

**PIONEER**

**Mental Health:  
opportunities and risks  
for the church**

A RELATIONAL NETWORK THAT CONNECTS, INSPIRES AND EQUIPS CHURCHES IN THE UK AND GLOBALLY

# Mental Health: opportunities and risks for the church

Phil Moore





**What do you want  
from this session?**



**Would you  
recognise  
someone  
with a  
mental  
illness?**



**These are all white ...**

**... the incidence is much higher in black & minority ethnic groups and in other groups such as LGBTQ+, homeless, refugees, people who have been subject to violence, neglect or abuse, & others**



# Is this true or false for you?

1. There's no real difference between the terms "mentally ill" and "has a mental illness"
2. People with mental illness tend to be dangerous and unpredictable
3. I would worry about my son or daughter marrying someone with a mental illness
4. I do not understand why people let themselves suffer from a mental illness
5. I don't know if I could trust a coworker who has a mental illness
6. I'm scared of or stay away from people who appear to have a mental illness
7. People with a mental illness are lazy or weak and just need to "get over it"
8. Once someone has a mental illness, they will never recover
9. I would hesitate to hire someone with a history of mental illness
10. I can cope with someone who is stressed or distressed but not completely mad or crazy

# Is this true or false for you?

1. There's no real difference between the terms "mentally ill" and "has a mental illness"
2. People with mental illness tend to be dangerous and unpredictable
3. I would worry about my daughter if she had a mental illness
4. I do not understand people with mental illness
5. I don't know if I could trust a coworker who has a mental illness
6. I'm scared of or stay away from people who appear to have a mental illness
7. People with mental illness are lazy or unmotivated
8. People with mental illness need to "get over it"
9. If someone has a mental illness, they will never recover
10. I would hesitate to hire someone with a history of mental illness

**How many  
yes answers  
did you have?**



# **A few things about mental health**

**But first, a quiz  
– keep your own score**



**How many people in the UK will experience a mental health problem every year?**

- 1 in 2
- 1 in 8
- 1 in 4

**What % of people with severe mental health problems have been victims of a crime in the previous year?**

- 45%
- 28%
- 12%

**Which of these is a common symptom of schizophrenia?**

- Violent behaviour
- Split personality
- Hallucinations & delusions

**What proportion of people with mental health problems experience stigma?**

- 10%
- 90%
- 50%



**How many people will experience suicidal thoughts throughout their lifetime?**

- 33%
- 2%
- 17%

**What proportion of people with mental health problems believe that workplace stress contributed to their illness?**

- One fifth
- Two thirds
- One third

**Which country's Prime Minister was re-elected in 2001 after publicly taking time off for depression?**

- Norway
- Mexico
- Poland

**How long do the majority of people with a mental health problem wait before telling their closest family and friends about it?**

- 7 months
- 2 months
- Over a year



## Which of these UK Prime Ministers experienced mental health problems?

- Winston Churchill
- Gordon Brown
- Margaret Thatcher

## Before the MH Discrimination Act became law (2013), what were some people with mental health problems prohibited from doing?

- Represent Britain at Olympics
- Serve as an MP
- Be a psychologist

## What % of young people with mental health problems say the stigma they face has made them want to give up on life?

- 52%
- 6%
- 26%

## What proportion of young people with mental health problems say that fear of stigma has stopped them from applying for a job?

- 76%
- 59%
- 27%



**What proportion of people with mental health problems reported stigma affecting their friendships?**

- ➔ 65%
- ➔ 44%
- ➔ 15%

**The incidence of depression in minority ethnic groups is how much higher than in the white population?**

- ➔ 60%
- ➔ 40%
- ➔ 20%

**What was your score?**

# Classification can be complex and diagnosis not straightforward

## ► Common challenges

- Stress, depression, anxiety, sleep difficulties, suicidal thoughts
- Substance misuse
- Emotionally unstable personality disorder
  - a long-term pattern of abnormal behaviour characterized by **unstable** relationships with other people, **unstable** sense of self and **unstable** emotions. There is often dangerous behaviour and self-harm.

