

Pastoral Care with the Depressed



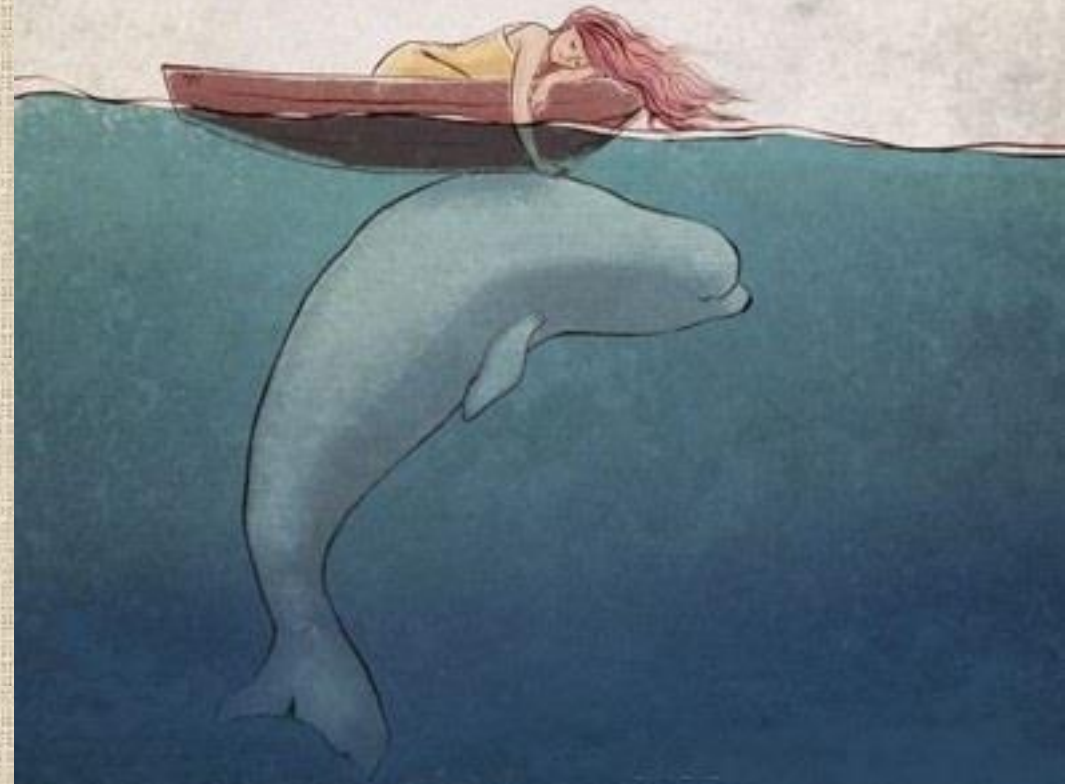
an open and informative conversation about depression and the practice of offering hope

Saturday 23rd June 2018
10:50 – 12:20

A workshop held at the Team Training Day offered by the
Anglican Diocese of Wellington

Facilitated by Revd. Amy Houben:
*Chaplain with Elder Care Communities in the Manawatu
Archdeaconry*

Pain
is real.
But so
is hope.



Plan of Our Time Together

- Welcome and Introduction
- Exploring the world of depression: a discussion with Christine Zander-Campbell
- The Rescue triangle in relation to suicide with Parani Howes
- 'Living with Depression' Sir John Kirwan
- Having a plan: listen and glean as David shares from his own experience of managing depression
- The practice of offering hope: we engage in a collective sharing of insight, ideas, and experience as we seek to accompany people living with depression

Opening Prayer





Depression

Presented by Christine Zander-Campbell Supporting Families in Mental Illness



Facts

- Depression is one of the most common mental health problems facing people today
- Up to one in 4 women and one in 6 men can expect to experience depression at some time in their lives
- Depression can affect all areas of your life including family relationships, friendships and the ability to work or study



Signs

- Feelings of sadness, low mood or emotional numbness that don't go away
- Crying for no apparent reason
- Excessive anxiety/agitation
- Loss of energy, lethargy, extreme tiredness or fatigue.
- Feelings guilty for no reason
- Problems in thinking clearly or concentrating forgetfulness
- Losing interest and pleasure in your usual activities
- Feelings of irritability
- Changes in your sleeping or eating patterns.
- Lack of motivation
- Feeling worthless or hopeless
- Thoughts of death



Postnatal Depression -PND

- Women with PND can experience a prolonged lowness of mood, reduced interest in activities, tiredness and disturbances of sleep and appetite.
- What distinguishes PND is the severity and the duration.
- PND affects around 15% of mothers and there is no specific cause.
- While the “baby blues” soon pass, PND stays around and gets slowly more severe.
- Fathers also are at risk of getting depression too.



