prayers* London: SPCK)

Lord of the excluded
Open my eyes to those I would prefer not to see
Open my life to those I would prefer not to know
Open my heart to those I would prefer not to love
And so open my eyes to see
Where I exclude you

(Iona Community)

Leader: When all hope is gone, Lord,
Response: You are born.
Leader: When the darkness is complete,
Response: You come.
Leader: When all things are beyond despair,
Response: We find you.
Leader: You roll back the stone
Response: and are there to greet us.
(Graham Jeffery in *Hear Our Prayer: An Anthology for Collective Worship* Bury St Edmunds: Kevin Mayhew, 1996)

Have pity, good God
On those who cannot live with themselves
Because their past looms too large
Or their relationship is a mistake
Or their work is a compromise
Or because
No one has said 'You are good to be with';
No one has said 'Come and visit me';
No one has said 'I love you'
And in all of us
Eradicate the long miles
Between what we are and what we should be
Until, like Jesus
Our performance lives up
To our potential
(Panel on Worship of the Church of Scotland *Pray Now* Edinburgh: St Andrew's Press, 1999)

Lord, look upon us with the eyes of your mercy.
May your healing hand rest upon us;
may your life-giving power
flow into every cell of our bodies
and into the depths of our souls,
cleansing, purifying,
restoring us to wholeness and strength
for service in your Kingdom.
(Author unknown in *Hear Our Prayer: An Anthology for Collective Worship* Bury St Edmunds: Kevin Mayhew, 1996)

Lord Jesus Christ, who for love of our souls entered the deep darkness of the cross: we pray that your love may surround all who are in the darkness of great mental distress and who find it difficult to pray for themselves. May they know that darkness and light are both alike to you and that you have promised never to fail them or forsake them. We ask it for your name's sake.(Cumings L. in Frank Colquoun (ed) *Contemporary Parish Prayers* London: Hodder & Stoughton, 1975 no.443, p.161)

Lord, hear our voices when we cry to you! Our hearts say:
we have longed, earnestly have we longed,
to gaze upon your face.
Do not turn your face away from us.
Look tenderly upon your servants and, in your love,
teach us to be free.
(Carmelite Monastery, Quidenham in *Hear Our Prayer: An Anthology for Collective Worship* Bury St Edmunds: Kevin Mayhew, 1996)

Leader	The grace of God has dawned upon the world with forgiveness for all. So let us come to Him in sorrow for our sins, seeking wholeness and salvation.
Leader	Lord for the weakness of our faith
All	**Jesus forgive**
Leader	Lord for the joylessness of our living
All	**Spirit forgive.**
Leader	Holy Trinity, have mercy upon us
All	**Forgive our sins.**
Leader	Almighty God who is both power and love, forgive you and free you from your sins, heal and strengthen you his Spirit, and raise you to new life, in Christ our Lord.
All	**Amen**

(The Iona Community from *The Iona Abbey Worship Book* published by Wild Goose Publications, Iona Community, Unit 16, Six Harmony Row, Glasgow G51 3BA)

Jesus says, 'Come to me all you who are troubled and I will give you rest'.
(*Quiet music in the background and people coming to light a candle)*

So come, you who are burdened by regrets and anxieties,
you who are broken in body and spirit'
you who are torn by relationships and by doubt,
you who feel deeply within yourselves the divisions and injustices of our world.
Come, for Jesus invites us to bring him our brokenness.
(*Invitation to silent prayer)*

Litany of the Cross from the *Iona Book of Worship:*

Leader	The Cross . . .
All	**We shall take it.**
Leader	The bread . . .
All	**We shall break it.**
Leader	The pain . . .
All	**We shall share it.**
Leader	The joy . . .
All	**We shall share it.**
Leader	The Gospel . . .
All	**We shall live it.**
Leader	The love . . .
All	**We shall give it.**
Leader	The light . . .
All	**We shall cherish it.**
Leader	The darkness . . .
All	**God shall perish it.**
	Amen

(The Iona Community from *The Iona Abbey Worship Book* published by Wild Goose Publications, Iona Community, Unit 16, Six Harmony Row, Glasgow G51 3BA)

READINGS THAT OFFER COMFORT AND REASSURANCE

Many New Testament passages offer comfort and reassurance to those who are feeling anxious or disturbed. For example, in John *'Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid'* (John 14:27) and *'Trust in God; also trust in me. In my Father's house are many mansions; if it were not so, I would have told you'* (John 14:1-2).