## ► More serious and enduring issues

- Psychosis and schizophrenia
  - disordered thoughts
- Bipolar affective disorder
- Forensic

## ► Children

- Anxiety, self-harm, autistic spectrum disorders / ADD / Asperger's syndrome, eating disorders

## ► Ageing

- Dementia, isolation



# People with MH challenges are all within arm's reach



- **1 in 4 people** have a diagnosable mental health problem
- Mental health and behavioural problems (e.g. depression, anxiety and drug use) are **primary drivers of disability worldwide**
  - causing over 40 million years of disability in 20 to 29-year-olds<sup>6</sup>
- Mental illness accounts for **23% of the UK total burden of disease**<sup>1</sup>,
  - only **10% of NHS health expenditure**<sup>5</sup> – majority on inpatient and specialised care
- **1 in 3 GP appointments** involve significant mental health issues<sup>3</sup>
- **In London:**
  - **90% of people with a common mental disorder** are cared for entirely in the primary care sector<sup>2</sup>
    - E.g. in Kingston-Upon-Thames 7% of total MH spend is spent on primary care
  - **Mental ill-health is costing the UK more than £94bn every year**
    - includes health, social care, benefits, education, criminal justice and losses to the economy<sup>4</sup>
    - NHS spent **£12.2bn** on MH in 18/19 – the spend is increasing over next 5 years

<sup>1</sup>NHS Networks – The costs of mental ill health

<sup>2</sup>Gask L, Lester H, Kendrick T and Peveler R. (2009) Primary care mental health. London: Royal College of Psychiatrists, vol 4: no 1 (Mar 2012)

<sup>3</sup>Joint Commissioning Panel for Mental Health, Guidance for commissioners of primary mental health care services (Feb 2013)

<sup>4</sup>Health at a Glance: Europe 2018, OECD (Nov 2018)

<sup>5</sup>Mental health spending in the English NHS

<sup>6</sup>Fundamental Facts about mental health 2016

# What about children & young people?



## National Study of Health and Wellbeing: Children and Young People<sup>1</sup>

Key point is that rate of MH disorder has only risen slightly over past 18 years

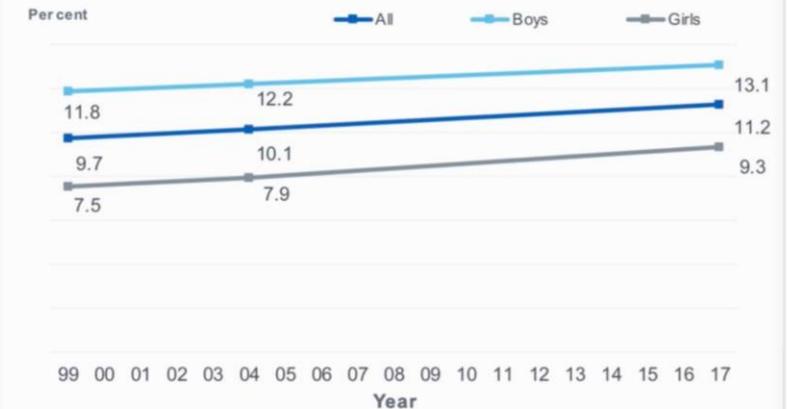
First survey of CYP MH prevalence for 14 years published in 2018

### There has been a slight increase in overall rates of mental disorder

**Background** There is a widespread perception that children and young people today are more troubled than previous generations (Murphy and Fonagy, 2013). Treatment and referral data indicate increased demand for specialist mental health interventions over the past decade (e.g. Sarginson et al., 2017, Royal College of Emergency Medicine 2017). General surveys have found increased levels of low wellbeing in children in England. But it has not been possible before now to establish the trend in underlying rates of mental disorder in children.

**Trends** Data from this survey series reveal a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.

Trends in any disorder in 5 to 15 year olds by sex, 1999 to 2017



<sup>1</sup> <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/national-study-of-health-and-wellbeing-children-and-young-people>



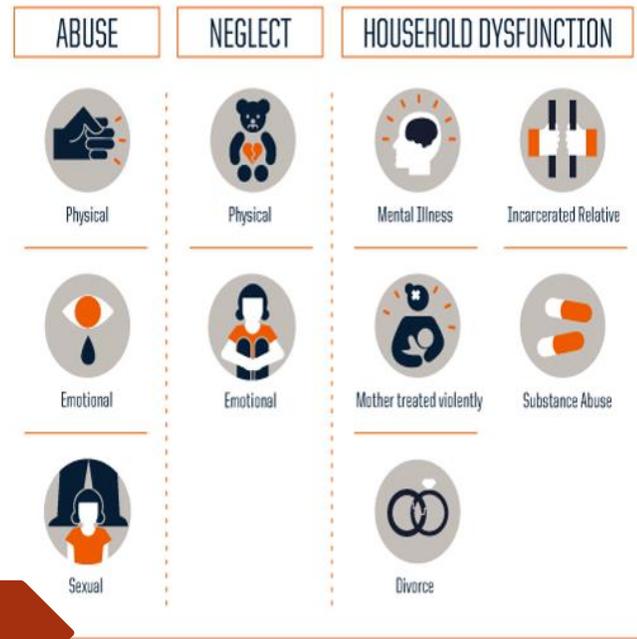
# What do we know about CYP?

