Genuine Friendship Promotes Hope and Health

Friendship and social inclusion benefit the individual, the community and the economy!

Social isolation and its negative effect on health

CEO of Baptist Care (SA) Paul Scully and author of the Hope Pack and Share Care Pack, Lindy Gower, at the launch during the conference dinner in May.

It is well understood that social isolation contributes to illness and this fact is increasingly documented by health research. It is also known that when people living with any chronic condition become isolated, their health behaviours decline over time. This is thought to be because social networks keep people engaged and active within community life (Reeves et al, 2014).

Poor mental health outcomes are directly linked to social isolation in people living with chronic mental illness (Giacco et al., 2012; Harley et al., 2012; Holt-Lunstad et al., 2014; Wong et al., 2014). In fact, there is a greater risk of negative mental health outcomes and aggressive behaviour of people living with psychosis when they have few, or no friends, making social inclusion an essential recovery goal for people living with schizophrenia (Giacco et al., 2012: Harley et al., 2012; Ammeraal et al,. 2013).

The positive benefits of social inclusion

Social inclusion and the capacity building that occurs when life is lived within a healthy community promotes recovery (Tew et al., 2011; Pearson et al., 2013; Holt-Lunstad et al,. 2015; McCauley et al., 2015; Rohde et al., 2015;). Therefore social inclusion is an important recovery goal, in fact some say it is the most important recovery goal for people living with mental illness (Ammeraal et al., 2013).

Add to the recovery imperative the health economics imperative and we can see still more reason for faith communities to invest in 'friendship initiatives'. It is estimated that a ten percent reduction in social isolation would translate to an annual reduction of $3B (AUD) health dollars just in the area of mental illness (Rohde et al. 2015)! With Australia's health budget under serious strain one has to think that supporting social inclusion will become an essential mental health goal moving forward.

How the faith community can help

At AFCNA we believe the faith community is uniquely placed to drive such initiatives because it reflects the Christian commitment to just living, responsible stewardship, transformational service, compassionate care and healing outreach.

One initiative reflecting this commitment is the 'Share' group commenced by FCN Millie Davey in the Adelaide Hills. We have discussed it before, but we reiterate that it continues to demonstrate that friendship promotes health and wellbeing, heals illness and saves the health system HUGE amounts of money on repeat hospitalisations due to mental illness relapse. It transforms lives by bringing people into the faith community where they can develop quality friendships with others and with Jesus, which brings healing now and for eternity, demonstrating that God's kingdom has come on earth as well as in heaven! Almost all the 'Share' participants have significantly reduced their dependence on health services and many have had NO hospital admissions since they have been participating in a genuine community of friends via 'Share'. It's really not difficult for churches of any size to promote friendships with the more vulnerable people in their community!

The churches are looking for affordable ways to connect with their community and there is no easier way than encouraging friendships!

In 2011 the Australian National Church Life Survey found that 81% of newcomers to the church said it was 'important/very important' that their faith community was friendly and that they experienced a sense of community when they were at church, making this the number one issue for newcomers to come and then stay in a church (Powell & Hancock 2014)! Additional factors influencing the decision to stay in the church include how the church cares for the wider community (63%) and having a friend or acquaintance within the church (59%) (Powell & Hancock 2014). God created humans as relational beings, so our wellbeing depends on right relationships with each other, with God and with the creation. It does not take much money, it is fun, it is healthy for both parties, and it can be achieved by even the smallest of churches!

The "Health System" cannot simulate community. It cannot wrap friendships around a person living with mental illness, because friendship is based on genuine reciprocity and not service delivery. Faith communities are the only groups in Australian community life which meet together regularly, voluntarily, across the life span, for the long term, and this enables us to offer something that cannot be simulated, namely genuine, life-enhancing, healing relationships.