References from the Psalms and other scriptures encourage a holistic vision. The passage in Deutoronomy 6:4 *'Hear O Israel: The Lord our God is one'* shows the reflection of humankind in relation to the Creator. The next verse goes on to say *'Love the Lord your God with all your heart and with all your soul and strength'*. In some translations the mind is featured here.

POETRY

God stir the soil,
Run the ploughshare deep,
Cut the furrows round and round,
Overturn the hard, dry ground,
Spare no strength nor toil,
Even though I weep.
In the loose, fresh mangled earth
Sow new seed.
Free of withered vine and weed

Bring fair flowers to birth. *Anon*

Can I see another's woe,
And not be in sorrow too?
Can I see another's grief,
And not seek for kind relief?

Think not thou canst sigh a sigh
And thy maker is not by;
Think not thou canst weep a tear
And thy maker is not near.

O! he gives to us his joy
That our grief he may destroy;
Till our grief is fled and gone
He doth sit by us and moan.

'*On Another's Sorrow'*: William Blake

Batchelor, M (ed) (1995) *Lion Christian Poetry Collection* Oxford: Lion Publishing

A Glass of Water
Here is a glass of water from my well.
It tastes of rock and root and earth and rain;
It is the best I have, my only spell
And it is cold, and better than champagne.
Perhaps someone will pass this house one day
To drink, and be restored, and go his way,
Someone in dark confusion as I was
When I drank down cold water in a glass,
Drank a transparent health to keep me sane,
After the bitter mood had gone again.

Sarton M, Benson G, Chernaik J, Herbert C (eds) (1995) Poems on the Underground: Cassell, London

Other poets whose work grows out of their experience of mental health problems are:
John Clare
William Cowper
Gerard Manley Hopkins
Christopher Smart
Sylvia Plath
Anne Sexton

Batchelor, M (ed) (1995) *Lion Christian Poetry Collection* Oxford: Lion Publishing, also includes a section on *health and illness*.

NON-SCRIPTURAL READINGS

From Cotter J (1997) *Brainsquall: Soundings from a deep depression.* Sheffield: Cairns Publications/ Berkhamsted: Arthur James Ltd

Thank you for being honest about how difficult, no, how frightening it was to visit me. There is nothing that the visitor to the patient can *do*. Even the pastoral actions of prayer, of giving communion, even of touch, may have no visible effect. They do not appear to be doing any good, and they give no encouragement to the pastor. You found yourself wanting to get away quickly, away from a place, which seemed so empty, from a person who seemed but a shell. A friendship that had been two-way had no substance any more because there was no response. You mentioned to me that you had been seeing a young man who said, "My soul has gone: I am only a shell." Simply to be with such a person, to be fully there, aware and alive, entering that empty nothing even for a few minutes, is terrifying, however rational we may be in talking about it. I am reminded of someone else's comment, "You had left us; and I did not know if you were coming back." Nevertheless, *you* came back, returning again and again despite your fear. But no wonder in such circumstances that the patient becomes suicidal, whether actively so with wrist slashing, or passively so, as I did, simply giving up. If there is nothing here of me but a shell, there is no point in keeping a shell in existence, barely alive and not in any way that has meaning. *Yet you did not give up*. You did return, trusting that in time I would also return. And eventually we discovered that it was so, your remarking that my openness about my treatment, my helplessness, my feeling of guilt, had helped, as had my courage in fighting (too strong a word, crawling perhaps) my way back, despite the setbacks and falls . . .

