

Mental health conversations



The Retreat York
Benevolent Fund

Funding initiatives to support good mental health across the Quaker network



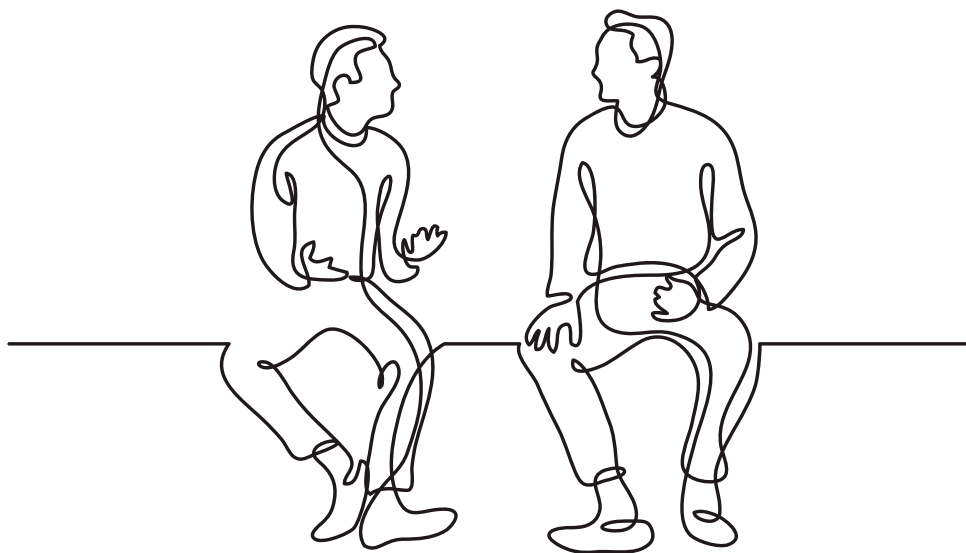
Acknowledgements

This report was prepared by Alison Mitchell in her role as Mental Health Development Officer for The Retreat York Benevolent Fund.

The Retreat York Benevolent Fund is a small Quaker mental health charity. It gives grants to individual Quakers to enable them to access therapy or other support, gives grants to Quaker-led mental health projects and supports work to increase Quakers' engagement with mental health issues. You can find out more about the Benevolent Fund, make a donation, download an application form or make contact with Alison through the website: www.retreatyorkbfund.com.

Quaker Life offers information and support to meetings around mental health. Get in touch at qlnetwork@quaker.org.uk or visit www.quaker.org.uk.

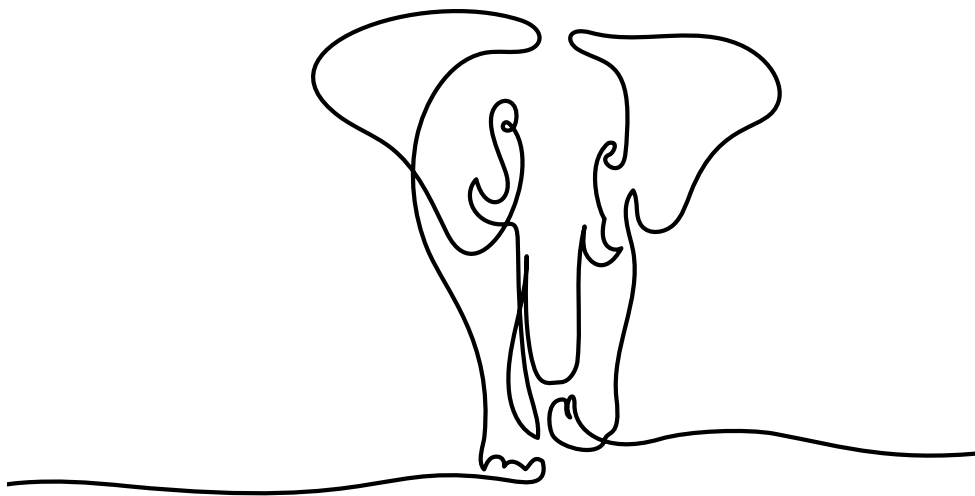
Mental health conversations



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What is our ministry on mental health?



Quakers have been actively considering this question for some time.

Many Friends experience mental health problems; some support others who have mental health problems. Often Friends find solace and support within their meetings. There are numerous individuals and projects exploring mental health.

And yet, mental health can still be the elephant in the Quaker room...

This report is part of Friends' consideration of our ministry. It is intended to enable the voices of Friends who have lived experience of mental health problems to be heard. Most of the evidence comes from conversations with Friends during 2018.

QUAKERS AND MENTAL HEALTH

- 1796** The Retreat Hospital is founded in York. 'Moral treatment' treats people with love and respect and leads to ways of working that influence psychiatric practice.¹
- 1919** The Retreat Benevolent Fund is set up. Initially supporting in-patients at The Retreat, the Fund moves to fund therapy and care in other locations. Since 2018 the Fund has also supported Quaker-led community mental health projects.
- 2001** Young Friends General Meeting adopts a concern about mental health.
- Since 2005** Woodbrooke has run 'Mental health in our meetings', a course for Friends with oversight and eldership responsibilities.
- Since 2009** The Retreat Lecture at Yearly Meeting Gatherings has explored topics relating to mental health.
- 2011** Quaker Life sets up a Mental Health Cluster.
- 2012** The Mental Health Cluster forms a Core Group to take forward planned work.
- 2014–15** The Retreat sponsors a one-day and a weekend conference on the theme 'A Quaker approach to mental health'. Articles reporting on these are printed in *Quaker Voices*.
- 2015** *Encounters with mental distress*, a collection of stories from Quakers on their experiences of mental ill health, is published.
- Since 2015** The Quaker Mental Health Group serves as a coordinating group. Representatives from The Retreat, The Retreat York Benevolent Fund, Quaker Life, Woodbrooke, the Quaker Disability Equality Group, Quaker Action on Alcohol and Drugs, and Young Friends General Meeting meet once a year to share information and ideas.
- 2016** Young Friends General Meeting adopts mental well-being as a corporate concern.
- 2017** Quaker Life publishes a *Mental health in our meetings* booklet.
- Since 2017** Quaker Life has offered a workshop called 'Opening the door to talking about mental health'.
- 2017** Quaker Life undertakes a survey that asks Friends with eldership and oversight responsibilities about their experience of and confidence with mental health issues.
- 2017** The Retreat York Benevolent Fund appoints a Mental Health Development Officer.
- Since 2017** The Quaker Mental Health Forum has explored different aspects of mental health at an annual conference.
- 2018** *Friends Quarterly* devotes an entire edition to the subject of mental health.
- 2019** Quaker Life appoints a Mental Health Empowering Meetings Project Officer.²

