

## ***NSMHF Report of the forum: held on 28.11.2013***

### **'Child abuse and its impact on adult mental health: how can spirituality help?'**

By Margaret Mc Gettrick

[Vice chairman National Spirituality and Mental Health Forum [NSMHF]

Forum Trustee for the Catholic Bishop's Conference Mental Health Reference Group]

The forum discussion looked at the context and current research, the effect of early life trauma and abuse [the symptoms of disrupted attachment, complex trauma and dissociation and explored the importance of the role of the body and brain in symptoms and recovery], explored the three phase model of recovery and looked spirituality [what helps and what hinders].

Presentations were made by Dr Ruth Cureton [a survivor who is a retired GP and counsellor] and Mike Fisher [Chairman of the TAG Trauma and abuse group and a psychotherapist], two survivors Georgina and Kate gave their perspectives [Kate through her poetry] and there followed a panel discussion which included Psychotherapist Linda Beton. Kate is member of a 'Bernadette group,' set up as a result of the Roman Catholic Church's 'Mental Health Project', under the auspices of Bishop Moth, to encourage parishes to become 'welcoming communities' for those with mental health problems.

Georgina was sexually abused by both parents in childhood and found healing through Christian prayer ministry for inner healing [Little Way Ministries].

Statistics show that up ¼ people have experienced childhood abuse and that 50% of adults, who have a history of childhood sexual abuse, have a mental health disorder, but only 10% are receiving counselling or a talking therapy. 1/4 have attempted suicide and ½ have self harmed.

Research has shown that individual therapy makes a long term difference. The financial benefits to the NHS suggest that after two years of therapy annual care costs decrease by £10,000.

Many trauma survivors present with symptoms instead of memories. These may be anxiety, depression, hyper arousal, shame and guilt, chronic somatic symptoms and dissociative symptoms. Post traumatic stress disorder can happen 4-6 months or later. Many people block out the memory of trauma until later in life. Dissociation is 'a critical survival' mechanism. The fragmentation remains until it can be integrated in recovery, which is possible.

Service users may be misdiagnosed. They usually have 7-8 symptoms. People are very scared to talk to their psychiatrists about DID [Dissociative identity disorder] for fear of being sectioned. Medical teaching does not include DID and in its documentation, ICD 10 does not recognise dissociative disorder. It is estimated that DID is under diagnosed and may be present in 7% of patients

In recovery, relationship is very important. Recovery involves attachment [because of the broken trust], working with the trauma symptoms and working with dissociation. Crucial to the process is the reliability and consistency of staff and helpers. It takes a long time to build up trust.

The three phase approach works with symptom reduction and stabilisation. This is followed by the treatment and integration of traumatic memories and involves reconnecting with the memories and the split part of themselves. The process is hard work and involves the loss of a sense of normality in childhood

Re spirituality: Survivors tend to see themselves as the problem because they do not want to believe that adults are bad-they absorb the badness onto themselves. It is estimated to be a 7 year process. There are four longstanding difficulties: isolation, hopelessness, powerlessness and voicelessness. Sometimes prayer is preferred quietly with a trusted one or two people.