

# **Useful Contacts**

(This list is by no means exhaustive but includes some organisations I have found helpful)

### The Samaritans

Tel: 08457 909090

24 hour telephone helpline with offices in many towns where you can call in and talk to volunteers if this is more helpful than talking on the telephone (hours for calling in are usually restricted).

#### **Church Campaign Against Depression**

CCAD, 47 Astil Street, Stapenhill Burton on Trent, Staffs DE15 9DL Tel: 01283 741115

An organisation whose aim is: To raise awareness of depressive illness, particularly within the Christian Churches; to promote understanding of it as a treatable clinical condition, rather than a weakness on the part of the person concerned; and to pray for all those affected by depression.

This is a relatively new organisation doing valuable work (many of us can testify about understanding and/or support from the church during our illness) and I am sure they would welcome support from any doctor keen to further the aims of the organisation.

#### **Depression Alliance**

35 Westminster Bridge Road, London SEI 7JB Tel: 020 7633 0557 National self-help Organisation with quarterly newsletter and local groups in many regions.

#### **Doctors Support Network**

Tel: 07071 223372

A self-help group for doctors with mental health problems. Monthly meetings (currently in London, but with sufficient support there is scope for organising meetings in other areas as well), together with a monthly newsletter.

## National Self Harm Network

PO Box 16190, London NWI 3WW A national organisation campaigning for the rights and understanding of people who selfharm. As well as their campaigning they also produce literature and provide a list of other helpful organisations.

# Self Harm

We are accountable to God in all we do and therefore, we shall... give effective service to those seeking our medical care irrespective of age, race, creed, politics, social status or the circumstances which may have contributed to their illness.

hus states the affirmation in the *CMF Handbook*,<sup>1</sup> sentiments with which we are all likely to agree. Yet, how many of us as doctors have groaned at 'not another over-dose', or become annoyed with the drunken driver or the familiar abusive alcoholic. If our conscience catches us, we can readily think of excuses - we're over-tired or hungry or we can't be expected to care for those who are dirty, drunk, or whom we cannot understand.

As a junior doctor I was guilty of these thoughts, even if I would have denied it when I was well rested. Recently, however, I have been forced to think about this again, but from the other side.

We are made in God's image. We all know that we should care for our bodies. Some might think that no Christian could deliberately harm their body, but this is what I did. During a long spell of depression, which led to the loss of both my job and career, I deliberately harmed myself, cut myself.

Once, I made a mistake and went further than I had intended, beyond the point where I could steristrip myself back together. I summoned up my courage and went to casualty. Actually, if I'm honest, it wasn't a mistake. I wanted to go to casualty. I was desperate. I had spoken to my Key Worker only days before and again she had reinforced the fact the services were so stretched that there was no one in the Mental Health Team I could contact between appointments. I already felt I had a season ticket with the Samaritans. I didn't know what else to do.

Imagine yourself working in casualty on a Friday lunchtime. You are dreaming of your weekend off, or maybe dreading your weekend on call. Another patient walks in, this time with a relatively minor but selfinflicted wound. The wound on the outside seems small to you, but inside there is a confused, hurting and desperate person. There is someone who used to enjoy life and who worked hard like you do. There is someone who knows that God loves her even if she finds that difficult to believe at times. There is someone who, only a few months ago, would have never believed that she could do this to herself.

I learnt a lot that Friday lunchtime. I learnt about non-verbal communication. I had to, for the nurse ignored me as she stuck me back together with steristrips.

'We don't stitch people who cut themselves', she said, although she later denied this. I learnt that how we treat our patients affects them for the rest of that day, that week or longer. I hated myself. I wasn't helped by other people showing that they resented me being there.

There was one positive experience in that casualty department. One nurse held my hand, listened for a while and made me feel that I mattered, at least to her. I wonder whether she realizes how important that was. Professionally, I have probably learnt a lesson too late. I am unlikely ever to return to clinical medicine and treat my patients as I would like to have been treated.

Commenting on patients whose illnesses are self-induced, the *Doctor's Life Support* for 10th July states:<sup>2</sup> 'Stern warning may be needed but a loving word or deed accompanying professional advice may make all the difference to their lives... If we care, he cares far more and can even bring great good from great tragedy.'

We all need to remember that the patient who calls us as we sit down to a meal, disrupts our social plans, the drunk, the overdose and the self-harmer are someone's friend or relative, possibly even our friend or relative. And may I suggest, 'they' may be 'us' one day.

#### Anonymous

# References

- 1 CMF Members' Handbook 2000, p3
- 2 Goodall J. *The Doctors' Life Support*. London : CMF, 1994:205