

THE NEWSLETTER OF THE MENTAL HEALTH RESOURCE GROUP OF THE COLLEGE OF HEALTH CARE CHAPLAINS

CHCC COLLEGE OF
HEALTH CARE
CHAPLAINS



Spring 2013

Rewriting the Script

Believing that we have a broad understanding of the factors that contribute to someone being well or unwell, chaplains are known to advocate for the holistic care of patients. From a report in *The Observer* in mid-May, it appears that other professional groups (with perhaps more clout in the wider NHS economy than we have) are also seeing things in a broader perspective, and questioning the primacy of the medical model.

There has been controversy recently over the forthcoming edition of DSM 5. The British Psychological Society's Division of Clinical Psychology has taken psychiatry to task over its growing tendency to pathologise aspects of human behaviour. The suggestion that a number of psychiatrists involved in the creation of the DSM have links with pharmaceutical companies (who themselves have a vested interest in creating drugs to assuage the symptoms of pathologies) is flagged up.

Although there is some evidence that psychiatrists attempt to work more holistically these days, the idea that mental illness can be treated simply by doctors using drugs is still pretty widespread. The BPS's statement suggests that 'there is overwhelming evidence that people break down as a result of a complex mix of social and psychological circumstances - bereavement and loss, poverty and discrimination, trauma and abuse.' This would seem common sense to most working in spiritual care, and it is good to hear it echoed by others at a time when the NHS can seem more and more narrowly focused.

As various people question the assumptions of their own professional discipline, a similar movement goes on in chaplaincy: this edition of the Newsletter gives space to explore how various people are going beyond the boundaries - whether boundaries of hospital walls, of multi-faith working, or of opening the doors of the hospital to others, to cross their boundaries of expectation or fear.

Being aware of boundaries is clearly important, but setting them in the right places matters too. With the advent of the CCGs and the tightening of budgets, the territory in which we all work is shifting. This is either a huge threat to traditional models, or an opportunity for creative and imaginative practice: for widening our vision as a profession. You can read more of how we hope to address this at the CHCC mental health chaplains' conference, and we hope you book soon - and enjoy the newsletter!

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Rachel Wadey

In the last edition we asked for contributions focusing on community chaplaincy initiatives. For our main article on this subject, **Neil Tyrer**, Head of Chaplaincy and Spiritual Care at St Andrew's Healthcare in Northampton, and colleagues reflect on their experience of taking service users on day pilgrimages.

The authors describe how they have used the practice of pilgrimage to help service users with mental health problems, learning disabilities and challenging behaviours explore spirituality and help with their process of recovery.

Pilgrimage: journey to recovery

The word Pilgrimage comes from the Latin "peregrinatio", meaning a journey undertaken to a sacred site in devotional spirit. Pilgrimage is still very important within the major religions such as Islam, Hinduism, Sikhism, Buddhism and Christianity.

Aspects of pilgrimage can also be glimpsed in much modern popular culture – annual pilgrimages to summer festival sites (Glastonbury, Glyndebourne, Eisteddfod or Hay) or national landmarks (Stonehenge, the Cenotaph, Blackpool Tower and

Illuminations); or to the birthplaces of popular and significant personalities (Shakespeare, Wordsworth or the Beatles); or even the annual seasonal journey to summer resorts or to stay with family and friends to celebrate the national bank holidays.

All can be viewed as people on a journey in search of refreshment, renewal, re-creation, re-connection, comfort, support, identity, hope, meaning, or purpose.

The Pilgrim Way

At best, pilgrimages mirror the journey of life. They are ways of projecting our inner, and sometimes chaotic and unmanageable, lives into an outer and more containable and controllable form, focusing on goals, destinations and achievements.

Gerard Hughes (2003) has written:

'Underlying all our conscious reasons for going on pilgrimage, or for undertaking some long and arduous journey, there is

the fundamental search for meaning, for an answer to the hunger and thirst of our being for some kind of fulfilment.'

For Hughes we may think we are aware of the reasons for embarking on this journey (the desire to reach the destination) but at a deeper, unconscious level there may be a fundamental desire for meaning. Or, in other words, the

pilgrim way is the fundamental search for holiness and what it might mean to be human.

The goal is to become the unique, awesome, never to be repeated human being that we

are called to be. The journey and subsequent decisions, made in order to reach the defined destination, mirror the inner journey that all human beings make from birth to the moment of death.

'Life is a perpetual journey of discovery and development during which maturity is often gained through adversity.'

(Royal College of Psychiatrists, 2005)

Even for people who may not adhere or align themselves to a particular faith, certain places destinations or landmarks may have special significance, memories or power for them.

'Recovery can be viewed as the process by which people affected by mental health problems reclaim their lives and rebuild connectedness with themselves, others and with their environment, while developing a new sense of meaning and purpose to life.'

