

CHURCH BASED FAMILY THERAPY IN WANDSWORTH: IMPROVING ACCESS TO MENTAL HEALTH SERVICES

Dr. Rochelle A. Burgess

Centre for Primary Health and Social care London Metropolitan University
Health Community and Development Research Group, London School of Economics

Dr. Haider Ali

Open University

Programme
Evaluation: Phase
one, Black Pastor
Training

Church based family therapy in Wandsworth: Improving access to mental health services

Programme Evaluation: Phase one, Black Pastor Training

Executive summary

The following evaluation report presents findings from a qualitative evaluation of the Family therapy-community network for family care (Wandsworth). Conducted in summer 2014, the evaluation focuses on phase one of a pilot programme coordinated by the Wandsworth Coproduction Reference Group. The partnership is made up of Wandsworth NHS clinical commissioning group, South West London Mental Health NHS Trust, Wandsworth Council, Wandsworth Community Empowerment network. The long-term goals of the reference group are to address socio-cultural factors that result in poor uptake of health and well-being services particularly amongst those from those who suffer from severe or multiple disadvantage. The pilot project of the Family therapy-community network for family care specifically focuses on addressing socio-cultural factors that frame the poor uptake of mental health services among Black Caribbean and African groups, through exposure of and tackling barriers to services.

Background

The overall aim of the evaluation was to assess the outcomes of stage one of the pilot programme: training of black pastors in the framework of family

therapy. Qualitative interviews and focus group discussions explored the experiences of pastors and ministers who participated in the family therapy training. Interviews also explored perceived impact of a family therapy framework on the broader congregation and community.

Findings

Findings highlighted that the pastors were generally satisfied with the program, identifying the experience as overwhelmingly positive. The anchoring of family therapy concepts to faith based narratives was a key contributor to pastor's positive accounts.

Pastors described the translation of key family therapy concepts within their own ministries and work within their communities, a process enabled by the nature of their initial engagement with the training materials – a process that involved a co-production of knowledge that enabled feelings of competence and comfort with the materials.

Three factors were identified as major determinants of success within pastor's translation of family therapy concepts into their own work: leadership capacity of pastors and ministers, role of the church as establishing a safe space, and language of ministers which allowed for them to 'reframe' potentially sensitive issues around mental health when engaging with parishioners.

Challenges identified for the future training program linked to difficulties with the often academic nature of training materials.

Finally, the evaluation highlighted three key determinants of success within the training program: Co-production of knowledge, capitalizing on existing strong partnerships (Social capital), and the establishment of safe social spaces for engagement with mental health related issues. The importance of individuals able to act as 'bridges' between therapeutic and non-therapeutic spaces was clear. Within this phase, the key partners were WCEN and primary Mental Health Trust's trainers, who facilitated a smooth system of training and learning.

Many of the above factors have been linked to the success of community health programs in other settings, and are particularly important in promoting longevity of gains seen in the initial stages of this program.

- Future research should explore the feasibility for the translation of best practices into other vulnerable communities for scaling-up of community driven approaches.

Recommendations

- Further evaluation of the impacts of the 'translation' of mental health knowledge to the wider community (i.e.: cost-savings from referrals; measurements of changes in community knowledge and attitudes towards MH in parishes with trained pastors).

Table of Contents

| | |
|---|----|
| EXECUTIVE SUMMARY..... | 1 |
| BACKGROUND..... | 1 |
| FINDINGS..... | 1 |
| RECOMMENDATIONS..... | 2 |
| BACKGROUND..... | 1 |
| OVERVIEW OF EVALUATION..... | 3 |
| METHODOLOGY..... | 4 |
| FINDINGS..... | 6 |
| WIDER CONTEXTS OF PASTORS WORK: COMPLEX COMMUNITY NEEDS AND PREVIOUS EXPERIENCES WITH THERAPY..... | 6 |
| SUCCESSSES: TRANSLATING FAMILY THERAPY CONCEPTS INTO EVERYDAY PRACTICE | 8 |
| WIDER CONTEXTS OF SUCCESS: NECESSITY OF PARTNERSHIPS AND BLENDED KNOWLEDGE SYSTEMS..... | 12 |
| CHALLENGES..... | 14 |
| DISCUSSION..... | 16 |
| REFERENCES..... | 18 |
| APPENDICES..... | 21 |
| SAMPLE TRANSCRIPT..... | 23 |

Background

Addressing ethnic disparities with regards to the experience of and access to treatment for mental disorders is gaining increasing attention within the UK. Patients of African and Caribbean origin are identified as being over-represented within inpatient hospital settings, and are three times more likely to be admitted to treatment through emergency services (Mohan et al., 2006). Factors such as the stigma experienced both within services (McGuire & Miranda, 2008; Rabiee & Paula, 2013), and in everyday settings (Knifton et al., 2010; Bhui et al., 2005) have been linked to higher expression of mental health problems among black and ethnic groups both in the UK and elsewhere. The value of cultural competency – the delivery of services within a framework that acknowledges the social and cultural realities of the patient (Kirmayer, 2012), and community care (Knifton et al., 2010) have been championed as routes to overcoming critical barriers facing the uptake of services among marginalised groups.

Research has articulated the value of churches in providing a platform for more culturally appropriate engagement with individuals on sensitive health issues, with success seen with the involvement of church actors in areas such as HIV/AIDS (Campbell et al., 2011). The role of faith as a protective factor against mental distress among African American groups is well acknowledged (Meadows et al., 2005), and recent work in the United States has explored the role of churches in delivering mental health services (Allen, et al 2010; Taylor et al, 2000). Recent research identified spirituality as a critical dimension of the explanatory models used by African and African Caribbean service users in Birmingham (Rabiee & Paula, 2014). These studies feed into calls for models of treatment that better integrate spirituality and faith.

This evaluation report explores the outcomes of phase one of the *Family therapy-community network for family care* (Wandsworth), a pilot project linked to the Wandsworth Coproduction Reference Group, which is made up of NHS Wandsworth Clinical Commissioning Group, South West London and St Georges NHS Mental Health Trust, Wandsworth Council and Wandsworth Community Empowerment Network. The aim of the pilot project is to address socio-cultural factors that frame the poor uptake of mental health services among Black Caribbean and African groups in the borough – focusing on eliminating barriers to services and increasing uptake of community level services. This partnership is informed by evidence suggesting the value of including places of worship as a route to targeting ethnic minority groups (Allen et al., 2010), and the ability for faith based frameworks to increase the local sensitivity and cultural appropriateness of services (Campbell et al., 2011). As part of the project, the mental health unit provides pastors with information about the services that are available and

the issues that patients face, in line with evidence that people may turn to pastors when experiencing emotional distress (Mattis et al 2007).

By enabling pastors from participating churches to engage with the family therapy unit at a local mental health hospital (Whaley, 2001), it is hoped that community uptake of early stage mental health services will be increased. The advantages of working with places of worship to reach ethnic and religious groups and women, are well documented (Sternberg, 2006 and Wells *et al.* 1990), specifically their ability to deliver messages in a culturally appropriate manner (Seabrooke and Milne 2004 and Blackburn 2004). It is hoped that working with religious leaders (Mulligan, 2006) will lead to greater community awareness of the services being provided and pastors will be better able to signpost congregants in the right direction when recommending their use of mental health services (Davey and Watson, 2008). This can be considered to be a community-wide effort, for example, the work of Bryant et al. (1999) highlights the importance of engagements emphasise social norms, interpersonal influence and on local leaderships influencing behaviour and changing community-wide influences.

The initiative being evaluated is amongst a range of different methods that can be used in order to involve local communities in health improvement programmes. Other methods that have been used include: citizen juries, rapid appraisal techniques, neighbourhood committees, community forums and community champions. According to Popay et al (2007) each of these approaches varies in terms of the extent to which the engagement involves:

- the provision of information to communities,
- consultation,
- co-production,
- delegated power,
- full community control.

Within the family therapy network, pastors are involved to varying degrees in each of the above types of engagement.

The following report presents the findings of the research evaluation of phase one of the *Family therapy-community network for family care*. It begins with an overview of the aims and objectives of the evaluation, which is followed by a brief discussion of methodology and data analysis strategy. Then, it reports on the major themes that were identified as driving the relationships within the network. Finally findings are linked back to the main objectives of the evaluation. The report concludes with a series of recommendations for future projects in this area.

Overview of evaluation

The aim of the evaluation was to assess the outcomes of stage one of the program in order to explore pastors' experiences of the training, their engagement with the ideas and concepts encountered during training and the impact that they perceive the training will have on their relationship with their congregation members.

The evaluation also sought to identify challenges faced by the program, in particular the interface between faith based and therapeutic frameworks of support, and the realities of working within these types of multi-sector partnerships for health.

The objectives of the evaluation were as follows:

- 1) To identify the framework of soft architecture (relationships and interpersonal engagements) that drives the delivery of the family therapy training programme, with an emphasis on factors shaping relationships and engagement of stakeholders within the program
- 2) To identify challenges faced by local black pastors in translating concepts linked to family therapy within their own faith based frameworks
- 3) To identify local metrics of 'success' in relation to the delivery of the program, with a particular emphasis on the following issues:
 - a. Pastor's engagement and perceptions of the main concepts they were exposed to within training
 - b. Their use of concepts within their own faith based counselling frameworks.
 - c. The added value of a therapeutic framework within faith based counselling

Methodology

Semi-structured interviews were conducted with 10 pastors and ministers linked to the Pastor's Network, who participated in phase one of the family therapy training programme. Participant interviews ranged from 40 min to 1.5 hours in length, and covered topics related to their participation in the programme, use of concepts in their everyday practice (see appendix for interview schedule, and sample transcripts). A series of focus groups with a selection of interview participants, supplemented these interviews. Also included in the focus groups were pastors from other churches who were interested in joining the Pastor's network and family therapy partnership. Interviews were digitally recorded and transcribed verbatim by a translation company.