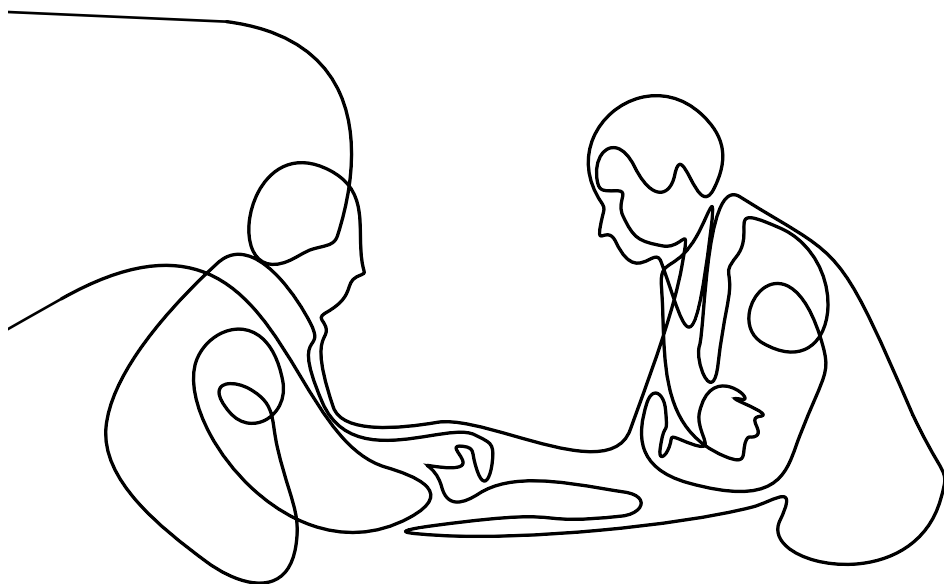
A word about language

There is no universally acceptable term to describe what this report discusses. 'Madness', 'mental illness', 'mental disorder', 'mental distress', 'psycho-social disability', 'mental ill-health', 'mental health problems': all are possible terms but all have particular drawbacks.

When words are strange or disturbing to you, try to sense where they come from and what has nourished the lives of others.

(Advices & queries 17)

For want of a better term, this report uses 'mental health problems'.



Introduction



We present this report as a contribution to the debate among Friends about our response to issues around mental health. It is a summary of 23 conversations held with Quakers who have lived experience of mental health problems, exploring the topics they chose to discuss.

Mental health is important to Quakers. Many of us experience problems with our mental health. Being part of a worshipping community can benefit mental well-being. Ideas about our identity and our relationships can be part of knowing ourselves and part of our spiritual journey. Experiences that could be labelled ‘mental health problems’ could also be described as spiritual experiences. Quakers celebrate and value difference, including different psychological and emotional experiences. We are committed to exploring the impact of truth and equality across our lives, our Quaker community and in the society in which we live.

Considering the causes of mental health problems is important to those living with them. Friends particularly identified childhood trauma, a lack of supportive relationships, stress, and pressures from society as causal factors. Friends discussed how personal and social situations and the degree of support available can shape the quality of experience.

Friends talked about their experiences of mental health services. Many valued particular services or workers, but most reported significant problems accessing care. Several discussed the limited range of options available. Friends also discussed the power and authority of professionals. Significant issues of inequality become clear when mental health services are examined.

Those who experience mental health problems face significant stigma and discrimination in their daily lives, in relationships, in accessing services and benefits, and in interacting with people in their communities. Friends reported similar experiences.

For many Friends, finding Quakers at a time of distress has been life-changing. Many value the openness and acceptance of Quakers. Some Friends reported significant support and belief from their meetings; others described wariness, panic and unwanted advice. Meeting for worship is central to the well-being of many Friends, although some struggle with the silence, with other Friends or with getting to meeting. Many Friends spoke of being lonely, of wanting to be better known by their Quaker community.

Friends' clear wish was for Quakers to develop our spiritual life. Their foremost concern is the central importance of the Quaker faith, of the silence of meeting for worship, of acceptance, of a truthful search for human connections and identity. Most suggested that Quakers should speak out about mental health services. Some made practical suggestions for action Quakers could take. Everyone who contributed to this project felt that mental health is a key concern that Quakers need to consider.

Confidentiality



The people who took part in the conversations knew that a report would be prepared. To ensure their anonymity, all identifying information has been removed, and if one Friend is referred to, a neutral pronoun is used, e.g. “[they](#) said...”.

Quotations not otherwise attributed are from the Friends in conversation.

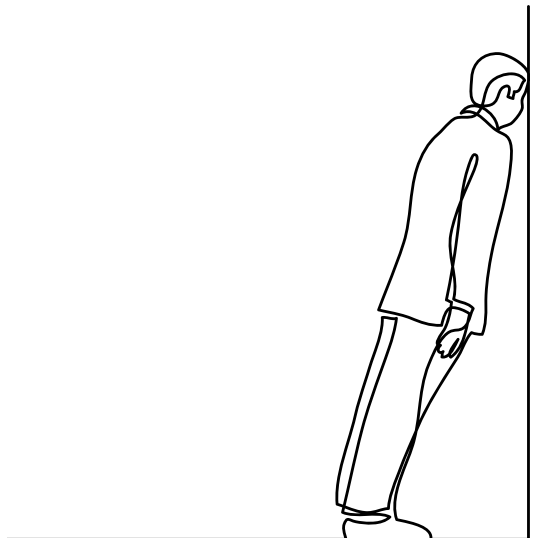
Some quotations from the Quaker Life survey are included, but only those that don't identify the respondent.

There are some other quotations from publications including *Encounters with mental distress*, *Friends Quarterly* and *Quaker Voices*.

The scope of this report

This is not scientific research. People were asked to volunteer for a conversation, particularly those who have not been heard within Quakers. There was no selection – conversations were held with everyone who volunteered. Over eight months in 2018 23 people were seen. There was no script – people talked as they wished. Most people valued the opportunity to talk freely.

“No one’s ever talked to me
about the impact of my faith on
my mental health before.”



Why is mental health important to Quakers?

Mental health is important to Quakers because it is a common issue. As a humane community, we need to respond to those within our Quaker community who are in distress.