(Jacobson N., Greenley D. 2001)



Again as Hughes (2003) states:

'A pilgrim people are on a journey, but have not yet reached their destination. Because they are on a journey, they do not know what is coming next: they do not have final answers. Pilgrims are constantly subject to surprises and have to take risks. They must not settle into any permanent resting place while on the journey: neither palace or hovel! Nor must they ensconce themselves in the stronghold of unalterable opinions or seek ultimate refuge in any organisation, ideology or philosophy. None of these can provide them with a fixed and final resting place. The ultimate destination and security of pilgrim lies only in the trust that enables them to proceed confidently in their insecurity.'

Creative Spirit Away Days: Our 'Day Pilgrimages'

The authors work in different services at St Andrews Healthcare in Northampton. This is a specialist mental health care hospital working with adolescents and adults in low to medium secure settings.

We are members of a multidisciplinary spirituality sub-group which provides clinicians with an opportunity to share ideas and activities, look at current research and information around spirituality, and promote good practice.

Service users' views and suggestions regarding their spiritual care have guided this group and prompted us to organise some 'away days' or 'day pilgrimages'.



Turvey Abbey

The first of these took place in October 2010 at Turvey Abbey in Bedfordshire. Turvey Abbey and The priory of Our Lady of Peace houses a community of nuns following the rule of St.

Benedict. The nuns are well known for their creative work – arts and craft movement - making beautiful hangings and icons among other items. They also maintain the monastic tradition of offering hospitality to guests.



The theme for the day was 'Spirituality and Art'. Sister Joanna talked about the community and their creative spirituality before taking us on a tour of the abbey and grounds.

Our service users were of mixed gender, age and ability/disability from services across the hospital all accompanied by an individual member of staff. They showed great interest in the way of life that the nuns were leading and asked how they coped with loneliness and limited contact with family and friends.

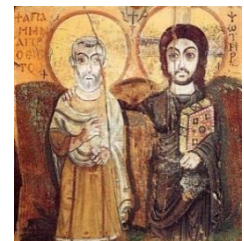
This perhaps had resonance for their own lives in hospital, where sometimes patients voice a painful sense of feeling isolated and set apart from the rest of society.

Sister Joanna offered this guidance from Chapter 72 of the Rule of St. Benedict:

'Let them strive to be the first to honour one another. They should bear with one another's weaknesses of both body and character with the utmost patience.'

Our first creative activity was to produce collages using magazine pictures on the topic of 'What is Spirituality?' Following this we shared our efforts and discussed the themes that emerged such as 'family', 'friends', 'nature and environments', 'hobbies and interests', and for some, 'faith or religious belief'.

Our second activity was to create icons. Some people chose ready printed pictures, others created their own designs. Some reflected religious themes: some did not. The day finished with the group coming together for reflection, led by one of the chaplains.



The feedback from the service users was extremely positive - the day described as "peaceful", "enlightening", "a time of stillness" "somewhere I could learn" and "I was able to listen to others and others listened to me".

In a recovery oriented approach, the focus is on the person in the context of their life. The measure of success is not simply an absence of symptoms or reduction in inpatient admissions. In a recovery-oriented approach, success is also measured by how well we are able to pursue the things that give our lives purpose and meaning.

(Pat Deegan, 2004)



Kelmarsh Hall and Gardens

Our second away day took place in July 2011 to Kelmarsh Hall and Gardens, Northamptonshire. The theme for this day was 'Spirituality and Nature'. Staff at Kelmarsh welcomed the group and one

of the chaplains introduced the theme describing the day as a time to do nothing but to be in everything.

This was followed by a spiritual walk through the West Terrace, Sunken Garden, Oak Walk and Wilderness, stopping at particular features for readings, poems or prayers. The walk ended on the Lawn for music, using drums and singing a simple chant in parts.

Lunch in the walled garden allowed time for conversation, reflection or just taking in the beauty of the surroundings. After this the group painted in watercolours, sketched, took photographs with a hospital camera or worked with collage using natural items.

A mindfulness meditation in the spiral labyrinth provided time for pilgrimage in a particular way. The chaplain encouraged everyone, service users and staff, to become aware of the present moment and pay particular attention to sights, sounds, smells and physical sensations

while journeying through the labyrinth. Each person then took a stone to the centre and invited to bring out a thought, saying or a prayer that held meaning for them.

The day finished with the group circled together on the front lawn overlooking the ornamental lake reflecting on the day. Some of the comments included: "a feeling of togetherness", "a better sense of where I am going", "a sense of belonging" and "a feeling that I am part of something much larger".

Peterborough Cathedral

Our third away day took place in October 2011 to Peterborough Cathedral.

This is perhaps a more traditional place of pilgrimage and an ancient place of worship.

Cathedral staff gave us an informative and interesting tour, illustrating the history of the cathedral using artefacts and pictures.

Our theme for the day was 'Sacred Treasures' and focused on the Bible sentence:

'For where your treasure is, there will your heart be also.'

(Luke 12.34)

Again the group was mixed in gender, age, ability, spirituality and experience. Some had attended previous Away Days but most had not. Due to restrictions all were accompanied on 1:1 or 2:1 staff ratios. The group discussed and decided that they wanted to attend a service of Holy Communion led by one of our hospital chaplains in the Apse Chapel behind the High Altar.

