# Spirituality and Mental Health

## - a personal Christian perspective

### by

### John Barber

*"Mental illness is a very powerful thing. If it is with you it is probably going to be there until the day you die. I am trying so hard to break mine, but it is not easy. It is my toughest fight ever"* **Frank Bruno**

*"For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind"* **2 Timothy 1v7**

While the author will not commit to entering into correspondence, he would be happy to receive and respond to useful feedback concerning this paper and hopes it will stimulate helpful discussion and action.

# Contents

**Note**: it was my intention that this paper (book) would eventually be incorporated in a later edition of a book I wrote earlier: "Outside the Camp", as it complements what I had already written, but now it is part of a sequel. I have made several additions since the previous version of this paper and have re-released it. I have produced this as a standalone paper as the subject of mental health (causes, cures and approaches to help) and in particular the relationship with spirituality and community matters remains an important one that will interest some, besides being a subject that particularly interests me and where all of us can make a difference. While the original intended audience was Christians with an interest in mental health, I believe there is much contained in the pages that follow that will be of interest to any who have an interest in mental health matters, especially and to use the quaint term that was once in vogue, the service user (or potential user of services if these happen to be available). I hope what I write will encourage you!

# Spirituality and Mental Health

## Background

In 2004, I produced a paper titled *Spirituality and Mental Health - a personal Christian perspective.* This was based on my own personal experience of mental health (good and bad) and my observations, working on a project (Growing Together) that helped people with mental health problems. I wanted to look at the issues positively, with the view to better understanding and helping the sort of people I was finding myself in contact with. In revisiting the subject, almost eight years on, I had the idea that I would update the paper and incorporate it in my "Outside the Camp" book, relating it to my experiences as a community activist.

When I re-read that earlier paper, I came to a view that it was unsuitable and I would be better to start again. That is not to say that what I wrote was wrong; in fact I could still go along with the vast majority of what I had written. But there were many other insights I wanted to add and some earlier points were rather laboured. Not only that, but there was more than a hint of patronising and a cringe factor to what was written. Also, it was too religious. An important part of the approach of my early paper was to encourage Christians to think through the issues, especially the spiritual ones. In revisiting this revised version some nearly two years on, I can see there is still more that can be said and unsaid and even this latest revision will not be the final word. My book is more to do with how individuals in the wider community might best view those with mental health issues and respond. I had thought to re-title the paper "Holistic Mental Health" in line with the popular notion that holistic is the way to go, but I've reverted to the original title because it represents my particular concerns regarding mental health.

Something else occurred when reading what I wrote previously, I realized how little I really knew about mental health and the widely differing perspectives and experiences there are regarding this issue. I still feel that while I need to present some basic facts, writing a treatise about diagnosis and treatment would be beyond me. If that is what is wanted, I suggest a search of the internet will come up with lots of very good material covering these aspects. I have found the booklets produced by the charity "Mind" on a wide range of mental health related topics to be helpful. I am aware, from the work I do, of lots of organizations out there who are able and willing to provide information as well as other useful resources. But I do hope what is written here will help anyone with a mental health problem or know someone who has one or just wants to be helpful.

I have come to increasingly recognise that since everyone is different, for that reason, a variety of approaches are needed. People are different; symptoms are different; what triggers the conditions in the first place is different. Therefore the treatments and remedies need to match those differences. One lady, who commented on an earlier draft, who has spent much of her life in and out of psychiatric institutions, and with profound insights, good and bad, concerning her treatment, spoke of the disturbing effects of abuse going back to her childhood. While mental health professionals may feel they need to categorize people according to the type of problems manifested and look for standard approaches to providing treatment, often by taking medication, we should not lose sight of the fact that everyone who presents him or herself is an individual with specific needs.

Those who read on may detect an air of scepticism, particularly regarding the approach of professionals and how the "system" functions. It is not that I want to be difficult. Mental health seems to be shrouded in all sorts of mysteries and often people are fearful they may be venturing into the unknown. It is also an area that can attract a good deal of stigma. My contention is we all have mental health, and this can be good or bad or anything in between. The goal should be to help people with bad mental health to have good mental health, and remove the stigma that sadly still exists; and we have to face facts and try to adopt the right approach.

## Community perspectives

Before I embarked on a career as a community activist, I often came across folk with mental health issues. How the community, or I as an individual, responded were important questions and not ones that could always be answered satisfactorily. There has been in recent years a move toward discharging people from psychiatric hospital into the community (although many of the people I know with mental health issues had little contact with services), with the idea that those with mental health issues will get all the help they need: medical, social and other, from within the community, typically where the person resides. Whether or not people get all the help they need is debatable and probably in most cases they don't (some people I speak to, who work with ex-patients, argue that the practice has been a failure), although no doubt this varies from person to person. As for hospitals, if we agree people may need hospital treatment then why not have psychiatric hospitals?

When I became a community worker, my first major project (Growing Together) involved a therapeutic garden and resource centre where people with mental health issues could come and be helped. They did come and a number were helped, at

least to some extent, and we played our part in providing a community response. For many, what we were able to offer was a safe space where they felt valued and accepted and that alone gave it significance. For some, what we provided was a vital step along the road to recovery and toward satisfying the higher levels of "Maslow's hierarchy of needs" and all the things most of us take for granted. But there were others who seemed to make very slow or little progress and that was often a matter for concern. Recognising that change for the better was going to be slow in many cases was a valuable hard lesson to be learnt. When I observed people coming to us with mental health issues, I realized it was impossible to be prescriptive given that everyone was different. The most important thing was that they were all human and needed to be treated with respect, compassion and dignity.

When I left the project, to work in other areas that were not specifically focusing on mental health, I found mental health was still a recurring theme. It became evident that mental health problems could be a debilitating factor in a person's sense of wellbeing and how they responded to their environment. Careful attention needs to be given to such matters. Ideally the wider community, including specialist services for people with mental health needs, comes together to support such people. The reality is that this tends not to happen in the way it should. One of the hopes of the Growing Together project was that it would involve the wider community.

## Personal perspectives

When I wrote my earlier paper, I gave an illustration of being in a long, dark tunnel at the end of which a light could be seen, and as I travelled further along that tunnel the light got brighter. I felt like the person in the tunnel but was confident that I would soon emerge into the glorious light. I also reflected that while in the tunnel, it is difficult to share all that is felt, on emerging these things can be shared, having overcome the problems that had earlier beset. While some years on I would like to say I am now fully out of that tunnel, I know that would not be entirely true. Even in the recent past, I have been experiencing deep depression. A sense of failure, feelings of low esteem and hopelessness, all came into it. A number of factors combined: the inability to cope, such as in organizing my affairs, thinking I have let others down, apprehension about the future, a feeling of not being in control and an irritation with the smug and insensitive folk around me who should know better.

While I still don't feel at liberty to tell all, I am in a better position to articulate a lot of what I do feel. I think that is usually the best way to be helped and help those who are in similar situations. Being bound by a sense of duty, having a desire to make a difference and believing I am called to serve God, I can continue doing

what I do. While I cannot say my depression will ever go away entirely, at least while on earth, I am confident I can, by God's grace and the support of loved ones, live a normal life. I think my own experience, particularly when it comes to being depressed, makes me more empathetic to folk undergoing similar trials. I cannot say "I fully understand" because I don't; neither do I say "pull yourself together" because for most that does not work. But I do believe there is a way out of the dark tunnel and it is possible to enjoy a measure of peace and fulfilment and normality, while begging the question: what is meant by "normal"?