Signs

How are you feeling?

- I feel numb and empty-I don't
- have feelings.
- I feel sad and tearful a lot of the time.
- I no longer enjoy the activities that used to make me happy.
- I feel inadequate and that I can't cope.
- I'm very anxious that something is wrong with my baby.

What are you doing?

- I need to check constantly and be reassured.
- I'm really focussed on how hard this is and on coping with baby problems like colic or reflux but not on my own feelings.
- I'm always looking for help but it isn't enough.
- I can't sleep when the baby is sleeping

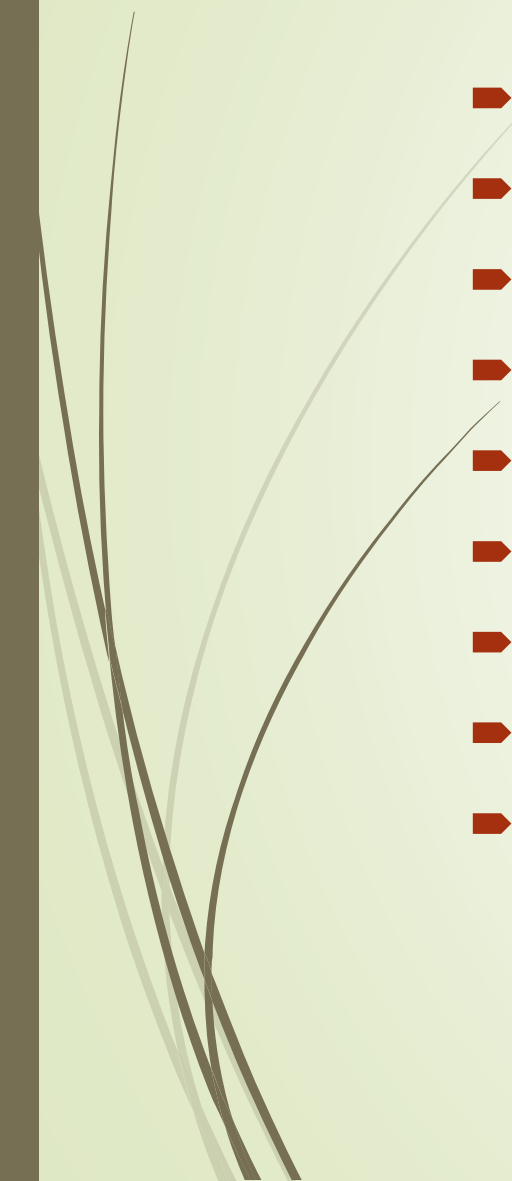


It's about teamwork

- Family support is the first and most important
- Make the husband, partner and family part of the solution
- Seek outside help – if you can't then husband , family or friends can ask on your behalf.
- Talk about what's happening and how you're feeling.
- Talk to your GP, lead maternity carer or well child provider
- Remember that the mother needs to come first, you need to look after the mother so she can look after baby



Things that Mothers can do

- Join a support group
 - Get some sleep
 - Get some time out for themselves
 - Exercise can really help
 - Try and eat a balance diet
 - Avoid alcohol and illicit drugs
 - Use music, yoga, or meditation to help with relaxation
 - Husband can – listen –don't try to fix things
 - Help out where you can
- 



Men & Depression

- Depression affects all ages, races, and economic groups and both men and women. It is thought that men experience depression just as often as women, but they are less likely to ask for help



Facts

- Compared with women, men are more likely to be concerned with being competitive, powerful and successful
- Most men don't like to admit that they feel fragile or vulnerable, and so are less likely to talk about their feelings with their family, friends or their doctor or health professional
- Men may feel that it is somehow weak to have to depend on someone else, even for a short time, and think that they should deal with their problems themselves.
- The traditional view that men should be tough and self reliant is also held by some women. Men may fear that admitting to their depression will result in being rejected by their partner,



What treatment is available?

