

Mental Health Chaplaincy in Cambridgeshire, Fenland and Peterborough

valuing and nurturing the human spirit



New chaplains in Peterborough

2010 has brought a new pair of CPFT chaplains for the north of our trust area. We welcome Mary Hanna and Rowena Bass who are job-sharing this brand new post.

You can contact them at The Cavell Centre, Edith Cavell Healthcare Campus, Bretton Gate, Peterborough PE3 6GZ T 01733 776000.



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Compassion Respect & Dignity

Working, living and caring ~ our values

We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.

NHS Values, NHS Constitution

I ran out of fingers. I was thinking of the times the NHS had helped people in my family in my lifetime and I quickly lost count. And nothing exceptional either. Just run of the mill stuff, like being there when my son was having his first serious asthma attack, aged 3. I remember that the staff impressed us with their expertise, their speed, their care and their attitude. They even let me sleep on the bed alongside my son overnight.

Experiences such as mine stay with you and they transform in a very personal, intimate way, the way you feel about the service given, and its value. And I'm certain that the values once expressed by generations before us - now redrawn in the NHS Constitution, published 2010 - are still alive in you, in me, in what we give to those in our care, and in everything we plan to do as CPFT in years to come. But we have to stay alert and take notice of why we do what we do as much as how we do it, whoever we are - from top to bottom of the whole corporate structure.

The recent report into the failure in patient care at Stafford Hospital showed, as Andy Burnham, Secretary of State for the NHS, said, there had been a "fundamental breach" of the core values of the NHS. And losing touch with these same values threatens any healthcare business, but particularly those carrying the NHS traditions into the 21st century.

John Nicholson
Mental Health Chaplain

LEAFLETS, POSTERS

AND A CHANCE TO TELL US WHAT YOU THINK

We've produced new posters and leaflets so that staff and patients know how to contact us and learn something about chaplaincy and what we offer. The leaflets, the posters *and* the CPFT Spirituality and Recovery strategy document can be accessed via the link below and downloaded.

<http://www.cpft.nhs.uk/Patientscarers/Socialinclusionrecovery/Spirituality/tabid/830/language/en-US/Default.aspx>

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http://luna.typepad.com/photos/uncategorized/naked_passion_series_hands_by_roxytro.jpg

The Spiritual Healthcare Network

A professional focus on spirituality in healthcare

Spiritual care is that care which recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. Spiritual care begins with encouraging human contact in compassionate relationship, and moves in whatever direction need requires.

Supported by the East of England SHA

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Creating a space for recovery focused psychiatric nursing care

Power and Hope

From Nursing Inquiry [2008]

Within contemporary mental health-care, power relationships are regularly played out between psychiatric nurses and service users. These power relationships are often imperceptible to the practicing nurse. For instance, in times of distress, service users often turn to or/and 'construct' discourses, beliefs and knowledge that are at odds with those which psychiatric nurses rely on to inform them of the mental status of the service user. The psychiatric nurse is in the position to impose knowledge onto service users, usually in concurrence with 'traditional or bio-psychiatry', without realizing or failing to acknowledge that the service user may have an alternative explanation of his/her mental health problems/experiences. . . . One of the main constituents valued, particularly within non-medicalized mental health nursing practice is hope (Koehn and Cutcliffe 2007; Cutcliffe and Koehn 2007), and hope is also an important virtue found in recovery literature (see for example Jacobson and Greenley 2001; Andresen, Oades and Caputi 2003; Resnick, Rosenheck and Lehman 2004). One of the working principles of Soteria* was that staff would have a high expectation for clients to recover. Mosher (2004, 351) describes the phenomenological context that led to the setting up of Soteria: 'the atmosphere must be imbued with hope – that recovery from psychosis is to be expected'. As Foucault himself noted, power and resistance are co-existing. The reaction from bio-psychiatry, thus far, to the challenge of the recovery movement is to ignore the personal success stories, to record them as exceptions, a minor deficiency (i.e. misdiagnoses) in the medical and positivist search for 'truth'.

*Soteria is a community service that provides a space for people experiencing mental distress or crisis

You can read the whole paper here:

<http://www.imhrec.ie/wp-content/uploads/2009/03/walsh-et-al-08-creating-a-space-for-recovery-focused-psychiatric-nursing-care1.pdf>