Lunch was enjoyed in the Almoners Hall and after this we made stained glass windows (using black card cut outs with tissue or marbled paper insets) and chalices (gold or silver sprayed plastic wine glasses decorated with stickers and beads).

Before our departure there was further opportunity to spend time in the cathedral to explore, write or say prayers, light candles or



just take in the atmosphere, while listening to the sound of the organ. Some purchases were also made in the Cathedral shop

Some Conclusions.....

If mental health professionals are to support the spirituality of people in the recovery process, then it is important to remain open to the possibility that people receive authentic spiritual teachings during periods of what gets called psychosis or psychiatric disorder. These spiritual teachings can provide a resting place for the weary; nourishment for the hungry; meaning for those in despair and a compass for those who are trying to navigate the passage of recovery.

'Simply allowing a client to discuss the spiritual teaching, while listening respectfully, can be healing. If the client is willing, exploring the teaching, applying it to daily recovery, and reminding the client of the teaching when it's been forgotten can be helpful.'

(Deegan 2004)

Subsequent pilgrimages in 2012 were arranged at the Islam Information Centre and Masjid Umar in Leicester; and then later at the Victoria Road, Congregational Church in Northampton, this last venue having a long history with the traditional local boot and shoe trade.

Each Away Day required a pre-visit for risk assessment and considerable planning to ensure all the equipment required for the day was in the right place at the right time. All the necessary permissions for our patient population needed to be received and, even up until the moment of travel, discussions and decisions about embarking on the pilgrimage



needed to take place with the service users and multi-disciplinary teams.

As with all pilgrimages the actual journey to and from the venue on the day was as important as the visit itself. Service users shared stories, jokes, sang songs and enjoyed the scenery. Some remained quiet,

apprehensive and watchful of others.

Landmarks on the way triggered memories and there was a competition for the one who spotted the largest numbers of birds of prey on the journey. Silence was also respected and the journey allowed for some

reflection to complete short pre- and post-questionnaires.

Ward staff reported that, on their return, service users appeared calm and more content, they had things to talk about and immediately displayed a more positive and resilient attitude back on the unit. Staff who had acted as escorts also reported surprise at the level of engagement and interaction in the group.

People were seen in a different light, as possessing knowledge, ability, insights, skills and competencies, as well as hopes and dreams for the future not previously acknowledged by the clinical teams.

One service user later made the decision to study spirituality and then on discharge attended a college course. Another service user re-discovered a religious identity which he decided to practise, calling upon the support of one of our chaplains. Two other service users asked to attend services at local worship centres (a mosque and a church respectively).

In the medieval period pilgrimage was prescribed as an act essential to spiritual health, the search for holiness and what it might mean to be human (Sarah Hopper 2002). Modern pilgrims still seek salvation,

rejuvenation and fulfilment through pilgrimage and benefit from the memories, sense of belonging and unique experience it offers. And as Deegan (1996) has stated, the concept of recovery is rooted

...in the simple and yet profound realization that people who have been diagnosed with mental illness are human beings...The goal is to become the unique, awesome, never to be repeated human being that we are called to be...Those of us who have been labeled with mental illness are not de facto excused from this fundamental task of becoming human.

Lesley Tebbutt

Senior OT (Adolescents)

Jane Adkins

Senior OT (Men's Service)

Neil Tyrer

Head of Chaplaincy and Spiritual Care

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Jean Fletcher, team chaplain at Oxford Healthcare NHS Foundation Trust, writes on the value of giving others the chance to stretch their horizons and understanding, by having students on placement with her. She has asked for the article to be dedicated to the memory of Revd John Suddards, a Queen's College friend of Jean's from the 1980s, who recently died at his vicarage, at the hands of a mentally disturbed man.

Did you *swim* here? (A theological student's placement 2012-13)

An opening exchange:

"Did you swim here?" "No, I came on my bike." "Oh the boats must have been full."

Further conversation revealed that the elderly woman had just that moment seen the film *Titanic*, and something of its inevitable end had stayed with her. Many such conversations may happen on an older adult inpatient ward, in mental health care.

The Oxford Health Trust has developed links with Ripon College Cuddesdon and Wycliffe Hall Oxford, welcoming theological students for two terms each year. The pattern of each visit is

simple: meet for reflection and debriefing, and then head onto the wards for an hour's visiting.

In terms of planning the programme there were a number of practicalities. First there was

contact with the colleges to find those who would like to come. Then the matter of honorary contracts, CRB checks and Trust badges had to be arranged.

The meetings held before the visiting have yet to be fully developed. This year saw a clinical psychologist, a mental health practitioner, and a safeguarding officer bringing input, especially with regard to the Mental Health Act. Other weeks saw input from the three chaplains in our team, plus some prepared reflections by the students, including an original poem.

At the start, books were recommended and practical common sense advice about personal safety was given. The students attended the Trust's Preventing and Managing Violence and Aggression Breakaway Training.

Local authority contacts were made known to the students, which can be adjusted to a parish location; and local charitable contacts were noted, such as Restore and Mind.