- Depression is not something you can “snap out of”. It is important to seek **Help**.
- Depression can be treated and you are entitled to the help you need.
- Treatment is usually a combination of two or more of these:
- Talking treatments such as counselling or therapy
- Drug therapy with antidepressants
- Complementary and alternative therapies such as yoga, mindfulness
- Sometimes diet changes can help



Getting Help

- The best place to start is your doctor or health professional
- Get a check-up to see if there are physical problems or medicines that are causing your depression
- Your health care provider can help you get the treatment you need
- Talk to someone who can support you to find help
- Friends or family/whanau
- Religious or spiritual support services/ Community agencies/Marae based support
- If you really can't talk to someone you know there is phone support eg.
- Lifeline/Depression line/Youthline. Talk to someone!!!

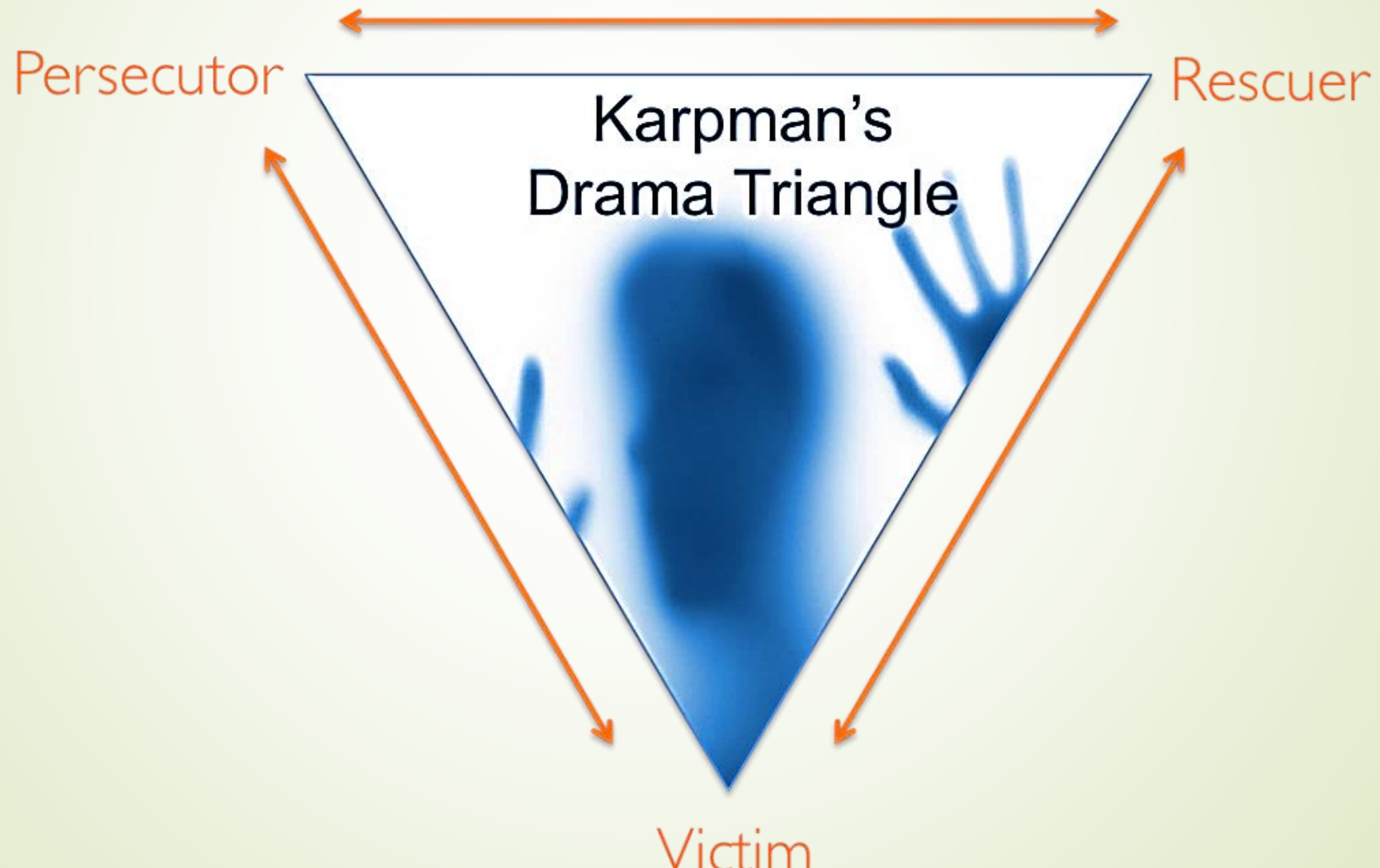



The Drama Triangle

Suicide

Karpman's Drama Triangle 1968

A model of social interaction conflict





The Three
Roles
Is played
by carers
and clients

The Victim – poor me

The Persecutor – It's
all your fault

Rescuer – Let me
help you

Victim

Victim—blames and finds fault with others, but not themselves;

They do not take responsibility for their own lives.

They can often seem angry .

They will send out signal saying help me, rescue me, need me, be with me, love me, or organize me to all rescuers within range.

They like to gain pity or sympathy from a rescuer.

Karpman, says the victim's guilt or blame is the fuel that keeps the Drama-Triangle cycle spinning.

Persecutor

- **Persecutor**—In order for there to be a victim, there must be a persecutor.
- The persecutor can be a person.
- Persecutors become the target of the victims' need to blame something outside themselves for their problems.





Rescuer

- **Rescuer**—The rescuer is the hero.
- Rescuers see it as their role to help the helpless.
- They don't view victims as capable, so they act in their stead, often without realizing the full consequences of intervening.
- Sometimes they rush to protect others' vulnerabilities because they're reluctant to face their own.



Depression

- Affects everyone differently