## A cricketing comparison

While I was thinking through the content for this paper, a story broke about the cricketing legend, Andrew (Freddie) Flintoff, and his struggles with depression. I have to declare an interest here: I am both a keen follower of cricket and a fan of Freddie. This followed on from a number of earlier stories regarding a number of high profile cricketers and their mental health problems. In one case, help came through taking the prescribed appropriate medication; in another, tragically, the cricketer took his own life. Why cricket should be the common factor, I can't say, although the mixture of high expectations, the ups and downs of cricketing life, being away from home for long periods, will all have likely contributed. I am pretty sure, based on my observations over the years, that many talented and creative people, in a whole variety of occupations, have had struggles with mental health. What may have surprised some is how someone who seemed so outgoing and uninhibited should succumb to depression, although I know some who are similarly disposed that also have experienced deep depression. I recall once reeling off a long list of people that I have admired throughout history, including characters from the Bible, who more than likely have fitted that profile.

One of the reasons I chose to refocus my writing toward looking at community solutions for helping people with mental health, rather than explore the spiritual aspects and the Christian response, is that while the latter is important, it is the former that is more likely to be of more immediate benefit to people like Freddie and many others in similar situations. But for the fact the story is now in the public domain, I would not normally bring up the issues of a single person, out of respect. There are many things about Freddie we don't know, including why he suffered this lengthy period of depression. We can surmise of course: he had a problem with alcohol, he rapidly became a national hero and after the triumphant Ashes victory in 2005 came the humiliating Ashes defeat in 2007. These may all have contributed, and who knows what other demons were lurking in the background? What is sad is Freddie did not seek help when he most needed it (something I can

relate to) and the support network around him, assuming it existed, seemed slow to realize what was happening and provide the support he needed. Certainly, being seen as a confident person with a strong personality might have made asking for help difficult. If there is a message, it is that people should feel able to seek early the help that is available, and also that support networks involving mental health professionals and the wider community, need to be encouraged.

## Setting the scene

When I first began my work among folk experiencing mental health issues, I was awestruck by the statistic that one in four (some say five or six but it does not matter much which) experience a serious mental health problem, at least once in their lifetime. This is important to know because it tells us that mental ill health is far more widespread than is commonly realized and is highly likely to affect someone close to us. Later on, I began to question the statistic and ask how it was arrived at. I imagine it could be from gathering data from GPs and other medical professionals as to the number of people they treat that fall in that category. I then thought about the people who do not disclose their mental health condition to a medical professional, for example people like myself, who hold their hand up as having a mental health issue but do not speak about it to medical professionals. I am sure this constitutes a large number and I wonder what the true statistic is?

One area that intrigues me is why people have mental health problems in the first place? The question could extend to why people become unwell; although with physical ill health we might feel we understand why (although often we can't say for sure). It is not so with mental ill health. While it is unlikely we will ever fully get to the bottom of why some succumb to mental health problems and some do not, we can at least speculate. Sometimes we will come up with good reasons but also, much to our bemusement, there is no good reason why certain people become mentally unwell and that those affected are from all sections of society. I suggest causes might include genetic and personality make up, previous experiences (especially negative ones), individual lifestyle and circumstances. I can't help thinking the world we live in, the sense of insecurity many have and the feeling there is much we can't control, may all be contributory factors. While unravelling the causes in individual cases may sometimes help, the main thing for an individual is that they get better or at least are able to live with their condition with dignity and quality of life; and as a community we play our part to enable this to happen.

Making people aware of mental health matters is important because if they are not, many suffer unnecessarily, as do their families and those close to them. Moreover,

the more people are aware, the more likely help will be forthcoming. While things may be changing, I sense there remains a stigma around mental illness, such that to admit to having a problem might be seen to be a shameful thing and somehow we will lose face or worse (especially important in some communities). Clearly the effect this can have on someone's personal, family, business and community life can be massive. If it were accepted in the same way as that of being physically unwell or as having a physical disability, then progress might be made and a person with a mental health problem can live with some semblance of normality in the community, and with a view to either full recovery (most cases) or at least a partial recovery and coming to terms with the issues.

## Good and bad mental health

When I wrote on the subject before, I imagined a person's mental health state to be like a point on a straight line between two fixed points: good mental health and bad mental health (mental ill health or mental illness). All of us are at some point along that line and the question could be asked: at what point along that line might we be regarded as mentally OK (or not OK)? I searched the internet to find a definition of good (as opposed to bad) mental health. While definitions vary, some are fairly similar and, while opinions will differ, I offer the following popular thoughts as to what are the evidences of good mental health, although I have my reservations:

- A sense of contentment.
- A zest for living and the ability to laugh and have fun.
- The ability to deal with stress and bounce back from adversity.
- A sense of meaning and purpose, in both their activities and relationships.
- The flexibility to learn new things and adapt to change.
- A balance between work and play, rest and activity, *etc*.
- The ability to build and maintain fulfilling relationships.
- Self-confidence and high self-esteem.
- The ability to cope when faced with life's challenges and stresses.

If we were to accept this definition, having all these things will mean we have good mental health and not having these things will mean we have bad mental health (mental illness). But what if we have some of these things but not others? The model then becomes more complex (two dimensional). Instead of one straight line,

there will be several straight lines and the point we find ourselves on along each line will differ. The problem becomes even more complex (three-dimensional) when we take into account that for any one of these listed items there may be several lines according to the different circumstances of our life, *e.g.* we might be content when at work but not when at home or *vice versa*. We can extend the model further still because where we are in our three-dimensional model will be time dependent and yet how we are will change according to time, for who can say what triggers might occur that will drive us to one or other extreme. Our one-dimensional model has quickly turned into a four-dimensional one and who is to say at what point anyone can be deemed to be mentally well as opposed to mentally unwell? And who can say what is significant and what is not when it comes to determining who is mentally normal and who isn't?

The common perception of normality might be a false one. I know of a lady with a long history of depression who often feels suicidal and has been prescribed medication and counselled with limited effect. Yet she holds together a family under difficult circumstances and is outstanding in the way she helps neighbours in need. Sometimes what she comes up with,, in terms of good advice and warmth, is outstanding. Is she *less* normal than many in our society who strive for money, success and power, engage in hedonistic but ultimately empty lifestyles, are instigators of relationship breakdowns and bear some responsibility for other people's misery, hardly ever noticing their needy neighbour and especially not their needs, despite having no obvious or identifiable mental health issues?

The point here is not to be smart but rather to demonstrate some of the difficulties we face when deciding whether someone is mentally well or not. It also goes to show something of our complex make up. Whether or not a deep analysis of all the things that go toward someone's mental health state is desirable or even achievable, is a matter of conjecture. However, helping people enter into the broad area of good mental health as opposed to bad mental health ought to be the goal. My contention has always been that we can all help in a small way, *e.g.* by showing human kindness and ordinariness. How we do this is the challenge, and success may depend on several factors, not least how the person who is affected responds.