From Grainger R (1993) *Strangers in the Pews: The pastoral care of psychiatric patients with the Christian congregation.* London: Epworth Press pp.30-31:

SHORT READINGS FROM THE SAINTS

From Julian of Norwich
It is more blissful that man be taken from pain, than that pain be taken from man; for if pain be taken from us it may come again: therefore it is a sovereign comfort and blissful beholding in a loving soul that we shall be taken from pain. For in this behest I saw a marvellous compassion that our Lord hath in us for our woe, and a courteous promising of clear deliverance. For He willeth that we be comforted in the overpassing; and that He shewed in these words: 'And thou shalt come up above, and thou shalt have me to thy meed, and thou shalt be fulfilled of joy and bliss.'
It is God's will that we set the point of our thought in this blissful beholding as often as we may, - and as long time keep us therein with His grace; for this is a blessed contemplation to the soul that is led of God, and full greatly to His worship, for the time that it lasteth. And when we fall again to our heaviness, and spiritual blindness, and feeling of pains spiritual and bodily, by our frailty, it is God's will that that we know that He hath not forgotten us. And so signifieth He in these words: 'And thou shalt never more have pain; no manner of sickness, no manner of misliking, no wanting of will, but ever joy and bliss without end. What should it then aggrieve thee to suffer awhile, seeing it is my will and my worship?'
It is God's will that we take His behests and His comfortings as largely and as mightily as we may take them, and also He willeth that we take our abiding and our troubles as lightly as we may take them, and set them at nought. For the more lightly we take them, and the less price we set on them, for love, the less pain we shall have in the feeling of them, and the more thanks and meed we shall have for them.
(*Revelations of Divine Love* The Fifteenth Revelation, Chapter 64)

Other saints whose writings are relevant are St John of the Cross (on 'the dark night of the soul'); St Aelred of Rievaulx (on friendship); and St Teresa of Avila.

HYMNS

The following list gives a wide choice of suitable hymns. All of them appear in *Hymns Old and New* (1996) Bury St Edmunds: Kevin Mayhew, and the first number following each hymn refers to that book. They are all obtainable in other standard and easily obtainable collections:

A&M *Hymns Ancient and Modern New Standard Edition* (Canterbury Press, 1983)

BPW *Baptist Praise and Worship* (Oxford University Press, 1991)

H&P *Hymns and Psalms* (Methodist Publishing House, 1983)

HTC *Hymns for Today's Church* (Hodder & Stoughton, 1982)

LP *Let's Praise 1 & 2* (Harper Collins, 1988, 1994)

MP *Mission Praise* Combined Edition (Harper Collins, 1982, 1986, 1990)

NEH *New English Hymnal* (Canterbury Press, 1989)

SF *Songs of Fellowship* (Kingsway's Thankyou Music, 1991)

WP *World Praise* (Harper Collins, 1993 1995)

NRH *New Redemption Hymnal*

All my hope on God is founded	(15) [A&M 336; BPW 327; H&P 63; HTC 451; MP 16; NEH 333]
Amazing grace	(27) [BPW 550; H&P 215; HTC 28; LP 6; WP 175]
And can it be	(30) [BPW 328; H&P 216; HTC 588; LP 8; MP 33]
As now the sun's declining rays	(37) [NEH 42]
As pants the hart for cooling streams	(38) [NEH 337; A&M 226; H&P 416]
At even, 'ere the sun was set	(NRH 453)
Be still and know that I am God	(52) [BPW 280; LP 245; MP 48; SF 41]
Brother, sister, let me serve you	(73) [BPW 473]
Dear Lord and Father of mankind	(106) [A&M 115; NEH 353]
God moves in a mysterious way	(173) [A&M 112; BPW 122; H&P 65; MP 193; NEH 365]
Great is thy faithfulness	(186) [BPW 553; H&P 66; HTC 260; LP 54; MP 200; SF 147; WP 188]
Help us to help each other, Lord	(208) [A&M 374; HTC 540]
How sweet the name of Jesus sounds	(220) [A&M 122; BPW 339; H&P 257; HTC 211; MP 251; NEH 374; SF 194]
I'm accepted	(239) [LP 86; MP 321; SF 229]
Immortal love, for ever full	(243) [A&M 133; BPW 198; H&P 392; HTC 105; MP 328; NEH 378]