- it is an illness like many other illnesses
- It can affect how you feel and behave for weeks, months or years
- It can affect your sleep, relationships, job and appetite
- There are different types of depression



Myths about depression

- It can affect and strike anyone
- People with depression can not just snap out of it
- This is an illness that needs to be managed well
- Is only cause by stress



What to do as worker

- Support and be empathetic rather than sympathetic
- Encourage to keep active
- Healthy diet
- Good sleep habits
- Avoid alcohol, drugs and cigarettes
- Ask how can you help



Someone says I want to die

- Acknowledge that it must be a difficult time for them
- Do they have thoughts of self harm
- Have they got support with them until they can get to help
- Can they keep themselves safe until assessment



Someone says I want to die

- Acknowledge that it must be a difficult time for them
- Do they have a plan
- Do they have thoughts of self harm
- Have they got support with them until they can get to help
- Can they keep themselves safe until assessment



What to avoid

- Do not rescue them
- Do not stress
- Be clear about what you are willing and able to do
- Tell them you are not sure what to do



You are not a medical person or psychiatrist

- You can ring for help
- You can provide support contact details
- You can help make a meal
- You can go for a walk with them



Persecutor

- ➡ Do not accept blame
- ➡ Do not get into blaming
- ➡ It is alright not knowing what to do



Victim

- Do not become the victim
- It is not your fault
- Everyone makes their own choices
- Acceptance is sometime difficult



Rescuer

- Avoid rescuing
- Do not be a hero
- We are all capable with support
- Good support leads to self responsibility



Support Services




- Depression Helpline
Freephone: 0800 111 757
Website: www.depression.org.nz
- Lifeline
Freephone: 0800 543 354
Website: www.lifeline.org.nz
- Youthline
Freephone: 0800 37 66 33
Website: www.youthline.co.nz



More Support contacts

- Samaritans
Freephone: 0800 726 666
Website: www.samaritans.org.nz
- Mental Health Foundation of New Zealand
- (for information and resources (eg: videos, books) about depression).
Ph: (09) 623 4812
E-mail: info@mentalhealth.org.nz
Website: www.mentalhealth.org.nz