- **Anxiety disorders** are known to affect **10 per cent** of children by the age of 16 and to increase the risk of developing other mental health problems in adolescence and adulthood
- **1 in 5 young adults** have a diagnosable mental health disorder
- Half of all mental health problems **manifest by the age of 14**, with 75% by age 24

## National Study of Health and Wellbeing: Children and Young People:

- **21% of girls & 10% of boys aged 17-19 have self-harmed**, though much self-harm may be unreported
- **Suicide rising** in same age group and is the most common cause of death for boys aged between 5-19 years, and the second most common for girls of this age

The three types of ACEs include



# ACEs

- It is thought that between a quarter and a half of adult mental illness could be prevented through early intervention during childhood and adolescence – yet **only about a third get help**
- **1 in 3 adult mental health conditions** & many physical health conditions (e.g. diabetes, high blood pressure, heart disease) **relate directly to adverse childhood experiences** (ACEs)
- England – **almost 50% experienced 1 ACE** and **over 8% 4 or more**
- Women who had experienced one childhood adversity had a **66% increased risk of premature death**, and those who had experienced **two or more adversities had an 80% increased risk** compared to their peers
- Research has found that a **relationship with one trusted adult** during childhood can mitigate the impacts of ACEs on mental and physical wellbeing
- Just **0.7% of the NHS budget** is spent on children's mental health and only 16% of this is spent on early intervention