Jesu, grant me this, I pray	(260) [A&M 136; NEH 382]
Just as I am, without one plea	(287) [A&M 246; BPW 346; H&P 697; HTC 440; LP 101; MP 396; NEH 294; SF 316]
Lord, we come to ask your healing	(319)
Love divine, all loves excelling	(321) [A&M 131; BPW 559; H&P 267; HTC 217; LP 354; MP 449; NEH 408; SF 377]
O for a thousand tongues to sing	(362) [WP 204]
O Lord, hear my prayer	(379) [BPW 600; LP 149; SF 423]
One more step along the world I go	(405) [BPW 356; H&P 746]
Rock of ages	(437) [A&M 135; BPW 545; H&P 273; HTC 593; MP 582; NEH 445; SF 488]
Sun of my soul, thou Saviour dear	(462) [A&M 11; H&P 646; MP 618; NEH 251]
The great Physician now is near	(NRH 502)
There is a Redeemer	(500) [LP 207; MP 673; SF 544; WP 212]
There's a wideness in God's mercy	(501) [BPW 573; H&P 230; MP 683; NEH 461]
Within our darkest night	(562) [LP 439]

FURTHER SUGGESTIONS FOR THOUGHT-PROVOKING READINGS

Peter Brice *On the Edge: Wrestling with God in Depression* Norwich: Millstream Press, 1995

Sheila Cassidy *Sharing the Darkness* London: Darton, Longman & Todd

Jim Cotter *Healing – more or less* Sheffield: Cairns Publications, 1990

Jim Cotter *Dazzling Darkness* Sheffield: Cairns Publications & New Alresford: Arthur James / John Hunt Publishers, 1999

John Foskett *Meaning in Madness*

Roger Grainger *A Place Like This* Worthing: Churchman, 1984 (not in print)

Roger Grainger *A Place Like That* Wakefield: Eastmoor, 1997

Gerard Hughes *God, Where are You?*

Fr Gerald Mahoney *The Other Side of the Mountain*

Stephen Pattison *Alive and Kicking*

Jean Vanier *The Broken Body* London: Darton, Longman & Todd

BIBLICAL READINGS & PSALMS

Job 6:1-14
Isaiah 38:10 – end; 52:13 – 53:5
Lamentations 3:1-33
Mark 4:35-41; 5:1-20; 15:34
Luke 7:11-23; 11:1-13; 15:11-end
John 10:7-21; 11:1-44; 14:1-21
Romans 12:15; 15:17
1 Corinthians 12:22
Revelation 21:1-4 and 21:22 – 22:5
Psalms 17:1-2 & 15; 22; 23; 25; 39; 40; 69; 90; 102; 116

Section Six Contacts and resources

FAITH ORGANISATIONS

Acorn Christian Healing Trust
Whitehall Chase
High Street
Borden GU35 0AP
Tel: 01420 478 121 (Mon-Fri 9am-5pm)
An affiliation of six Christian healing centres where support is available, and callers can be directed towards approximately twenty other healing centres nation-wide. The Trust's approach is to respect each person and their beliefs, to provide non-directive engagement and care and to make a commitment to listen first.

Association of Christian Counsellors
173AWokingham Road
Reading, Berkshire RG6 1LT
Tel: 0118 966 2207 (Mon-Fri 9am-5pm)
Email: office@acc-uk.org
The ACC is an Interdenominational affiliation representing over one hundred Christian training and counselling organisations. The ACC can refer individuals on to local counsellors. The ACC acknowledges the different emphases within various Christian counselling traditions but expects members to share certain basic religious assumptions. In method the members are expected to express without prejudice the compassion, authority, sensitivity and appropriateness of Christian caring for others.