## Spirituality

While I do not want to overdo the religious bit, I cannot ignore it altogether. Although I recognise the significance of other religions, it is my own, Christianity, I want to discuss, as it is the religion that particularly interests me, know most about, and is, in my view, the one closest to the truth. There are those who don't

subscribe to a particular religion but regard the spiritual world as important. There has been a significant rise of the New Age movement in recent years and religious acceptance, especially of non Christian religions, but always within limits, although, more recently, atheistic secularism has once again become resurgent. My venture into the area of mental health practice, despite not having any professional qualification, and becoming a full time community activist, owes more than a little to my interest in linking the matter of spirituality with that of mental health. It had been claimed by some Christians with mental health problems that their religious beliefs were frequently overlooked when it came to being treated by medical professionals and instead sometimes regarded as part of the problem; possibly, understandably given a lot of delusional behaviour has a religious theme.

Christians often feel this to be a travesty, as religious belief is the most important thing they have. Moreover, I have observed that churches tend to attract people with mental health problems and yet often they are not able to deal with them in an effective or appropriate manner. I sometimes wonder if Christians, especially those of the more earnest variety, are even more prone to mental illness because of the way they view the world – although the fact that all is not right with the world and there seems little we can do may be even more acute than for those who do not have a deep faith. I soon became convinced that people with mental health needs could and should be helped and that churches could and should do better. Helping to start the Growing Together project, with its emphasis on therapeutic gardening and providing a safe and accepting environment, was in part my response.

Personally, I used to agonize over what seemed to be a contradiction: On one hand I had a strong faith; I believed in God, that he was always with me and could and wanted to use and bless me; I had my sins forgiven and I was going to heaven, yet I was still depressed. All this being true, how could I reconcile this with the fact I had experienced and was experiencing depression? I felt ashamed and frustrated and unable to share my dilemma with others. It took me a long time to accept that God accepted me just as I am (despite preaching that message to others), including my proneness to depression. Moreover, the beliefs I had were relevant in my finding a way forward, but just as important were some of the interventions (to be described) that are also available to everyone, whether or not they are religious. But I would want to turn to some questionable attitudes I have observed among Christians, which while they may not be the norm are still held.

Some find it difficult to reconcile having a vibrant faith with having mental ill health. They may argue this is either a result of sin that needs to be repented of or, if that is not the case, a direct healing touch from God is all that is needed. While I

do not rule out either possibility, I normally suggest the following: firstly, consider the factors that might give rise to the condition. It could be circumstances and triggers that could be dealt with (although admittedly this isn't always easy to see at first); it could be some event(s) in the past that has not been fully dealt with; it might be issues such as a poor life / work balance, relationship issues, lack of sleep or poor diet. Secondly, get help. This could be the help of family or friends or professional help, usually starting with a visit to the GP (maybe all of these).

Another type of response some Christians give is to say without thinking about it much: "get professional help", and without wanting to be too critical it can be used to justify their inaction While, as I have already said, I agree often this should happen, I have reservations, on two counts. Firstly, as a community, especially churches, we/they have a pastoral duty to care for people needing help and that help could be all-important; and not to do so and hope others will help, especially given they are usually not fully equipped to do so, would be an omission, for while professional help may be needed, often this is in conjunction with the friendship and support Christians may provide. Yet there are limits to the type and extent of help on offer (after all, church folk are usually not trained to diagnose and treat mental health conditions and may not have the time, resources or energy to do so).

Then there are the stories of people with mental health problems, who have been misdiagnosed or prescribed inappropriate treatments by GPs and psychiatrists, and are too many to be ignored. Some of those I spoke to while researching this paper have recounted their own horror stories and surviving in spite of that "help" rather than as a result. While agreeing people should visit the doctor (mindful some are better than others in prescribing the appropriate cause of action and that most do not have enough time and referring on to those who do often doesn't happen), I would also suggest doing so with a degree of cautious scepticism.

Finally, there are those who ignore or distance themselves from any form of strange behaviour out of fear, embarrassment or some such excuse, which is regrettable.

## Biomedical and social models

When I started looking into the approaches to treating people with mental illness, I came across two models that, I understand, are the ones that are commonly recognized. The following are definitions based on a basic internet search:

In the biomedical model, health care is seen as medical care:

- a quest to conquer and cure disease;

- focused on disease more than on the whole person;

- concerned with what is normal and what is pathological and making judgments about the boundary between them;

- rational activity based on scientific knowledge that is secured through lengthy formal training.

The social model is based on an understanding of the complexity of human health and well-being:

- It emphasizes the interaction of social factors with those of biology in the construction of health and disease.

- It addresses the worlds of individuals, groups and communities.

- It embraces the experiences and supports the social networks of people.

- It understands and works collaboratively within the institutions of society to promote interests of individuals yet challenges when these are detrimental.

- It emphasizes shared knowledge with service users and the general public.

- It emphasizes empowerment and capacity building at individual and community level and therefore tolerates and celebrates difference.

- It places equal value on the expertise of service users, carers and the public and will challenge attitudes and practices that are oppressive and destructive.

- It encourages a critical understanding of the nature of power and hierarchy in the creation of health inequalities and social exclusion.

- It is committed to the development of theory and practice and to the critical evaluation of process and outcome.

My understanding is that while things are changing, the biomedical model has tended to dominate the thinking of most mental health practitioners. This often includes an emphasis on prescribing medicine and other remedies seen as part of the mental health professional's domain. More worryingly, the history of psychiatric medicine, more than other branches of medicine it seems, is littered with stories of faulty diagnosis and cures. In my early days, I struggled with the idea of placing too much reliance on medicine to provide cures, thinking (in my case at least) there was a spiritual reason. I later came to recognize that, as I had no objections to taking medicines when physically unwell, there was no logical reason to do so if mentally unwell. Moreover, one of the areas, where there is a degree of scientific evidence and agreement, is that mental illness is often to be associated with a chemical imbalance in the brain and in order to cure the illness that balance

needs to be restored and medicine is one way this can happen, even though there are often side effects that need to be recognized. Whatever the health issue, when people go to the doctor, they expect to be treated and they hope they will recover.

My own approach to helping people with mental health has been mainly around the social model, although I can quite see how biomedicine can and should be accommodated. Working with a wide network of people that have different ways to contribute, in order to help individuals with mental health issues, has seemed to me to be the right way to go about helping, as well as practical interventions, *e.g.* by way of an appropriate therapy. Gardening is a well proven therapy and its effectiveness was repeatedly demonstrated on the Growing Together project. Numerous other therapies are relevant here, the best known being psychotherapy (counselling). Therapies I have seen to be effective include around the creative arts: art, music, drama and dance. Other forms of intervention, *e.g.* complementary medicine (although not all forms) and just being part of a caring community and feeling wanted, can also be included among the different types of interventions that might help people who are experiencing mental health problems.

I like the approach of the ancient Greek philosopher, Plato, who realized we cannot heal the body without considering the mind, and the right healing response needed to take into account soul and spirit as well as mind and body. I have come to a view that a mixture of both biomedical and social approaches may be desirable as is partnership between the mental health professionals and the communities the person needing help is associated with. I explained my dilemma to a friend, who is a psychiatric patient, who for the most part is coping well and attributes much of his recovery to what has happened to him despite rather than because of what the doctors did, and asked where the balance lies? He suggested that the biomedical approach might be better for those who do not have a faith and the social approach might be better for those who do have faith. How true this is, I can't say, but what has become evident is that everyone is different and different approaches seem to work better for different people. The challenge is finding the right one. Sadly, some suffer because of neglect and there being no approach at all.

