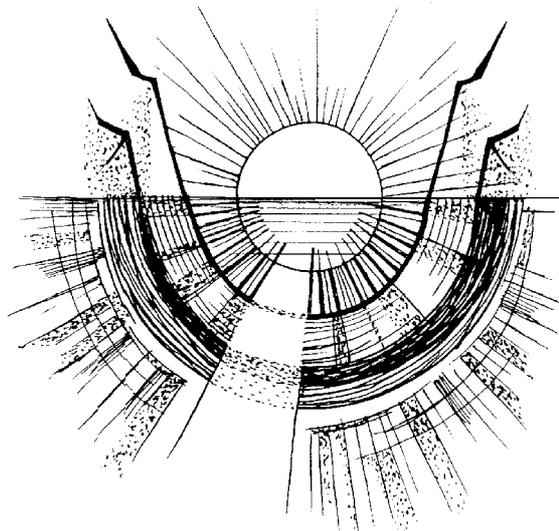


UNDERSTANDING MENTAL HEALTH: A guide for parishes



"We not only do people with mental health problems an injustice when we treat them as though their interest lies in their difference from ourselves, we deprive ourselves of the life of mutuality which could exist between us if we would allow it to do so."

Roger Grainger: *Strangers in the Pews*

This Document was originally produced by Wendy Bryant, Mental Health Adviser to the Diocese of Guildford, and has been reproduced for the Diocese of Oxford with permission.

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Introduction

Mental health needs are all around us. In parish life we come across people with a wide range of mental health problems, from anxiety or depression to schizophrenia or dementia. It is not always easy to know how best to respond and sometimes we feel that having a better understanding of mental health and of local resources might help.

This guide is intended to address that need by offering a brief introduction to aspects of mental health. The Health and Social Care group of the Oxford Diocesan Board of Mission can be a resource to clergy and other parish staff who may come across people with mental health needs. The group tries to keep up to date with developments in the field, and runs occasional training and study events. For further details, please do get in touch.

Alison Webster
Social Responsibility Adviser
(*contact details on back page*)

What is mental health?

Mental health has been defined as “the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness.” It is a positive sense of well-being and self-esteem which influences how we think and feel about ourselves and others; how we see the world around us; how we communicate with others, and how we form and sustain relationships.

Mental health underpins all health and well-being. Some of the factors which contribute to our mental health are:

- physical well-being
- emotional support
- financial security
- a healthy environment
- work (paid or unpaid) which is fulfilling
- being loved
- opportunities for creativity
- freedom of expression
- opportunities to explore and express spirituality and faith

Mental health problems can be experienced by anyone—rich or poor, strong or weak, young or old, believer or non-believer. Mental stress affects us all differently and is also influenced by social and environmental factors as well as by the level of support we receive from those around us.

What is mental illness?

The main classifications of mental illness are:

Depression

The most common form of mental ill health in the UK, and can range from mild and occasional to severe. Depression is a real illness, not just "feeling down". Symptoms include: feelings of extreme sadness or hopelessness, general lowering of mental and physical activity; inability to make decisions; disturbed sleep patterns; loss of appetite; delusional beliefs or morbid pre-occupations, and suicidal thoughts.

Post-natal depression

Around one in ten women experience post-natal depression (PND) after having a baby. PND is real depression with the same symptoms as above, but with the added concern of caring for a new baby. This is not the same as the "baby blues", which pass after a few days. If PND is not recognised and treated it can last for many months, even years.

Anxiety states

These include phobias, obsessions, compulsive behaviour, panic attacks and post-traumatic stress disorder.

Schizophrenia

Schizophrenia covers a range of conditions and varies in severity. "Positive" symptoms are hallucinations and delusions; "negative" symptoms include depression and social withdrawal. Hallucinations can affect any of the senses, but most commonly hearing. Delusions are thoughts and beliefs that are different from those of people from the same culture, and can often be paranoid thoughts. Schizophrenia affects men and women equally, though the onset for men is typically late teens and for women early twenties. It affects about 250 000 people in the UK at any one time.

Bi-polar disorder (manic depression)

A pattern of mood swings, "highs and lows", far beyond what most people will ever experience. "Manic" behaviour may include hyperactivity, recklessness, irresponsible and bizarre behaviour, grandiose plans, creativity, very quick speech and excitability. Low moods have the symptoms of severe depression.