Interviews were analysed using a systematic thematic analysis (Braun and Clarke, 2006), using a data driven approach. Researchers read through a sample of the transcripts (n =6) in order to develop a series of preliminary codes to frame a systematic coding process. Both authors independently coded the same 6 transcripts using these codes. Independent coding was completed to confirm the validity and reliability of the coding framework. This informed a final analysis of the entire corpus of interviews and focus groups by the first author of the report using electronic coding software Nvivo (Version 10).

The analysis identified ten global themes that organised around four areas of concern:

General contexts of pastors' work

- *Background of pastor 'therapist'*
- *Client issues: needs of the community*

Translating family therapy concepts into every day practice

- *Negotiating processes*
- *Role of the church*
- *Leadership of the pastor*
- *Confidentiality and protection*

Wider contexts of success

- *Partnerships*
- *Role of the church: blending of knowledge systems*

Challenges

- *Limits to FT approach*
- *Difficulties with training programme*

The following section presents findings related to each of these four areas. Quotations are presented with only minor grammatical corrections to improve understanding, in order to maintain the true nature of participants' responses.

Findings

Wider contexts of pastors work: Complex community needs and previous experiences with therapy

Many of the pastors linked their commitment to the therapy programme to their understanding of the needs of members of their community¹. In addition to ministerial and pastoral responsibilities, most participants had additional employment or volunteer responsibilities. The wearing of many 'hats' was linked to a need to respond to what they felt were wider challenges facing the community.

I was on an immigration course yesterday, because I need to understand a lot more about it, because there's so many of [my clients] that are affected by this and so are the children... she's on anti-depressants, she sees me as well and she also gets counselling externally from two other agencies as well, so there's a lot going on around her but I know that that woman, once she comes through this immigration barrier, I know she'll fly

- Female church leader 1

Issues such as poverty, suicide, and gang involvement among youth were described as issues impacting on the lives of their congregations.

I've always had my faith in the pulpit, I mean I love preaching, that was my passion, but then suddenly I realised that I need to spend more time in the community with the young people, because sometimes no-one will be with them in court, there's no father figure

- Male church Leader, 1

One participant, who was previously employed by a local authority, described her decision to branch out on her own as linked to the need to 'do more':

I just felt that some families needed a little bit more time and they weren't actually getting that... I felt that by the time the child reached five, it was like pushing the families on but there was no real programme for the whole family after that. I had a vision to write children's books, tailored to meeting the needs of families with children under five and running it through a community project, piloting where I could directly work with families. It was around that time that my Pastor suggested that I take the course

- Female church leader 1

¹ Throughout the interviews, many participants used the word 'clients' to refer to those who they saw within their ministerial roles.

Stigma towards mental health issues in their communities was reported as a key issue by all of the participants. They described a general negative attitude towards mental health within their congregations, with a tendency to see all mental illness as ‘madness’.

There’s a lot of stigma around mental health and a lot of people, their immediate reaction is I don’t have anybody in my family with mental health, I don’t know anybody with mental and so they don’t and in fact the more you speak to people, the more you get to know people, you actually come to realise actually there is.

- Female church leader 5

8 of the 10 participants were previously or currently involved in a therapeutic or ‘caring’ profession. These previous engagements were linked to the narratives used by pastors to describe their journey towards the family therapy training programme. For example, volunteering at mental health NGOs, a youth worker, nurse, and therapists trained in another discipline were among the professions listed by participants.

Beyond this, each of the participants were also involved in various ministering roles within their respective churches. Many of these roles involved ongoing engagement with members of the church community. For example, participants were responsible for running children’s groups, youth and marriage ministries within their parish communities. In addition to provision of spiritual guidance, the ministerial role generally involves dialogue and discussion about struggles that members of the church face. One participant spoke of her work as the co-ordinator of the marriage and relationship ministry at her church, which was developed in response to the needs of the congregation:

...we just used to go out and visit couples, especially those that were struggling in marriages, we could see they’re struggling with the children and so on, so we used to go out and visit couples and sit and counsel them for a couple of hours and we found we had to keep going back and back and....those people just come and talk to us.... we just thought people need help, so we just did it

- Female church leader 2

Successes: Translating family therapy concepts into everyday practice

Following the completion of the first phase of family therapy training, participants described their experience as overwhelmingly positive. Their accounts pointed to the ability for the course to provide new opportunities to expand on the existing skills used during their ministry. Genograms and rewriting the family script were identified by all participants as specific family therapy tools that were useful on a regular basis in their ministerial work.

For example, one participant with responsibilities at many churches in London spoke of the value of the systemic theory of externalisation within family therapy to their pastoral work with couples:

Now, I find the course extremely useful, I have to tell you, because it offers one a number of tools that you can work with.... it gives me an inroad into how I can help couples within my local church and other than that, you see, some of the methodologies that I'm given there, although they're systemic, you could actually use them not just systemically but individually as well, in my view.... so if we can objectify it (the problem) and if we can pull it out and put it over there and look at it and discuss it we can find solutions to it or explore it and see how we can just bring a form of balance to the situation... so for me, the course was fantastic, absolutely fantastic and the different areas that one can go into.... I think really if one is a pastor, then these are the type of issues that you're dealing, they're very live issues and they are sort of areas that we're dealing with day-on-day and thank God that I was on it and I'm really looking forward to Year 2

- Male Church Leader 4

All of the participants linked their positive experience on the course to the manner of its delivery – specifically the importance of the collaborative nature of the training programme. Participants spoke of the importance of being given opportunities to integrate their own faith based frameworks with the new concepts they encountered during training. As noted by the following participants, the space the programme created to anchor their existing knowledge of scripture into therapeutic theory was extremely useful.

During the last week (of training), we took all the different types of therapy, all the different methods and we actually put scripture to them... we actually put scripture to them, so we could explain each system with a scripture, which was really amazing.

- Female church leader 2

...as we kept on going, we began to see actually how, what we're already doing is reflected in these modes of working...it's more like being able to attach labels and I think in one of the sessions we did, two of the participants got scriptures for each of the modes of working...that's actually helped us to understand all of these ways of working and the scriptures go with it, okay, so had we not come to the course, we wouldn't be exposed to those ways of working and also the facilitators, had we not come to the course, they wouldn't be open to how the scriptures connect to practice.

- Male church leader 2

The personable and open nature of the programme facilitators was also highlighted as a key contribution to participants' enjoyment and engagement with the family therapy training programme. The above participant went on to describe the importance of this partnership within their overall experience.

I found [the facilitator] to be a professional, thoughtful, intuitive, but also doesn't lose sight of the goal. She's accommodating, she makes room for differences of opinion, not in a negative way but she makes room for differences of opinion, she accommodates good thinking and where it's necessary to guide and to cajole onto the better path, then she does that. [The programme facilitators] make a fantastic team, they'd make a great stand-up team, the two of them, seriously the two of them should go into comedy, they'd make a great stand-up team. So it's been really, really empowering working with them.

These positive experiences during training fed into a general excitement and willingness to make use of the family therapy tools within their ministerial practice. The translation of concepts into their everyday practice was enabled by three factors: their ability to negotiate the often complex space between faith and counselling support; the ability of the church to create partnerships that respond to community needs, and act as a 'safe space' for clients, and most importantly, the leadership of the pastor in the community.

For example, one participant spoke about the importance of being able to engage with people in the 'language' of the community, as something that made it possible to broach topics related to mental health during regular ministry sessions:

I think it's more of learning how to use language in such a way that enables folks to access services, so if I sat down with an individual and mentioned something like look, I think it would be worthwhile you going to Springfield to see somebody to do with your mental health, they would probably think I'm insulting them, because what, you're saying I'm crazy? ...there is still the whole stigma around mental health and so on and so forth....so if I meet a brother or I say to a sister listen, I'm not feeling what's going on and they'll okay, start to talk, let's reason, that's a very important word in our culture, 'let's reason', talk to me now and then you begin to open up and then you can begin to see from the professional perspective what's happening here, anxiety, depression, a

combination of those, anger, frustration and it gives some leeway to be able to say it's okay.

- Male church leader 2

In terms of the church's contributions to the process of expanding access to mental health services, one participant affirmed the role of the church as a key broker of partnerships, particularly around mental health.

...it was always the desire of the leaders, the original leaders of [name of church] to have a presence in the community and that presence should be to serve and to impact, enable in some way... it's always been a bit of a, well how can we connect, you know and Churches were always considered to be very sort of dodgy places, you don't really want to get the Church involved in a mental health hospital, because they'll do really serious damage to people and yet over the years, several of our members are employees or have been employees there and on more than one occasion they will bring some of the clients and come to Church, sit in Church, really enjoy it and then go back and so Church has been, certainly over the last 30 years, the connection with the Mental Health Trust has been there, not formal, now it's a lot more formal, a lot more clear in terms of how we can work together.

- Male church leader 3

Others affirmed the ability of the church to enable access to individuals at need in a way that other agencies interested in mental health may not be able to access:

The programme is needed because so many people don't know how to organise their lives and go the wrong way and it doesn't turn out right and then it impacts on the children... The children suffer and then the cycle goes on. You don't want to do that, you want to stop it, so that we can all live, enjoy good lives [and] some of the not-so-good families, the Church is, that's where you have to go, the communities and churches, they're all there...but most people are in churches.

