

clear that race and paternalism played their part. In particular, black churches wanted the freedom to worship and to organize their church life in their own way.

It was in 1883 that the ABA joined the Baptist Convention of the Maritime Provinces. Histories written from the white perspective emphasized that the ABA became an Association like all the others that made up Convention. The ABA, renamed AUBA after the 1905-06 formation of the United Baptist Convention, has maintained its identity as the most influential and important black organization in Atlantic Canada, and has functioned more as a denomination than as an Association. Some of this story is just now being realized.

In Part II of his brief review of our history upcoming in the spring edition of this Bulletin, Mr. Boyd will reflect on the Free/Free-will/Free Christian Baptists and our Union of 1905-06, with some concluding observations.

Families Caring for Those Recovering from Mental Illness

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In the summer of 1956 Charlie Taylor took our class in clinical training to the institution in Waterville housing the mentally ill. I was quickly beaten in checkers by a patient who was the champ. We showed slides depicting scenes from the life of Jesus. The picture of Jesus with the children prompted one patient to shout out "Jerusalem". I wasn't looking for that response, but there had been a connection. That was my introduction to the world of mental illness. The lesson I started to learn that day was: they are



Roger and Sadie Cann, with their son Paul, who has schizophrenia.

people. Yes, sick people, but surely children of God, and they are to be treated as such.

Fast forward to the days when our son was being assessed at the Clark Institute of Psychiatry in Toronto. The preferred language had changed. Not “patients”, as the term is too depersonalizing. You say “consumers of mental health services”, or “those living with mental illness”. I still find myself stumbling over that.

The psychiatrist gave us an early assurance. “Nothing you have done, or nothing you have failed to do has caused your son to be mentally ill. It’s a disease of the brain which affects one in a hundred. Schizophrenia.” We set out to learn as much as we could about the disease; we read books, attended conferences, and were faithful at support group sessions. We also attended group therapy once a month with other parents.

We discovered the usual pattern was to assign fault: one parent accusing the other of being too harsh or too easy going. The strain on a marriage and on all members of a family was intense. We found ourselves acting as resources for other families. Hey, it’s a disease. If it were diabetes you’d watch your diet and your life style and take your medication. So also with schizophrenia – diet, life style, and medication. It’s a disease. It’s treatable.

The Baptist Women of Ontario and Quebec invited Sadie to conduct a workshop on schizophrenia at their annual meeting. Some present wanted to see it as God’s punishment. They hadn’t spent much time with Job or heard Christ’s word on the sick person at the Pool of Bethesda. Sadie was able to affirm that the key for the Church is to open up channels of communication, welcoming those who are living with mental illness, and providing support to their families.

Families could serve as partners to health professionals in the

care and treatment of those who are mentally ill. That is because they are in frequent, if not daily, contact with the person who is ill:

- Most consumers of mental health services live in social contexts where relationships are important. To understand the consumer’s situation, contact with the family is important.
- Families have valuable information about what is effective for their relative.
- Families have a wide range of skills and knowledge that could be an important resource in the development of services to meet the needs of their immediate community or area.

In summary; families have insights which the health professionals should not ignore. They are part of the social context of the consumer of mental health services. If for no other reason, families can save dollars in the health care service through the provision of care.

Families need care themselves. There are practical impacts in caring for a loved one who is mentally ill: housing, finances, employment, and social activities. The emotional impacts include stress, grief, and loss and these affect the mental health of family members. The caregivers need care. Studies on the stress that family caregiving produces have been around for the past 50 years. Surveys such as conducted by Genuine Progress Index in Nova Scotia support the proposition that caring for a member of the family with mental illness takes its toll on the caring family.

The language used to describe treatment of the mentally ill has changed. My first contact was in the era of “lock ‘em up”. There was a strong stigma attached and most families wouldn’t mention the sick person. Some of that stigma still exists. Next the treatment was described as “coping”. Next we had “living with mental illness”. Now advocates for consumers and their families talk about “recovery”. Yes, it’s a disease and it’s not curable, but it is treatable,

especially if the health professionals work in partnership with the supportive family members.

The nature of that partnership (families and health professionals) needs sensitivity. It can't be the Lone Ranger high up on Silver, talking down to Tonto, "Tonto, I want you to know I value our sacred partnership as two brothers venturing forth equally into the mythic wilderness." In our health care system there are power imbalances. You can't be sick unless the physician gives you permission and says so. And you are asking for a "turn down" if you suggest a diagnosis.

Once the family has established a relationship with the health professionals, it needs to progress beyond the pat on the head to an active partnership in recovery-focused treatment and supports. What is the medication? What are the side effects? Are there attendant mood disorders, or fixations, or addictions? What can we do about those?

I like the suggestion published in the *Globe & Mail* this June:

Set up advisory groups to represent affected families in every district:

Mental-health problems do not just affect individuals. They devastate entire families. These families, from all walks of life, are brutally thrust into the health, justice and social-welfare systems. There are inordinate demands made on these families and virtually no support. They need advocates and they need navigators.

Every health region should have a mental-health family-advisory committee to tap into the hard-earned expertise of those who have been there. These cannot be token positions: they need to have real power to shape the mental-health system.

The reality is that most care is delivered by family caregivers. Every patient experiencing a first psychotic episode should be assigned a navigator to ensure rapid, aggressive treatment and support and to ensure family

members are not kept in the dark – which they too often are.

Roger Cann is a member of the Rapha Initiative Working Group, which, in and through the members of the Convention of Atlantic Baptist Churches, promotes awareness of mental health issues and seeks to reduce the stigma of mental illness.

Church Notes

Visitation and Outreach assumed a higher profile in the WINDSOR BAPTIST CHURCH recently with the appointment of the Rev. Marlene Knowles, Moderator of the Halifax Association, to this part-time ministry. She joins the Rev. Jeff White in leadership of this church, which sponsor a weekly luncheon that is attended by a diverse group representation of various faiths and social standing. Like many churches whose building is a challenging legacy, the congregation, through the trustees, continues to study how their building is used.



The WOLFVILLE BAPTIST CHURCH proclaims on its welcome brochure that “There’s more to church than an hour on Sunday morning!” One of the biggest church projects living out this proclamation is their accommodation of

