

From Dr Tom Selmes

Sir, — It is commendable that the *Church Times* marked Mental Health Awareness Week with two articles (Features, 13 May). In particular, your interview with Pauline and the Revd David Stocker highlights the devastating impact of their violent attack, and raises questions about why the perpetrator did not receive support much earlier. The Revd Vic Van Den Bergh's article is clearly the result of much important pastoral work in this field.

I must raise a concern, however, about the balance of the articles. Your feature risks increasing the stigma of people with mental-health problems by only using pieces that focus on violence and treatment under the Mental Health Act.

Time to Change is a coalition of mental-health charities that are campaigning to reduce the stigmatisation of people with mental-health problems by the media. They report that a third of mental-health stories in national newspapers feature violence to others; and yet people with mental-health problems are far more likely to be the victim of crime.

The rates of serious violence associated with mental illness are relatively low, and are not increasing. The vast majority of mental-health treatment takes place in the community at the request of the person concerned. No one would deny that risk-management and coercive treatment are a feature of mental-health care, or that the interview was powerful and important, but newspapers also have a responsibility to commission articles that reflect the broader experience of people with mental-health problems and the support that is available to them.

Unfortunately, Mr Van Den Bergh made several basic errors in his description of the Mental Health Act, which will affect your readers' understanding of the part that it plays, and the safeguards that are in place.

First, a "voluntary section . . . under the Mental Health Act" does not exist. Mr Van Den Bergh is instead describing an "informal" in-patient who is not subject to the Act at all, and who has the right to either accept or refuse treatment in the same manner as anyone else.

Mental health: the importance of challenging stigma and misconceptions

Second, the process for admitting someone under the Act is much more rigorous than two doctors' simply agreeing "on the diagnosis". There must also be evidence of significant risk to the person's health or safety or the safety of others; it must be impossible to deliver the care needed in the community, and an admission without using the Act must be impossible for some reason (usually a refusal by the person concerned).

Admission must also be agreed by an "Approved Mental Health Professional" who has received extensive training in the use of the Act and who is of a different profession (often a social worker).

He is also incorrect in stating that people are discharged only if a medical professional agrees. There are very robust processes for appealing against detention under the Act: both to the managers of the hospital and to a tribunal (a completely independent panel chaired by a judge). These can (and do) discharge people.

The Act has a new Code of Practice that has increased the focus on the person's autonomy and human rights; and there is a new right to an independent advocate.

Mr Van Den Bergh rightly highlights, however, the funding crisis that is affecting mental-health services. Although recent legislation gives mental and physical health "parity of esteem", funding for mental-health trusts in England fell by two per cent last year, while funding for physical healthcare in hospital rose by a similar proportion.

Much of our mental-health care is led by GPs, who are facing a recruitment crisis while managing a marked increase in demand. In my experience, many people with mental-health problems receive excellent care, but his description of struggling to gain access to support for someone is sobering. Urgent action is needed to ensure that services are adequately resourced.

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From Mr Jamie Summers

Sir, — It was disappointing to read the twin articles on mental illness from the Revd Vic Van Den Bergh and Sarah Meyrick.

The former spent most of his article explaining how to get someone sectioned, with a tiny paragraph saying the best advice was to treat people with care, kindness, and understanding. The second article concerned itself with an unfortunate stabbing in a random situation by a 30-year-old with drug issues in which fortunately no one died.

For the past 24 years, I have been working on and off in this field, trying to help people in spiritual distress, and to help the Church to engage with compassion with such people. These are those that Jesus called, "the least of my brothers and sisters. . . what you do for them you do for me."

Jean Vanier is wise when he tells us that, "if we come close rather than back off, if we meet rather than retreat. When we come close we will realise that our fears may be unfounded." Absolutely, Jean: it is my contention that "mental illness" can also be understood as a trauma-induced tussle with the Lord which can be better addressed by the Church than current psychiatric services. Indeed, outcomes are often better for people who avoid contact with psychiatric services entirely. The drugs don't always work. Love always does.

It is sad that fear of the stranger persists in church circles. In medieval times, monasteries were the default mental asylums. Oh that the modern Church would take a more enlightened view of how to come alongside those with troubled minds.

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From the Revd John Foskett

Sir, — It was good to be reminded of Mental Health Awareness Week by your contributors. What I missed was the voices and experience of people in mental-health crisis themselves. How do they look upon

their crisis? What helps and what harms them in the care and treatment they receive from the mental-health service and from religious organisations?

