

THE CHURCH OF ENGLAND

DIOCESE OF CHICHESTER

MENTAL HEALTH AND
THE WELCOMING
COMMUNITY

*SOME GUIDELINES FOR HELPING
CHURCH GROUPS TO BECOME
MENTAL HEALTH FRIENDLY.*

“In all these things we are more than conquerors through Him who loved”

us

Romans8:37

FOREWORD

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)

How often do we find ourselves greeting a friend or an acquaintance with the question, "...and how are you? How have you been keeping?" Or we overhear conversations at the Church door, Hall or Nave where someone is listing a range of ailments that have plagued them? Now ask yourself how many of those conversations or personal greetings have elicited a response that speaks not of "aches and pains," or "a stinking cold," or "a hip replacement," but of "depression," "schizophrenia," "dementia," or "bi-polar?" I would suspect that there aren't many. We could argue that we don't hear such things because our fellowship or church community doesn't suffer such problems. However it is more to do with the stigma attached to mental illness, the misunderstanding that surrounds particular mental health problems or the fear of being judged particularly if there is an expectation that a strong enough faith should prevent or cure such problems.

The author Loran Hurnscott (1) writes of her spiritual journey with depression and in one of her diary entries she records a crucial conversation with God where she wanted at last to leave the company of the 'goats' (she had no church affiliation and considered herself to be one of God's goats) because ... "I was heartily sick of the goats – they were too difficult for me and I'd like to change. I fancied that God eyed me with disapproval and said, 'If you call my goats difficult, wait till you see my sheep...'"

It is a sobering observation but one we need to be mindful of. After all if our faith communities cannot create a culture that is reflective of the love Jesus had for those whom His society deemed untouchable, despised, ignored and misunderstood then we need to re-examine what it is we believe we are talking about and doing in relation to the Good News.

In a limited way this short resource aims to highlight some of the ways we, as faith communities can present ourselves as being friendly, welcoming places to those of us who have mental health problems or can show evidence that if we did have a spell of mental ill health we would have confidence that our fellow pilgrims would give us the support, space and love that is needed.

INTRODUCTION AND BACKGROUND.

We fully acknowledge that our faith, our beliefs and our actions begin with the life of the man Jesus who placed no boundaries between God's love and all those that he continually moved amongst. He also passed this way of welcoming humanity on to

his disciples, to the Church, to continue this showing forth of God's love especially to those who saw themselves and were treated by others as the 'the least, the lost and the last'

The Church, the community of people who have glimpsed for themselves God, who in Christ welcomes us, forgives us and heals us and keeps on welcoming, forgiving and healing, cannot but share this with the whole world. Our individual stories are caught up into this bigger, more wonderful story of God's vision of our salvation, and we are charged to show others that their stories too are not meaningless or hopeless or wasted, but can be embraced and transformed by the breaking and working out of God's Kingdom which is with us now.

Wherever we are 'Church' either as individuals going about our daily lives in the world or gathered together for worship, we should be able to provide that space where the least, the last and the lost are welcomed, accepted and allowed to experience for themselves their value as children of the God who gives life and looks upon us all as his beloved. The question we need to ask ourselves in light of this is "What are we actively doing (or not) for our neighbours with mental health problems and what does our Church, faith community, group look like and feel like for mental health sufferers?"

If the answer is "nothing" or "very little" then questions need to be asked not only about our practice of mission, as the Church of England report 'A Time to Heal' points out,

"[the ministry of healing in its broader sense] is not an optional extra or activity. In fact the whole of Christ's mission could be described as healing..."(2)

but also our understanding of the Gospel itself. After all the care shown by Jesus toward the mentally distressed cannot be ignored (Reeves 2011 (3)) and we must not forget that Jesus himself faced the stigma of being accused of mental illness (Matt 12:22-29, Mark 3:22-27, Luke 11:14-22) which makes our need to be mindful and pro-active even more imperative. Let us also not forget that to do so is indeed a blessing, for as Jesus said "Blessed is anyone who takes no offence at me." (Luke 11

At this point it would be appropriate to look at some figures that are particular to this Diocese that give some indication of what we are trying to address.

1. At a micro level statistics show that 1 in 4 of all people will suffer and are suffering some degree of mental distress. So in a congregation of, say, 40 including the faith leaders (for mental illness is no respecter of status, ability, intelligence or social standing), 10 will be experiencing mental health problems.
2. In the Chichester Diocese there are 506 Churches, 365 Parishes and 21 Rural Deaneries. The population numbers 1,621,093 and there are 53,160 on the electoral role (4)
3. If statistical research shows that 1 in 4 will have some form of mental illness, then in our Diocese alone 13,290 on the electoral role are receiving some kind of care or

are managing their own symptoms, and 405,273 of the population of East and West Sussex are experiencing the same.

I think it can be seen that this is no small matter, which brings us to the aim of this resource.

PURPOSE OF THIS RESOURCE.

The purpose of this resource is to:

1. Show that our faith communities are vital areas of hospitality and significant signposts towards acknowledging the value of all people. To present the Good News in word, action and sacrament that opens up a space for God's healing.
2. Set before the wider community the good example of what can be achieved when stigma is challenged, awareness is raised and false assumptions are challenged.
3. Be a source of information and advice and give evidence of this via church notice boards, magazines, parish initiatives i.e doing something annually for World Mental Health Day and getting to know the Chaplains employed by your local Mental Health Trust.
4. To sow the seeds for practical activities and the development of ways to offer welcome and understanding.

WHAT THIS RESOURCE IS NOT.