Female church leader 3

One pastor who was considering participating in future rounds of the family therapy programme, articulated the value of the church space in relation to tackling stigma:

We are exploring the opportunity of using the church as a sort of consultation space – when you talk about going to see the consultant – there is the stigma that goes with it. IF probably they met in the church, it makes the patient suddenly feel more relaxed because it doesn't look like they are going for any form of therapy, they probably think they are just going to church, so it creates a sense of calm.

- Male church leader, Focus group session

The contributions made by the pastors' leadership was linked to various dimensions of their pastoral roles. For example, their ability to know who was there, and who needed help:

In our work around developing the champions... looking at how those individuals make a difference...in the community...we hear stories, we hear about champions speaking to people who they recognise are going through some kind of traumatic situation and they advise them to go to the doctor, or they'll go with them, or they sign post them. So yes, there we are, we're involved in loads of things.

- Female church leader 5

Pastors were also able to normalise an experience, and label something as acceptable to a wide group of individuals.

We're in a perfect position to be able to do that, as leaders we influence and so letting the congregation, our church community know that we're part of a programme like this. It's almost like a green light for the members of the community, there's a pastor involved in that that must be something good and at least try it out.

- Male church leader 2

And finally, their understanding of the importance of confidentiality – particularly in dealing with mental health issues among more sensitive members of the church. One participant whose formal occupation is a therapist, sees her clients away from church spaces at times when very sensitive issues were being discussed:

...the parents were desperate to find some help for her and it's confidential of course...even though they come from the church sometimes, I prefer to see clients away from the church because people see, you know how people are, they see and why are you seeing [participant's name] and I guess if people always see someone talking to me, something must be wrong (laughter). If you're talking to me, something must be not right.

- Female church leader 4

Wider contexts of success: Necessity of partnerships and blended knowledge systems

Two additional processes emerged as critical to the successes of the first phase of the family therapy programme: partnerships that operated at multiple levels of the network, and the blend of knowledge systems within a faith framework and the systemic approach of family therapy.

Partnerships operated at two key levels: First, at the micro-level, the primary and strongest bonds were between the participants themselves, who were all members of the Pastors' Network. This network provided support during training, as well as during the implementation of their family therapy frameworks with their congregations.

Interviewer: What would you say has been the most valuable aspect of the training for you?

I think it's working together with like-minded individuals who approach things in a very similar manner to myself, individuals who because of our faith, we actually approach things from a spiritual aspect... it meant that we didn't have to make any excuses, we didn't have to make any apologies... I don't know if it would have been the same had I done it (the training) with secular people.

- Female church leader 5

At the second level, were the partnerships between the participants and the Mental Health Trust. The relationship was largely mediated through the head of the family therapy network (A), whose presence was seen as invaluable. Beyond the space of training, through A's presence, the Trust was available to offer further guidance on the application of tools, as well as receive referrals of more complex cases.

...she's taken me under, in a way she's taken all of us under her wings, and she doesn't just talk about it, but she does it and everyone sees it ... that we are like A's babies. She's got hundreds of people to look after, but in a way she has such interest in what we're doing and she's opened this door, put me in a situation where almost like you would doubt yourself and she didn't doubt me and the people don't doubt me, we're just quite interesting... that's good to know that people appreciate who we are and what we do and the fact is if we take on these tools of being curious, to learn, then we will fit in anywhere

- Male church leader 1

I've called on A at times to just talk through something that's cropped up, somebody has called me and is asking for advice and support, I've called on her to seek her advice and so on so yes, that works well.

- Female church leader 5

Finally, and perhaps most importantly was the role played by WCEN as a key bridge and negotiator between the Trust and the Pastors' Network. The ability for this organization to coordinate access and conversations between these two theoretically competing groups was the crux of the initiative's success.

The leaders (pastors) coming together and saying well okay, we have a common interest in many of these things, because we'd see it and experience it in our congregations, what can we do? and so conversations amongst ourselves and sharing knowledge and sharing ideas and I think M (head of WCEN) invited Annie to be part of some of these conversations and to her credit, here she was in a very alien environment for her and a lot of the questions, because historically we understand the relationship, between police, mental health hospitals and the black community none of it is good, none of it is good, so she came at a place, it's like, to her credit she didn't run out the building and M, he's the sort of person that sort of comes with What if we had all these people trained up and they were skilled and they then could help some of these people at that level when they're struggling initiallyand it was a seed that then grew.

- Male church leader 3

Furthermore, WCEN offered a continuing supportive presence, committed to change in the community in a way that was in parallel to the views of the participants, and in this way was able to act as an empowering source of support and structural guidance.

I met M on the 10th of March 2009 and all of my plans went out the window because when you meet him, he just energizes you, and continues to do so over the years – his energy has really lifted a lot of us and helped us to recognize that we too can take our passion and do something with it.

- Female church leader 5

The final key contribution to the success of the programme was the formation of a blended knowledge system used by the pastors and the nature of the work they did with communities, and the tenants of systemic family therapy. Each of the participants noted that the systemic approach was incredibly valuable to the people they ministered to – who often had complex social realities anchored to complicated family histories. One participant described his work with gangs and how it has been expanded by the use of a family therapy approach:

We have lots of couples and families, and single mothers, where it's a mum and a son and the dad is not there.... it's been so useful...many times we see the image of the father in the son and it's been interesting for us to be able to use the tools... because of the genogram we are able to bring them to a place where they can talk about the father... and mom can look at hers self and we are able to look at that in a genogram and see a family history... I have more time to be technical rather than them thinking as a pastor I'm going to talk about spiritual side – I'm able to think more about them and those who have mental health issues we're able to deal with all of these things... you

aren't stuck with the family, you're able to be there as someone who cares and can still help.

Challenges

Despite an overwhelmingly positive account of their experiences with the programme, participants identified challenges in relating to the content of the course, at times identifying the material as overly academic and difficult to understand.

There were a few papers that were really easy to read and you could engage in them and really get them straight away, where there were others that you had to read a few times to really oh okay, so that's what it means, okay, so that's what that phrase of it means that's the one thing I think, not just myself, a number of people spoke about, on the course, that sometimes the reading was so challenging that it made you feel that it was deliberately trying to prevent you from understanding what it was about

- Female church leader 5

However, many of these challenges were described as overcome through the support of the wider pastor's network, and the general structure of the course itself.

Another potential challenge that may face the programme in future years, ties into one of its biggest strengths – the commitment of pastors and danger of burn out.

You're not having any rest... but I'm a community leader, which means if there's an issue which your community has, you have to be there...

- Male church leader 1

With a group of individuals who are so deeply involved in such a wide range of commitments to their community, support for their own well-being is something that must be considered. Given that future training will involve increased demands on time, including observed therapeutic sessions with clients, in addition to further academic requirements, efforts that focus on sustaining the wellbeing of pastors involved in this work is mandatory.

Notwithstanding, the overall commitment of the participants to the future of the training programme was present – with each member looking forward to the start of the next phase, as it fit into wider visions of how their communities could be improved by exposure to family therapy:

I think it's, I guess for me it's the view that this is a programme that should be available on a much wider scale to so many more pastors, because we go into church and we don't know who we're sat next to, we don't know what challenges they're faced with, we don't know how they're even getting through one day to another... I think when a problem that is around mental ill health is posed to a pastor, the pastor doesn't know what to do, but they don't have the tools, they don't

have the different therapeutic models to work with so all they do is let's pray, so I think for me the programme it would be great if it's offered on a much wider level, because for too long churches have been operating under this everything is about the spiritual, the church is very, very good at dealing with the spiritual, but it's not so good as dealing with the mental and why should it be if they've never had the training to do so.

Male church leader 5

Discussion

This evaluation has attempted to explore the processes that promoted a multi-stakeholder partnership targeting the promotion of mental health and wellbeing in a marginalized and typically underserved community. The successes seen in the first phase of the family therapy partnership between the NHS Trust, WCEN, and the Pastors' Network exemplifies the promotion of a mental health competent community (Burgess, 2012). Through the promotion of solidarity around the issue of mental health, provision of knowledge and the expansion of local skills, establishment of strong partnerships, a cadre of highly qualified individuals were able to work at the coal face of mental health services in a traditionally hard to reach community of black Caribbean and black Africans in South London.

The success of the pilot programme was driven at its core by multiple levels of partnerships. First bonds between the pastors themselves supported their ongoing commitment to the course, as well as the translation of family therapy concepts into their daily practice as ministers and pastors within their communities, and a form of bonding social capital. Bonding social capital has been highlighted as critical to local participation (Campbell and Jovchelovitch, 2001) and has been linked to the promotion of mental wellbeing (Burgess and Campbell, 2014). Second, were the bonds between the pastors and wider members of the partnership – the NHS Mental health trust actors, as well as WCEN. Previous attempts at partnerships between black communities and statutory health sectors for mental health have faced challenges. For example, Campbell and colleagues (2004) study of partnership between – linked to a lack of trust between partners, and varying interpretations of key terms such as 'partnerships'. Findings in this case study were the opposite – driven by high levels of trust and respect between actors.

The strength of the relationship between the pastors who completed the training and both the NHS Trust and WCEN are examples of bonding and bridging social capital. It could be argued that the presence of WCEN as a bridge between the two groups contributed significantly to the overall health of the partnership. The ability of WCEN to work as bridges and speak multiple languages (i.e. – the local language of the community, as well as the language of external powerful actors), has been identified as critical to the success of local health and social change initiatives in low-income country settings (Aveling & Jovchelovitch, 2014). Furthermore, the presence of bonding and bridging social capital create much needed access to opportunities that are able to expand on the pre-existing skill set of the pastors, and as such extend their reach and ability to recognize the mental health needs of members in the wider community. By

extending this set of skills to the coalface of the community, access to mental health promotion and early intervention is increased. Many participants described their increased ability to engage with their wider community about mental health following exposure to the programme.