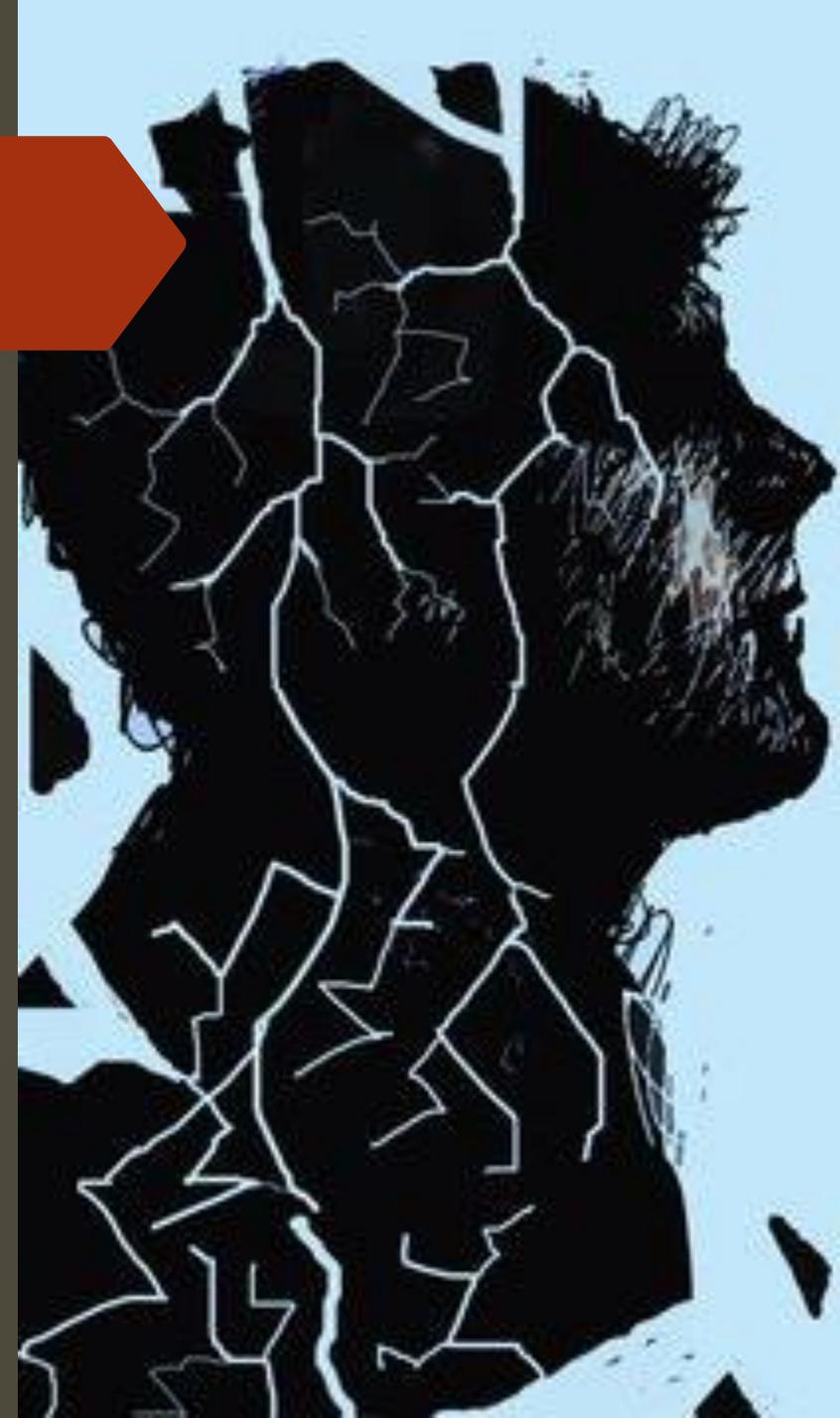


# Suicide

- ▶ **More than 6,500 deaths a year** in UK
  - ▶ 75% men
  - ▶ peak age 40-44
- ▶ **Kills more than road traffic accidents**
  - ▶ and more than heart disease at peak ages
  - ▶ commonest cause of death of adult males
- ▶ Globally, takes **more lives than murder and war put together**
  - ▶ about 800,000 per year
  - ▶ half of all violent deaths worldwide
  - ▶ estimated 10 to 20 million people survive failed suicide attempts each year<sup>2</sup>

<sup>1</sup>[https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide\\_statistics\\_report\\_2017\\_Final.pdf](https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final.pdf)

<sup>2</sup>WHO quoted in New Scientist 2004



**Zero**  
**Suicide**  
Alliance | Because  
**ONE** life lost  
is **ONE** too many

**SUICIDE**

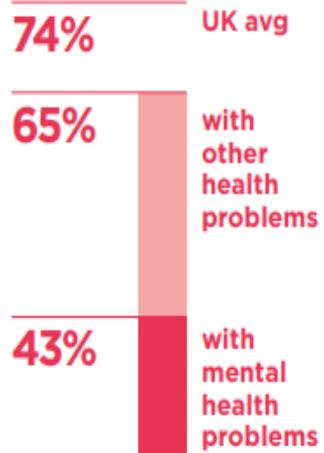
**LET'S TALK**

**Suicide**

Free suicide  
prevention training –  
15-30 minutes

# In London ...

## Employment rate 2



## Stigma & discrimination 1



**NEARLY 90%** SAY THAT IT HAS A **NEGATIVE EFFECT ON THEIR LIVES**

## Children and young people 4

**ALMOST 10% 5-16 YRS EXPERIENCE SOME FORM OF MENTAL HEALTH ISSUE**

## Treatment received 5



There are **enough Londoners** of school age with a mental health problem **to fill 3,700 classrooms**

## Prevalence of poor mental health in London 3

**2 MILLION LONDONERS**

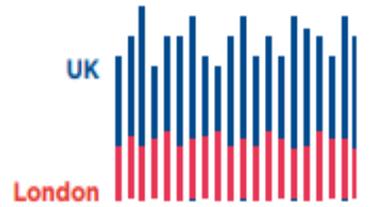
**THAT'S 13 MORE THAN 100 PEOPLE ON EVERY**