Carers Christian Fellowship
Aims to offer a link and support for Christians who are caring in some way for a relative, friend or neighbour. Has a number of local groups, and a newsletter.
Email:sjones.ccf@ntlworld.com

Centre for Health and Pastoral Care
Holy Rood House
10 Sowerby Road
Thirsk YO7 1HX
Tel: (01845) 522580/ Fax: (01845) 527300
Holyroodhouse@centrethirsk.fsnet.co.uk
Short term therapeutic Residential and Day Centre, working with those who have experienced forms of loss, particularly in the areas of mental and physical health. The centre has an holistic approach and works with a team of counsellors, psychotherapists, art and drama therapists and body therapists.

Centre for the Study of Theology and Health
Thorpe House
12 Sowerby Road
Thirsk YO7 1HX
Tel: (01845) 522004
Thorpe.house@zoom.co.uk

The centre exists to explore the interconnectedness between theology, health, psychology and the arts. It arranges research days and courses in the areas of theology and health and has a particular interest in the areas of mental health and seeks to promote research and understanding.

Christian Survivors of Sexual Abuse
BM-CSSA
London WC1N 3XX
First contact should be made in writing as the group does not provide a named contact or telephone number to preserve confidentiality.

Churches Campaign Against Depression
47 Astil Street
Stapen Hill
Burton-on-Trent DE15 9DL
Tel: 01283 741115
Email: cad99@hotmail.com

Churches Together in Britain and Ireland
Inter-Church House
35-41 Lower Marsh
London SE1 7RL
Tel: 020 7620 4444
CTBI co-ordinates the work of its 32 member churches and liaises with ecumenical bodies regionally, nationally and internationally. Its work includes church life, church and society, mission, international affairs and racial justice.

Inner Cities Religious Council
The ICRC Secretariat
Floor 4/K10
Department of the Environment, Transport and the Regions
Eland House
Bressenden Place
London SW1E 5DU
Tel: 020 7890 3704
ICRC provides the Government and faith communities with a forum for working together to tackle issues facing inner cities and deprived urban areas.

The Association for Pastoral Care in Mental Health
c/o St. Marylebone Church
Marylebone Road
London NW1 5LT
Tel: 01483 538936
www.pastoral.org.uk
APCMH is a national ecumenical charity of Christian foundation primarily concerned with the spiritual needs of people with mental health problems. It works closely with churches, religious groups and others in providing training, support and other services

and to encourage local initiatives in faith communities in order to support and empower mental health service users.

The Bishop John Robinson Fellowship
Chaplaincy Department
The Maudsley Hospital
Denmark Hill
London SE5 8AZ
Tel: 020 7919 2815
The Fellowship aims to ensure that maximum religious support is available to people with mental health needs and their families and carers. It provides training to mental health professionals in greater acceptance and sensitivity towards the spiritual needs of people with mental health problems, and works to advance the understanding of the spiritual in the larger experience of mental disturbance. It produces an informative newsletter including current activities and publications around spirituality and mental health.

Touchstones
22 Sandringham Road
Bromley
Kent BR1 5AS
Tel: 020 8402 7938
Provides a response by Christians to the needs of individuals with mental ill health within the churches and community.

SOCIAL RESPONSIBILITY OFFICE REGIONAL GROUPS

- Tandem
  Oxford Community Care Advisory Group
  Rivermead Centre
  Abingdon Road
  Oxford OX1 4XD
  Tel: 01865 724343

- Guildford Diocesan Mental Health Project
  Diocesan House
  Quarry Street
  Guildford GU1 3XG
  Tel: 01483 571826

- Kent Information Federation
  Cygnet House
  132 Windmill Street
  Gravesend DA12 1BX
  Tel: 0808 808 5050

MENTAL HEALTH ORGANISATIONS

Depression Alliance
35 Westminster Bridge Road
London SE1 7JB
T: 020 7633 0557
F: 020 7633 0559
E: information@depressionalliance.org
Web: www.depressionalliance.org
Provides information, support and understanding for those affected by depression and their carers. Also provides a network of local support groups as well as campaigning to raise greater awareness of the condition.