## Psychotic and neurotic

When I entered the mental health field, I wanted to understand the different conditions and how best to approach dealing with people with their issues. While these terms are not used much these days, and there has been some blurring of the boundaries, I found categorizing *conditions as being either psychotic or neurotic, initially helpful. Searching on the internet, I found "psychosis" was defined as "a*

*severe mental disorder, with or without organic damage, characterized by derangement of personality and loss of contact with reality and causing deterioration of normal social functioning" and "neurosis" was defined as "any mental or emotional disorders arising from no apparent organic lesion or change and involving symptoms such as insecurity, anxiety, depression, and irrational fears, but without psychotic symptoms such as delusions or hallucinations"*.

Psychotic illnesses include schizophrenia and bi-polar disorder (manic depression) although, for many, psychotic episodes may be infrequent. Neurotic illnesses include depression, anxiety, eating disorders, phobias and Obsessive Compulsive Disorder (OCD). There is a third category, sometime referred to as "organic", although this may not be that helpful a label as examples from the other two categories could occasionally be included, and involves conditions like mental retardation (usually referred to as learning disability), dementia (including Alzheimer's disease) and autism (and Asperger syndrome). I have found these are generally considered (and treated) separately to the other mental health conditions.

If I were to attempt to discuss any of these conditions, I will quickly find myself out of my depth and neither is it necessary to do so. Understanding the conditions can be helpful but I have often found those with only a rudimentary knowledge, providing they have the right attitude, can still do a good deal to help. Regarding the psychotic illnesses, this tends to be the main focus of mental health professionals and is where many of the resources, once a person is referred by a GP to specialists, are directed. Often help for those with neurotic problems is much less and it is the community that usually have to pick up the pieces, although sadly, all too often, such folk are left to their own devices and suffer isolation. While help is out there, it strikes me there is a lot of variation in what is available and often chance and circumstance determine what help is given. Part of the reason for the focus on psychotic illnesses is that the nature of a person's behaviour can give cause for concern and he/she may be seen as being especially at risk.

During the course of my community work, I have engaged with a number who have been diagnosed with a psychotic illness but not normally when they are very unwell or experiencing psychotic episodes. There are some who do show delusional behaviour, even when they appear otherwise to be normal, and dealing with such folk requires grace, wisdom and sensitivity. I have often found I can relate on a human level but am aware of the problems that can and do arise and therefore act accordingly. Regarding the neurotic conditions, the only one I will elaborate further on is depression, although I have encountered most (I think) of the other conditions

and have again found that the best approach is usually on the basis of respectful dialogue and maintaining normal relationships.

## Depression

One of my favourite fictional characters is Marvin the paranoid android, partly because some of his characteristics resonate personally, from "the Hitchhiker's Guide to the Galaxy". Marvin, with his wry dry wit, was always able to find some cause or other to add to his depression, not least because people around him, invariably having significantly less intelligence than he, did not understand or care, and he made sure others knew how he felt also. Levity aside, there are two reasons I have decided to pick out depression from a long list of mental health problems.

Firstly, depression is widespread and far more prevalent than any of the other conditions. It verges on being of epidemic proportions and it is likely it has a huge socio-economic impact. Particularly worrying are the incidents of depression reported among the young and the lack of early intervention services. Secondly, depression is something that I have personal knowledge of and is the condition that has followed me around for a lot of my life, never going away for lengthy periods and, when it has occurred, can be anything between mild and severe.

While I feel my depression has had a harmful impact on my feelings of wellbeing and happiness, has held me back in life, giving me low self-esteem and self-confidence, and has also had a detrimental effect on my family and others around me, yet I believe there have been significant positives. One of these is that it has helped me see the world more clearly, recognizing the bad and appreciating the good, and has helped me to empathize with those going through similar trials and to talk to them, in a down to earth way, about important issues of deep concern. In a strange way (likely there is a spiritual principle here) when we are down we can also be lifted up, and as we are lifted up we are able to lift others up also.

Searching the internet has given me a list of what happens when a person is depressed. The following are those thoughts that I can particularly identify with:

- Sadness, anxiety, or "empty" feelings.
- Decreased energy, fatigue, being "slowed down".
- Loss of interest or pleasure in activities that were once enjoyed, including sex.
- Insomnia, oversleeping, or waking much earlier than usual.

- Loss of weight or appetite, or overeating and weight gain.

- Feelings of hopelessness and pessimism.

- Feelings of helplessness, guilt, and worthlessness.

- Thoughts of death or suicide, or suicide attempts.

- Difficulty concentrating, making decisions, or remembering.

- Restlessness, irritability or excessive crying.

- Inability to cope, even with simple things.

- Finding ways of escaping from carrying out one's regular duties.

- Tendency to cut oneself off from others.

- Deterioration of relationships, especially with those who are closest.

- Not wanting to talk about one's experiences with others.

Why people get depressed is one of those imponderable questions of life and the answer involves factors like personal upbringing, psychological make up, traumatic experiences, having a sense of loss. Just as important is looking for the remedies. I am convinced that a quick search on the internet will give many credible suggestions and most of them will be right. It would be lovely if I could write down my ten or more points about how someone can get out of depression. Things occur such as the need for good rest and diet, getting plenty of exercise as well as recreation and relaxation, doing constructive and meaningful things, helping others, spending time with friends and family (even if you want to avoid doing so), staying positive, dealing with the past and one's "personal demons", taking medication, recalling the promises of God (for believers), *etc.*, confiding in others, but for someone who is in the midst of depression such words might seem rather hollow.
If only we could all see that life can be wonderful and, despite all our faults and failings, we are significant and valued human beings and what we do matters.

## Addictions

In my early days working in the mental health field, I was taken to task by a mental health practitioner after I had suggested that addiction was another type of mental health problem. While I could accept the censure, it has always struck me that whenever I see someone showing some form of addictive behaviour, there is invariably a mental health problem that goes with it. So to say addiction is not a mental health issue is merely playing with words. One practical question is which

comes first, the mental health problem or the addiction and, more importantly, which do you treat first and how can the cycle be broken? Often, I come across "dual diagnosis" folk who, because the services may not be equipped to tackle the two problems in tandem, do not get the help they need. I feel there is a big need for such services but also recognize that too often those who need the help do not seek it and, if they do, do not last the course for the help to be effective. One of the big issues I am involved with are the hard core of rough sleepers, who somehow either fail to engage with the helps available or do so on a selective basis. Most of these might be classed as having dual diagnosis and to date their needs remain unmet.

I found the following definition of addiction helpful: "any compulsive behaviour that limits human freedom". Addiction is a horrible thing and more widespread and devastating in terms of the impact it has on the addict and on those around him/her than is often realized. Addictions can take many forms, often seemingly innocuous like comfort eating or playing online games or putting ones job or interest before other things, but I will focus on the four main ones I encounter on a regular basis: alcohol, drugs (including cigarettes), gambling and sexual (particularly that related to pornography). Many of the homeless people I meet have addiction problems (especially alcohol related ones), but I have found addiction affects all sections of society although there are some who are able to hide their habit.

In my work among the homeless, I conclude many or most have a mental health and/or an addiction problem that may have led to homelessness in the first place but in any case will have accentuated the problem. One of the tragedies of homelessness is it can be what sparks addictive behaviour where it wasn't present before and once addicted the escape route, often difficult to begin with, then becomes so much more difficult. In a recent conversation with a senior housing officer she related an experience of her voluntary rough sleeping one night to help raise awareness of homelessness and the one thing she wished for when waking in the night was a tot of brandy! She realised how comfort of this nature can help dull the pain. The same is true at the other end of the spectrum - many a respected pillar of society has turned to drink for similar reasons.

