

Visiting MIND crisis House – the effects of a day with a radical separatist on my view of the system

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Last year, myself and a group of other mental health professionals visited MIND crisis house in Wokingham managed by Pam Jenkinson, (who previously worked for the National Schizophrenia Fellowship).¹ As we were greeted by Pam herself the first thing we noticed was a poster, right next to the front door, entitled ‘alternatives to antidepressants,’ it was a picture of a semi-naked woman. There was another poster too which showed a naked well toned torso of a man which was captioned ‘sculpting.’²

We then passed through into the lounge: a very traditional looking room, a bit like one might expect when visiting an older relative. It had the same secure, homely feel about it too. There was a wonderful sense of freedom with nothing being obsessively matched or co-ordinated. In the corner, was a typed list of rules. They said that anti-social behaviours that affected other people staying there would not be accepted. It gave examples like the consumption of excessive alcohol. There would be no negative remarks to others, such as sarcasm or prejudiced comments that were sexist, racist, etc.

This ethos was not just in the rules but in the people too. Pam herself was respectful and honest with residents and visitors. Although there are only three bedrooms, many people who have previously stayed visited the ‘drop in’. We met several who had once been residents. All spoke positively of the experience. Pam talked refreshingly about their ‘problems’ in what I would call a person-centered way. I have wished many times that other professionals would do this. When you hear a depersonalized ‘history’, this may be partly for convenience (guess who’s), but I think the main reason is because people’s mental health is routinely separated from the rest of themselves in order to treat it. This is endemic to the culture we live in; it also makes it easier to stigmatise people.

The Wokingham house is effective too. Only one person a year leaves because it’s unsuitable. People get better, get jobs and get out they don’t get *stuck* in the system. Their success rate is huge. On the day we visited we saw many examples of this. Jane had been for an interview that day and

received the congratulatory phone call in our presence. John told us how he had been better since he had stopped going to counseling and thinking about negative things.

I learned a lot from Pam's approach. Pam did not pander to or pathologise these people. Tom came in and sat down reading the paper. Shrieking with laughter, Pam told us of his rosy lifestyle which had led to depression. Just after we had finished gorging ourselves on the delicious plates of sandwiches, Jenny arrived. I felt guilty that there was none left for her but Pam didn't bat an eyelid because that is normal life. Jenny is quite capable of getting herself a sandwich. The mental health profession has instilled the belief that others can cope with less than they really can.

It was also interesting to hear Pam's account of other professionals. I have often felt frustrated and angry at being lumped in with the stereotypes associated with other mental health professionals. The ethos of valuing the individual and not stigmatizing their mental health problems that exists among these independent charities does not often apply to professionals.

Pam has a good understanding of this situation. She acknowledged that professionals become disillusioned when they are unable to realise their original intentions. She said that they would set out to help but that it was difficult to help people in the way that she did whilst in 'the system.' Pam talked of people contacting her periodically when a new team – leader was appointed as they wanted to set up a unit like hers – but it never actually materializes.

I suggested that maybe part of her role could be as motivator. She had certainly refreshed my motivation and her energy and enthusiasm were admirable. As far as my future practice is concerned, this visit made me resolve to stay determined. That is in trying to challenge the system wherever possible about seeing the person.

1 See also Pam Jenkinson (1999) 'the duty of community care: The Wokingham Mind Crisis House' in Craig Newnes, Guy Holmes and Calizie Dunn (1999) This is Madness: a Critical Look at Psychiatry and the Future of Mental Health Service. Available at £16 plus 10% p+p from Mind Publications, 16-19 Broadway, London E15 4BQ, telephone 02082219666, email publications@mind.org.uk

2 Amongst family therapists or psychologists using a systemic approach sculpting means getting a family to position themselves in a room to represent the relationships among themselves, i.e making a sculpture of themselves.