It is important to highlight that the nature of the design of the training was of a particular relevance to its success. The teaching model used, which featured co-production of knowledge and an open approach to contributions from students themselves, is in line with a critical pedagogy that has been associated within literature to empowerment, and a willingness to participate in wider forms of social change (Freire, 1973). This particular approach also established a high levels of trust between the pastors and the health sector, which has been shown as critical to promoting effective participation between groups that differ in power and access to resources (Campbell et al., 2004; 2010).

Local drivers of success are intrinsically linked to the pre-existing skill set of the pastors themselves. As experts and leaders within their community, their engagement with the wider parish about mental health issues, is a particularly important part of early intervention strategies. Studies of HIV/AIDS prevention programmes in low-income country settings highlight the importance of local knowledge and acceptance in the translation of new ideas (Burgess, 2014; Cornish et al., 2012). The ability for pastors to draw on a discourse anchored to local knowledge and supported by the power of their symbolic capital when speaking about mental health in their communities, will be critical in the process of facilitating increased access to 'early intervention' among Black Caribbean and African communities, which is a central aim of the partnership.

By virtue of its ability to establish a competent community, the partnership has taken significant steps towards providing early intervention and prevention services to a hard to reach population. Despite the absence of major challenges reported by this group during this research, future research should aim to explore the drivers of future challenges –such as burnout among pastors during the second phase of training given the increased demands on time and planning. Furthermore, there is a need to begin to explore the wider impacts of this programme on the congregations linked to the programme through the pastor's network. Further recommendations for include the need for future research to explore the feasibility for the translation of best practices discovered here into other vulnerable communities for scaling-up of community driven approaches.

References

- Allen, A. J., Davey, M. P., & Davey, A. (2010). Being examples to the flock: The role of church leaders and African American families seeking mental health care services. *Contemporary Family Therapy*, 32(2), 117-134.
- Aveling, E. L., & Jovchelovitch, S. (2014). Partnerships as knowledge encounters: A psychosocial theory of partnerships for health and community development. *Journal of health psychology*, 19(1), 34-45.
- Blackburn, H. (2004). Listening to the Voices of Faith: the provision of spiritual and religious care for the six main faith groups in Sheffield. Sheffield Teaching Hospitals NHS trust.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Bryant, C.A., Forthofer, M.S., Brown, K.M. and McDermott, R.J. (1999) "Community-Based Prevention Marketing", *Social Marketing Quarterly* 5(3), 54–9.
- Bhui, K., Stansfeld, S., McKenzie, K., Karlsen, S., Nazroo, J., & Weich, S. (2005). Racial/ethnic discrimination and common mental disorders among workers: findings from the EMPIRIC Study of Ethnic Minority Groups in the United Kingdom. *American journal of public health*, 95(3), 496-501.
- Burgess, R. A. (2012). Supporting global mental health: Critical community psychology as a potential panacea? In C. Walker, K. Johnson, & L. Cunningham (Eds.), *Community Psychology and the Socio-economics of Mental Distress: International Perspectives* (pp. 108–123). London England: Palgrave Macmillan. Retrieved from <https://books.google.com/books?hl=en&lr=&id=F9scBQAAQBAJ&pgis=1>
- Burgess, R. A. (2014). 'It Depends on Them'—Exploring Order and Disjuncture in Responding to the Local Needs of AIDS Affected Communities in the Kingdom of Swaziland. *Journal of Development Studies*, 50(4), 467-480.
- Burgess, R., & Campbell, C. (2014). Contextualising women's mental distress and coping strategies in the time of AIDS: A rural South African case study. *Transcultural psychiatry*, 51(6), 875-903.
- Campbell, C., & Jovchelovitch, S. (2000). Health, community and development: Towards a social psychology of participation. *Journal of Community & Applied Social Psychology*, 10(4), 255-270.
- Campbell, C., Cornish, F., & Mclean, C. (2004). Social Capital, Participation and the Perpetuation of Health Inequalities: Obstacles to African-Caribbean Participation in 'Partnerships' to Improve Mental Health. *Ethnicity & health*, 9(3), 305-327.
-

- Campbell, C., Cornish, F., Gibbs, A., & Scott, K. (2010). Heeding the push from below: How do social movements persuade the rich to listen to the poor? *Journal of Health Psychology*, 5 (7). pp. 962-971. ISSN 1359-1053
- Campbell, C., Skovdal, M., & Gibbs, A. (2011). Creating social spaces to tackle AIDS-related stigma: reviewing the role of church groups in sub-Saharan Africa. *AIDS and Behavior*, 15(6), 1204-1219.
- Cornish, F., Campbell, C., Shukla, A., & Banerji, R. (2012). From brothel to boardroom: Prospects for community leadership of HIV interventions in the context of global funding practices. *Health & place*, 18(3), 468-474.
- Davey, M. P., & Watson, M. F. (2008). Engaging African Americans in therapy: Integrating a public policy and family therapy perspective. *Contemporary Family Therapy*, 30, 31–47.
- Freire, P. (1973). *Education for Critical Consciousness* (introd. de D. Goulet: ed. y tr. por Myra Bergman Ramos) New York: EUA Continuum.
- Knifton, L., Gervais, M., Newbigging, K., Mirza, N., Quinn, N., Wilson, N., & Hunkins-Hutchison, E. (2010). Community conversation: addressing mental health stigma with ethnic minority communities. *Social psychiatry and psychiatric epidemiology*, 45(4), 497-504.
- Kirmayer, L. (2012). Rethinking cultural competence. *Transcultural Psychiatry*, 49(2), 149.
- Mattis, J. S., Mitchell, N., Zapata, A., Grayman, N. A., Taylor, R. J., Chatters, L. M., & Neighbors, H. W. (2007). Uses of ministerial support by African Americans: A focus group study. *American Journal of Orthopsychiatry*, 77, 249–258
- McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Affairs*, 27(2), 393-403.
- Meadows, L. A., Kaslow, N. J., Thompson, M. P., & Jurkovic, G. J. (2005). Protective factors against suicide attempt risk among African American women experiencing intimate partner violence. *American journal of community psychology*, 36(1-2), 109-121.
- Mohan, R., McCrone, P., Szmukler, G., Micali, N., Afuwape, S., & Thornicroft, G. (2006). Ethnic differences in mental health service use among patients with psychotic disorders. *Social psychiatry and psychiatric epidemiology*, 41(10), 771-776.
- Mulligan, K. (2006) *Toward the Death Penalty and Abortion* Southern Illinois University *Social Science Quarterly*, Volume 87, Number 3,
- Rabiee, F., & Smith, P. (2013). Being understood, being respected: an evaluation of mental health service provision from service providers and users' perspectives in Birmingham, UK. *International Journal of Mental Health Promotion*, 15(3), 162-177.
-

- Rabiee, F., & Smith, P. (2014). Understanding mental health and experience of accessing services among African and African Caribbean Service users and carers in Birmingham, UK. *Diversity and Equality in Health and Care*, 11(2), 125-134.
- Seabrooke, V. and Milne, A. Culture and Care in Dementia - A Study of the Asian Community in North West Kent (2004). Alzheimer's and Dementia Support Services
- Sternberg, Z., Munschauer, F. E., Carrow, S. S. and Sternberg, E. Faith-placed cardiovascular health promotion: a framework for contextual and organizational factors (2006) Health Education Research 23 Oct
- Taylor, R. J., Ellison, C. G., Chatters, L. M., Levin, J. S., & Lincoln, K. D. (2000). Mental health services in faith communities: The role of clergy in black churches. *Social Work*, 45(1), 73-87.
- Wells, B., DePue, J., Lasater, T., & Carelton, R. (1990). Characteristics of volunteers who deliver education and promotion: A comparison with organization members and program participants. *Health Education Quarterly*, 17, 23–25.
- Whaley, A. L. (2001). Cultural mistrust and mental health services for African Americans: A review and meta-analysis. *Counselling Psychologist*, 29, 513–531.

Appendices

Church based family therapy in Wandsworth: Improving access to mental health services

Participant Name:

Participant identifier:

Parish:

Background and warm up section:

1. Could you start off by telling me a little bit about your role as a pastor and your own journey to become a member of the church?
2. What are the three biggest challenges you face in trying to support your parishioners?
3. What are the three most common issues that your parishioners seek guidance and support with?
4. What would you say are the three most important activities that the church does to support the wider community?

Questions relating to the intervention

1. Could you explain to me in your own words what the intervention is trying to do?
 2. What was your experience of training on the programme?
 - a. What was the most valuable thing you learned?
 - b. What was the least valuable thing that you learned?
 3. What do you think the intervention brings to your relationship with your parishioners?
 4. What has the process of supporting your parishioners in 'counselling' been like so far?
 - a. Probe around issues of faith framework and counselling frame work if not touched on directly in response
 5. What do you think the term 'mental health' means to your parishioners?
 6. How has the intervention changed the way you think about mental health?
-

7. What do you think works best about the program?
 - a) Why? (what is contributing to that?)
8. What do you think is not working well about the programme – what would you change/make different?