Most objects of addiction are readily accessible and cheap. The habit can often be indulged anonymously (something that may not have been the case so much even a few years back). One can buy alcohol cheaply from supermarkets (which itself has major societal implications) and drugs are easily available when you know where to go. Gambling is no longer just about going into betting shops (although given the number of high street banks and such like now being turned into such shops, the demand seems on the rise) but can also be done online and, in the case of lottery

tickets and scratch cards, is actively encouraged. As for pornography, vast quantities can be easily accessed via the internet and unlike twenty or more years ago when to get hold of hard core material will have necessitate a visit to a dubious back street outlet, can be indulged with complete anonymity, often at one's home computer. Often when the habit does become expensive, coming at the time the person affected has become hooked, that person will find ways to fund the habit e.g. accumulating debt, going without other life necessities and in other areas, such as crime. The sad thing is the addict can reach a momentary high and release from whatever pain was there in the first place, but then it is back to where they were, only worse, since the craving for a fix usually further intensifies. Thus breaking the cycle of addiction becomes even more difficult and misery is spread further afield along with other unintended consequences.

I cannot emphasize strongly enough the extent of the effects of being addicted in these ways. The people damaged are not just the individuals involved but also those associated with them, especially family, and that damage can be deep and enduring, although it is a wonderful thing to see when addicts do turn their lives around. The problem is far more widespread than is often realized, especially among the good and the great and those society puts on a pedestal or who spend lots of time alone. It is especially distressing to learn of Christian leaders who are caught up in this. All this I have seen, sometimes as a result of a person's addiction being exposed or finding out by other means (something I will not disclose unless life is endangered) for there is much more I have learned in private or I strongly suspect as the result of undeclared addictive behaviour. I wish I could wave my magic wand such that people can be cured from their addictive behaviour, because this is often the key to a person being able to move forward in life, but I doubt if there is a simple solution.

I recently met with a Muslim friend who had made good progress in overcoming his alcohol addiction (interestingly, he was quite particular in giving up alcohol during Ramadan), but is now back on the booze. We spoke honestly and humorously on all sorts of subjects. There was little I could tell him about his condition and what needed to happen. Later, I discussed my concerns with a sympathetic member of his mosque, who saw it as a matter of lack of will power. I was left wondering how to get that power. I recently had a chance conversation with a lady in our local community café. She is an alcoholic but movingly described her struggles to be free and the concerns of her young daughter, who would take extreme steps like hiding alcohol her mother purchased. Just as with my friend, knowing the harmful effects of alcohol addiction was one thing, but doing what needed to be done to be freed from that addiction was something else.

Often in order to find a solution to a problem it is helpful to find the cause first in order then to find the cure (often as a result of dealing with the cause), and addiction is one such problem. I and those helping folk with addictions are usually not qualified in delving deep into the dark recesses of the brains of those caught up in an addictive lifestyle and should therefore tread cautiously before making pronouncements should such opportunities arise.  As with mental health conditions generally, addictive behaviour may be the result of changes in the brain chemistry which is heightened when an addict is sucked in to taste the dubious delights of one or other object of addition. When I googled words like "causes of addiction", there were many hits but for the purpose of this discussion these were not particularly helpful. I would therefore suggest the following may be reasons (and there are no doubt others that are also important) why a person becomes an addict to start with:

- childhood trauma such as being physically or sexually abused
- close family members having themselves been addicted
- hurts, habits and hang-ups from the past that have not been dealt with
- genetic makeup
- the inability to cope
- lack of fulfilment or purpose
- peer pressure
- stressful or painful life experiences
- low self esteem and feelings of worthlessness
- the objects of the addiction being readily available
- once starting drinking, drug taking, gambling etc., then finding it hard to give up, especially if the temptation readily presents itself
- an unwillingness to do what is right i.e. obey the will of God

One initiative that gives me hope, and I try to support, is the "twelve step" programme championed by Alcoholic Anonymous and, although I like the idea of being reliant on a power beyond ourselves, I have my doubts on the wisdom of replacing the "God bit" with some vague entity. While not greatly involved, I have been encouraged by the "Celebrate Recovery" program being currently run by Christians in my town and have already seen transformed lives as a result of dealing with the causes of addiction and yielding to God's grace that helps us come to terms with the past and enables us to face the future. As I think of the many folk

that I dearly love and with whom I feel particular affinity, I can see that the sort of things advocated in such programs may be key ingredients in them being raised from the bottom of the proverbial barrel to heights hitherto hardly dreamed of.

I like the idea of being accountable and wonder if this is the key and something we all need to do, along with the need to be affirmed, feel valued and have a purpose for living. My hope is that the wider community will recognize the problem for what it is and show the appropriate, compassionate response that will help addicts turn their lives around. As with virtually all addictions, some of those things that give rise to the addiction in the first place are often clear and some are deep rooted, and with honest probing these are often seen by the addicts themselves. Those who can help come along side the recovering addict as mentors, with deep humility and grace, helping the recovery process, may not receive recognition for their efforts but what they do is invaluable. The big need though is for that all important change. But I am hopeful and I know addicts that are now free and are living fulfilled lives.

I close by sharing a delicate personal matter that I would normally be reluctant to mention but do so here as it is pertinent to this discussion and it may help some. For those who haven't experienced the issues faced by the addict, such as causes and consequences, it may be hard to identify with those who have, wonder what the fuss is all about and fail to be sympathetic since they see addictive behaviour as something the addict can and should avoid should they so desire. Moreover, some otherwise empathetic non-addicts express profound irritation because of the unsocial behaviour and harm addicts often do inflict on themselves and others that are easily avoidable. Addictive behaviour is something I know about, not just because of my work in the community has brought me into contact with all sorts of addicts but for many years I have also been prone to addictions (a family trait): some seemingly mild like comfort eating but some less so like pornography, even though these would seem to have come and gone, despite being acutely aware that such behaviour was wrong, especially given my religious beliefs, and also harmful.

The generic causes were a selection from those I have described earlier and relates to some of my own early life experiences, often linked to the demons my own dad struggled with and a lack of self-esteem. As for triggers, these include my own feelings of boredom, rejection, failure, frustration, hurt, anger and depression. As for the consequences, these have been devastating and debilitating, and more than negate any short lived high or respite. While observing the pre-occupations of others with various objects of addiction, I see it as tantamount to breaking the first commandment ("thou shalt have no other gods before me") and the message is to flee from such things and find the freedom God wants to give. By the grace and

power of God, I have found release but don't take freedom from addiction for granted and know well the insidious enticement objects of addiction can engender.

## Organic "mental" matters

Earlier I raised three different conditions related to the brain that are often not included when discussing mental health issues: learning disability, autism and Alzheimer's disease. After briefly defining each term, I will confine my remarks to what I have observed, either working in the community or in other circumstances:

Learning disability is a condition giving rise to difficulties in acquiring knowledge and skills to the normal level expected of those of the same age. Often learning disability is linked with poor mental health although arguably, there is no reason why it should be. In the course of my work in the community, I have got to know a number of folk that have a learning disability, more than would have otherwise been the case. Most of my meetings have been positive. I recall a number joining the Growing Together project and fitting in well. With the right type of support and encouragement, those joining us were able to make useful contributions to what was going on. I even became a little envious at the often simple, straightforward approach to life. It was obvious that most could live fulfilled lives, although sometimes I felt not enough opportunities, *e.g.* paid employment, were available.