Schizo-affective disorder involves the symptoms of both schizophrenia and bi-polar disorder.

Dementia is a progressive physical deterioration of the brain, usually in older people. Whilst the brain condition itself is irreversible, there are several treatments that can help with the symptoms. The most common form of dementia is Alzheimer's Disease.

Eating disorders are eating patterns which seriously damage health. The most common eating disorders are anorexia nervosa and bulimia nervosa. These are ten times more likely in girls and women than in boys and men, but are starting to become more common in males.

Personality disorder is a complex concept and there are a number of types listed in psychiatry. The term implies that an individual's personality causes severe problems in the way they cope with life and relationships.

What is it like to suffer mental distress?

Most people experience both highs and lows in their lives and can remember what it was like for them at those times. This is a good starting point for understanding the effects of mental distress. The following insights might also be helpful:

- ◆ feeling high—when your mind is very active but you are not in control
- ◆ having a blunted mood—where you are not able to react normally to events
- ◆ feeling anxious—about nothing in particular, and out of all proportion
- ◆ feeling suicidal—where you see no hope for the future
- ◆ hurting the people who help you most—where you see their help as undermining your independence
- ◆ hearing voices—most of which are unpleasant and often giving you orders or telling you that you are bad in some way
- ◆ feeling apathetic—lacking energy and purpose
- ◆ low self-esteem—perhaps one of the most common aspects of mental illness
- ◆ “like living a nightmare”—this is how mental distress is sometimes described

Treatment

For many people with mental health needs, successful treatment is the right balance of medication, “talk therapies” and a lifestyle as free from stress as possible. Medication can help many people who experience mental ill-health, by altering dangerously high or low moods; by reducing anxiety, or by reducing the effect of paranoid thoughts or of voice-hearing. Over a period of time, medication can help people return to a more active life and reduce relapses which might lead to hospital admission.

However, some medication may result in unpleasant side-effects, such as drowsiness, weight gain, dry mouth, involuntary shaking or reduced libido. Some people become “treatment resistant” and this can cause other problems.

Other forms of treatment which are becoming more acceptable are:

- ◆ **Complementary therapies**, such as homeopathy, aromatherapy, yoga
- ◆ **Cognitive behavioural therapy** in which people are helped to change their attitude towards themselves and the outside world
- ◆ **Behaviour therapy** which focuses on specific behaviour with a problem-solving approach
- ◆ **“Talk therapy”** which can range from psychotherapy or counselling to less formal talking to a listener or befriender.

Responding to people with mental health needs

People experiencing mental distress have the same needs for respect, acceptance and friendship as everyone else. The following may be helpful to bear in mind when you are with someone who is feeling vulnerable, anxious or uncertain:

- ◆ establish trust early on, for example by saying something about yourself as well as asking them about themselves
- ◆ be friendly, but not unduly so
- ◆ be calm, gentle and responsive
- ◆ be honest—don't make promises you can't fulfil
- ◆ give your time, but be prepared to negotiate acceptable times for future contact
- ◆ recognise that they may need space when stressed
- ◆ recognise that people may not want to talk to you or to give information, but they may need you to speak reassuringly to them
- ◆ accept the fact that many people with mental health needs smoke
- ◆ remember that touch is not necessarily reassuring, even when intended as such
- ◆ some people hate to be touched
- ◆ recognise the need for continuity of contact
- ◆ treat people with respect even if their beliefs seem strange
- ◆ avoid challenging statements or words which seem to indicate a reality different from yours
- ◆ recognise that people with mental health needs are more likely to be a danger to themselves than to others; but always take care of yourself as you would with anyone else you do not know well
- ◆ recognise the vulnerability and suggestibility of people in mental distress; e.g. they might follow religious texts too literally or be vulnerable to exploitation
- ◆ give information—about what help is available
- ◆ if someone talks about suicidal feelings, you must take this seriously (*see page 9*)



When someone comes to the door ...

Clergy and parish staff may sometimes find themselves in situations where they are having to deal with people in mental distress. This may be someone who is agitated and intimidating, or depressed and unresponsive, or someone who simply needs to talk.