This year two female acute wards were visited on the Warneford Hospital site, together with the 34 bed Fulbrook Centre for older adult inpatient care.

Sometimes a sudden incident would be witnessed, such as an elderly man lifting his walking frame in a threatening manner. Such sights can be very unsettling for those not used to them. It could certainly be said that no two weeks were the same.

The six most recent students have shown courage and commitment, and no one dropped out. Sometimes the afternoon may have seemed long, and it is never easy to be in a situation without a particular task to perform other than 'being there'.

The question was addressed – to whom **does** one turn when someone arrives at the doorstep

of the vicarage in a state of mental distress? The theological reflection by the students was impressive and it was clear that they would not forget their time with us.

At times it was a struggle, as we contemplated the lives of those we were meeting, people who have a great deal of suffering through their mental illnesses. The conclusion was that it was worth every minute of the effort involved. The students were very appreciative of the welcome they received by staff on the wards, in the midst of all their duties. Hopefully the staff

enjoyed a level of support by the presence of the ordinands too – it's good to know one has not been forgotten.

As the co-ordinator of the scheme I have enjoyed the huge privilege of

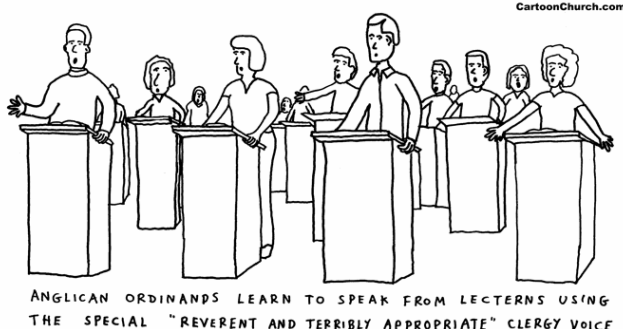
seeing the ordinands growing into the role with increasing confidence. They have been very open to new ideas, and as one student remarked "I didn't know this world existed." Of course the skills and experience of the placement are designed to carry forward into parish life.

Personally I enjoyed the placement sessions very much, and I can't wait for next year's 'batch'. I can recommend the whole experience as being of mutual benefit.

As chaplains and clergy, we willingly place ourselves in vulnerable situations and it is good to think about what we are doing, and to take necessary precautions to allow us to approach people with openness and joy.

As we all know, if we are going to sink or swim, it's better to swim! Our elderly patient was not so far off the mark after all.

Jean Fletcher



Vitalie Rotaru, one of the chaplains at Charing Cross Hospital, uses the medium of poetry to reflect on the often perplexing nature of chaplaincy encounters, the lyrical journeys we are often asked to join and, above all, the value of just being there.

The Chaplain

I've entered the ward and,
Made my way through thick pain
Going to see those who
Have nothing to lose
But to die is to gain

We sat in silence...
The moribund whisper came,
"Who are you...what do you do...?"
"I am a chaplain...
I come... to see you..."

A gnarled voice trembled
"Tell me... about you...
What... does a chaplain do...?"
"Talking and listening,
To those like you, who suffer

But praying too... and...
Sitting in silence, holding hands,
Tasting mercy, embracing stars,
Showing compassion, giving a hug,

Being there...
Shattering darkness, relishing peace,
To those taming pain,
To whom death is a gain...

Winnowing sorrows, rummaging dreams
Making a joke, noticing breeze
Sharing laughter, earning a friend,
Walking in love...

Stifling a whimper, losing a friend,
Searching meaning, scattering fears
Stretching hands, wiping tears
Opening doors, maintaining hopes,

Cheering hearts, gathering strengths
Digging wells, seeking springs,
Nourishing souls, touching strings,
Saying hello, saying goodbye,

Making a journey, cherishing life,
Being present...
We sat in silence...
"You are... in my heart...I love... you..."
"I am your friend...I'll walk with you..."

*Fr Vitalie Rotaru
Chaplain - Charing Cross Hospital*

From Richard Allen, Chair of the Mental Health Resource Group Task Group

As some of you may already know, after 10 years, I resigned from my role as chaplain at South West London and St George's Mental Health NHS Trust on 30 April, by arrangement with my employers under the Mutually Agreed Resignation Scheme for which provision is made in *Agenda for Change*. I have moved to Reading and am exploring a volunteer role at my local Mental Health Trust. In the meantime, my energies are being channelled into developing a community mental health initiative which is briefly described in the next article. My new email contact is hornetvicar75@gmail.com and my telephone number is 07791 516575. My continuing role as Chair has been formally discussed at the last meeting of the Task Group, at which it was agreed unanimously that I should continue until the Resource Group AGM on 3 September, when members will have an opportunity to consider the matter further.

Following his resignation, **Richard Allen** has embarked on the groundwork for a community initiative that aims to fuse the search for meaning with the need for community in those who live at home with chronic mental ill-health. Here he explains a little more about the project and its origins.