Mental health is important to every faith community. There is evidence that religion is beneficial for well-being, particularly social religious observance (being an active part of a worshipping community).⁴ Empowering people who have mental health problems to be part of our Quaker community may be of help.

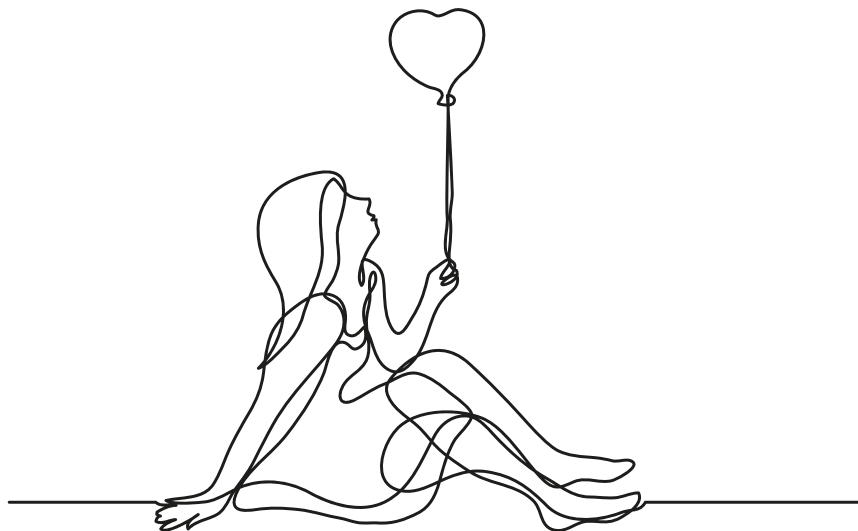
Mental health is important to Quakers because we are concerned about justice and equality. When we consider the society in which we live, the impact on mental health is clear. Mental health services are under extreme pressure. Our testimony to equality could lead us to consider the effects, on all of us, of our capitalist, consumer-led society and to explore the stigma and discrimination faced by people with mental health problems.

Mental health is important to Quakers because we value and celebrate difference and integrity. When we consider how diverse a community we are, we can

HOW MANY PEOPLE HAVE PROBLEMS WITH THEIR MENTAL HEALTH?

Each year around **1 in 4 people** in the UK experiences a mental health problem.

Each week around **1 in 6 people** in England reports experiencing a common mental health problem (such as anxiety or depression).³



MENTAL HEALTH STATISTICS

1 in 10 children and young people experiences a mental health problem.

70% of those children do not receive specific professional intervention.⁵

In 2017 **5,821 people** in the UK died from suicide.⁶

850,000 people in the UK have dementia.⁷

46% of women in prison and **21% of men in prison** report attempting suicide.⁸

Black people are **4 times more likely** than white people to be detained under the Mental Health Act.⁹

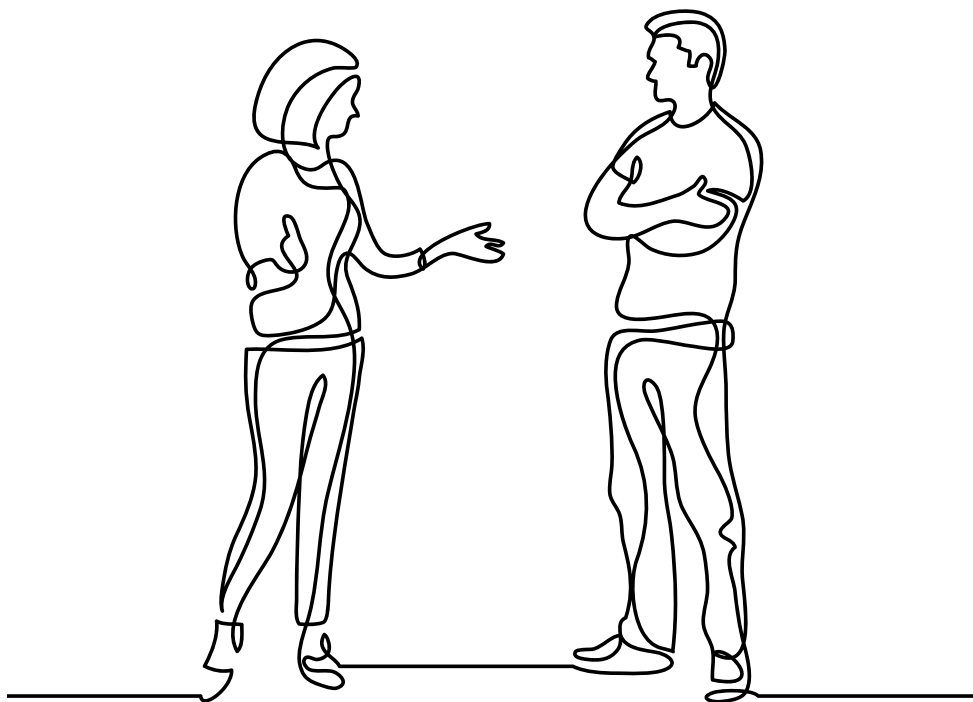
Mental illness costs the UK **£94 billion every year**. The indirect cost of people unable to work amounts to £42 billion.¹⁰

include our mental health status. Sometimes we can reframe a ‘problem’ into an experience, an opportunity, a spiritual moment. When we consider how we build inclusive communities we can helpfully reflect on how we can value and empower people with different emotional and psychological experiences.

Mental health is important to Friends because we strive for truth. How truthful can we be about our feelings? How much truth can we accept from others? Reflecting on our emotional well-being can support a deep consideration of this testimony.

Mental health is important to Quakers because part of our spiritual journey can be to reflect on our identity, on how we relate to one another, on how we build our relationship with God.

Why am I like this?



Most of us spend time thinking about who we are and why we are as we are; such reflection can be part of our spiritual journey. Many of the people in conversation were keen to explore the reasons for their mental health problems. Exploring this question may help all Friends to discern our response to mental health issues.

“The questions of who we are, of how we are influenced and how we become what we are... the relationship between spiritual crisis and emotional crisis... There needs to be discussion of the causes of mental health – societal problems, developmental pressures – ‘driving people mad’ – these need to be explored, and Quakers are the best people to do this.”

“There needs to be a space where you can explore what you are, and maybe Quakers can offer that.”