It is very important to remember that people with mental health needs are very rarely violent, but also to recognise that there is always a degree of risk when encountering a stranger, especially if they are agitated or distressed. If they are hearing voices or suffering delusions, they are unlikely to be able to engage in rational conversation.

Every parish should have some kind of policy on personal safety of its clergy and parish staff, including anyone who may occasionally be in church on their own, say, to practise the organ, arrange flowers, do the cleaning or lock and unlock the building. Such a policy may be part of the annual risk assessment which PCCs are required to carry out.

Each parish needs to assess their own particular situation, but some basic safety precautions may include:

- ◆ keeping the front door of the vicarage and the parish office door locked from the inside at all times
- ◆ having a policy of not inviting unexpected strangers in, unless certain that it is safe to do so (the Police are adamant about this)
- ◆ having a policy of not giving money at the door—instead you might have at hand tinned or dried food to give, or vouchers for a local fish and chip shop or takeaway
- ◆ if talking with someone after church, ask a churchwarden or sidesperson to “hover” a polite distance away
- ◆ have information to hand of local resources
- ◆ If the person is already well-known to you, you will be much clearer about how best to respond to their needs or requests.



The roles of other professionals in mental health

Because of the complex nature of mental health, there are several different disciplines involved in helping people with mental health problems; though of course not all will be involved at any one time. Typically a person who has received treatment in the mental health services will be under the care of a **Community Mental Health Team (CMHT)**, which comprises a number of different professionals, and there may be times when it is appropriate for you to refer them on or back to them. **Always and only do this with their expressed permission.**

GPs are usually the first point of referral when a mental health problem is suspected, and a large proportion of all problems discussed with a GP have a mental health element.

Care co-ordinators or key workers may belong to any of the professions listed below; as the name suggests, they are the key point of contact for the various workers and services involved in helping an individual.

Counsellors may work with people with mental health problems in a health centre, a voluntary organisation or privately.

Psychiatrists see patients who are referred for treatment in hospitals or clinics and deal with the medical aspect of a patient's condition, treating problems with medication or "talk therapy".

Psychologists specialise in talking and behavioural therapies aimed at managing symptoms and supporting wellbeing.

Community Psychiatric Nurses play a key role in caring for people living in the community, often living alone and therefore quite vulnerable. Typically Community Nurses visit to check that patients are taking medication as prescribed, following treatment programmes, and to pick up on any problems.

Social Workers work in the community, usually as part of the CMHT, and also in Emergency Duty Teams which provide cover during nights and weekends. They offer emotional and practical support, such as with housing and benefits. They also, along with Psychiatrists and GPs, play a key role in emergency admissions ('sectioning') to hospital (now named Approved MH Practitioner)

Occupational therapists work in hospitals and in day centres to give practical and emotional support, especially in retraining in social, domestic and daily living skills. They are often a key point of contact for people discharged from hospital.

Community Support Workers provide practical support in daily living tasks which may require re-learning of social skills, such as shopping, form filling, getting out and about, enjoying leisure activities.

Hospital and Community Chaplains support patients with mental health needs and staff in both general and mental health hospitals and day units, offering spiritual and pastoral support.

The Police may be involved in emergency admissions to psychiatric hospital, and in any situation where there is a risk of danger to or by a person with mental health problems.

Hospital Accident and Emergency departments are used for assessment and, if appropriate, admission, in cases of emergency.

Specialist Citizens Advice Bureaux offer practical advice on benefits, housing, legal matters etc. and are an important point of contact for many people with mental health needs.

The Child and Adolescent Mental Health Service (CAMHS) as the name suggests, is a specialist service which supports young people experiencing mental health difficulties or emotional or behavioural problems. CAMHS comprises specialist staff from the Health and Children's services working together in teams.

Some **voluntary organisations** may have professionally trained people running, for example, drop-in or advice centres or befriending schemes.

If there is an emergency you feel unable to handle, start with ringing the emergency number and ask for the Approved Mental Health Practitioner (replacing the Approved Social Worker). If the person in need of help agrees and they are known to services the first point of contact would normally be the CMHT linked to their GP practice.

