The mentally ill should have parity with the rest.

From a letter to The Times

Sir, There is no doubt that the NHS, free at the point of delivery irrespective of ability to pay, is one of the key components of the social fabric of this country. Plans are under discussion now for an NHS constitution. A constitution should embed the underlying principles of the NHS, make clearer what the service is expected to deliver for patients, clinicians and taxpayers, and what in turn those groups will be expected to contribute. Mental health has been the Cinderella of the NHS since its inception. It has struggled to attract financial investment and standards of care have been unacceptable. The NHS itself has not been immune to the stigma and discrimination surrounding mental illness. Unequal access to physical healthcare is just one reason why a person with schizophrenia may be at a disadvantage compared to someone without the illness. The NHS constitution provides a unique opportunity for the Government to embed recent positive reforms. The constitution must commit the NHS to treating mental and physical health problems with equality.

I am training to be a priest in the Church of England and will be ordained in September. However, I also worked for many years as a psychiatrist. In fact, I tended up running three groups, in three very different ward settings. One group decided it wanted to tackle a series of topics around the ‘big questions’ – like, ‘Is there life after death?’ Another was based around bible stories, looking at whether there might be any useful advice there; and a third was open week by week to discuss anything of interest to those present. All varied greatly on each occasion, but I will remain grateful to all who shared their time with me.

What I have learnt

I learnt that spirituality is of interest to many and important to some; that providing an opportunity to talk about spirituality in a group at a given time may be a step forward. But working with people on their spirituality and its impact on us cannot always be corralled into group sessions. Individuals in the crisis of hospital admission reach the point at which this area of experience surfaces at very different times and in different ways. For some a valued area of life may be disturbed by the whole experience of illness and admission, for others it is during recovery that a need for, or recognition of, a spiritual component of life becomes apparent; or, as for all of us, at any point in life’s journey. This variety also holds for when people are able or willing to talk about such experience.

On reflection I realise this was true for me - it took time and a number of events before I was able to talk about such things to anyone outside my immediate circle, let alone psychiatric colleagues. So, expecting a group of people brought together by virtue of illness to do so at a given time once a week was asking something close to impossible. None the less, many were able to share things; a tribute, I think, to all who took part, and to the support that we can draw from each other by sharing. So I have learnt the need for availability rather than timetabling, for individual as well as group contact and that we have much to teach each other about this neglected area of life. In Christian terms I am reminded that the Spirit blows where she will, not under my control, and other faiths and philosophies have similar elements.

Denise Yeldham, 2008.
**Prose not Prozac:**

*Literature not lithium?*

If you go to your GP with a mental health problem you might expect to be offered medication – or possibly a treatment such as Cognitive Behavioural Therapy – but if you live in the Merseyside area you could find yourself being invited to join a book group. Dubbed 'Prose not Prozac', the scheme is being funded by Merseycare Mental Health and Wirral Primary Care Trust who plan to run book groups on hospital wards, in outpatient clinics and day centres with the belief that the shared experience of reading a book has therapeutic properties.

*Listen to*

http://www.bbc.co.uk/radio4/womanshour/radio/2008_05_tue_03.ram

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**The Chaplaincy Team**

*Here for you*

We offer the human touch and a personal presence. We take a non-clinical, confidential, non-judgemental approach, and are here for you, whether you have a religious faith or not.

**Who we are**

John Nicholson ■ Alan Goddard ■ Andrew Neate ■ Evelyne Hanley ■ June Hughes

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**Making Mental Notes**

...is the new mental health community radio programme run by local people who have experienced mental health difficulties. **We will be broadcasting live for the first time** at 4pm on June 17th on 105FM! We would love to hear from people with experience of mental health difficulties who are interested in giving a live performance on the programme. This could be drama, music, poetry, singing, etc. We are also looking for volunteers with an interest in marketing.

**Interested?** If so, please contact: Giles Chesterman email: agileschest@googlemail.com Mobile: 07814 670174 or Amanda Price email: amanda@lifecraft.org.uk Phone: 01223 566957

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**Spirituality and Recovery**

**Peterborough Conference**

23rd October 2008

Put us in your diary now - More details to follow

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**The Spiritual Healthcare Network**

Meets twice-yearly, locally.

A professional focus on spirituality in healthcare

Contact John: ☏01223 218598

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**MICHAELHOUSE CHORALE**

A choir for the mental health community in Cambridge

**For enjoyment, not performance**

Every Friday: 2.30- 3.30pm

For information contact: ☏01223 309167 or 709769

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Feeling suicidal or desperate? Remember - Samaritans on 08457 90 90 90 [24 hours] or jo@samaritans.org. There’s also the mental health Lifeline [7-11pm] on 0808 808 2121 [free call].