There are theories about the social causes of mental health problems, which resonated with many of the people I met. Poverty, discrimination, inequality, lack of opportunity or control, stress, oppression, cultural factors – all of these can be seen as relevant to the development of mental health problems.¹¹ Some Friends identified poverty, housing problems and exclusion as having exacerbated their

problems. Some talked about issues around their sexuality and the pressure they felt not to be who they are. Several Friends talked about work-related stress and pressure, some identifying this as directly causal. Some Friends identified our capitalist, consumer-led society as causing distress.

“There’s a rigid pathway and the only way to leave the pathway is to be ill.”

Psychological theories consider developmental factors such as attachment, bio-ecological theories, exploring the effect on development of childhood experiences.¹² Some Friends spoke of patterns of behaviour – for example, their parents being unable to help them to develop healthily because of their own problems. Many related their mental health problems to childhood trauma: sexual abuse, neglect, violence, and psychological abuse were cited as causes. One Friend identified themselves as:

“not ill, but injured”.

Another common perspective was a spiritual view:¹³

“Depression is a spiritual crisis.”

“Periods of distress are a form of spiritual learning.”

“Experiencing the magical mystery of spiritual life is not far from madness.”

“Times of crisis leave me open to the Spirit.”

“We all feel – or hope to feel – that we have a direct message. We hear voices; we look for direction.”

Some Friends talked about problems stemming from physical events – head injury, the effects of drugs or alcohol, or dementia. They went on to explore how their experiences of such conditions were influenced by their personal and social situations and the services they received.

All the people involved in the conversations were white and of western heritage. Our cultural background and any experience of racism impacts our well-being, but this was not brought up by anyone. Some Friends did bring up the different interpretations of distress in other cultures and the western bias of psychiatry.¹⁴

There is some evidence of a family pattern in some problems – of genetic heritage leading to increased vulnerability to mental health problems.¹⁵ This was not mentioned by any of the people in their conversations.

Some Friends we spoke to care, or have cared, for someone with mental health problems and discussed their experiences:

“the continuation of the love story of our marriage”

“ministry”

“obligation”

“burden”

“the strain shapes my life”.

They all spoke of the way their lives were shaped by their caring; some spoke of learning and insights but all spoke of choices limited and of isolation and exhaustion.

Experiencing problems with your mental health can be painful, disabling, isolating and terrifying.

“I do not feel I have the right to exist.”

“Mental illness is hell.”¹⁶

“I’m killing time until I die.”

In many of the conversations Friends spoke of their lives being shaped – in some cases for decades – by the mental health problems they live with:

“I’m forging an identity based on illness.”

Some Friends spoke of the positive impact on their lives of their mental health experiences. Some talked of building a new life – of using their experiences to ‘find themselves’, of living now with integrity and finding new relationships based on honesty. Some discussed the value of the intense experiences they have. Friends are using their experiences in professional and voluntary roles; and have been applying their learning in Quaker roles too.

“I’m proud to be who I am.”

Mental health services



All the Friends discussed their experiences of mental health services.

Most spoke with gratitude of care they had received, often singling out members of staff or teams. Some reported outstanding care and support, particularly during therapy. Some spoke of not deserving the care they received, others of feeling blessed:

“I see the hand of God in my continued survival.”

Most were critical of some of the care they had received; some described appalling experiences. Many talked of resource-based problems – care not being available, assessments indicating services that were then not delivered. One Friend contrasted a six-month wait for a psychiatric assessment, followed by a three-month wait for the service, to the immediate response to an unexplained lump. Several talked about time-limited interventions. Several reported that ongoing support, being alongside someone, is not currently available within mental health services and that without this care they felt vulnerable:

“The NHS has only a short-term view of people.”

Those Friends who cared for loved ones discussed their interactions with services. Two Friends who cared for a loved one described a carefully planned discharge – and their relative being sent out without warning the next day. Another Friend described being identified as a carer and then expected to take on more

responsibility than was possible, without any support or advice. Two Friends who cared for someone with dementia described terrible conditions in hospital, feeling it was unsafe to leave their loved one alone in the institution. One Friend described the cared-for person now receiving flexible, responsive care...

“The NHS at its best.”

...though it had been a journey to get there.

“As a carer, it is particularly distressing (sometimes heartbreaking) to find that our mental health system has many shortcomings.”¹⁷

Many Friends had experienced hospital admissions – some lengthy. Some spoke of poor treatment in hospital:

“They’re just interested in their own authority.”

Some had been compulsorily admitted and treated:

“The police come with the psychiatrist and bash the door down and capture you, and everyone watches and they drag you out.”

Some Friends reported abusive treatment in hospital:

“I’d make a complaint, but who’d believe a mad person?”

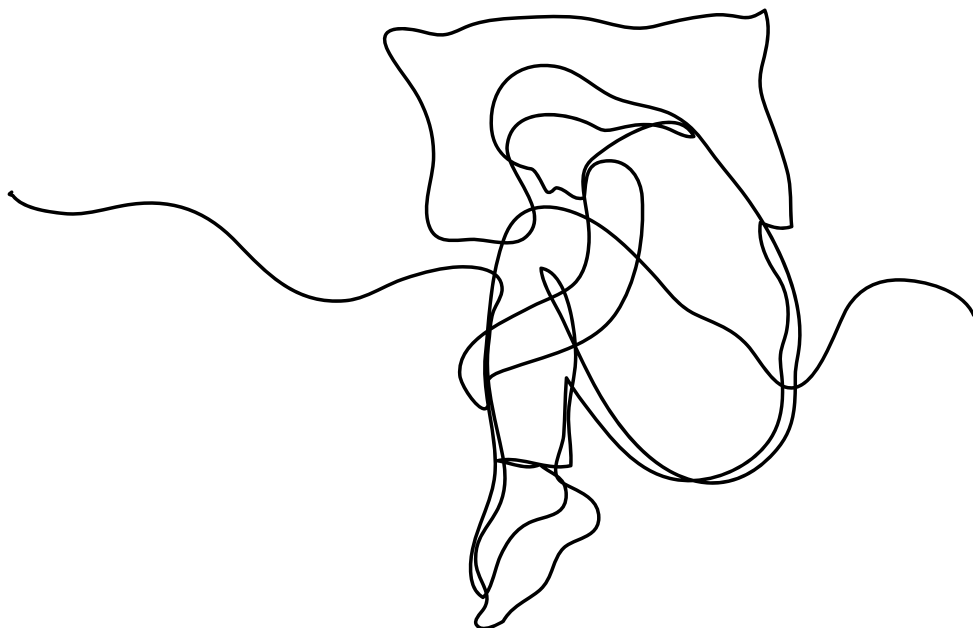
Some Friends described their disagreement with doctors being interpreted as part of their illness. One Friend described access to care being denied because they disagreed with the consultant’s formulation of their condition.