SoulSearch: quest for meaning

The challenge



In anticipation of her contribution to the subject of our annual study conference in early September ([see pages 13-18 of this Newsletter – Ed](#)), Debbie Hodge, Chief Officer of the Multi-Faith Group for

Healthcare Chaplaincy perceptively observes that:

‘the provision of health care is in the process of the major NHS reorganisation, with commissioners and providers still trying to find how to work things through so that those at the ‘sharp end’ get the care they need. In the mix that is mental health care add in social care and some third sector providers (including those working with the homeless, young offenders and the elderly) and the picture becomes very complicated. So working with this ‘jigsaw’ of relationships and provision how do we find a way through that ensures the spiritual *and* religious care of patients is met?’

For me this question, and others like it, began to frame themselves ever since the Coalition Government announced its plans to move towards a new system of commissioning health and social care services. Within many NHS Trusts, a trend away from inpatient treatment in favour of community care has clearly gathered pace during the last two years.

This has asked searching questions of the *modus operandi* of mental health chaplains and the locus of our ministry. As a result, many of us have found it appropriate and necessary to

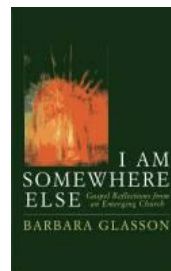
shift the focus of our work to reflect such trends.

For two colleagues (also mental health chaplains within the network) and me, this has led us to an interesting discovery. Of course, we knew that those who experience acute mental ill-health ask deep spiritual and existential questions at times of crisis. But through our increasing community work, we began to recognise that many of those who live at home with chronic mental ill-health also want to explore similar issues, but find it very difficult to do so.

Faith groups might be the obvious location for such searching. But they are not necessarily well equipped to deal with the unorthodoxy of belief and directness of questioning that is often a characteristic of those who experience mental ill-health; and those who ask the questions invariably find it difficult to adjust to faith communities where a doctrinal and dogmatic shape is already well established.

So, probably as a last resort, they beat a path to the door of mental health chaplains! But we are not, and can never be, the community that such people seek.

The inspiration



As it turned out, by coincidence, the three of us had all read Barbara Glasson’s 2006 book, *I am Somewhere Else* (DLT - ISBN 0 232 52597 8), in which this Methodist Minister reflects on creating ‘church’ around the activity of bread making. This basic and symbolic human activity attracted a community of those who would consider themselves to be on the edge of most things, either through

personal choice or force of circumstances. Yet as time went by, the community gelled and the bread-making improved!

Although no longer active, its very soul, and the personalities of its members, is preserved in the pages of this memoir. However, towards the end of the book on page 94, Glasson very bravely admits:

'Where we have failed most spectacularly is with some people with mental health issues.'

And that statement was, for me particularly, the catalyst for the project that now goes under the working title *SoulSearch* – the creation of a safe physical, emotional, psychological and spiritual space in Reading, in which those who live with chronic mental ill-health can create their own 'church' and ask their questions in a community of their own creation.

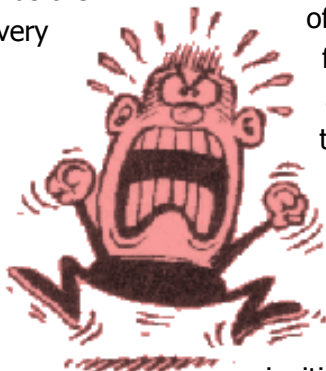
The interpretation

For a year or so, my colleagues and I then chewed the cud around Glasson's model. We wondered if it might be possible to interpret it in relation to those whom we encountered in the context of mental health care.

One of us has a keenly articulated vision for a residential community, built around shared living and its basic tasks. It would be a place in which deep pastoral, ethical and religious values lay at the heart of a place of gradual transformation on the journey towards healing and health. But we all know this requires a significant property and land, together with substantial funding. It's something for the longer term.

Another of us has a strong sense that the real issue is for 'church' to be interpreted so inclusively that no-one need be excluded. That's one helluva challenge! It asks serious questions of us all about where and how we draw boundaries, how we talk in a language that has no 'them' and no 'us' and whether there can be any sense of clear identity if anything and everything goes.

In the end, I think we each reached the conclusion that talking was never going to get our visions off the ground. So, after yet another bout of pointless ranting by yours truly concerning the inadequacy of the NHS, the Church, Society and anything else I could think of, one of my exasperated colleagues finally eyeballed me and said "So what are you going to do about it?" And that's when things started getting interesting.....



The practicalities

Sometime after this little encounter, I found an email in my work inbox inviting me (along with all other staff) to consider resigning under the MARS provision provided for in Agenda for Change. For personal reasons, this came at a time when I was able to consider it. It also felt as if it might be one of those *kairos* moments when a number of life's strands come together.

So I applied for the scheme, was accepted for it, took the money and ran! It won't last for ever (barely six months in fact) but it enables one of us to devote serious time to getting the idea off the ground. At one and the same time, it's both liberating and scary!

In the light of my departure from the NHS, my project colleagues have agreed that I should do the leg work in getting to know charity law, preparing business plans, networking with statutory and third sector agencies, trying to persuade funders to part with money and all those other little things that are needed for a social enterprise to reach the launch pad.