John Kirwan - Ambassador



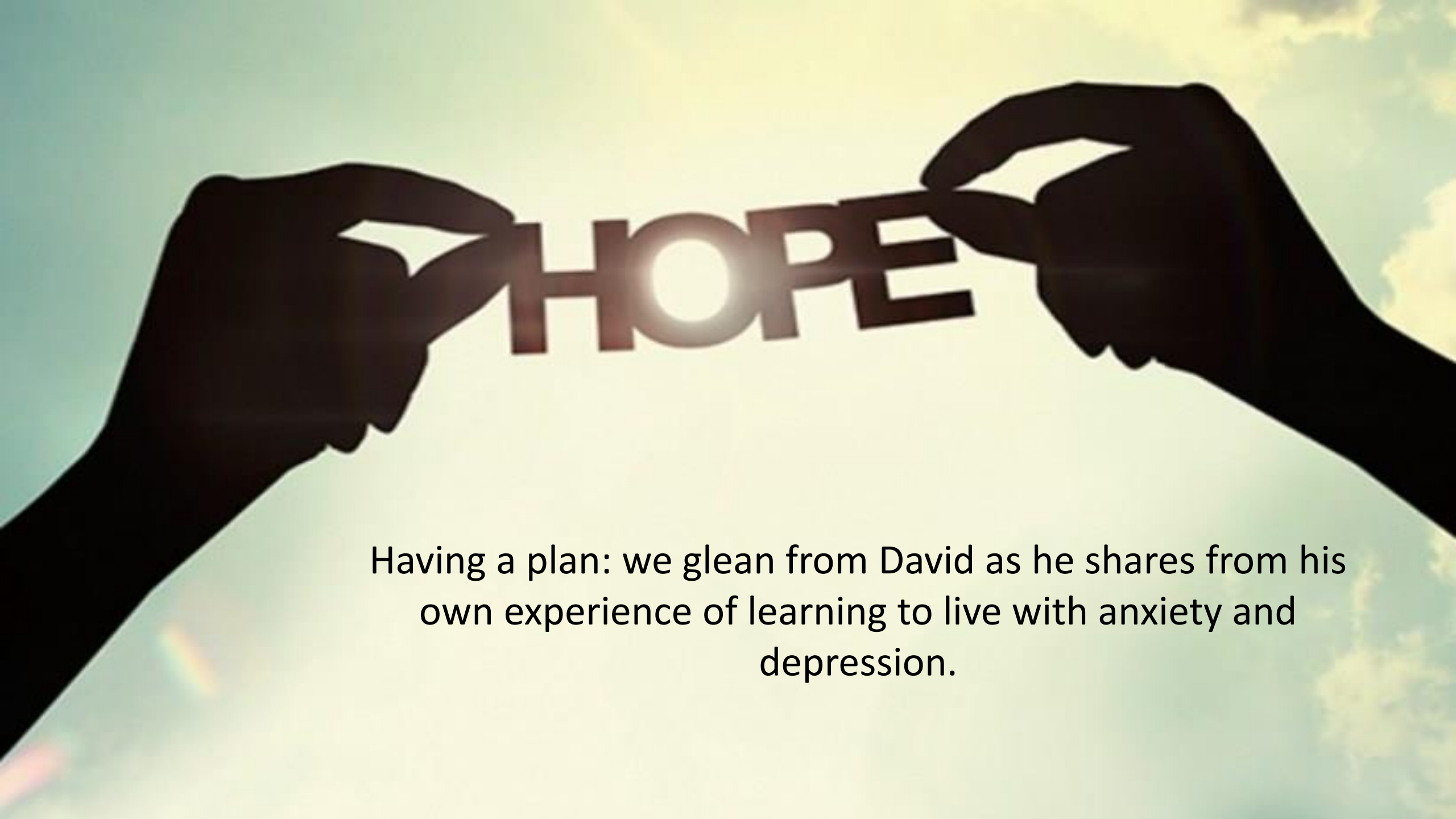
Depression.org.nz





Presenter

- Parani Howes
- Clinical services Manager
- Palms Medical Centre
- 445 Ferguson Street
- Palmerston North
- 06 3547737



Having a plan: we glean from David as he shares from his own experience of learning to live with anxiety and depression.

The Practice of Offering Hope

From what you have heard today, as a pastoral carer, family member, or friend of a person living with depression what does the practice of offering hope look like?

What is one thing you learnt today you will take away with you?

How will you allow what you have learnt to make a positive change to your ministry?

What piece of Scripture or hymn/song that you love and within find God's love, belonging, peace, hope?

Leader: When all hope is gone, Lord

Response: You are born

Leader: When the darkness is complete

Response: You come

Leader: When all things are beyond despair

Response: We find you

Leader: You roll back the stone

Response: and are there to greet us

Silent prayer