Manic Depression Fellowship
Castle Works, 21 St. George's Road
London SE1 6ES T: 020 7793 2600 F: 020 7793 2639
E: mdf@mdf.org.uk Web: www.mdf.org.uk
A national user-led organisation that aims to enable people affected by manic depression (bi-polar) to take control of their lives through the services offered.

mentality
134-138 Borough High Street
London SE1 1LB
T: 020 7716 6777
F: 020 7716 6774
E: enquiries@mentality.org.uk
Web: www.mentality.org.uk
The first and only national charity dedicated solely to the promotion of mental health, mentality works with the public and private sector, user and survivor groups and voluntary agencies to promote the mental health of individuals, families, organisations and communities.

Mental After Care Association (MACA)
1st floor
Lincoln House
296–302 High Holborn
London WC1V 7JH
T: 020 7061 3400
F: 020 7061 3401
E: info@maca.org.uk
Web: www.maca.org.uk
Provides community services including advocacy, assertive outreach schemes, community support, employment schemes, forensic services, information, respite for cares, social clubs and supported accommodation. MACA also works for positive change in mental health legislation and practice.

Mental Health Foundation
Sea Containers House
20 Upper Ground
London SE1 9QB
T: 020 7803 1100
E: mhf@mhf.org.uk
Web: www.mhf.org.uk
A UK organisation, incorporating the Foundation for People with Learning Disabilities, with main offices in London and Glasgow. Provides research and practical projects to help people survive, recover from and prevent mental health problems.

Mental Health Matters
9-10 Enterprise House, Kingsway, Team Valley Trading Estate
Gateshead Tyne & Wear NE11 0SR T: 0191 497 1600 F: 0191 487 7945
E: rharris@mentalhealthmatters.co.uk
Web: www.mentalhealthmatters.com
A national registered charity providing support and services to people suffering from enduring mental ill health and their families and friends. Services include a help line, supported accommodation, day services and employment opportunities, advice and information.

Mental Health Media
356 Holloway Road
London N7 6PA
T: 020 7700 8171
F: 020 7686 0959
E: info@mhmedia.com
Web: www.mhmedia.com
Produces and sells videos and multimedia resources, which educate and inform about mental health and mental distress. They also provide media skills training and support to users and professionals. The Open Up Website (www.openuptoolkit.net) provides a toolkit providing support to help you lead the way in taking action on discrimination in your local community

Mind
15-19 Broadway
London E15 4BQ
T: 020 8519 2122
F: 020 8522 1725
Information help line: Open Mondays to Fridays 9:15am to 5:15pm telephone: 0845 766 0163
E: contact@mind.org.uk
W: www.mind.org.uk
A mental health charity based in England and Wales. Mind works to create a better life for everyone with experience of mental distress.

National Institute for Mental Health in England (NIMHE)
Blenheim House, West One, Duncombe Street, Leeds LS1 4PL.
T: 0113 254 3811 E: Ask@nimhe.org.uk Web: www.nimhe.org.uk
Aims to improve the quality of life for people of all ages who experience mental distress. Working beyond the NHS, they help all those involved in mental health to implement positive change, providing a gateway to learning and development, offering new opportunities to share experiences and one place to find information.

Rethink
Registered Office
28 Castle Street
Kingston-Upon-Thames
Surrey KT1 1SS
T: 020 8547 3937
F: 020 8547 3862
E: info@rethink.org
Web: www.rethink.org
National Advice Line Tel: 020 8974 6814 (open 10am to 3pm, Monday to Friday)
General enquiries Tel: 0845 456 0455
Dedicated to improving the lives of everyone affected by severe mental ill health, whether they have a condition themselves, care for others who do, or are professionals or volunteers working in the mental health field.

Sainsbury Centre for Mental Health
134- 138 Borough High Street
London SE1 1LB
T: 020 7827 8300
F: 020 7403 9482
E: contact@scmh.org.uk
Web: www.scmh.org.uk
Work to improve the quality of life for people with severe mental health problems. It aims to influence national policy and encourage good practice in mental health services.