If we can make it work – and that's still a very large 'if' – then we shall join the growing band of third sector providers to which Debbie Hodge was referring. And perhaps *SoulSearch* will become a small home for a small group of people who currently journey in solitude searching for some meaning in life. Who knows, perhaps in time some of you might even refer service users to us!

Richard Allen

Stephen Bushell, now working as a psychotherapist, and **Emma Louis**, Diversity Lead at Black Country NHS Foundation Trust ran a mindfulness retreat for chaplains recently. Together with a participant, **Charlotte Collins**, who is a chaplain at West London Mental Health NHS Trust, they reflect on the experience.

Being Mindful: a mindfulness retreat for chaplains and healthcare workers - March 2013

Within mental health chaplaincy in recent years, we have reflected on how essentially we are the tool providing the care; indeed a few years ago the title of the annual conference was 'Self as Tool'. How we care and re-resource ourselves is then a very important question and a process of continual renewal.

So having run two Mindfulness training days for chaplains we felt that a mindfulness-based retreat might be a good way of providing a space for self-care. In March, fifteen chaplains from a variety of workplaces gathered in Gloucestershire for a 24 hour retreat. A good amount of the retreat was in silence and the group was led in mindfulness-based meditation practice. Below is an account from one of the participants that gives a flavour of the experience.....



*Stephen Bushell
Emma Louis*

"...letting go of a tendency to want things to be a certain way, of wanting things to be different to how you find them"

The opportunity to practice mindfulness occurred even as I pulled into the Barnes Centre in Toddington on a dismal rainy afternoon. Reaching to turn off my mobile, two texts urged me to 'phone home' urgently. A family member had been taken into hospital and there was an urgent prescription to be collected for our sick dog. Not the most auspicious springboard into a mindfulness retreat.

Checking that neither constituted a real emergency, I distractedly attended the first session and was relieved to be invited into an eighteen hour silence; for me it was perfect timing given that conversation can be challenging when one's mind is elsewhere.

Whereas the training day in Birmingham in June had usefully focused on the application of mindful practice in healthcare settings, this retreat centred specifically on using mindfulness meditation as part of self-care. This 24 hour

retreat centred on nurturing ourselves, providing a coherent structure wherein we were gently and sensitively guided into meditative practice.

The beauty of the space for me was that everything felt optional. As a way of being, it required a choice to enter into that space, something with which I initially struggled due to the pressing internal distraction of whether to remain or return home.

Gradually though, the invitation to let go our preoccupations, distractions and habitual thought patterns, and the provision of a non-judgemental space, enabled a deepening sense of 'presence' and 'coming home' to myself. As with the Quaker meeting, the communal aspect of keeping silence with others enhanced a sense of grounded connectedness.

The retreat also provided an opportunity to practice a simple body scan meditation which explored the difference between thinking *about* bodily sensations and *actually* experiencing them. Paying attention to our bodies without judging or analysing was surprisingly liberating.

Observing and cultivating an awareness of what 'is' without seeking to escape, analyse or change anything goes to the heart of mindful practice. It is quite a relief to be told "there is no right way to feel!" As with feelings so with thoughts, allowing thoughts to be, not seeking to banish but observe them without engaging or seeking to resolve; noting how our bodies react.

Another simple exercise of mindful walking further deepened an awareness of body and soul as we slowed our walking to a snail's pace to focus deliberately on each and every step. It is this 'slowing down', so contrary to the 'speeding up' of everyday life that made the 'here and now', *this* present moment suddenly full of new possibility and energy.

Despite the continuing rainstorm, a few of us opted next day to continue walking mindfully outside. Drenched, footsteps squelching, wind in face, glorious hints of green and yellow

unfolding swept away remaining resistance, to 'shout' of Spring promise and hope amidst mediocre greyness.

Two silent meals heightened appreciation of food's taste, colour, and texture and the company of others. How much is missed in our living of this 'thing' we call life!

I came away re-minded of the value of stopping long enough to allow life's grittiness to cease swirling and clogging up the senses of taste, smell, sight, sound and touch. Encouraged in the closing session to identify an intention to take away with us I chose 'simply' to uncover a daily breathing space. Not adding to a 'to do' list but rather seeking to *uncover* that which already 'is' if only I can stop long enough to cultivate 'breathing' and 'being' in the midst of life's challenges.

Charlotte Collins



The next Mindfulness Training Day for chaplains

planned by Stephen and Emma

is scheduled to be held on

Wednesday 23 October 2013

in Birmingham

Details to follow nearer the time

CHCC Mental Health Chaplains Annual Study Conference

Hayes Conference Centre, Hertfordshire

2nd – 4th September, 2013

FALLING THROUGH THE CRACKS?

Re-empowering the chaplain in the brave new world

From April this year, the Health and Social Care Act will begin to change the face of healthcare provision, not least in the way that care will be commissioned. Very significant power will be invested in the new Clinical Commissioning Groups (CCGs), who will oversee this new process from start to finish.