Questions about the partnership

1. Can you tell me how often you engage with other members of the partnership?
 - a. NGO (wandsworth community empowerment network)
 - b. Mental health trust (Annie Turner)
2. What is that engagement like?

prompts: if necessary expand in terms of what happens, what is exchanged?
3. How important are these relationships to the type of supporting/emotional work that you do with your parishioners?
4. You are moving forward with your training into round two – can you tell me your thoughts about that?
 - a. What will it be like
 - b. What are you expecting to gain
 - c. Describe your biggest fears regarding training

Sample transcript

VOICE FILE NAME: MaleMinister(pastor1 – Switzerland).WMA

Key:

RB = Interviewer

MM = Male Minister

RB sort of what the evaluation is trying to look at again

MM Okay.

RB so, today all we'll be talking about is sort of your experience in the training programme, how you've been using it to sort of help clients and parishioners in your sort of everyday practice and what you're looking forward to for the second part of the training, so it should be very easy and very enjoyable, at least for me, because I feel like I'm learning so much and we will be finished in maximum an hour

MM Okay.

RB sometimes, like was about 40 minutes

MM Okay.

RB and my email's at the bottom, so if you have any questions or if you would like to, you think of anything I should know later on, you can just shoot me an email and let me know. Okay, so I guess I'll start off with the easy stuff, which is if you could just tell me a little bit about yourself and are you a pastor or, Yes?, okay.

MM Yes.

RB I keep explaining to everyone that I am Catholic, so my terminology sometimes comes out a little bit

MM Okay, yes. My position is more like, in a way I would say a pastoral, but it's also pastoral leader.

RB Yes, okay, okay, great and how long, are you at this parish or a different parish, or ministry or

MM Yes, I think it's a site which is South West London.

RB Okay.

MM Yes, most of my programme is based in Balham, which is (unclear) here.

RB Okay, okay, Balham, okay and can you tell me a little bit about how you got involved with the programme, how you first heard about it, what your sort of journey was in that regard.

MM Yes, I think because I've always had interest as a pastor with community.

RB Yes.

MM In terms of, as pastors our work is spiritual

RB Yes.

MM it's spiritual work, but what has happened with my kind of work, because I started my life in boarding school in Ghana and life in Switzerland, which is very community

RB Yes.

MM and also coming here, it was more kind of meeting with people who were connected, the two of us

RB Yes, okay.

MM and so I found myself in Balham, which was in a city, because the friends I met, I came from Switzerland to Wales to study theology, but what I found was that there were missionary kids who were attached to the college, this Bible college, who were borders and parents were in the mission field

RB Right.

MM read so much about missionaries and you would have never thought their children were having difficulties, so it's quite interesting, because I went to boarding school I share a lot about it. I came here thinking boarding school that we had back home in Africa is similar to boarding school here. In boarding school back home, parents didn't have time for you, they felt that was the best thing

RB Yes, yes.

MM and everybody was going to boarding school, so you'd be left out if you didn't go to boarding school

RB Yes, yes.

MM it means that parents were not there and similar students who looked after us, by the teachers and you can imagine all the things that were happening in boarding school, but it's also in a way you matured. You may cry for about two weeks, when you see the car move, you remember everything about the soap and the communal bath, bathing and everything, showers and all, but then you realise that you'll be here for maybe five years or whatever

RB Yes.

MM and you would have to stick to it, so it's been a journey knowing that suddenly I came here talking about my experience at my school and then I realised that people were traumatised, obviously it's Church, so they come to you to talk to them, to pray and I realised this is something beyond me. I'm happy, this person is sad, how do I transition on that? For my happiness and they're sad, I can't tell them about how I got my happiness

RB Yes.

MM but it's learning to listen, but I was in training, but then the boarding school children helped me in a way that suddenly I had to cancel weekends. I was a young black guy, finding myself in white communities, so they decided that they want me to preach, but then I had to cancel my Saturday/Sunday to spend time with those young people and they asked me to come and speak at their school assembly, that's when I realised it was tougher than feeling rejected

RB Right.

MM and some of them wanted to commit suicide, so most of my time, when I was in my dormitory, I heard a knock on the door, I opened the door and it would be one of them, can I talk to you? he said and I'm thinking that's interesting, I've never done that.

RB Yes.

MM So that's been my kind of journey and then normally during holidays I would get back to Victoria Station where I get my train to go to the port to board the boat, to go to France and another journey by train back to Switzerland. If I didn't get a boat to go to France, I would go through Holland or Belgium, so you kind of have time to reflect, it's a long journey, normally it's about 24 hours

RB Wow.

MM so a lot of time, so one time, I remember it was April 1978, this friend from Balham, he's quite a rich guy, he said to me don't go. I was at Victoria Station ready, I'd bought my ticket and everything. He said no, come and stay with us at Balham, don't go to Switzerland, it's a long journey and I'm sure you would love to see what's going on in England. So I said, I phoned the people in Switzerland and they said it's alright, so I could stay, but that evening was an experience of seeing a group of black young people trying to break into a car, I've never seen that in Switzerland

RB Yes, no.

MM so stupidly I opened the door and I went out to see what was happening, you're not supposed to do that

RB Oh no, oh no.

MM so that's the, I mean sort of a, just to cut a long story short

RB No, I like a long story.

MM was the beginning for me to realise that even though I've done the wrong thing, these young people sped off and within seconds one of them just rushed back, because he saw that I was still standing there and came right face to face with all sorts of words and it was a terrifying moment. I'm thinking a black guy, in England, me black and he's talking to me like this? and I knew, I'd read something about when someone's hand is inside their jacket

RB Oh yes.

MM yes, he's got something, so he was warning me and telling me all sorts of things, what I shouldn't do and do you know this is dangerous, he realised I was naive

RB Right.

MM and I was really shaking, but then I got him, he rushed off and I ran in and I fell asleep. The next day I was so terrified, I walked to the town, I was passing and I saw a group of them coming and I thought it's the group I saw last night, so this same guy started running towards me and I was trying to walk fast and run into the crowd where people are, the barbers shop, I saw the barbers, so I went and they said stop, stop, we want to talk to you, so they stopped in front of the barbers and I knew that at the barbers shop I was safe, where there were big guys

RB Yes, yes.

MM and they said thank you for last night and I'm thinking last night?, you frightened me, but they became a breakthrough for me, these young people wanted to talk and they said to me that I was very useful to them, the first time anyone has ever said anything good to them, I can't remember

RB What you said.

MM Yes, that is something that started to get me to think and suddenly it just gave me an interest in youth clubs

RB Yes.

MM and being trained as a, in youth club work and my wife and that was a journey later, a long time after I met my wife and she had the same similar idea and background, being from Jamaica, but it was these young people started to introduce me to other young people and I suddenly realised I had to represent them in court or to find a solicitor, I didn't have any (unclear) from the solicitor (unclear), but then community workers heard about me, when we used to have community social workers

RB Yes, yes.

MM they heard about me because young people mentioned my name, that if I'm not there they're not going to talk and I'm thinking, a Christian social worker once came to me and they said we heard someone, a name and they said (unclear) and we thought that we'd met someone, so we wanted to find out whether it was you, they mentioned your name in the social workers conference, so it's a journey. I would say it's a journey that opened my mind and started to read and became curious, so after many years as a leader, I became a pastor and pastoral leader for a big movement, an English establishment, if they knew I was connected to the black Churches I found that the door opened for me to do that. Obviously that was difficult for the black community for me to do that, but I needed to break that, but that's where suddenly there's a learning and trying to hear, say and the reading, trying to use those things that I'm reading because I didn't have the time to be, because Church and therapy didn't go together, Church and psychology didn't go, Church and psychodynamic or psychotherapy, they didn't go together, so I had to wait for many years and suddenly my wife wanted to do psychodynamic training and psychotherapy, so it was a long journey to be able to, she was telling me stories I couldn't understand and then one day I think she came here and she realised that, I think she was invited to a mental health programme and then the family, what do you call it, the Pastors Network and she said to them actually my husband would be better to come to this than me, so she kind of paved the way for me, I think, Lystra and Dr Callis were involved and they (unclear) champions programme came to our home to talk to me and almost convinced me to be part of the programme

RB Right.

MM so it was me going to the community and (unclear) these programmes about mental health and what mental health's all about. As a pastor you think about deliverance, you think about mental health being a spiritual thing, but suddenly I realised that it was a spectrum and also there's a lot of stigma and I thought it was something to do with others, not me, so all of this opened a door and suddenly they say oh, there's the Pastors Network meeting, would you like to come?, so I went to one of the meetings where they were shown, some of them have had a bit of experience, so they were showing about (unclear), situations that they've faced within Church or their work and some of the words they were using, hypothesising and whatever, doing genograms with like a family, family stories and I'm sitting there thinking um, that's beyond me, but then they said don't worry about that, at the end of it there's opportunity for us to go on a training programme at the Prudence Skynner Centre which, if you're interested, you can put your name down to be part of this whole team, being trained together, so that really, I said yes straight away, I wanted it, I didn't know what it was going to entail or whatever, but I knew it was going to be a very interesting challenge for me.

RB So a very long journey, sort of from the beginning of your career as a pastor and a minister

MM Yes.

RB you've needed this stuff and 30 years later

MM Yes, because a lot of, because I've always had out of my faith in the pulpit, I mean I love preaching, that was my passion, but then suddenly I realised that I need to spend more time in the community with the young people, because sometimes no-one will be with them in court, there's no father figure

RB Right.

MM it's all mothers, so that's been very interesting for me, being part of this. I'm sorry, I'll wait for your questions.

RB No, no, no, no, just keep going. I will

MM Yes, because I think it was an interesting programme for us, I'm thinking about the holistic and the integration

RB Okay.

MM because I think through my wife and reading a lot, I knew, I followed (unclear) a young, I was a bit concerned of anything that is fraudulent

RB Yes, yes.