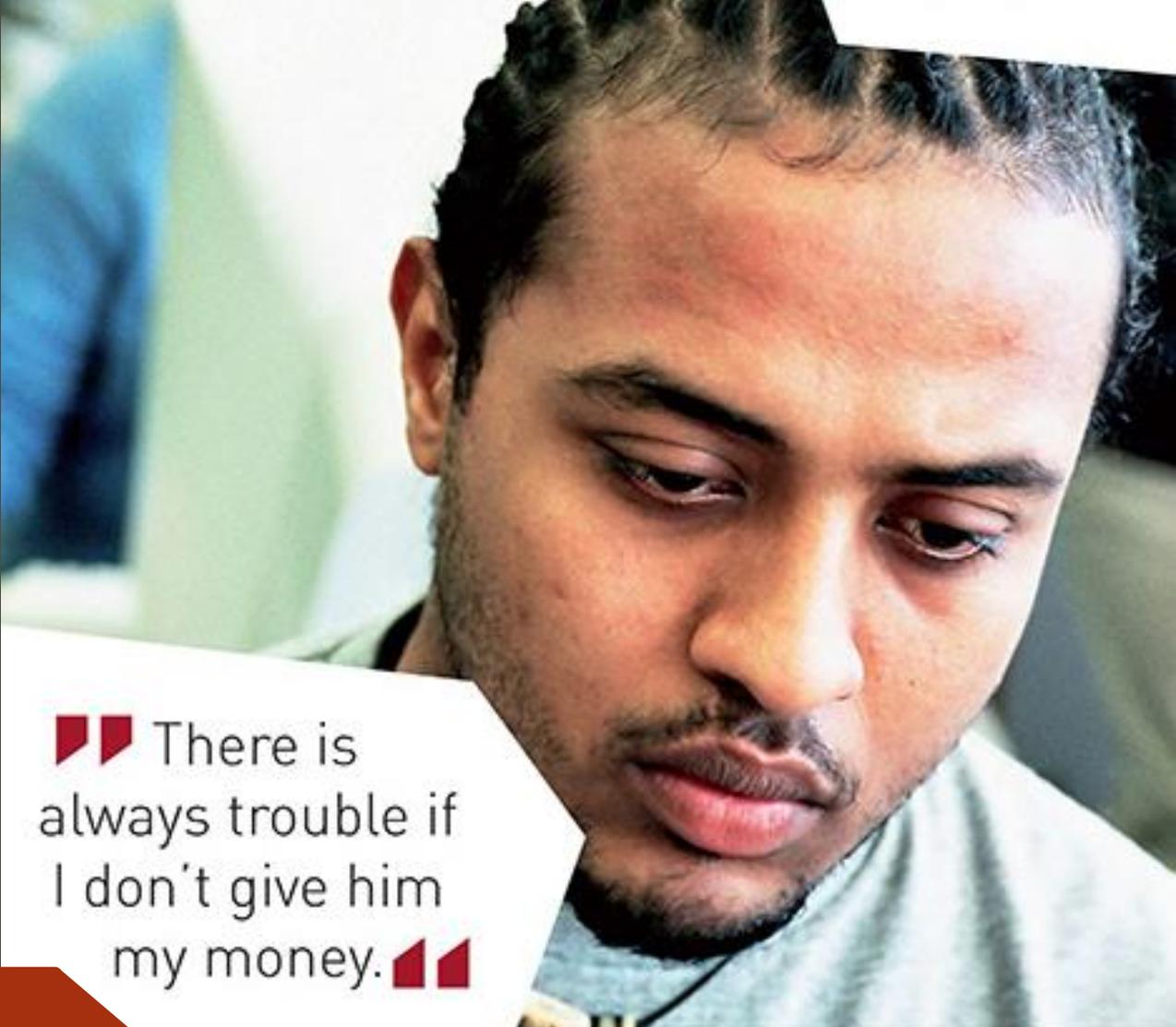
## Suicide



## Reported wellbeing & life satisfaction 6



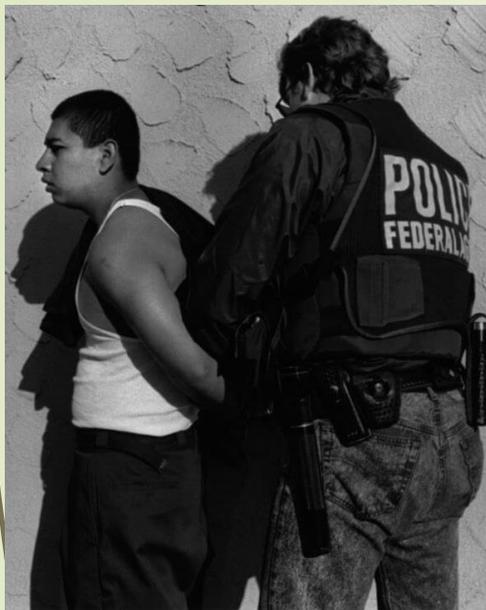
# A few things about safeguarding in the context of mental health



There is  
always trouble if  
I don't give him  
my money.

**if you don't help who will?**

**Stop Abuse. Call:**



**Over a third of the public think people with a mental health problem are likely to be violent – in fact people with severe mental illnesses (SMI) are more likely to be victims, rather than perpetrators, of violent crime<sup>1</sup>**

### The Facts

- **The majority of violent crimes and homicides** are committed by people who do not have mental health problems
- **People with SMI are more dangerous to themselves** than others - poor mental health impacts on individuals & families, in lost income, lower educational attainment, quality of life, and up to 20 years shorter life span
- According to surveys, including the British Crime Survey
  - **47 per cent** of the victims of violent crimes believed that their offender was under the influence of alcohol
  - **17 per cent** believed that the offender was under the influence of drugs
  - **1 per cent** of victims believed that the violent incident happened because the offender had a mental illness
- Contrary to popular belief, **the incidence of homicide** committed by people diagnosed with mental health problems has stayed at a fairly constant level since the 1990s
- **Substance abuse appears to play a role:** the prevalence of violence is higher among people who have symptoms of substance abuse

<sup>1</sup>Violence & Mental Health

# Safeguarding is everyone's business.

**'Safeguarding is everyone's business.'**

'For faith-based organisations and communities, getting this right can be challenging but it must be at the heart of everything they do.'

'Recognising the risks and understanding that abusers can hide in plain sight is more than a tick-box exercise, it's about culture and behaviour.'