Some Friends commented that they had felt a lack of support within mental health services for any spiritual life. They reported that there is rarely any chaplaincy within mental health services, little understanding that spirituality might support recovery and that describing ‘symptoms’ as spiritual experiences is often interpreted as a further sign of illness.¹⁸

Many Friends currently take medication. Some described being unable to imagine ever living without medication; some spoke of medication helping to manage symptoms, while others described it as a useful tool. More common was a resigned acceptance that this is part of life. Some Friends rejected all medication, speaking of the power of pharmaceutical companies and the effect of long-term treatment.¹⁹ Several mentioned side effects, one describing severe side effects.

Several commented that medication is almost the only tool now available to mental health services.

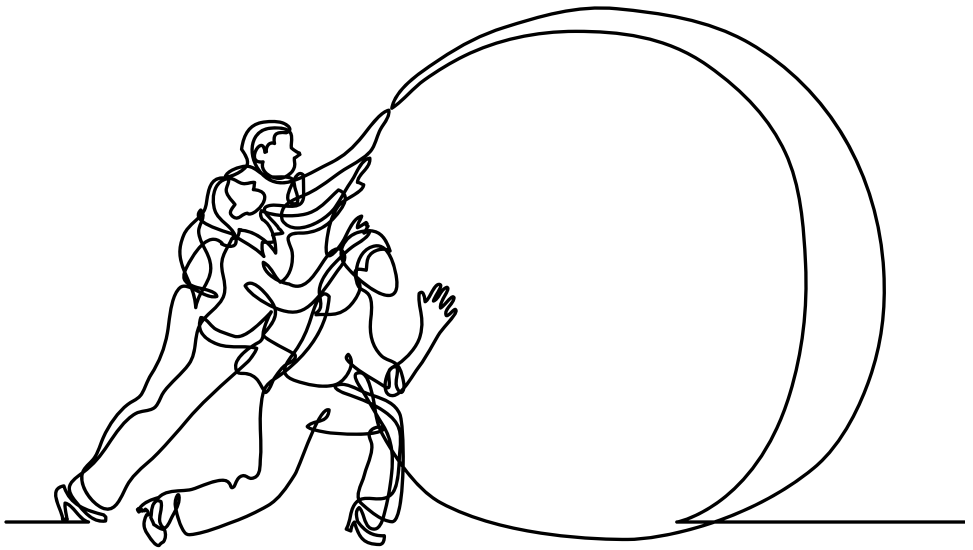
Some Friends had received other treatment. One described cognitive behavioural treatment as extremely helpful, while another rejected it as rubbish. Several use long-term counselling or therapy, but usually have to pay for this privately. Several commented on the injustice of this.



Mental health services are based around a medical model of understanding mental health. This is formed around the idea of a healthy mind that becomes diseased; signs and symptoms allow a practitioner to diagnose the problem and to identify appropriate treatment.²⁰ Most Friends talked about a diagnosis they had received; between them they covered all the common – plus some less common – diagnoses. Some spoke of relief, of feeling validated by a diagnosis. Others rejected any such labelling. Most seemed to use their diagnosis as a shorthand for describing their experiences, but also to feel that, at least within Quakers, they need not be bound by any such labels:

“I implore Quakers to employ an approach that doesn’t label – that connects at a human level.”

There isn't even an 'ism'



“Mental illness is hell. It is both hell in itself, and hell because of the reactions and stigma which still generally surround it.”²¹

As Quakers, we seek to address discrimination – our racism, sexism, ageism, homo-, bi- and transphobia, our classism and our discrimination against disabled people. We do not explicitly mention discrimination against people who have mental health problems.

The Equality Act lists protected characteristics – factors that might make someone vulnerable to discrimination:

“age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.”²²

Disability can be taken to include people who have problems with their mental health – as in the concept of a psycho-social disability. Mental health problems are among the issues addressed by the Quaker Disability Equality Group.²³ Few of the people in conversation held to this understanding, using the term ‘disability’ to mean physical disability.

Several Friends contrasted the support offered to Friends with physical health problems to support they had received:

“The support for mental health problems should parallel that for physical disabilities.”

“The response from Friends would be different if [the person cared for] had a physical disability.”

“Quakers are more comfortable when faced with other people’s physical illness rather than mental illness.”
(From Quaker Life survey)

“The barriers are Quakers themselves. They do not understand or tolerate mental health issues.”
(From Quaker Life survey)

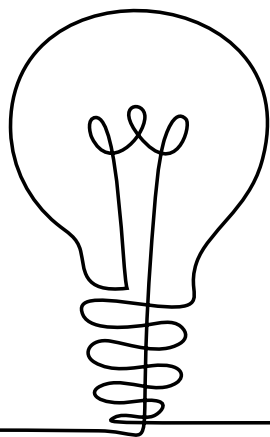
In the conversations Friends identified that mental health problems are hard to see, hard to understand and go on and on; but that the people experiencing these problems need support and adjustments as much as anyone else.

The Friends in conversation had experienced discrimination outside Quakers on the grounds of their mental health. Some Friends had experienced verbal abuse, threatening behaviour and violence because of the way they behaved. One Friend had to move following harassment. Some had lost jobs; at least one had taken an employer to an employment tribunal. Several spoke of the pressure they felt at work: were ‘reasonable adjustments’ made?²⁴ Other Friends talked about the difficulties of claiming benefits – of needing to apply for work that would make them ill, of being made to feel like a scrounger, of having to appeal to keep their benefits. Some Friends spoke about housing difficulties – of living with short-term tenancies, of living in specialist supported housing on time-limited tenancies. Many Friends talked of losing friends or relationships when their mental health problems developed or were revealed.

Friends talked of the discrimination inherent in the way mental health services are even more overstretched and underfunded than other parts of the NHS.

Finding Quakers

Some Friends had a longstanding connection to Quakers, but many came to Friends in a time of distress; for many, finding Quakers – and how they found Quakers – was a significant event in their well-being. They spoke of recalling a



distant link, a conversation long ago, a school trip decades before. One recalled the kindness of Quaker women at Greenham Common; another chatted to a Friend on a bus; a colleague suggested a meeting for worship as a way of offering support; an acquaintance invited a Friend to Quaker Quest; a friend mentioned being a Quaker. Several had responded to newspaper adverts, and one had been drawn to Quakers by a poster outside a meeting house. Some had heard Quakers speak on the radio, and one had followed up after hearing about Quakers' stance on equal marriage. Several spoke of the tiny contacts that had led them to Quakers and how unlikely it was that they had found Friends:

“miraculous”.