MM because (unclear) was more kind of a, I think, I always think that maybe through (unclear) many people have sidelined, a lot of individuals have sidelined the Church and forgotten what the Church is all about, because of the Father they think a father with elevated fatherhood, anything to do with religion is obsessional neurosis and so it means that people look at this from a different (unclear) or views and ideas and I didn't like that and also because a lot of pastors are suspicious about anything to do with therapy

RB Yes.

MM but at the same time also an incident with professional foster carers, because of what we were going through, we had to do that, become professional foster carers, because also looking at the young people that I've met, a lot of them didn't have fathers and mothers or especially fathers, so we opened a home, we had this vision of a home where my wife and myself and the kids that was built, so we can have downstairs and the young people go upstairs, which came into, the vision came because the government and others were so interested that they funded a home to be developed for us.

RB Is this in Balham?

MM Yes, that was in Balham. We've given it to a housing association, because we needed a break after a while, so we can continue with it in a different way, so we've got a big home also in (unclear), which is about five to ten minutes from here

RB Okay.

MM into Mitcham.

RB Oh yes, okay.

MM Yes, so we came back after spending a bit of time with our children abroad, we felt we needed to have time for the younger children who are siblings, who could live with us, they lived with us for a long time and we've still got one of them still to leave home and he's 17, he's been with me, with us for almost 12 years.

RB Wow, okay.

MM Normally they move from place to place, but we wanted to give a young person stability.

RB Right.

MM So I think this for us, hearing about the training, helped a lot. From day one on the programme you knew it's going to be very interesting, it's going to be a real challenge, because even how we introduce ourselves, because that's what, I remember the Thursday, because on the Thursday you learn about breathing techniques, just to relax us

RB Yes.

MM and suddenly I'm sitting there and I'm thinking um, is this meditation, is this zen, is it whatever it is, so you breathe in and breathe out and then they take us through to feel it from your feet all the way up and I'm sitting there and I'm thinking, looking out of the window, the other pastors are watching me, thinking I've been converted to something else, so I'm sitting breathing in and breathing out, so that was the first thing, the beginning of that and then we had to introduce ourselves and obviously being pastoral leaders, we will know each other, but they said we shall say something, one aspect of us that no-one knows, introducing ourselves was very interesting, so that begin with learning to reflect and being curious. I would say that's the beginning of an addiction, something that was added to the way we go about things, not to jump in as pastors

RB Yes.

MM but to take time to reflect and to be curious and in a way it's saying to me as a pastor, because I'm paid to know, not to have doubts

RB Right.

MM and not to have uncertainties, not to be certain, you have to have no doubt, you have to know, but one of the things that I was learning is that you have to be in the place of not knowing, just like I'm here, I don't know what you're going to talk about, but I'm curious, so that's a real, something that is added, so when I go out in a community, almost like Tony, I don't, rather than think (unclear)

RB Yes.

MM so I know everything, so I'm going to be the leader, but I realise now I'm not the leader, you are the expert to tell me about your story

RB Yes.

MM so it's a lot and I think a lot past this, even in my house or myself, I realise that there's a transformation of the way we think

RB Okay.

MM and the way much more the community, not now even just Christians, but Muslims, Hindus, they just want to talk to you because they realise you're more reflective and willing to listen to them, go with the flow and not ask unnecessary questions

RB Right.

MM focus on what they're talking about and normally, I remember someone saying to me in Church what is, mostly Intercostal Churches and (unclear) Churches and (unclear) Churches after the pastor or the preachers preach there's an invitation for people to come to the front to be prayed for and what people normally used to say to me, they said (unclear) why is it than when pastors are praying they are looking round, it's almost like they're distracted, so they never came forward to be prayed for, because they said it's like they're looking around, they're not zooming in who the person is, but I was saying that I'm just, what I say to them is that I'm just making sure that no-one is left out, but at the same time I think it's also important that you are there

RB In that moment.

MM in that moment and I think that's been the real beginning of the learning, of being curious and being in the room where you come with a blank sheet, you don't know everything and also it's okay to have doubts.

RB What would you say is the most valuable thing you learned in your training?

MM The most valuable thing I would say, I've learnt to be very reflective.

RB Okay.

MM I mean even the director would say that's amazing, that from the start one of the things that I became so interested in was what we call the reflective team.

RB Okay.

MM The reflective team is where you have, in most of the, I'm sure you've had an experience, in that most of the clinics, family clinics and mental hospitals, they have the mirrors

RB Yes.

MM to rooms, where a team is behind the mirror and the therapist and the family or the individual is in another room and we can hear them, but they can't hear us, they can't see us. We can see them, they can't see us, but we can hear all the conversation and there's a telephone that we can ring in to help the therapist when the therapist is stuck, so it means that you are helping the therapist and the family, you are like a witness

RB Right.

MM to the family and I've learnt from the start, because as pastors it was difficult for you to sit for an hour or 30 minutes just listening to someone and be fidgeting, but this was there to actually support the family and to learn to be like a witness to the family, you are not there to be negative, but to be reflective about what they say, whether there are gaps or how you can encourage them and contribute to the therapist. So that was very interesting for me to hear other people reflect on our role play, because the role play has to be instant

RB Yes.

MM which means that it's something that we do in all the times, you can just zoom in about being a client and a therapist, so it was very helpful for me, so now to say I'm more kind of playing the part of like a therapist, a pastor and a reflector or a reflective person in a room when I'm talking to someone. So that's been one of the most useful, plus also the whole aspect of being curious, because I've noticed that if I'm curious, then it means that I'm going to hear more from the person rather than the person thinking I know

RB Yes.

MM or make up my mind that I know. It's better that you know than you don't know and also the whole thing about being certain, because you can't be certain. I know a child may be, could be certain about coming to your home, or you're uncertain about the journey and path of life, but Church we are paid not to be uncertain

RB Right, yes.

MM because they come to you, so that has been a real benefit for me and also the other side is also about us as pastors talking together

RB Okay.

MM because I think sometimes we may think someone is being intrusive and we don't like to reveal a lot of things, but the training also was about reflecting on ourselves, which we call self-reflectivity, to be reflective is when it's happened and you think about it, but self-reflectivity is me now and that's always at the back of my mind, the word reflective and reflectivity, when I'm with someone or I'm in a situation or difficult situation. I learnt to know that and press the pass button, slowly, even looking for it, which helps me take my time, where's the button? and even when I find it, I'm pressing it slowly and it's been quite dynamic for us as black pastors to reflect and we have to transcend a lot of our history together.

RB Yes, can you expand on that a little bit, what does that, what are the things that we are needing to transcend?

MM I think because, I think sometimes a lot of us don't realise that slavery has had a lot of impact on our lives, because of the way the men were looked at by the master. I think that for the first time we're beginning to understand if our mothers and women, within our black community, the reason why some of them are so strong and have the capacity to look after children by themselves, they don't need a man around and also the fact that some of us men or the men have the children and sometimes wouldn't even have an idea what they are or how to connect with them, but some of this has come from the fact that the child belonged to the master

RB Yes.

MM the child didn't belong to us, so we do what is called a genogram

RB Yes.

MM and the family history and where this has come from, so there's been a lot of interesting things about some of our dialogues that something that we take as read

RB Yes.

MM so in our conversations and maybe something that's cropped up through the training and so we said no, no, let's talk about this, because this training is supposed to help us, so Annie, who is the director, has been very helpful and Rachya, who's also a black lecturer who was with us, all gave us space to be able to talk about things like that. For instance, I said to one of my colleagues, he asked me what I was going to do after the meeting, training day and I said I'm going home and he said no, no, no, you're not going home. I said no, I'm going home to (unclear). He said no, let me say to you, if I say I'm going home, I'm going to Jamaica and that's where some deep stuff to realise that home has got a different connotation for a lot of people and it goes back from a lot of the history and there's a whole lot of story with it and suddenly we're giving time, ourselves time, to hear

rather than rush it off and so probably it's not to do with us, maybe someone else and we realise no, it's us, it starts with us, so all of this has been a good journey and then going back to, we look at books about transcending, the legacy of straight trade and my wife says oh yes, that's a book, so we're looking at all of this and looking at it because I was speaking on Father's Day here, because we had a meeting, there were some refurbishments so we met, it was a big Church, so they asked me to speak on Father's Day and I thought it was important for us to look at some of these things about what as Father's and some of the reason why we haven't done our job well and it's for us, because of this training, it helps us to be able to reflect and to look at things rather than leave it, because that's part of our training now. This training is to help us to do that. So it's been a real journey and that's why we've stuck together with that.

RB And you still sort of support each other, all the pastors?

MM Yes, yes. We meet a lot. A lot of this part, a lot of things, because through this actually a lot of doors have opened for us to come together and that's why Nadine and all of them involved in the Empowerment Network, a lot of us are involved in various projects that the Empowerment Network is doing, like the Mental Health Champions

RB Yes.

MM which I'm also part of this, so we meet each other in different things and also whilst it's the Pastors Network we come together once in a while and also now, I am kind of, Annie, the director, has planned for me now to be part of what we call it's like a honorary contract

RB Okay.

MM observation kind of contract for the Family Therapy

RB Oh, yes.

MM Centre.

RB I think when I met with Annie, you were there doing some training, you met with a client

MM Okay, okay.

RB she was trying to sneak me in to see you earlier, but

MM Okay, yes, so it's been a real, that is another story, because that is how far the therapists and the psychologists and psychiatrists have accepted and find it interesting, because I'm always having people come to me, can I have an interview with you?, because for a lot of people pastors are either a stigma, enigma or whatever to them, because one of them had written an article against pastors counselling, because a lot of people don't understand

RB Right, yes.