Autism is a mental condition, present from early childhood, characterized by great difficulty in communicating and forming relationships. I recall one person with Aspergers (a form of autism) joining the Growing Together project and fitting in well. But I will always associate autism with my friend, Tom, who I met early in my career. He also joined my church. We kept in contact after that. Tom was seen by many as an awkward fellow, with strange mannerisms and obsessions. He was often ridiculed and shunned. I befriended him and he responded. What I admired about Tom is that he persisted in his work, gaining higher qualifications to extend his opportunities. He inspired me to study for an Open University degree. He bought his own house and coped well. I remember the ambitious bike tours he undertook, travelling alone throughout Europe. We once did a week of backpacking and camping together in Scotland. While many with autism do not fare as well as Tom, Tom demonstrated how much could be done despite the challenges he faced.

While there are various forms of dementia, including among younger people, it is Alzheimer's disease I have had most experience of. Alzheimer's disease is a progressive mental deterioration occurring in middle or old age (although it can occur earlier), due to a generalized degeneration of the brain. When I was a youth

and, while I did not recognize this at the time, meeting residents when I visited an old people's home with my church, meeting elderly folk who had been rabble rousers or highly articulate in their youth and seeing and living with my ageing grandparents, exposed me to this condition. Then I was made aware of famous people who had contracted the disease, like two formidable politicians of great intellectual stature, who I had come to admire: Harold Wilson and Margaret Thatcher. I also saw it in certain people I knew as they grew older, including those who had been active in the church networks with which I was involved.

Finally, and most pertinently, I saw it in my mother. Her mental deterioration happened gradually, over several years, starting with lapses in memory. As a family, we did her best to support her while she lived alone in her own house, spending time with her at least twice a day, and were grateful for the help provided by Social Services. Three years ago she had a fall while wandering in the garden, in the snow, in the middle of the night. She nearly died. We bowed to what we came to see as unavoidable and had her placed in a nursing home, which we visited each day, when we would feed mum. While we wanted to be more involved, we realized we couldn't care for her 24/7 and were grateful for the help we got. Our conversations, when we had them, revolved around, family, pussy cat, my son (as a toddler) and the War. Often it was mixed with a zany humour only family members could understand. I still smile when I think in response to my parting remarks "see you later alligator", she would call back "aggravator" or "agitator".

Following the onset of dementia, the sense of loss was great, realizing her cognitive ability had gone almost entirely. We knew we could not reverse what was happening; only make the best of the situation. Our desire was for mum to have a good quality of life. I was relieved she was being looked after but saddened this is not always the case with other older people, and the standard of residential care and family support can vary greatly. I ruefully reflect that my time may yet come (some might say it already has) and I can only commit my or anyone else's future in this as in any other area to the Almighty and make the most of what we have now.

## Other "mental" matters

Before considering how one may respond when dealing with people experiencing mental health issues, some consideration should be given to those not mentioned. An obvious point is that the causes and cures will differ in each case, and even for the same type of issue the approach will vary from person to person, depending on personal preferences, circumstances and attitudes etc. But the range and depth of

issues are huge. Understandably, the statutory services tend to focus on psychotic conditions, where the approach tends traditionally to be a bio-medical one.

I suspect the reason for this emphasis is that when people experience psychotic episodes the affects can be alarming and devastating, to the one affected and those around him/her as well as the social costs if untreated. Treatments based on medication and clinical supervision and those based on psycho-therapy and social interventions should be, as I have argued, held in balance and according to individual need. Not mentioned so far but, from my experience, can be helpful, are so-called advanced directives, whereby individuals specify while well or stable how they would like to be treated and dealt with when they are not.

The number of identifiable neurotic conditions is large as an Internet search will reveal, and besides depression and addictions, already discussed, these include: anxiety conditions (including obsessive compulsive disorder (OCD)), various phobias, stress related and various eating disorders. While I have come across people affected by most of these conditions in varying ways, I can't think of anything to look out for that is not discussed elsewhere and besides, for most of the identified conditions there are usually publications such as those produced by the charity Mind, often containing lots of helpful information. Trying to understand what it is that is affecting those experiencing these conditions is helpful, as is being empathetic and being able to offer appropriate support.

"*Obsessive-compulsive disorder is an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear, or worry; by repetitive behaviors aimed at reducing the associated anxiety; or by a combination of such obsessions and compulsions*" (from the web). OCD is one area that particularly bothers me insofar it is far more widespread than is commonly realized and too often help is not forthcoming as the sufferer often appears not to pose any threat to those outside his/her close circle. Yet considerable suffering can be experienced by those that have OCD and, just as importantly, those who are closest to them.

When I was working specifically in the mental health field, I came to realise for the first time that something called OCD existed and how significant OCD was, given the number of people affected and the extraordinary rituals sufferers often go through. I have seen recently the problems that arise when a sufferer has a panic attack, including those involved with that person (in this case me) knowing how best to deal with the situation and be of help. Some years back, I was able to help toward organising discussions and conferences on the matter and in advocating for better services, such as Cognitive Behaviour Therapy (CBT), to help those affected.

## Case studies

Many people and situations I have dealt with where there have been mental health issues. Often I could make some positive difference but not a lot. Given the nature of mental health issues, change is often a slow process. Usually it is about doing our bit and occasionally we see lives radically turned around, and this is a cause for celebration. Sometimes outcomes are not what we hope or expect, even though we seem to be doing the right thing, and this is what I want to reflect on. While referring to real happenings, I have used fictitious names to protect identities.

In the early days of Growing Together, there was a young man, Richard, who came to us from time to time. He did not ask for much and was always grateful for what we gave him (which I felt was not a great deal). On a few occasions we enjoyed the tranquillity of sitting in the Growing Together Gardens, happily talking about this and that. Richard was also a troubled soul and ended up in a psychiatric unit, and I visited him and we talked amicably as before. Sadly, soon after, Richard took his own life. Around that time there was another visitor (client) to our project, Robert, whose lack of gratitude and demands on the project were in stark contrast to that of Richard. Affected in part by the death of Richard, I was irritated that this ungrateful man was placing unreasonable demands on my already stretched team. When Robert made a demand we could not accommodate, much to his annoyance, I made my feelings known (in hindsight I see my own reaction was unprofessional). Robert reacted in what we considered to be an improper manner and he was excluded from the project, although the collateral damage was to be felt for some time to come.

In the aftermath of Richard's death, we provided some support for his next of kin, Julie, his mother. Julie had a history of mental health issues and this was a relevant factor in later events. We were able to arrange and conduct a funeral and make a memorial to Richard – a tree planted, along with plaque, in our garden. In the years that followed, I had infrequent contact with Julie until recently. She phoned me out of the blue one day saying she had nowhere to turn for help. She told me she was about to be evicted from her home and was soon to be placed in a psychiatric unit against her will. I made a number of visits to Julie and tried to liaise with the services involved, although with difficulty due to client confidentiality constraints and Julie's inability and unwillingness to cooperate. I was joined by my wife, who provided practical help, including tidying some of the horrendous mess in her home and shopping. Not long after, Julie was placed in a psychiatric unit, where we visited her, although on the last visit we made she made it clear she didn't want to see us, as we were (in her view) responsible for her situation. This is the position as I write. There will no doubt be further twists in the tale.