Already, evidence is beginning to emerge that packages of mental health care are being commissioned without any reference to the spiritual needs of service users or carers. Cracks in the system are beginning to open up and traditional chaplaincy work is falling through them. If we remain complacent, the role of mental health chaplains will inevitably become diluted and our workload will diminish.

Aim of the conference

Using tools drawn from theology, psychology and the social sciences, as well as our own practice, the conference aims to help chaplains working at all levels, in both hospital and community contexts to:

- *engage with developing trends in health and social care;*
- *better understand where power, including our own, can and does lie;*
- *begin to empower ourselves in an increasingly competitive marketplace:*

Format for the conference

The conference is designed to offer input and engagement in a variety of formats, to suit our diversity:

- *Keynote addresses*
- *Large and small group discussion*
- *Practical workshops on specialised topics*
- *Opportunities for reflective practice*
- *Free networking spaces*

Keynote Speakers

Alex O'Neil [from The Joseph Rowntree Foundation] will explore the impact of the Health and Social Care Act on service users, and its remit to health care professionals to take into account the socio-political aspects of care.

Debbie Hodge [Chief Officer of Multi Faith Group for Healthcare Chaplaincy] will look at the task of re-empowering chaplains and integrating spiritual care into the procedures of the new Care Commissioning Groups.

Ann Morisy [Community Theologian and author of *Bothered and Bewildered* (2011) and *Borrowing from the Future* (2011)] will underpin our conference reflections with theological perspectives using multi-faith and inter-denominational tools of critique and empowerment.

Paul Farmer (Chief Executive of MIND) will consider the likely impact of the Health and Social Care Act on service users, and the growing need for holistic spiritual care to be delivered collaboratively in partnership with Third Sector organisations.

Cost

The cost of this year's conference has been held at last year's prices:

- *Bookings until 31 July 2013* **£275.00**
- *Bookings after 31 July 2013* **£315.00**
- *Non-residential day delegate* **£80.00 (not including the Annual Dinner)**

The content of the middle day, Tuesday 3 September, has been designed to stand alone for those who cannot attend the whole conference.

Venue

Two of the Task Group, Jack Creagh and Rachel Wadey, visited High Leigh Conference Centre at the beginning of May, and can readily recommend it. The bedrooms are well-furnished, and the conference facilities seem excellent. We sampled lunch, which was a choice of hot food plus well-stocked salad bar, and dessert, so no-one should go hungry.

With a patio near the house, where you can enjoy a drink from the bar, the centre has landscaped gardens, its own stream and lake, a rare ancient donkey well (we'd never heard of these either!) and woodland in which to walk. For the hardier participants, there's a fitness trail in the grounds, comprising such delights as monkey bars, push-up beams and the like.

We very much hope it will offer opportunities for restoration and relaxation in addition to thought-provoking sessions and reflections.

For further information, enquiries and to register your expression of interest, please contact the College Registrar, William Sharpe, at William.Sharpe@unitetheunion.com

BOOK SOON AND WE LOOK FORWARD TO SEEING YOU THERE!

Programme

Monday 2 September

- 12.00 **Arrival & Registration**
- 13.00 **Lunch**
- 14.00 **Introduction**
- 14.15 **Gathering 1** ***Power games***
 Richard Allen – Chair of the Task Group
- 15.00 **Refreshment break**
- 15.20 **Gathering 2 (part 1)** ***The changing healthcare landscape – where will the power lie?***
 Alex O'Neill - Joseph Rowntree Foundation
- 16.05 **Comfort break**
- 16.15 **Gathering 2 (part 2)** ***The changing healthcare landscape – where will the power lie?***
 Alex O'Neill - Joseph Rowntree Foundation
- 17.00 **Breathing space**
- 18.30 **Supper**
- 19.30 **Reflective space** Following previous years, this space is designed for reflective practice. This year, groups will number three participants and be self-facilitated. Full details will be provided to all participants prior to the Conference.
- 20.45 **Social space**

Tuesday 3 September

- 07.30 **Ecumenical Worship/Meditation**
- 08.00 **Breakfast**
- 09.00 **Gathering 3 (part 1)** ***The changing healthcare landscape – a disempowered chaplaincy?***
 Debbie Hodge – Chief Officer of the Multi-Faith Group for Healthcare Chaplaincy
- 09.45 **Comfort break**
- 09.55 **Gathering 3 (part 2)** ***The changing healthcare landscape – a disempowered chaplaincy?***
 Debbie Hodge – Chief Officer of the Multi-Faith Group for Healthcare Chaplaincy
- 10.30 **Refreshment break**

11.00	Gathering 4	<i>The changing healthcare landscape – theological power tools!</i> Ann Morisy – Community Theologian and Author
12.00	Comfort break	
12.10	Workshops	Workshop 1: Theological continuing the theme from Gathering 4 Workshop 2: Practical facilitated by Task Group members Ros Lane and Cameron Langlands Workshop 3: Leadership the practicalities of engaging with CCG's
13.00	Lunch	
14.00	Breathing space	
15.15	Refreshment break	
15.45	Gathering 5	<i>The changing healthcare landscape – empowering Third Sector collaboration</i> Paul Farmer - Chief Executive of MIND
16.45	Breathing space	
17.00	CHCC Mental Health Resource Group AGM	
18.30	Reception	
19.00	Resource Group Dinner	
20.30	Social space	