They also commented on how hidden Quakers can be:

“The Quaker message of acceptance: it’s a fantastic message and no one knows!”

In Quaker meetings



Many Friends spoke about the openness, the acceptance they found within Quakers:

“I am welcomed, whoever I am and however I am.”

“I am accepted as a person.”

“This is a community of equals.”

“Quakers became my community.”

“Accepting people and taking them as they are – it’s a huge thing. We take it for granted but it’s hugely powerful.”

“The Quaker story is letting go of requirements. People are weighed down by doubt and self-criticism – the acceptance of Quakers is unconditional acceptance.”

“I’m not broken and worthless because I hear voices, or use mental health services, or haven’t had a job for years. It’s not about waiting for a miracle: I’m already a valued member of the community just as I am.”²⁵

“Being a Quaker is better than my medication.”²⁶

“I have mental health problems which I talk about openly, and this seems to help others to speak about problems that they have.”

(From Quaker Life survey)

“Basically, a healthy community can talk openly about anything.”

(From Quaker Life survey)

However, some Friends talked about people in their meeting not being able to relate to them as a person. Friends reported a wariness, a lack of respect. One Friend described Quakers as patronising. This Friend has interests in common with other Friends and yet finds no one chats over the after-meeting tea:

“They use that special voice: ‘And how are you today, XXX?’”

“Friends seem often to put on too concerned an attitude, as if attending a Great Tragedy.”²⁷

“I believe in the Quaker faith, but these people are too comfortable. I’m outside; I’m different.”

“Quakers are fearful of me and my illness.”

Friends discussed whether they feel able to share their experiences with their meetings.

“They ask: ‘Are you feeling better?’ It’s so hard to say: ‘No. I’m just here.’”

“Many Quakers are ‘successful’ in their lives and do not want to focus upon what may be seen as something embarrassing.”

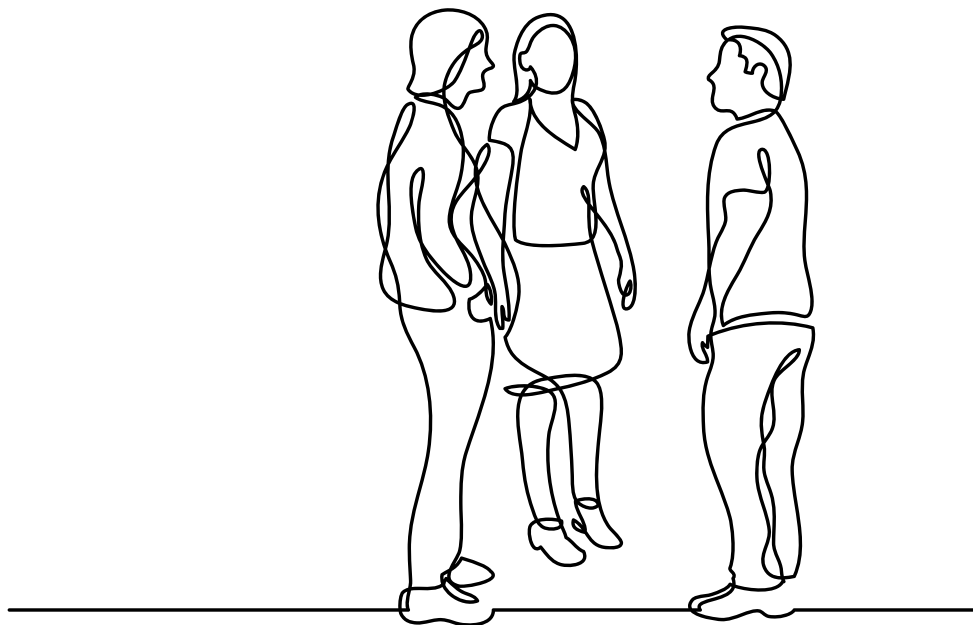
(From Quaker Life survey)

“Many Friends within meeting would not feel able to talk openly – because we are shy and reserved, because of stigma, because we feel we should be able to cope, because we can’t find words and don’t trust that we will be heard.”

(From Quaker Life survey)

“I think long and hard before raising any issue in my local meeting. It is a brave thing to do. Some people’s reactions can be quite quick and harsh.”

(From Quaker Life survey)



Some Friends reported their experiences of abuse and violence and described feeling that no one else in their meeting shared any similar life events.

Several Friends talked about feeling like:

“the only person like this”.

Several Friends discussed feeling unique in their experiences:

“There’s no one anywhere in Quakers who is as mad as me.”

There certainly are many Friends who have experienced trauma, and many whose mental health problems impact significantly on their lives: people feel isolated as we all struggle to share:

“We don’t invite people to talk. Are we scared about what will happen if we do?”

Meeting for worship

Some Friends talked of meeting for worship as central to their well-being:

“sitting quietly and thinking about God helps me to calm”

“meeting for worship is another weapon in the armoury to deal with depression”

“support and succour in the silence”

“meeting for worship is healing”

“At meeting I could simply be me.”²⁸



However, an hour's silence can be hard if you are hearing voices, ruminating, worrying or anxious that any ministry might trigger a flashback:

“Silence can be very helpful – or it can be space for the noise in my head to overwhelm me.”

“It's difficult to go and be miserable.”

“A Quaker meeting can be a place to heal, but if there is not an acknowledgement that there is terrible darkness and fear and sometimes the light does not seem to penetrate them, then it can seem like it is only a place for you if you are happy and open and can share.”²⁹

Several Friends talked of not being able to attend meeting for worship at the moment or at previous times. Some described finding the silence too much, or being in a group of people overwhelming, or having to speak to others too challenging. Some explained that the medication they take means they struggle to function first thing in the morning, so attending Sunday morning meeting for worship is difficult. Some valued smaller, shorter meetings for worship. Some mentioned alternative opportunities to join in community activities, but several commented on the lack of ways to meet with Friends. Others commented that daytime activities are aimed at older, retired Friends, and may need a financial



contribution beyond the means of those on benefits. Many Friends talked about missing being part of the worshipping community and about other Friends not understanding why they weren't there.