MM the concept, so I think it's been quite interesting to have that opportunity for them to realise that this one year training has done a lot for me to be able to sit with them. We've been in it for about 20 years and

RB And how, because you're then a little bit ahead of some of the others, because what Year 2 is about is sort of this similar thing of doing, seeing regular clients, getting your 60 hours

MM Yes.

RB being mentored, this type of stuff, so I wonder if you could explain a little bit about how that has been, what have been some of the good things, what have been some of the challenges, now that you're entering into a more established form of practice and observation?

MM Yes, I would say that it's been an amazing, eye-opening, very helpful, because I've never, I mean once I worked with a young lad who said he was having mental issues, so the doctors have all debated about it, so they said we should go to a mental institution to see whether he's okay and I sat behind a mirror like that, which was quite an experience for the young lad, so that was a long time ago, but then suddenly I found myself with very experienced people, my first interaction with family therapists, this is what we want to be and suddenly I found myself in the midst of them and I think they've done an introduction about the Pastors Network. The Pastors Network has kind of revived, everyone is interested to meet these strange people, so I found myself after the introduction and the preparation, because it was nice to talk about, the family were beyond the board, to talk about the family and tell us some of the things that we need to know about the family and the preparation and what is going to happen in a therapy room and so here we went as a group and it's interesting, I had the first family, they said they didn't know or I didn't know they were Christians, a Christian family

RB Okay.

MM so it was quite interesting for me because suddenly I sat there and all that was going through my mind and I'm thinking as a pastor, I'll be dealing with this and this is how I'll be dealing with it and I was almost calculating in my mind this is what I would do, I'll maybe be even able to tell them off or read a scripture and then pray with them, if there's some rebuking and some repentance, deliverance and I'm thinking all of these things and then I realised think about your training, think about family therapy, think that this is different, think about the tools that you and think about the role play and think about how this is going to be holistic and how it's going to help, but I sat there to listen to the therapy and the family, it was amazing how it started in terms of introduction and got them talking, even as we were sitting, he's introducing himself and then at a certain gap he introduced the group, the team behind the screen and I was so glad he remembers my name and said I was

there to observe and they were so happy, they didn't mind who was sitting behind and it was the way I watched the therapists work, how they get a family to join in with the family and how they're able to help the family tease out some of the, whatever thing that was going in them, but he didn't zoom in straight into their issues or problem, but got them talking and how he asked them questions, it's always so useful for me just sitting there, observing that, oh yes, this is quite interesting and suddenly you open your mouth and it was very interesting to see, here we were about four of us or five and everyone's so silent and zooming in and seeing how everything works, because some had to take notes and then later on the therapist would say it's time now to invite the, either they will change rooms or the reflective team will come and join in and that was quite interesting for me too, because obviously the reflecting, I learnt also a lot from it. I'm seeing how others are seeing, the same situation we're watching.

RB Right.

MM I was hearing the same things and whether they were hearing the same thing from me, the same thing I was hearing and how are they going to reflect, so I'm always looking forward to this reflecting, because it teaches me a lot how you can hear, but it's a different way of listening, not just a hearing, but a listening

RB Yes.

MM and also why did they say that, why, how did they, where did they hear that, but then it's all fixed in and I'll remember, they'll say something but maybe my ears are beginning to tune in

RB Okay.

MM and so that's where I'm beginning more to say to our pastors, there's a difference about hearing and listening, you had to be there and the fact is you are learning from everyone, experienced people and I'm learning a lot from them, so I'm looking for, I never miss and when there's no client for all of us there's opportunity to have a dialogue and that's a real benefit for me, learning from people who have finished either their second year or those who have been there for a long time and willing to talk to me, so that's been very helpful.

RB Okay.

MM Have you checked the time?

RB Yes, no, we still have some time. I wonder if we could talk a little bit about how, because when you started your account of this reflective watching through the window and of this family who's Christian and you sort of said I could hear myself as a pastor and what I would do, I was thinking about what I would do, how do you find your sort of narrative in like Christian teaching and the scripture fits in or maybe doesn't fit in with the work you've tried to do as a therapist, could you talk about that?

MM Yes. I think we were able to, we've been able to address a lot that joined the cause, because I think the consensus at the beginning was that we wanted the training to respect us as pastors and it's very crucial because family therapy is a philosophy, it's a post-modern idea

RB Yes, yes.

MM it's not modernism and a lot of Evangelicals are anti-post-modern

RB Yes.

MM folks, because to think that there's no absolute truths, when we think that, it's quite interesting for us because obviously the Lord wouldn't lead us to do this course, probably also we wouldn't have gone if we think it's going to really transform us into something else

RB Yes.

MM and I think the director has been so useful to reiterate that all the time to us, when he thinks people are rushing ahead or other groups want to see this group become clinicians. I think to be a clinician now, there's a little bit of a journey to go

RB Yes.

MM because it's good for me to go in to see that. Issues are very, very complex and they need a dedicated way of untangling it, there's a push and pull, what draws people together, what pulls them away, all this you have to, it's a technical thing, but as pastors there's a way also we deal with it, but it's not a way that's acceptable by everyone, but this truth for us, knowing that the grouping of spiritual and the grouping of therapy, I was saying to a group of psychiatrists and psychotherapists that the word (unclear) is a Biblical word, because it's about healing and health. The Bible has many great words for healing and health and (unclear) is one of them, because there is a process, it's a long, so it was challenging because those words, metaphors like not knowing, but that's (unclear), the theses I have to do, the write-ups, because they were challenging for me, I find very interesting, because I didn't have the guts to show it to other pastors but I will. (unclear), you are now a doubter, but the whole idea of not knowing is to make you curious. It's to say look, I don't know, can you tell me more. So these are things that somehow, sometimes we have to go back to scripture, helps us to search more, to say and then we realised that in America there's more people of advancing systemic, so that we can learn more from that and so one of the (unclear) at the time of the training we were given an assignment to go and look at different scriptures, how it ties in with some of the topics and tools, there were about 15 tools that we were given and it's good to look at some of the and the Bible was systemic, right from Abraham's family lives, you can say there's so many, Abraham, Issac, Jacob

RB Yes.

MM David, Solomon, right through, even Jesus' family, there's a system, it's systemic and to understand so much of what is going on and we as a Church, a Church is a system, we are sub-systems within and the Church individual lifecycles, family scripts, so many things that you could think of

RB Yes.

MM fits in

RB They just fit together.

MM they fit together nicely.

RB Okay. I wonder if you could talk quickly about what sort of are the biggest issues that some of your parishioners or maybe the youths that you work with face and how you kind of use this practice to help them.

MM Yes. I mean obviously there are a lot of, we automatically have lots of couples, families, single parents and especially single parents where it's a mum and a son, it's been so useful because the dad is not there but mum, many times, sees the image of father in the son and it's been quite interesting for us to be able to use the whole tools, because sometimes there may be members of the family who are not there but because of the genogram, we are able to bring them talking about father, to know that the son maybe has characteristics of father but is not really father

RB Yes.

MM and sometimes mum has to look at herself and we are able to help them to understand, to look at more the issues within the brother than the son or the father, because some issues sometimes come from mother's side and genograms, of looking at family history and three generations, have been so useful in the way we tackle issues and even for the young people who have also been as a foster dad, being able to use, because we have to do life stories

RB Yes.

MM for young people and this life story we are able to carry with the gangs, because my wife does a lot with gangs, I used to do a lot with the gangs, but they became part of our life because they realised that even now I'm able to take them through a journey and they're beginning to understand and they realise that where I work is due to this change, it's very different, I have more time to be able to be technical a bit more

RB Okay.

MM rather than them thinking suddenly as a pastor I am going to talk about spiritual and then suddenly realise I'm talking about some tools and being able to share with some of the young people about the family therapy, some of them who didn't

make it in (unclear) or thinking life is finished for them, I'm able more to think about them and be able to dialogue with them if they are, those who are suicidal or have mental health issues, we're able to bring all of these things, so it's a whole tool, there's a whole of, those issues of so many family issues, couples issues, so many of them and sometimes you're kind of struggling to find how you can help them, be in a room with them, but what family therapy helps you is to be able not to be stuck with the family, but to be able to be there, someone who cares about both of them

RB Right.

MM and you're not taking any sides with anyone whatsoever, whereas pastors they can do that, but that's helpful and also this with the gangs and fatherless and many motherless children, people are willing more, my house could be crowded Sundays literally, we have a big table in a big place and if we say family time, we have a full house and we're trying to do that every first Sunday, so people could come and then obviously sometimes there are individual sessions, but we do groups now.

RB And this is at your home?

MM Yes and

RB When do you rest?

MM well in a way, because Sunday is pastoral day

RB Yes.

MM yes, but in a way it prevents people from chasing me during the week, because I get that all the time

RB Yes, yes.

MM you're not having any rest, but I'm also a community leader, which means if there's an issue which every community will have, there's issues and dramatic things, you have to be there

RB Yes.

MM and the pastors have been able to encourage local pastors to be also involved, because of this we're involved in what is called the IAPT, Improving Access to Psychological Therapy, which is now happening in Churches now

RB That's happening, okay.

MM so one of our Churches is doing that.

RB Okay and how is that working?

MM That's very good because it's opening doors for our community, that they know that there's crises, these pastors are now being trained so that they can talk to us, we can invite them and people are beginning to invite more, invite us as pastors because they realise we're not just Church

RB Yes.

MM we are very open, so we've been able to support it, it's an ongoing thing now at the moment

RB Okay.

MM for our community and Nadine is very much involved in that.