Paul Burstow, Chair, Social Care Institute for Excellence  
<https://www.scie.org.uk/safeguarding/faith-groups/communities>





# What is safeguarding?

- ▶ 'Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.'

[Care Quality Commission 2016](#)

- ▶ 'Safeguarding means protecting your right to live in safety, free from abuse and neglect. Local authorities have duties under the law towards people who are experiencing abuse or neglect (or are at risk of either).'

[MIND](#)

# What do abuse and neglect mean?



## Abuse can mean:

- ▶ physical abuse
- ▶ domestic abuse (including psychological and emotional abuse)
- ▶ psychological abuse (including humiliating you, isolating you, bullying you – either in person or online)
- ▶ financial abuse (having your money or possessions stolen or misused or coercing you into a financial arrangement)
- ▶ sexual abuse
- ▶ discriminatory abuse

## Neglect can mean:

- ▶ ignoring medical, physical or emotional care needs
- ▶ failing to provide you with access to health, care and support or educational services
- ▶ withholding necessities of life, such as food, medication and heating
- ▶ self-neglect (this can cover a wide range of behaviour such as neglecting your personal hygiene, health or surroundings, and can include behaviours such as [hoarding](#)).



# What does vulnerable mean?

- ▶ 'Vulnerable adult means a person aged 18 or over whose ability to protect himself or herself from violence, abuse, neglect or exploitation is significantly impaired through physical or mental disability or illness, old age, emotional fragility or distress, or otherwise; and for that purpose, the reference to being impaired is to being temporarily or indefinitely impaired.'

*[Church of England uses this definition in its code of discipline – quoted by Social Care institute for Excellence](#)*

- ▶ 'A vulnerable child is defined as being under the age of 18 years and currently at high risk of lacking adequate care and protection. Accordingly, all children are vulnerable by nature compared to adults, but some are more critically vulnerable than others.'

*[Charitable sector view](#)  
[UK Children's commissioner's view](#)*

# Why particularly mental health?

Abuse of Vulnerable Adults (AVA 2012/13)



- **Major theme:**
  - mental health as a risk factor in child protection
  - **'toxic trio'** of mental health, substance misuse and domestic abuse

	Total alerts	Mental health	%	of which Dementia	%
Aged 18 - 64	67,560	16,985	25	600	4
Aged 65 - 74	19,730	4,895	25	2,045	42
Aged 75 - 84	36,790	9,690	26	6,635	68
Aged 85 and over	44,630	9,325	21	6,970	75



# Risks and opportunities

# So what are the risks to church?

- High trust environment
- Prayer will solve it
- Desire not to damage reputation
- Inclusiveness
- Misuse of forgiveness
- Lack of rigor in recruitment, especially with volunteers
- Limited resources
- Ignorance
- Failing to recognise vulnerability
- Shrugging it off



# Are there opportunities?

- For many with mental health challenges there are **not the services to support them** in the community
  - So, where might they look?
- About **recognising the skills and strengths** of those with MH challenges
  - And harnessing those skills
- **With safeguarding** of the individual
  - In full acceptance and inclusion
- About **not missing the potential** to see people released into fruitfulness
  - Not pushing but encouraging and affirming
  - Providing good pastoral accountability



# Social action

Health care will only scratch the surface of mental illness

- **The wider determinants of health** will have much greater and more sustained effect
  - Accommodation
  - Education & training, employment
  - Socialisation & community



refresh church in the community

in association with **ELEVATE LIFE**

**Elevate Life Club**

TO HELP TEENS WHO MAY BE STRUGGLING WITH ANXIETY, SOCIALISATION AND WELLBEING

OUR FUN-FILLED CURRICULUM—A STRUCTURED 'YOUTH CLUB' ENVIRONMENT WITH MENTORING AND SUPPORT

Elevate Life Club  
Tuesdays 5.15 - 7.45pm  
14 week programme starts 27<sup>th</sup> Feb 2018  
Contact Anita on 07730 955699  
supportclubs@ElevateEleven.com

Who around us needs additional help?

- Excluded school children

# Social action

Health care will only scratch the surface of mental illness

- **The wider determinants of health** will have much greater and more sustained effect
  - Accommodation
  - Education & training, employment
  - Socialisation & community

This is an  
**Act Of Kindness bench**



Sit here if you don't mind having a  
**kind conversation**

Find more AOK benches across London

[www.thriveldn.co.uk/aok](http://www.thriveldn.co.uk/aok)



**Who around us needs additional help?**

- Excluded school children
- Older people – 8% of Londoners report always or often feeling lonely
- Seniors' events
- AOK benches
- **Use our imaginations!**