## A personal response

The first thing I should say is to watch out for your own mental health, although the fact you have had your own experiences of mental illness and may be currently struggling may also help you when dealing with others. Be mindful of doing for yourself what you tell others to do (*i.e.* practise what you preach) and if you don't take care of your own health, how can you help others? You don't have to be anything special to be of service to people who are experiencing mental health issues. Human values such as honesty, ordinariness, humility, kindness will go a long way. Just being available and communicating simply and sincerely may be all that is needed. Reaching out to folk experiencing mental health issues, being aware of issues around mental health and making others aware, are ways we can help. Lastly, I would encourage readers not to be afraid and while the human tendency may be to avoid dealing with difficult people, it can also be immensely rewarding.

The following are guidelines I once set for myself, when dealing with people with mental health issues, typically when discharging a professional role. I wrote these in 2004 and feel pleased these seem still about right. The one thing I have discovered is that things are as rarely as clear cut as laid out below and that we often find ourselves dealing with wicked situations, where there is no rule book. Thus a degree of latitude may be necessary, but I have found I can better help more people, and not become burnt out in the process, by keeping to these:

1. Treat everyone as individuals with their own set of issues particular to them.
2. Recognize your own limitations (some people we are unable help).
3. Realize that dealing with problematic people can be personally draining.
4. Try to maintain an atmosphere of normality and calm and diffuse tension.
5. Set boundaries when helping, *e.g.* the nature, time and place of help offered.
6. Work alongside others who can help, especially in ways that complement.
7. Don't be manipulated as you can find yourself responding in a wrong way.
8. Do not waste time with those who refuse to move on or keep appointments.
9. Do not tolerate abuse, physical or verbal, of any kind.
10. Treat people as equals, with courtesy, and do not patronize them.
11. Be accountable to those to whom you can offload your burdens.
12. Remember the three e's: encouragement, empathy and empowerment.

## A community response

While work is needed to quantify the extent this is true: I believe there are many living in our communities suffering mental health issues, who are also isolated, and that partly as a result, their progress toward full recovery may be slower than it need be. If they are lucky enough to have a diagnosed problem, normally in the "severe" category, they may get social and healthcare support, (albeit usually fairly limited as these services are often stretched because there are not enough resources to meet all the needs). Having help does not necessarily stop the isolation.

Many have mental health needs but don't have that help. The best they might hope for is a prescription from the doctor and if they are lucky some counselling. Some will be fortunate to be able to work and live a normal life and have a supportive family or friends around them, but there are many who can't work or don't have a supportive family, who muddle through on whatever benefits they can get, sometimes recovering and living a normal life but often not. In all these cases, the type of help that people receive in the community (not just the professionals who are paid to help, but also the ordinary people who make time to help out of their own volition) can be crucial to their recovery and wellbeing.

Care in the community should mean more than living in the community (as opposed to a psychiatric hospital) but being part of that community. As I have explained in another place, community can be seen in many different ways and most will belong to a number of communities. Some will choose not to be involved that much but there will be others who can't but would like to be. I suppose if there is a hope and a challenge, it is that there will be supportive communities that in simple but vital ways can draw in and reach out to folk who have experienced and are experiencing mental health issues, and somehow these can link to and complement the work done by the mental health professionals. Often there is a lack of coordination between community and health professional support and this is regrettable. Care in the community should take into account a plethora of needs: spiritual, social, practical, employment related, educational, housing etc.

## A workplace response

If I were to employ people, I would want those that I employ to pull their weight and contribute to my business, doing what they are employed to do. I reckon most employers will think similarly and many are disappointed when this does not happen. Sometimes the blame can be laid as much with the employer for not employing the right person, for not having an adequate system of supervision and

appraisal in place and not providing sufficient support to their employees. The situation at the end can be most unsatisfactory: an employer has an employee who doesn't do their job to the required standard; this will have a detrimental effect on other staff members, the employee may be unhappy at their place of work and, in some cases it reaches the point an employee is dismissed or chooses to leave. Some may then sue their employer for unlawful or constructive dismissal. The wise employer will act early to prevent these things happening.

The reasons why people underperform in the workplace are many, but an important one is mental health issues, evidenced by the number of days lost at work due to stress-related illnesses. While an employer can not be expected to provide all the solutions to the employee's mental health issues, they can, without inordinate cost, contribute in a way that is in the interests of both employer and employee. The following are some practical suggestions the employer may wish to consider:

1. Understand the law regarding equality and discrimination, and be compliant.
2. Understand key issues around mental health, especially stress at work.
3. Ensure that there are adequate systems of supervision and appraisal in place.
4. Aim high; ensure the employee knows and does what is expected of him/her.
5. Remove obstacles that might contribute to unnecessary stress.
6. Find creative ways to create a conducive work environment.
7. Allow flexibility so employees can seek help for stress-related issues.
8. As far as is practicable, encourage flexible work patterns.
9. Talk to your employees and involve them.
10. Let them know what is going on.

While recognizing we live in the real world, it is still lamentable that those who have experienced and do experience mental health problems are less likely to find suitable employment than those who haven't / don't, and that despite all the legislation that prohibits employers discriminating on the basis of disability, which includes mental ill health. Sometimes, one might sympathize with a reluctant employer who does not want to take the risk of employing someone who has had or is having mental health problems, but also there are many who can and do contribute fully in the workplace despite their mental health issues. It is a sad state of affairs when those with mental health problems want to work but are not able to do so or there is not enough incentive to get them off benefits and out of their

comfort zone, and as a result they are paid to be idle. I suspect there are no easy solutions to these quandaries, despite the rhetoric and schemes of successive governments; and, perhaps, more radical and creative solutions are needed. While some milk the benefits system, others find the experience of being unemployed distressing. I have often observed that people do not always get the benefit that justice may demand. I feel people should be helped and rewarded for doing what they can do, and as a society we need to work toward realizing that paradigm.

## A service provider response

One of the terms I discovered when getting involved with community work was "service user", typically applying to someone with a mental health issue who uses one of the services that are meant to help. The term was sometimes euphemistically applied to avoid some to the stigma around mental health, although ironically the usefulness of the service provided, if provided at all, could vary considerably.

Service providers are a mixture of statutory agencies, principally primary and secondary health providers, and an assortment of voluntary organisations, including faith groups. As I have mentioned elsewhere, one of my early community projects was to research and produce a directory of services that were available as this can provide an important first step toward getting help. In producing the directory, I became aware of the gaps in service provision and entertained my own thoughts on how services could be improved. It became an important driver in my helping to set up and develop the Growing Together project.

Given how widespread mental health problems are and how limited money is to fund statutory services, the challenge of how and where best to allocate money is a significant one. Like with much public service spending there is a debate as to how best to allocate funds. I am reticent to pontificate too much on the matter as I am all too aware of the complexities. A few things do occur though: much of the funding seems to be directed toward sorting out the minority of service users with severe and enduring mental health problems. Not enough is spent on promoting good mental health for those service users with less severe problems and projects like those I those I have been involved with that does so much and is very cost effective in what is done. I also feel, based most recently on what I have observed working among the homeless, that too often the statutory services don't do enough to work with those who support people with mental health issues, and as a result service users lose out. Regarding voluntary services, I would love to say these all do a good job and while I have met some very dedicated people, both paid and voluntary, I

have sometimes felt a lack of heart and desire to go the extra mile and hiding behind policies, procedures and protocols rather than doing what needs to be done.