RB Do you think that the intervention has changed the way, I know you've talked a lot about the way it's changed you think about mental health, do you think that change has been wider as well to the community and how has it changed?

MM Yes, it's been, because in the beginning I'd be more kind of hesitant to take on board certain things and also being a pastor, I'm thinking about how people think about me, but I think what has happened is because now, because we are training at Springfields and if you, I'm sure that other people will tell you about the history, this region don't touch Springfields

RB Right, yes.

MM because of the mental hospital

RB Yes, yes.

MM and so suddenly people thought, they said where are you going (unclear), I said I'm going to Springfields, I've got training, he said I hope you come back and people were really horrified about it, but then I began to share with them and some of them, oh, my gran or my sister or I was once in there, so suddenly, so that's how the conversations, so suddenly within the community

RB Right.

MM and people advertise IAPT programmes and the fact is with the family and couples programmes just to keep people up to date where we are and why there is one coming here. So it's been opening doors, so people are ringing oh, the police stopped me and said will you help us with this

RB Okay.

MM because they said that we're ringing and no answer

RB Is answering there.

MM yes, so there's been that change, knowing that there's confidence more and people are more relaxed because I attend a lot of the coffee mornings or coffee events whether they're for the older people and the luncheon clubs, I'm always, me and some of the pastors are there, making sure if people wanted to talk, which in the past, I might do it on behalf of Church but I would still represent Church and it's important for people knowing that these pastors are trained now or they're being trained, so there's more, I would want to make this more available to other pastors and to do a one-to-one with pastors, which as a pastoral leader that's what I do

RB Yes.

MM but I would want to take it beyond, to help more.

RB So that other pastors also are able to do this, or

MM yes, yes, yes.

RB Okay. Let's have a couple more questions and then we're done.

MM Okay, I'll be quicker now.

RB No, no, no, no. I mean if you don't have to go, it's been a wonderful interview, it's been very (unclear), I appreciate it. So I was just wondering if there was anything you could change or adapt about the programme, add to it or add more of or change something, what would you do?

MM I think it would be more practical what I'm doing

RB Right.

MM now in terms of, it's just amazing, if I had more time or other people had more time, I always go to the programme and think I wish I could have a one-to-one and ask this person about what they were saying and how they said it, I mean it's just interesting today for instance there was a couple, it's a couple and during the reflective time one of the therapists talked about push and pull and I'm thinking what's she come up with, push and pull, the yin and the yang, it's because one of them loved Pop, oh no, Rock and the other likes Pop and R & B

RB Right.

MM and very loud and one, when it came to cooking one is classic, one is kind of laid-back, so everything goes with it

RB Right.

MM and I think there were quite a lot of things that were, they were looking at it was differences, but when you looked at it, they were physical, they liked cooking, they liked to go to Westlands (?) and other things, but saw it as doing different things

RB Yes.

MM but then there were, it's like a (unclear), there was like a push and pull where something's pushing together and some other things pull you apart, because it could be that and putting ketchup or mayonnaise in the food, it breaks the taboo, or it's a taboo and it breaks it and so this interesting way of sitting there and trying to see how different, (unclear), they all have amazing concepts and I'm thinking probably women don't have that when we meet, because our language is so enclosed

RB Within Christianity, yes.

MM Yes, within Christianity and the Biblical, but then I somehow look at the Bible and I think obviously the Bible, the Jewish community would say that there are 78 different ways of interwritten scripture

RB Yes.

MM so we might find the push and the pull and the different ideas about yin and yang or whatever it is in there, so in a way I'm going home and thinking I have to take a pen and paper and write about all this, so once more experience, whether they'll be others who may have gone ahead of us, who may be coming to share with us or interacting with us, I think would be useful because it's not just us learning from each other, I mean it's nice

RB Yes.

MM but I think that learning from other people is going to be very crucial, those who have done it or those who are maybe just doing, coming to the end or just come to the end of the second year

RB Right.

MM would be a very useful tool

RB Okay.

MM for us, but I think apart from that, I wouldn't change anything else. I think they've been listening to us, so any changes have been taken care of

RB Right.

MM and they've been very open to us here.

RB And just a little bit sort of about your relationship with the Mental Health Trust, with Annie for example, how has that been, like what has that support been like, is there things about it that are particularly good for you?

MM Yes, Annie's been good, I've just left her now

RB Yes.

MM she's taken me under, in a way she's taken all of us under her wings

RB Right.

MM and she doesn't just talk about it, but she does it and everyone sees it

RB Yes.

MM that we are like Annie's babies. She's got hundreds of people to look after, but in a way she has such interest in what we're doing and she's opened this door, put me in a situation where almost like you would doubt yourself and she didn't doubt me and the people don't doubt me, we're just quite interesting

RB Yes.

MM because that's (unclear) to know that people appreciate who we are and what we do and the fact is if we take on these tools of being curious, to learn, then we will fit in anywhere

RB Yes.

MM and that's the idea that I'm learning all the time and also even for therapists, they are very excited that I told them that I really want to hear them reflect

RB Yes.

MM I really appreciate the way they, they are not (unclear) persons if there's a family counselling and they were standing, they would just stand and talk to the family and if the family sits then they sit and they're just very natural, very natural and Annie has opened that door for us and when she's in a meeting, the way she takes her time, because in the beginning before the training you zoom into it, you think you know, because a lot of my pastoral friends do, they talk a lot in meetings and I'm saying (unclear), because they're used to people hearing them

RB Yes, yes.

MM and they're always right, a lot of my colleagues are right.

RB Yes, well as you said, you're paid to be right, right?

MM Yes.

RB You're paid to be (unclear).

MM Yes, but suddenly we realised last year, Annie is such an example, she knows we are spiritual leaders and she affirms that all the time, so that's what we have to remember, we have to remember and I'm thinking this is a therapist, someone from

Birkbeck and all these places, but it's just knowing that I can listen to some of it, even her sentences helps me

RB Okay.

MM the way she will say I wonder, but we, so it's almost giving people options

RB Yes.

MM all the time and that's how our relationship has developed and continues to develop and she's even willing to be part of, she asked us whether we're happy that she's still part of the training, the trainers, yes.

RB Right and how important is your relationship with Annie to sort of your broader practice, would you say?

MM The broader practice in a way that, because she's said to us that she's willing to come in if we call upon her

RB Yes.

MM and we want her and the fact that she's willing and she's done it many times

RB Yes.

MM and through her, for example when our certificates were being given to us, the chief executive came in, because he was so interested to come and present the certificate and the fact that that hasn't been the only time he's met us, we've been in a lot of the meetings

RB Yes.

MM whether with the MP, we had MPs come to talk to us and to see what's going on and the chief executives were there, we were there, so they realised that this is not just a one-off thing

RB Yes.

MM that we are in, but we are becoming part of what the Trust is also doing.

RB That's good and do you have any fears or worries about the second part of your training?

MM Yes.

RB What are

MM because I saw a portfolio today, diagrams and one of the directors was saying (unclear) panic, superb.

RB And is that sort of your, is that the account of a family's case, is that

MM Yes, a case study and I'm thinking that's interesting and I see, there are others there who've just finished

RB Yes.

MM who've done their hours and I was sitting with them when they finished their hours and I'm thinking they're so confident, they give them files about issues, they're going to be interviewing families and I'm thinking

RB That's going to be you soon.

MM Yes, it's interesting actually, observing them and so I think I'll be able to talk to them. Obviously we have a young (unclear) who came through ahead of us and he's doing his second year

RB Okay.

MM Yes, we encouraged him, but he's ahead of us, so we have someone like that who I think Lystra did mention that he would come and talk to us

RB Okay.

MM but I think it will be very interesting. I'm looking forward to it, it's a lot of learning and this learning has been very good to go into it, because I think the door is still open for me during that time to go in to observe.

RB Yes, okay. Well, I don't have any more questions. Is there anything else you think I should know, I should take away from

MM I think it's useful because I looked at some of the things you do, I was very fascinated in your research

RB Oh, in my research?

MM Yes.

RB Oh, yes.

MM I'm looking at some of the articles and I thought these are very interesting for us, what we are involved in and because part of my faith in the white community and part in a black community and I'm always bridging that gap there and knowing that there are people like yourself that, not just because you come in, but I thought it was interesting to look at someone who's involved with psychology and the community

RB Yes.

MM and other things and how this could benefit us

RB Yes.

MM because this is the beginning of a journey

RB Yes.

MM that's very interesting, because this is possibly the first in this country

RB Yes.

MM so we are ready for this journey.

RB Yes.

MM I was glad to look at your website and

RB Yes, no I've been working in mental health research for a very long time and I imagine, I was saying to Annie that one day I wouldn't be surprised if I just became a therapist as well

MM Yes.

RB because as an interviewer, sometimes what my interviewees feel as though I

MM Yes, that's what you're doing, yes.

RB no but it's, yes it's been worth it, I quite enjoy it and so I was very excited to come and do this evaluation and just work and get to meet all of you and talk to you about this, I think it's really quite amazing and it's going to be, I think it's just going to probably take off. It already seems to be, if there's more funding secured for a second round of training and so it looks quite

MM Yes and I mentioned it to the therapists and they were very interested about this, because it was so important for them to know that this is a good opportunity, being interviewed

RB Yes.

MM to tease out and to even see our work and especially where I am at the moment and being able to support my other colleagues in our work

RB Yes.

MM so I really thank you and we hope even from your research that it will also help us in linking up maybe, I mean Pastor Delroy, the bishop here is linking up with some people in America because he's doing his Masters

RB Yes.

MM yes, so it's a journey. Thank you

RB Thank you, it's been an absolute pleasure.