Being there or not can be tricky. One Friend reported feeling very hurt when they were not sent cards or messages after being absent for some time. The same Friend was absent another time and felt angry at the 'harassment' of all the cards and messages sent. This Friend was able to laugh at themselves and their inconsistent wishes! Other Friends mentioned the deep hurt they experience if it feels like they have been forgotten. Some worry about how to go back – will they be remembered, will they be welcome, what news have they missed?

Responses from meetings



Some Friends reported poor responses from their meetings. One Friend wrote to explain that caring responsibilities kept them away; they did not receive a reply. One Friend was challenged that their caring responsibilities prevented them from taking up responsibilities in meeting. Friends caring for someone with dementia commented that some support was offered to them, but that there was little to support the spiritual life of the person with dementia. One Friend described sharing their mental health experiences with Friends and the person serving as overseer not responding at all. Some Friends talked about elders or overseers “panicking” when mental health was discussed. Several reported feeling under pressure to ‘get better’. Many Friends recalled being offered unwanted advice:

“One problem is that Quakers feel they have to ‘do something’ where often we simply need encouragement to come to meeting.”³⁰

“Hardest of all are those dear Friends who want there to be some kind of remedy or permanent solution that would fix everything.”

Someone experiencing mental health problems or caring for someone is likely to need support. Some Friends described careful, responsive support. Friends had been visited in hospital, accompanied to appointments, supported over housing issues, helped to find new interests and roles, enabled to build confidence and skills, valued for who they were:

“I’ve had nothing but understanding.”

“Quakers believed in me when I couldn’t believe in myself.”

Other Friends had neither asked for nor expected specific support. To be part of a worshipping community felt like adequate support for some:

“Knowing they were there felt reassuring in itself.”

“I can hand over my distress to God – that’s all I need.”

“Coming together with people who are healthy lifts me up.”

Several Friends had never asked for support – some suggesting it would have been immediately given had they done so, some suggesting they couldn’t bother their meeting, and some too fearful to open themselves by asking. They spoke of meetings that were too quiet or too busy, too small or too big for the individual to feel able to ask. Some spoke of the one Friend who had visited or supported or accompanied, who then died or left – and no one had continued this support. Friends also spoke of direct requests for support that were not met. One Friend caring for a loved one received little support:

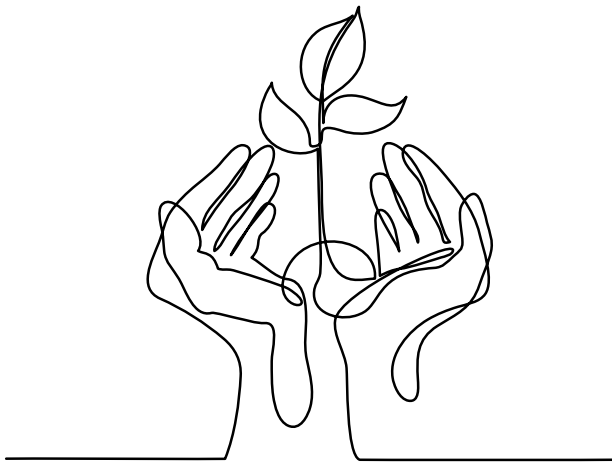
“Maybe they were holding me in the light – but what I wanted was practical help.”

Some described themselves as hard to support. Few spoke of being asked what would help:

“They don’t ask for fear of what I’d suggest.”



Serving in a Quaker role



Many of the Friends in conversation are apparently capable, experienced people, often not in work. Some spoke of careful support enabling them to take on roles, knowing support was available if they needed to drop a task. Some talked of not feeling able to serve...

“I feel unreliable”

...and some of feeling unwanted, unused, despite their abilities. For some, not serving their meeting felt like a loss:

“Quakers are a very ‘doing’ sort of faith and I don’t feel able to contribute in any way. I feel like I take, take, take and it singles me out.”

Some Friends had been nurtured within their meetings and had blossomed. Others had been pressured into taking up roles they didn’t feel able to do when they didn’t feel able to explain why they couldn’t. One Friend described reluctantly taking up a role, asking for specific help to manage it and receiving very little. One Friend described their local and area meeting enabling them to hold roles, but serving on a central committee being too pressured and unsupported. By contrast, other Friends spoke of finding their local meetings lacking in understanding or being too pressured, but finding great satisfaction and support in central roles.

Behavioural norms in Quaker meetings

Mental health problems can lead people to behave in different ways. Several Friends discussed this issue. Some felt that the acceptance and openness of Quakers they value so much is in fact conditional:

“I’m OK – I don’t do daft things.”

“My deep distress went unrecognised by others, mainly because of the colossal effort I made to conform to the behavioural codes surrounding the Quaker form of worship.”³¹

Several Friends spoke of not attending meeting for worship when they were unwell and of how their meeting therefore never saw them in distress:

“[My condition] is frightening in a meeting for worship – frightening for the other people.”

Many Quakers are quiet, introverted people, so if you are low or flat in mood it might not be noticed. If

you are preoccupied by thoughts or ruminating – well, you could be deep in prayer. However, if your experiences lead you to speak out too much, to act out your fears, to shout or be aggressive, it will be noticed and possibly condemned within a Quaker context. Some Friends reported that at times their mental health problems had led them to behave in ways they would not normally choose. It is hard to return to a community in which you have been disinhibited or angry unless you feel secure in the love in which you are held.

Some Friends mentioned their own reactions to people who were not able to conform to behavioural norms. People who are living with mental health problems may be particularly sensitive to problems arising from the behaviour of other Friends. Several Friends mentioned feeling unsafe around someone else’s mental health. Some Friends talked about the whole meeting needing to manage boundaries; some discussed how difficult this has been on occasion.



Knowing each other

To serve in a role or not; to attend an hour's meeting for worship or not; to share personal truths or not...everyone who comes to a Quaker meeting will ponder these questions. Some Friends were clear that their meeting knows (something) about their mental health problems – because of their openness, their behaviour or their history. Some suggested they felt able to share and knew who would hear. Most felt less confident. Some spoke of projecting a persona, of not being able to communicate their real lives:



“My life is shaped by [my experiences] and if I can't share that I'm not being honest.”

“People look at me and think there's nothing wrong, but inside I'm crying out for help.”