In the past ten years, their voices and experience have contributed much to their own and one another's mental well-being. Two examples:

Patients in Somerset organised their own research in mental health and spirituality, for the Mental Health Foundation and the NHS Foundation Trust: Taken Seriously: the Somerset Spirituality Project.

They included questions about what helped and what hindered them in the treatment and care they received from religious organisations and the clergy. "The clergy lean you on the side of their beliefs rather than look at yours. . . you always got to be preached to, rather than you are a person and you have the right to have your own beliefs."

"What would help would be somebody from the church rang me up and left a message or something. Not necessarily the same person. . . There could be real danger if I am left on my own."

The Association for Pastoral Care in Mental Health (Being Alongside) is a voluntary Christian-based organisation for individuals and groups who recognise the importance of spiritual values and support in mental health, and promotes and encourages people experiencing mental and emotional distress by coming alongside them.

The Association's newsletter is the channel for their voices. "Having anxiety and depression is like being scared and tired at the same time. It's fear of failure but no urge to be productive. It's wanting friends but hating socialising. It's wanting to be alone but not wanting to be lonely. It's caring about everything at once, then feeling paralytically numb."

JOHN FOSKETT  
(Patient of and former parish priest and chaplain to NHS mental-health services)  
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From Rachael Twomey

Sir, — I was interested to read last week's mental-health feature, which gave useful information on how to respond to a mental-health crisis. I was, however, disappointed that the

feature focused so heavily on compulsory treatment (sectioning under the Mental Health Act) and the depiction of those with mental illness as a danger to themselves or others.

While these are important issues, they apply to a very small proportion of people with mental-health problems (NHS Federation, 2014, "Key facts and trends in mental health"). A disproportionate emphasis on compulsion and dangerousness can perpetuate those feelings of fear and shame that prevent people from seeking help, for themselves or others.

Perhaps a future issue of the *Church Times* could offer a more comprehensive response to the question asked towards the end of the main article, "How do we deal with the mentally ill among us?" Here are some suggested discussion points for churches:

Are there any expectations around self-presentation or behaviour which make participation in church life unnecessarily difficult for some people who are mentally ill?

Does the church promote positive attitudes to human diversity more widely, so that the "different" or "unusual" are not assumed to be "threatening" or "wrong"?

Does the church provide accessible, free, or low-cost opportunities for social contact outside Sunday services? If this is not practical, does the church maintain awareness of such opportunities across their local community and promote them?

If a regular member of the congregation ceases contact, without explanation, how (if at all) is this followed up?

Are mental-health issues named and held before God in prayer, as are physical illnesses?

How comfortable are different people (clergy, lay leaders, long-standing members of the church) about acknowledging their own mental-health problems, and the impact these may have on their life and work? Is there a difference from the way physical illnesses are addressed?

Has the church explored the option of mental-health-awareness training, which can challenge misconceptions and stigma and show us practical ways of promoting good mental health?  
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Dave Walker

CLERGY DAYS OFF

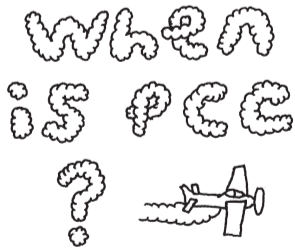
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SKY WRITING



CARRIER PIGEON



FOLLOWING ON A SOCIAL NETWORK



FOLLOWING IN THE SUPERMARKET



DOOR-TO-DOOR EVANGELISM

Courage and compassion of Christian Concern

From Mr Mohammed Fyaz

Sir, — I was disappointed to see the letter last week from various clergy and others criticising a Christian Concern article about Sadiq Khan.

Like Sadiq Khan, I am the son of a Pakistani immigrant. My father worked in the textile mills. I am a convert from Islam in this country, and, since conversion, have feared for my life here. Christian Concern has shown not just me, but others like me, nothing but kindness, care, compassion, and a safe place. They have had the courage to look after us when we feared that no one else would.

The letter does not engage with the substance of the Christian Concern article, and instead merely asserts that their views are wrong. The issues raised about Sadiq Khan were also raised by many others in the mayoral debate, and raise legitimate concerns about his track record of relationships with Islamic extremists. It is entirely reasonable to look at someone's past behaviour when trying to assess how he or she might behave in the future. Sometimes, engaging with

Muslims and Islam will involve asking some hard questions and saying some difficult things. This should not be avoided or shunned by those seeking to win Muslims to our Lord and Saviour Jesus Christ. We all long to see Muslims coming to faith in Jesus, but this will not happen without some exposition of the truth about Islam and Muhammad.

Radicalisation and segregation of Muslims in London, and beyond, is a significant problem, and I hope and pray that with Sadiq Khan the direction will change.  
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