Samaritans
The Upper Mill
Kingston Road
Ewell
Surrey KT17 2AF
T: 020 8394 8300
F: 020 8394 8301
E: admin@samaritans.org
Web: www.samaritans.org
Offer confidential emotional support 24 hours a day to those in crisis and in danger of taking their own lives.

Sane
1st Floor, Cityside House, 40 Adler Street, London E1 1EE
T: 020 7375 1002 F: 020 7375 2162
Saneline: 0845 767 8000 open from 12 noon until 2am every day of the year (calls charged at local rate)
E: london@sane.org.uk Web: www.sane.org.uk
Seeks to change attitudes about mental ill health, campaigning for improved rights and care and conducting research through the SANE research centre.

USEFUL RESOURCES

- Joseph Rowntree Foundation (2003) *Engaging faith communities in urban regeneration*. This study explores the present and potential contribution of faith communities and their members to regeneration and their relationship to official neighbourhood renewal programmes.
  Available on http://www.jrf.org.uk/knowledge/findings/housing/413.asp

- *Forward in Faith: An experiment in building bridges between ethnic communities and mental health services in East London*. Nigel Copsey, Sainsbury Centre for Mental Health (2001)

- *The Courage to bare our souls: a collection of pieces written out of mental distress*. Mental Health Foundation (1999)

- *In Good Faith: A resource guide for mental and spiritual well being.* Mental Health Foundation (2000)

- *A Time to Heal:* A resource for the Church's continuing ministry of healing. Church House Publishing (2000)

VIDEOS/CD-ROMS

Electric Apple
Provides a positive approach to managing mental health and distress, a useful compendium of information and a source of inspirational stories and first person accounts of different approaches to mental distress. People share strategies that have helped them manage their mental health problems, from art to nutrition, form faith to talking therapies and exercise. Mental Health Media / Moving Page Company 2002 CD Rom Price £49.95/ £39.95*

Friends and Family
Good support and understanding is one of the most important factors promoting recovery, avoiding hospital admissions and maintaining good health for people with mental health problems. The video offers practical advice and information about mental distress. People with mental health problems and those who support them talk about what they have found difficult as well as how they have made the relationship work. Mental Health Media 2001 in collaboration with Depression Alliance, Manic Depression Fellowship and Rethink. 35 min VHS Video+ booklet. Price £74.95/ £49.95*

Myths about Madness
What are the myths about madness, what are the realities? The video examines the attitudes of the public, professionals, employers, journalists and family members.
Mental Health Media 1998 20 min VHS Video + Training notes
Price £74.95/ £49.95*

*For organisations with 10 or fewer full time employees.

For these other videos and resources, contact:
Mental Health Media 356 Holloway Road, London N7 6PA
Tel: 020 7700 8171
E: info@mhmedia.com
www.mhmedia.com

Hard to believe
This video explores models of good practice in terms of how mental health services can work better to meet people's spiritual needs and also how faith communities can develop a better understanding of mental health problems and thus support people in their community who may be experiencing such difficulties.
Available from Mind in Croydon, 26 Pampisford Road, Purley, Surrey CR8 2NE Tel: 0208 668 2210 E admin@mindincroydon.org.uk (www.mindincroydon.org.uk)
Price £35

With a little help from my friends
This video explores mental health issues through the experiences of users, carers and friends. The Bishop's House, Ely, Cambridgeshire CB7 4DW
Price £12.99 (Cheques made payable to The Ely Video Fund).