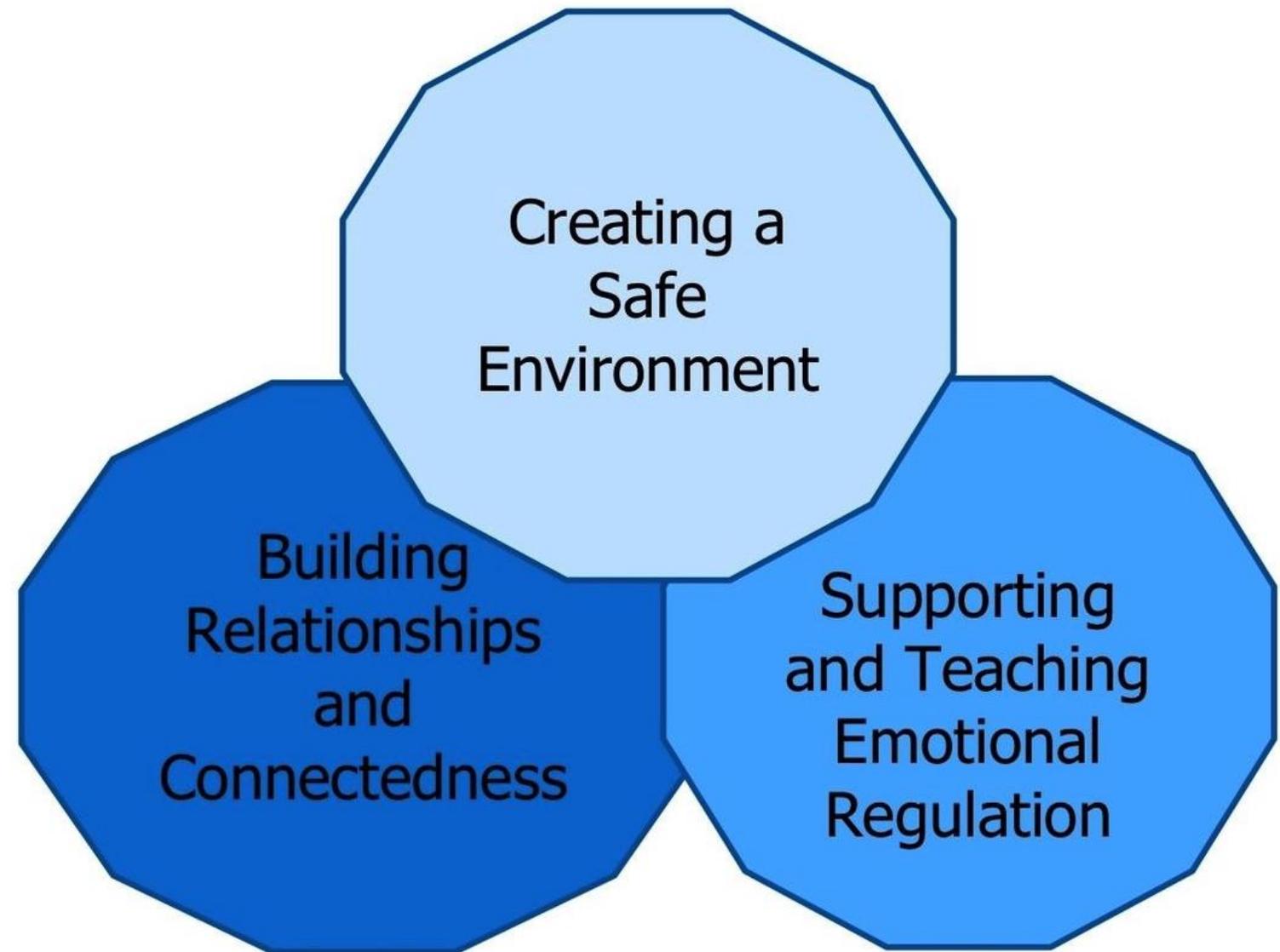


**How can we help people to access church and defuse difficult situations?**

# What is a trauma informed church?

Trauma-informed care means

- seeing a **whole person**
- taking into account **past trauma (ACEs)**
- and the resulting **copng mechanisms**
- when attempting to **understand behaviours**
- and **relate to the person**



Change our thinking from 'what is wrong with this person' to 'what happened to this person?'