Several spoke of feeling acutely lonely but not feeling able to reach out to Friends; some reported failed attempts at intimacy; several described themselves as hypersensitive to any perceived rejection. Some people described themselves as hard to know and hard to support. None spoke of not wanting to connect with other Friends; each person who was part of the conversations hoped, or wished, to be better known, better connected, to feel part of their Quaker community.

How can we make the meeting a community in which each person is accepted and nurtured, and strangers are welcome? Seek to know one another in the things which are eternal, bear the burden of each other's failings and pray for one another. As we enter with tender sympathy into the joys and sorrows of each other's lives, ready to give help and to receive it, our meeting can be a channel for God's love and forgiveness.

(Advices & queries 18)

Britain Yearly Meeting



Within the conversations Friends were asked their views on what Quakers corporately should be doing and saying about mental health issues.

Everyone was concerned that Quakers develop their spiritual life.

“We cannot speak out and not build our community – that is meaningless.”

“How welcoming are our meetings? We should concentrate on that.”

“We have to have those alternative spiritual conversations.”

“There is no point in replicating what other organisations do. We have our silence; that is our great strength.”

“In Quakers you take responsibility for your spiritual life – do we support people to take responsibility for their emotional well-being?”

“Quakers must be the alternative to the stresses of modern life. The inner place of calm and quiet – that’s what we have to offer.”

“Where is the spirituality?”

Some Friends offered practical suggestions:

- “Friends House should have a brief about raising awareness of mental health.”
- Several mentioned that their local meeting did not know how to respond to their needs – and maybe some central point of contact, of advice and support would enable local Friends to feel more confident and could give pertinent information. This could also include contact details for Quaker therapists.
- Some Friends spoke of wanting some network, some way of contacting other Quakers with similar experiences – perhaps an email network.
- One Friend spoke of a badge scheme. A badge could be worn saying ‘I’m not OK’, reducing the need to have to explain oneself over and over.
- Some Friends highlighted the need for Quakers to be involved in mental health chaplaincy.

Some Friends looked at the state of mental health services and wondered if Quakers should seek to provide services:

- Meeting houses could offer a safe space to drop in, perhaps during evenings. There could be refreshments, company, unthreatening conversations.
- Quakers could offer safe spaces to retreat to for a few days.
- Some Friends commented on the heritage of Quakers from The Retreat. Could Friends develop radical new treatments now?
- Other Friends were clear that Quakers should not seek to provide things that should be offered by the state.

Most Friends commented on the state of mental health services. Some suggested that Quakers should leave the campaigning to Mind, while one Friend wearily wondered who reads all the statements issued by BYM. Most Friends immediately said that Quakers should speak out:

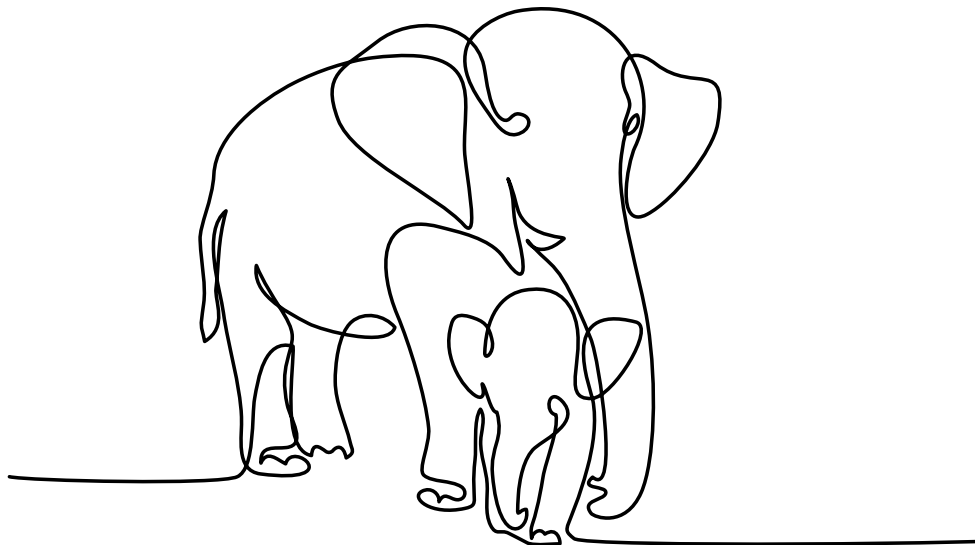
“Mental health is a great inequality. Therefore, it concerns Quakers.”

“Services are poor: we should be commenting.”

“It is not enough only to love and care for the people who are within our community.”

“Quakers must be angry about this.”

In summary:



The people who took part in these conversations are amazing. They face huge difficulties with courage and grace; they discussed their pain without self-pity or blame and opened themselves freely. Many have reflected deeply on their identity. Many have rich spiritual lives.

Some of the people involved in the conversations are upheld by their Quaker communities, but others feel on the periphery and do not feel valued.

The people who took part in this project feel that mental health should be a Quaker concern. This should include our well-being, our understanding of ourselves and our identity. Most feel that Quakers should speak out about mental health services. Such advocacy may not have much effect on public policy, but it may support people who use services and may help Quakers with mental health problems to feel valued by their community.

In their conversations people felt that our spiritual life should be our priority. By building our life together and through our shared experience we will support ourselves and be a meaningful community, open and available to others.

Some people who have lived experience of mental health problems have opened themselves and shared their views. It is now for the whole Quaker community to reflect and discern our response to issues around mental health – to explore our Quaker ministry on mental health.

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The following quotations may help to stimulate reflection:

“The questions of who we are, of how we are influenced and how we become what we are... the relationship between spiritual crisis and emotional crisis... There needs to be discussion of the causes of mental health – societal problems, developmental, pressures – ‘driving people mad’ – these need to be explored and Quakers are the best people to do this.”

“I implore Quakers to employ an approach that doesn’t label – that connects at a human level.”

“Quakers must be the alternative to the stresses of modern life. The inner place of calm and quiet – that’s what we have to offer.”

“How welcoming are our meetings?”

“Quakers must be angry about this.”

“It is not enough only to love and care for the people who are within our community.”



For more information about how Quaker Life can help your meeting deal with issues around mental health, email qlnetwork@quaker.org.uk or call 020 7663 1007.

Published in September 2019 by Quaker Life. This booklet is also available online at www.quaker.org.uk/pastoralcare. For more hard copies please contact the Quaker Centre: email quakercentre@quaker.org.uk or call 020 7663 1030 / 1031.

A large-print version is also available: please email the publications team at publications@quaker.org.uk or call 020 7663 1162.

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