Understanding Depression
Clinical depression is a common condition that can affect anyone. This video gives some pointers to how you can help yourself, tells you more about the condition, and some sources of help that will help you get back to the real you.
Depression Alliance 35 Westminster Bridge Road London SE1 7JB
Tel: 0207 633 0557 E: info@depressionalliance.org
Price £5

Spiritual Minds: Exploring the link between the spirit and mental health
The video embraces the importance of an individual's spiritual persuasion as a core feature in the healing process from the effects of mental ill health. The views of those suffering the effects of mental ill health, their parents/carers and professionals are critically debated at a community event hosted in North London
45 mins VHS Antenna 9 Bruce Grove, Tottenham, London N17 6RA
Tel: 020 8365 9537 Email:info@antennaoutreach.co.uk
www.antennaoutreach.co.uk

Caring for the spirit
The CD contains the strategy for the chaplaincy and spiritual healthcare workforce as well as a short film about what chaplains do and how the strategy can help. Available from the South Yorkshire Workforce Development Confederation. (www.wdc.nhs.uk)

RELEVANT GENERAL RELEASE FILMS

One Flew Over the Cuckoo's Nest
The Madness of George III (Nicholas Hytner 1994)
Shine (Scott Hicks 1997)
As Good as it gets (James L. Brooks 1997)
Iris (Richard Eyre 2001)
The piano (Jane Campion 1993)
A beautiful mind (Ron Howard 2001)
Ordinary people (Robert Redford 1980)

Appendix A Different ways to use the resource

The following examples illustrate different ways the resource can be used, based on a variety of activities undertaken during piloting between May and July 2004. There are descriptions of how the resource was used:-

- in one off events;
- in a series of sessions;
- with different audiences;
- with existing groups;
- with specially convened groups;
- combined with a range of other resources, including those that had been developed locally.

A one-off mental health awareness event was held for members of the church community and wider community. It was advertised in the local paper and through a number of church networks. **Activity** on *Raising mental health awareness*, and **Activity** on *Challenging the stigma of mental health problems* were used. **Information Sheet** on *Mental health and well being*, **Information Sheet** on *Mental health, stigma and discrimination* and **Information Sheet** on *Mental health problems- myth and reality* were used as background information and a number of booklets from **Mind** were distributed to participants. *'What people seemed to value was the opportunity to learn from shared personal experiences. The activities and information sheets provided a structure within which this sharing could take place'*

A specially convened group met to explore the role of the church in looking after the needs of people with mental health problems. The meeting was advertised through church newsletters and attracted 14 participants, including some from churches outside the parish. **Activity** on *Increasing understanding of the role of the church in mental health promotion* was used together with **Information Sheet** on *Religion, spirituality and mental health.* The meeting also drew on a locally produced video interview with a Community Mental Health Social Worker, giving her views on the role of churches in promoting mental well-being. The group now wants to continue to meet on an occasional basis. *'At the end of the meeting the group indicated they would like to meet again. Two further meetings will act as support/discussion groups for those who experience mental health problems themselves and for other church members.'*

A Sunday morning church youth group used the resource as part of their normal session, prompting vigorous discussion. **Activity** on *Challenging the stigma of mental health problems* was used as a trigger to discussion.

A half-day was organised by a part time mental health chaplain for members from different congregations, including service users and carers. **Activity** on *Increasing understanding of the role of the church in mental health promotion*, **Activity** on Developing support systems for people experiencing mental distress and **Activity** on Developing support for carers were used, and parts of **Activity** on were selected to start and end the day with worship. Booklets for carers from **Rethink** were made available. *'What people most seemed to value was a mutual meeting place in which all were valued.'*

The resource was used with a pastoral care team as part of their on-going training and development. **Activity** on *Pastoral care of people with severe and enduring mental ill health* was used, together with **Information Sheet** on *Risk and protective factors for mental health* and **Information Sheet** on *Different mental health problems*. *'The group can listen to each other with a view to putting together a wider vision within the church for providing help to people experiencing mental distress.'*

The resource was used with staff and users at a day service user group. They were already involved in running an inter-faith group on spirituality. **Activity** on *Increasing understanding about religion, spirituality and mental well being for health care providers* was used together with **Information Sheet** on *Religion, spirituality and mental well being*. *'Mental health staff often struggle with spiritual care and the material is going to be invaluable for training them and helping them to see that they are spiritual caregivers too.'*