# Benefits of trauma informed care

## People

- Feel **safe and supported**
- **Increased engagement** in church
- **Understanding** symptoms may be linked to childhood trauma
- **Their experience** of church doesn't add to previous trauma
- Starting on a **wholeness** journey



**Safe,  
Supported,  
&  
Empowered**

## Church

- **Better engagement** with people
- Better **understanding** of people's behaviour
- Increased **compassion, hope and resilience**
- **Reduced stress** and burnout
- An **improved ability** to take a less 'black and white' approach
- Better **relationships**
- **Reduced** absence
- The creation of an **insightful and compassionate** church

**Some stories**



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room  
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**this is my  
story.**



**A jubilee**

**A restoration**





**A two-way  
street**



**Cautious progress**

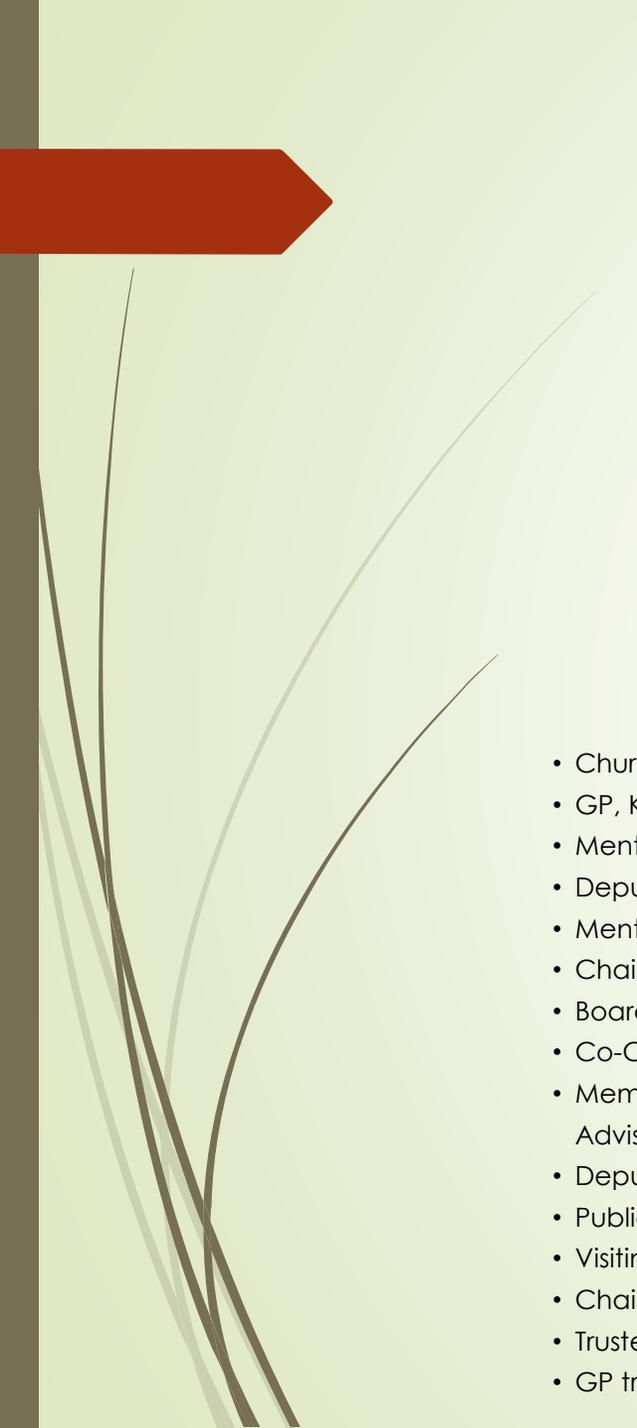
# Your questions, comments & contributions



**Thank you**

**Phil Moore**

**[phil@philmoore.org](mailto:phil@philmoore.org)**

- 
- Church Leadership for 50 years (1986 - 2017, Refresh Church, Molesey, Surrey)
  - GP, Kingston upon Thames (1978 to present) and Chair, Clinicians in Community (joint venture between practices)
  - Mentor to Clinical Director of two local Primary Care Networks
  - Deputy Chair, Kingston CCG and Mental Health Clinical Senior Responsible Officer, South-West London Health & Care Alliance
  - Mental Health Clinical Co-director for London and Member, Oversight Group for Thrive London and Co-Chair, London Suicide Prevention Group
  - Chair, Mental Health Commissioners' Network for England and Board Member & Executive Member, NHS Clinical Commissioners
  - Board Member Mental Health Network, NHS Confederation
  - Co-Chair, Armed Forces Mental Health Working Group and Member Armed Forces Clinical Reference Group
  - Member of a variety of National Groups working on mental health including Zero Suicide Alliance, Mental Health Act Review, Rough Sleeping Advisory Group, and others
  - Deputy Medical Director, NHS England (London) and GP appraiser
  - Public Sector Non-Executive Board Member, South West London Community Health Partnerships
  - Visiting Fellow, Department of Health Care Management and Policy, Surrey University
  - Chair, DNA Leadership Training (charity)
  - Trustee, Links International (charity)
  - GP trainer and Honorary Teaching Fellow (Imperial College) for 28 years until 2016