What this resource is not intended to do is to offer the impression that we can be experts in this area of specialist care, particularly when it comes to clinical expertise. Neither is it a means to offer pastoral care in isolation from other groups who work in this field. Our involvement as the people of God, offering friendship, welcome, and spaces that are safe and nurturing is done in the company of others especially family members, GP's, Psychiatrists, Psychologists, specialist agencies, Community teams and Mental Health Chaplains, and always mindful of existing Diocesan and National Policies that ensure the safekeeping of vulnerable adults. This is an absolute priority to ensure good practice.

WHAT MIGHT AN ILL PARISHONER BE EXPERIENCING?

1. Stigma by society at large, and even family members and fellow worshippers
2. Hopelessness.
3. Fear and self loathing.
4. Misplaced ideas that they lack sufficient faith to get better.
5. Somehow God is punishing them.
6. God does not love them.
7. Embarrassment to family and friends.
8. Elation and over activity that can lead to disruption and inappropriate behaviour.
9. Over generous with donations beyond the person's means.
10. Bereavement (death, divorce, unemployment, physical incapacity)
11. Prolonged absence or inappropriate attachments.

12. Thankfulness for God's care and answered prayers.

WHAT MIGHT CARERS AND FAMILY BE EXPERIENCING?

1. The strain of watching a loved one suffer.
2. Feelings of inadequacy and hopelessness at not being able to take the suffering away.
3. Frustration born out of relapse and the problems that ensue.
4. Possibility of self blame that somehow individual or family dynamics/circumstances have caused the problem.
5. The struggle to hold family life together.
6. Hostility and non-cooperation from a loved one.
7. Disintegration of one's own coping mechanisms.
8. Disruption of quality of life.
9. Feelings of being let down by health care providers and faith community.
10. Feelings of resentment and anger which leads to guilt.
11. Embarrassment at having a 'problem' in the family.
12. Stigma attached to family.
13. Family ostracised by neighbours and local community.
14. Marginalisation by society at large.
15. Lack of support and understanding by care agencies and community.
16. Faith is challenged and God's activity/inactivity is questioned.
17. Anxiety and worry towards the loved one who self imposes isolation.
18. Thankfulness towards God and Community for support and care which may manifest itself in a request to do something in acknowledgement.

These lists are by no means definitive, and for any faith community, leaders or groups may seem like an impossible task to offer meaningful pastoral care and support. However there are a number of things that can be actively done that will address several of the concerns and issues raised above. So;

WHAT CAN OUR PARISH DO IN A POSITIVE WAY?

Firstly you have the most important gift of all, Christ! You are his people, formed in the image of God, with access to the treasures that are His word and His Sacraments and you have a distinctive space where His Kingdom shines through. A community that focuses on Christ and lives the Good News, a community that lives to make Christ known and does not hinder His transforming grace is going to be fulfilling their calling to all in their midst. Therefore in many ways it is not a case of "What can we do?" but "What can we do better?" and "How can we make any adjustments that re-enforce our commitment towards good mental health care and awareness?"

Here are some suggestions, and again they are not meant to be definitive.

1. Create an environment that shows evidence that Mental Health and wellbeing is not a taboo or embarrassing subject.
2. Display leaflets and help line numbers on notice boards and in magazines for agencies such as MIND, The Samaritans, or The Alzheimer's Society.
3. Liaise with parishioners who have personal experience either as recipients of mental health care or as carers in order to ascertain what helps and doesn't help in their growth.

4. Be known as a community that is friendly and understanding and above all welcoming.
5. Get to know what provision is made in the local community for mental health care such as Homes for the elderly mentally ill or specialised sheltered housing or half way homes.
6. Invite someone from the Community Mental Team or Crisis Team to talk to the PCC or healing group.
7. Make contact with the Mental Health Chaplains that cover your area who can offer advice, give a talk or preach one Sunday.
8. If resources permit hold a coffee morning or a regular slot for carers to have some time for themselves. A place where people can be themselves and feel supported.
9. Hold a dedicated service each World Mental Health Day (10th October) or access several of the liturgies that are available off the internet.
10. Promote the importance of mental health care whenever the opportunity arises.
11. Always challenge the stigma that surrounds mental health and challenge where possible the immediate culture that devalues those with mental health issues. Ask your parish to sign up to 'Time To Change' England's biggest ever mental health and stigma campaign (www.time-to-change.org.uk) Periodically check the Church of England web site and see what the synodical sub committee for mental health are doing.
12. Be extra mindful of those who come into our orbit who are facing life changes i.e birth, marriage, bereavement. The approach we adopt at these times may be invaluable in preventing descent into illness.
13. Make sacred spaces available. If possible keep church buildings open.
14. Be mindful with the use of language. Many people we talk to will not want to divulge their illness and we need to be reminded that a high percentage of someone's personal life will be hidden from us so we need to be careful of using such words as 'nutter', 'psycho', 'mad', 'mental', 'crazy' or other debasing words in a casual, off hand manner.

At the very least our overall intention is best summed up in the words of the post communion prayer (Common Worship) sometimes used at the Eucharist,

'...May we who share Christ's body live His risen life,
we who drink His cup bring life to others,
we whom the Spirit lights give light to the world.
Keep us firm in the hope you have set before us,
So we and all your children shall be free,
And the whole earth live to praise your name;
Through Christ our Lord,
Amen.' (5)

'Live, life, light, hope, free, praise;' words for all God's children to know and make known.

Resource compiled by Fr Graham Reeves, Chaplain, Sussex Partnership NHS
Foundation Trust

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- (7) Appendix 2 Some Dementia Problems. The Dementia Guide,
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