Points of Contact:

Crisis teams

Assertive Outreach Teams

The way that health and social services are organised can seem, especially to the untrained eye, to be a mysterious and impenetrable area. Titles and terminology come and go and by the time you have worked out what one set of initials stands for, it has changed. To compound these difficulties, all services work within geographical boundaries, as do parishes, deaneries and dioceses, but they rarely seem to be co-terminus.

We hope that by providing some general information on services and resources in this leaflet, you will find the help you need. Please contact us with any changes which you are aware of, especially any new facilities which start up in your area.



Suicide prevention

The importance of listening and taking time in this situation cannot be over-emphasised. Also the importance of acknowledging any mention of self-harm or suicide: using the word does **not** make a person who is in despair more likely to take their own life. If you are not sure, or know that you do not have the time, the best advice is to refer the person to the Samaritans (*see page 12*).

Although suicide rates overall have declined slightly in the last few years in the UK, suicide amongst particular groups of the population are rising, most notably young men and young people in prison and men aged 40-49. It can be extremely distressing to encounter someone who appears to be contemplating suicide, but there are some guidelines which have been tried and tested and which may be helpful.

The following guidelines assume a degree of expertise and experience in pastoral work, as well as an understanding of confidentiality:

C = current plan: have you thought how you would kill yourself? Be open about it, not afraid of using the word suicide—if they have thought about it, using the word cannot do any harm, but may well open them up to talking about it.

The person's plans will be an indication of how serious or otherwise the attempt is.

P = previous: have they attempted suicide before? Or self-harmed to a serious extent? Or is there a history of suicide in the family or close friends?

All these factors make it more likely that this person will attempt suicide.

R = resources: i.e. resources for survival—what or who is it worth living for? Friends, family, someone who cares about you and would be devastated by your death. Or even a pet you care about—who would look after it if you were not there?

Or even something inanimate, such as a garden that is cared about.

Contract—make a clear agreement with the person, both agreeing to do one thing and then meeting or speaking again at an agreed time, within the next 24 hours.

Confidentiality—as in all situations, explain that you will only share this information if you have reason to suppose that not to do so would lead to harm to anyone. We also have a legal obligation to do this.

These guidelines are only a rough outline—please contact us for information on further training in this area.

Carers and Advocates

Carers and advocates both play an important part in the support of people with mental health needs. It is important to recognise the difference between these two roles:

Carers are very often family members, but may also be neighbours or other friends, who give help and support in a wide variety of ways, from personal care and emotional support to help with taking medication, practical and domestic tasks, and simply being there.

Carers have their own needs which are specific and different from those of the person they are caring for. They need to be allowed and enabled to express their feelings openly, honestly and in confidence—without feeling guilty or ashamed of negative feelings they may have in relation to their role, and even to the person cared for.

Recent years have shown a much greater understanding of the huge task carried out by carers and the problems experienced by them: isolation, physical ill-health and a sense of having to put their own life on hold. There has been a corresponding growth in services offered to support carers, and GPs are now required to offer needs assessments for all carers. Special forms are available at GP surgeries, but many carers are not aware of this.

Carers support workers

There are Carers' Support Schemes in all areas, and typically two or three Carers' Support Workers in every borough, with special responsibility for carers of people with mental health needs.

Carers' Organisations

Carers Voice Oxfordshire Tel: 01235 520440

email: michelle@carersvoiceoxfordshire.org

Carers Oxfordshire, www.carersoxfordshire.org.uk. Tel 0845 050 7666.

Oxfordshire County Council Support Finder:

www.supportfinder.oxfordshire.gov.uk.

Carers Centre (South & Vale) Tel 01235 510212

Carers@svcarers.org.uk

Carers UK for information and advice line (limited opening hours)
08088 087777 advice@carersuk.org

Young Carers

Young Carers are children and young people under the age of 18 whose lives are in some way restricted because they are having to take responsibility for the care of a relative or friend who is ill, disabled, experiencing mental distress or affected by substance misuse.

The Children's Society has a Young Carers Initiative with a useful

website: www.youngcarer.com. It has a national database which lists resources in Berkshire, Buckinghamshire and Oxfordshire.

Advocates represent the views and needs of people with mental health needs and must always be independent of them, and certainly not related to them. Although carers often also take on this role, they are by definition not able to be advocates in the true sense of the word.