I recently saw a wonderful TED talk by Hilary Cottam who comments on the importance of friendships and the sense of belonging as essential components to support behaviour change, build community capacity and promote health and wellbeing. Cottam (2015) says the impersonal, bureaucratic UK welfare system is failing people, citing the example of Ella and her family who are living in intergenerational crisis and are seen by no less than 73 different services! It is estimated 100,000 such families live in the UK and supporting them costs 250 million pound per family per

year! The social institutions that support families in the UK (and I suggest Australia is similar) are not working as well as they should because there is so much bureaucracy that frontline workers are stymied by all the reporting requirements, leaving them with less than 20% of their time to work relationally with the person. Cottam challenged that status quo and workers trialled a system where relational work with families would take up 80% of time and 20% would be on reporting. The positive health changes flowed through quickly (Cottam, 2015). Cottam says relationships are the critical factor in solving intractable social and health problems. The authentic bonds between people are what makes the difference and natural friendships can even replace the need for expensive services. This is what we have found in the 'Share' initiative as well.

Resources

Becoming an Informed Friend

There are several resources that have been created that FCNs can use to foster genuine friendships which develop hope. The first is a workshop outline complete with workbook, power point slides and marketing materials developed by van Loon and Legge (2014) called "Becoming an Informed Friend". It shows pastoral health and care ministry workers how to become a genuine and effective friend to a person living with a chronic condition. The workshop is aimed at helping the friend become informed about chronic illness so they understand the issues a person may experience. This will enable them to encourage, support and help the person with their self-care goals. The entire resource is available to download for no cost. That's right it is FREE and available from the Baptist Care SA website www.baptistcaresa.org.au! Everything you need to conduct the workshop/s in your faith community is there and it costs nothing! If you have any queries please contact avanloon@baptistcaresa.org.au or vlegge@baptistcaresa.org.au.

Hope Pack

The second resource is the Hope Pack (and/or the Share Care Pack) produced by Lindy Gower (2016) which were launched at the AFCNA conference dinner in 2016. Everyone attending the dinner received a pack for free, so don't forget to give us your feedback and comments about how it went. You can send your comments, queries or orders via email to afcna@afcna.org.au. You can still purchase the Hope Pack – which is a 21 day Christian resource to promote wellbeing and hope in a person living with mental illness. The pack is a tool used by a friend/buddy who journeys alongside the person living with the mental health disorder to encourage and motivate them on their personal recovery journey.

The Hope Pack supports the development of positive thought patterns and healthy behaviours re nutrition, hydration, movement, fresh air, sunshine, and friendships. It has been developed by Lindy Gower in response to her own lived experience with mental illness and documents aspects of her recovery journey that she found most helpful. The Hope Pack is developed from a Christian perspective and uses Biblical scriptures to encourage the person. [If the person you are befriending does not want a faith-based resource then you can purchase a 'Share Care Pack' which is similar but it does not use any Christian messaging in the pack.] The packs supplement and compliment medical care, they do not replace it. They are fantastic tools for FCNs.

The Full Pack is $44 (inc. GST but Postage and handling is extra). Each pack includes 21 days of letters, and envelopes, encouragers and all the accessories you need to work with one person. The packs include a DVD/CD with all the instructions for use and the PDF files of the contents for ongoing use into the future. For enquiries or orders please contact Lindy Gower lindygower@bigpond.com.au or avanloon@baptistcaresa.org.au. We encourage people to give it a try and help someone move forward into a more hopeful and optimistic future.

Be a purveyor of hope

As Christians we are called to be purveyors of HOPE in the world we live in. Never has there been a greater need for hope-filled, genuine, life-giving friendships. Jesus commands us to "love your neighbour" and we often wonder but "who is my neighbour?" The lawyer in Luke 10:29 asked this question of Jesus and he replied with the parable of the Good Samaritan. A man walking along the road between Jerusalem and Jericho was beaten and left to die. The very people one would expect to help him ignored him and passed by on the other side of the road, namely a priest and a Levite, people of faith who one could expect would have helped him. They didn't get involved and we too can turn a blind eye and not get involved with vulnerable people we come across! Then a Samaritan stopped and helped the man. He nursed him, transported him, sheltered him and funded his longer term care and rehabilitation needs. Jesus asked the lawyer "Which of these three do you think was a neighbour…?" to the Samaritan (Luke 12:36a NIV). The answer is obvious… the person who showed the man mercy! Jesus finished his parable with a command to "Go and do likewise!" (Luke 10:37b NIV). The message for FCNs and Christian churches following Jesus' teaching is crystal clear. The question to each of us is, How will you respond to the person in need? What sort of person will you be?

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