Wednesday 4 September

07.30	Ecumenical Worship/Meditation	
08.00	Breakfast	
09.15	Reflective space	Following the same format as on Monday
10.15	Refreshment break	
10.45	Gathering 6	<i>The changing healthcare landscape – pulling the strands together</i> Jack Creagh – Task Group member
11.45	Comfort break	
12.00	Gathering 7	<i>The changing healthcare landscape – the future.....</i> Rachel Wadey – Conference Organiser & Newsletter Editor
13.00	Lunch and depart	

Purchase Order No

Date

Mental Health Chaplains Annual Study Conference

Falling through the cracks? re-empowering the chaplain in the brave new world

High Leigh Conference Centre, Hoddesdon, Herts

2nd - 4th September 2013

Booking form

(Please complete both pages using black ink and BLOCK letters or type and submit online)

CHCC Membership No (if known)

Title **Surname**

Given name – the name to appear on the badge

Status [Full-time/Part-time/Volunteer etc]

Denomination/Faith Community

Correspondence address

.....

.....

Post Code

E-Mail

Telephone

Name of base hospital

Address for invoice

.....

.....

Post Code

Charges

Residential

Bookings until 31 July 2013 **£275.00**

Bookings after 31 July 2013 **£315.00**

Day delegate

Tuesday 3 September from 09.00 **£80.00**

until 18.00 (excluding the Annual Dinner)

I wish to attend as a resident delegate for the whole course **YES/NO***

I wish to attend as a Day Delegate **YES/NO***

** Please delete as appropriate*

Please give details of any special needs diet, mobility etc. Rooms are en-suite but please indicate any need for ground floor access.

Dietary & other requirements

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Please obtain approval from your Trust or Paying Organisation, if necessary, and quote any order or reference number.

After receipt of your application an invoice will be sent to the address you have given above. If your application has not been acknowledged within 3 weeks of submission or by 19 August (whichever is the sooner) please contact the Registrar. Please retain a copy of your application.

Signed

Date

Please send all applications to:

William Sharpe - CHCC Registrar
Transport House
2nd Floor - 128 Theobald's Road
Holborn
London WC1X 8TN

Notices

A new book, **Spirituality, Theology and Mental Health**, edited by Professor Chris Cook who spoke at our 2012 study conference, was published at the end of last month. It can be obtained at

<http://www.scmpress.co.uk/books/9780334046264/Theology-Spirituality-and-Mental-Health>

It arises out of the conference held in Durham in 2010 on Theology, Spirituality and Mental Health. The aim has been to create a book with multi-disciplinary and multi-professional contributions which show the relevance of theology to healthcare today, and which will provide a resource for postgraduate teaching, research and professional practice. It draws on anthropology, psychology and psychiatry, as well as theology.

It reflects on the nature of spirituality and its relevance to constructions of mental disorder and mental healthcare. Key issues are explored in depth, including the nature of spirituality and recent debates concerning its importance in contemporary psychiatric practice, relationship between demons and wellbeing in ancient religious texts and contemporary practice, religious conversion, and the nature and importance of myth and theology in shaping human self-understanding.

Harold G. Koenig writes '*Scientists and clinicians will find in this book contributions from theology, philosophy and pastoral practice that will give them new insights into the importance of spirituality in mental healthcare*' and Shelia Hollins observes that it's '*a fascinating book that's integrative of spiritual and theological perspectives with clinical and pastoral care, importantly introducing theology into a debate that has largely ignored a contribution from this discipline.*'

If anyone would like to review the book for the next edition of the newsletter, do get in touch with the Editor.

Bronwen Gray, chaplain at The Retreat Hospital in York, has sent information about a project run by Manchester Architecture Research Centre (MARC) on *Multi-Faith Spaces: Symptoms and Agents of Religious and Social Change*. To receive their newsletter, email chris.hewson@manchester.ac.uk

Their current issue includes material on a 'prayomat', a portable prayer space looking a lot like a photo booth from the outside, but including prayers from a variety of traditions on the inside; and a write-up of how multi-faith spaces have been created in Macedonia.

Copy Deadline

In preparation for the conference this year, articles are invited for the Summer edition of the newsletter on examples of dreams and visions that you have for how spiritual care could impact on the service users and patients in your local area, and what difference you would like to see your services make to your Trust and community. Go on, dream the impossible and share it!

As always, we would also invite reflections on any other aspect of chaplaincy and spirituality within a mental health context, including comment on anything in this edition. Please submit them, preferably in electronic format, to clanglands@aol.com, as Cameron Langlands has agreed to edit the next edition (and Rachel will be on annual leave) or by hard copy by the end of June to:

Rachel Wadey
Prospect Park Hospital
Honey End Lane
READING RG30 4EJ

The copy date for the Summer Issue is Monday 15 July 2013.