Further information

Mind is one of the leading campaigning charities in the field of mental health and has a network of local associations, many of which provide a range of services. The local associations for the Diocese are:

Buckinghamshire Mind, 4 Temple St, Aylesbury, Bucks, HP20 1RQ, tel 01296 437328, email info@bucksmind.org.uk, www.bucksmind.org.uk. Produces a Bucks Mental Health Guide available online.

East Berks Mind, Building A, Trinity Court, Wokingham Road, Bracknell Berks, RG42 1PL, tel 01344 668442. info@ebmind.org, www.ebmind.org.uk

Milton Keynes Mind, York House, London Road, Stony Stratford, Milton Keynes, MK11 1JQ, tel 01908 263660, email info@mkmind.org.uk

Oxfordshire Mind, 2 Kings Meadow, Osney Mead, Oxford, OX2 0DP tel 01865 263730, email info@oxfordshire-mind.org.uk, www.oxfordshire-mind.org.uk.

Produces the Mind Guide to mental health services in Oxfordshire, in hard copy.

MIND Information line 01865 247788 Mon-Fri 9.30-4.30.

MIND guide services online www.omni.org.uk

Wycombe Mind, 1–3, Priory Avenue, High Wycombe, HP13 6SQ, tel 01494 448279, email wycombemind@btconnect.com, www.wycombemind.org.uk.

National Mind is based at Granta House, 15–19 Broadway, London, E15 4BQ, tel 0208 519 2122, www.mind.org.uk. Produces a wide range of excellent publications. The series of 'Understanding...' leaflets is particularly good.

Advocacy in Mental Health

SEAP For more information contact 0330 440 9000 or e-mail mha@seap.org.uk. The Advocacy teams work in a variety of Mental Health units as well as in the community. www.seap.org.uk/

People's Voices runs the in-patient advocacy service in Amersham and Aylesbury and also offers support to mental health service users in the community in South Bucks. For more information contact People's Voices on 0845 241 0986 or 01494 732792 or view the website www.peoplesvoices.org.uk.

Local Initiatives

RESTORE providing innovative rehabilitation, employment and training support for people with mental health problems

Manzil Way, Cowley Road, Oxford, OX4 1YH T. 0845 250 0518

information@restore.org.uk

Other National Organisations

Alzheimers Society for people with all forms of dementia, their families and carers. Gordon House, 10 Greencoat Place, London SW1P 1PH.

Tel: 0207 423 3500. Web: www.alzheimers.org.uk.

E-mail: enquiries@alzheimers.org.uk.

Depression Alliance provides information and understanding about depression. 20 Great Dover Street, London, SE1 4LX. Tel: 0845 123 2320 for an information pack. Web: www.depressionalliance.org.

Eating Disorders Association for support and understanding about eating disorders. B-eat, 103 Prince of Wales Road, Norwich NR1 1DW.

Helpline 08456 341414, Youthline 08456 347650. Web: www.b-eat.co.uk

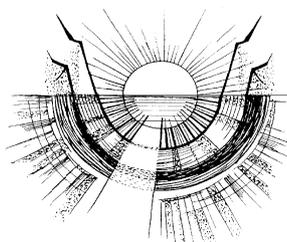
Sainsbury Centre for Mental Health see link to the document '*Promoting Mental Health: a resource for spiritual and pastoral care*' on their website :<http://www.scmh.org.uk/publications/>

Rethink (formerly National Schizophrenia Fellowship) aims to improve the quality of life for all affected by severe mental illness. Head Office: 89 Albert Embankment, London, SE1 7TP. Tel:0845 456 0455. info@rethink.org Web: www.rethink.org.

Samaritans for people in crisis. Local branches are listed in the phone book. National (freephone) number 08457 909090 will put the caller through to a local office. E-mail:jo@samaritans.org.

Saneline is open 6pm to 11pm every day for anyone experiencing mental health problems. Tel: 08457 678000.

Young Minds for improving the mental health of all children and young people. General enquiries 0207 336 8445. Parents Helpline 0808 802 5544 Web: www.youngminds.org.uk



For further copies of this booklet, please contact:

**Alison Webster
Church House Oxford
Langford Locks
Kidlington
OX5 1GF**

Telephone: 01865 208213

E-mail: alison.webster@oxford.anglican.org