## A church response

There are many communities that can and do play a part in supporting people with mental health problems (and different people are drawn to different communities), but churches are among the more significant (although I have also come to recognize that churches, particularly church buildings, can also turn people off from wanting to get involved). These are the communities I am more familiar with and happen to belong to and can contribute most toward. I am painfully aware that, for some, churches are not where they would seek help, not particularly due to religious reasons but there is a feeling that church folk are going to be judgemental and not especially sincere. Others besides me have observed that people open up and be themselves in a pub but not in a church when this would seem to run counter to what we ought to expect. All this is regrettable but there are several reasons why mental health is something churches should be attending to:

1.  Many people who have mental health issues also attend church.
2.  Many of those who do attend see it as a place where they ought to get help.
3.  Churches have historically had the role of caring for the more vulnerable members of the wide community, often with success.
4.  It is within the remit of churches that they do help such folk.
5.  Churches have a message that is relevant to those with mental health needs.

My observation is that individual churches differ widely in their approach. Some do very little, as much through ignorance as due to indifference, and sometimes they feel awkward and embarrassed when dealing with folk who come to them with mental health problems, often finding themselves unable to respond having been taken outside their comfort zones. Some do a great deal and this is encouraging to see. I have been impressed by the approach adopted by St. Andrews (C of E), Westcliff, and, while their journey has been far from easy and no doubt mistakes have been made along the way, they have done a number of things that have helped a number of folk that have mental health problems, in particular by providing a safe and welcoming place for people to come to, by way of a community cafe and "Open House" where a meal is provided, and thus serve as an example to others. For those affected, having such places they can freely attend is greatly valued.

I find it quite illuminating to have discovered many people who were famous, especially among those who were spiritually minded, who had experienced mental health problems. For example, some of my favourite poets and preachers, all devout Christians, suffered long bouts of depression: Gerard Manley Hopkins, Christina Rossetti, William Cowper, Charles Haddon Spurgeon. There are many examples in the Bible of God's people being anxious and depressed. In going through the Psalms, I saw again several examples, and there is always a way out.

One of my favourite accounts is of Elijah the prophet after he defeated the prophets of Baal at the top of Mount Carmel. We find him running for his life in fear, depressed, isolated and burnt out, wanting simply to die. God gave him the rest and food that enabled him to go on a long journey to reach the holy mountain. Elijah experienced the earthquake, wind and fire but it was in a gentle whisper that God spoke to him. When God did speak, he allowed Elijah to say all that bothered him. God did not show anger or answer many of Elijah's questions, then or later. Instead God reminded Elijah that he was not alone, that He (God) was in complete control. He then instructed Elijah on to what to do next and Elijah simply obeyed. Elijah is often regarded as the greatest prophet after Moses, but if he had not had these experiences or had not obeyed God, we who come after would be the poorer.

Not only do I find comfort in God's ways of dealing with the problems of this man of God but there is much about Elijah's experience that rings true. It is good to know that even such a mighty man of God as Elijah could be depressed. We should recognize the circumstances we find ourselves in presently, our upbringing, our experiences in the past, especially negative ones, and our particular biochemical makeup all affect our proneness to mental health problems. For some (and here I include myself) not being in control of our own destiny and having to suffer the consequences of human folly, can be frustrating to the point of depression. The fact we are all creatures affected by the Fall, and sinners by nature, living in a sinful world full of contradictions, should also be recognized. Even someone as close to God as Elijah could only take in what God wanted him to hear (although he didn't always do that); he did not have the full picture, the one that only God could see. Natural things such as lack of food and sleep can have a major effect. We may live life on the mountaintops but sooner or later we have to come down from the mountain into the valley and have to face and deal with many of life's baffling contradictions. One of my more recent close co-workers often quotes the northern saying: "the heavens are like brass", referring to the fact there often seems no response from God when we might reasonably expect one, but the point as in the Elijah story is that while God may not seem to answer He does hear and act. We simply have to trust God and obey His commandments and leave the rest to Him.

The following are some ways I would suggest that churches can help:

1. It is important that those coming into church are welcomed and accepted, and not judged because of their issues. Churches should, but often don't, let people be themselves without fear and do not shoot the wounded.

2. Those who do come should be accommodated by the church, unconditionally and as they are. Their peculiarities, such as their mannerisms and speech and occasional odd behaviour, should not be seen as an insurmountable barrier.

3. A rudimentary understanding of mental health matters, by those who are in leadership and among church members, is usually helpful.

4. An awareness of the support that is available in the community is helpful, along with links and partnerships being made with relevant agencies and individuals - thus making the notion of care in the community a reality.

5. A friendly face and listening ear often goes a long way. Often, time set aside in a relaxed and informal setting, for people to share and offload their burdens, or to just be themselves, can be a valuable service.

6. There are practical helps like housework, keeping appointments, filling forms, or learning to cope (I was struck by one service: responding to correspondence on behalf of someone who could not face doing so himself).

7. It is better the burden be shared among all rather than an enthusiastic few, who could be in danger of burn out. Special care should be given to those in the front line, *e.g.* ministers, who can easily be beset by mental health issues.

8. Do not neglect the core business: to worship, pray, preach and disciple. At the same time, this should not be forced upon those who come to church.

9. Worship can play an important part in the healing process, as is being able to participate in the sacraments, especially the Communion.

10. There will be those who, for whatever reason, do not want to have to deal with churches. This needs to be respected and, when applicable, those who feel that way should be sensitively signposted to where help might be found.

I would like to agree with Pastor Ken Bunting, who wrote in his book "Coping with Breakdown": "*I am now informed by many who genuinely desire to recover, and enjoy an infinitely better quality of life, that by a radical commitment to the Christian faith, together with a real determination to continue therein, in spite of being a member of an often despised and misunderstood minority group, that they*

*have achieved it through the grace which God has given them.*" I like the message of hope but also know the struggle for some, who meet these criteria, is all too real.

## Words of comfort

Finally, besides my own favourite "mental health" Bible text: *"For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind"* (2 Timothy 1v7), the following are some more verses from the Bible that have helped me in my struggles and could help others, including those who churches deal with, who share the Christian faith (all quotations are from the King James version):

*"I sought the Lord and he answered me; he delivered me from all my fears."* Psalms 34v4

*"He lifted me out of the slimy pit, out of the mud and mire; he set my feet on a rock and gave me a firm place to stand."* Psalms 40v2

*"Why are you downcast, O my soul? Why so disturbed within me? Put your hope in God, for I will yet praise him, my Saviour and my God."* Psalms 42v5

*"In all your ways acknowledge him, and he will make your paths straight."* Proverbs 3v6

*"Surely he took up our infirmities and carried our sorrows."* Isaiah 53v4

*"The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to preach good news to the poor. He sent me to bind up the broken hearted, to proclaim freedom for the captives, release from darkness for the prisoners."* Isaiah 61v1

*"Come to me, all you who are weary and burdened, I will give you rest."* Matthew 11v28

*"If the Son sets you free, you will be free indeed."* John 8v36

*"If anyone is in Christ he is a new creation."* 2 Corinthians 5v17

*"It is for freedom that Christ has set us free."* Galatians 5v1

*"You are a chosen people, a royal priesthood, a holy nation."* 1Peter 2v9

*"They overcame by the blood of the Lamb and the word of their testimony."* Revelation 12v11