Researcher BN: So if we could just start if you don't mind by stating your age, gender and your role here.

SP11: I'm 50-, my age is 56, I'm male and I'm the Rector of (name of location) Abbey, yes.

Researcher BN: Perfect thank you. So how long have you been Rector here?

SP11: I've been here er two, two and a half years yeah, yeah.

Researcher BN: OK.

SP11: Yeah.

Researcher BN: So have you been, were you Rector in any other areas before?

SP11: Yes, I was in, I was in, I was in er (name of location) before coming here and before that I was in (name of location).

Researcher BN: Ah okay.

SP11: Yeah.

Researcher BN: Great. So, talk me through kind of your everyday, day-to-day life here if you could.

SP11: Erm, well the role here is incredibly varied, erm, so it's a mixture of, the Abbey is a mixture of being a parish priest, so I look after the congregation here, I look after the worshipping life of the Abbey, er, I look after its teaching life, so we have a lot of teaching groups look after its children's work. I mean, I'm responsible for it, but I don't do, don't do all the work. Erm, I look after erm, we have, we have a very active choir here, look after the pastoral visiting team that visits those of us who are unwell, erm, and, and, and I engage in some of that myself. Erm, all the areas around, nurturers of new believers, erm new Christians. So that's, that's the sort of, I suppose the parish priest role. Er, and then we're also here erm, we have quite a strong sort of business, I’m like a sort of chief executive of the business side. I mean I have a commercial manager as well but erm, we have a, you know, we have 50,000 visitors to the Abbey every year, we have a, a café, we have erm, big lettings business, and so, you know, overall I'm responsible for that, but I, you know, obviously lots of this is delegated down.

Researcher BN: Yeah.

SP11: A lot of my time is spent, partly looking after my staff, team of staff, we have a team of 20 here or more erm, so I work with them erm, a lot of time spent on compliance issues, so erm, safeguarding, health and safety, erm, errr, finance, bigger big issue obviously I’m responsible for making sure we're financially viable.

Researcher BN: Uhum-hmm.

SP11: So those, those are the, those are the kind of roles. It's quite a, quite a big organisation here.

Researcher BN: Yeah, yeah!

SP11: Erm yeah, so I’m both parish priest and like sort of parish and chief executive really, I suppose you would describe it.

Researcher BN: Oh wow.

SP11: So that's, that's the way it tends to work.

Researcher BN: A lot going on yeah!

SP11: Yeah.

Researcher BN: So what do your day-to-day interactions look like with parishioners, would you call them? Or people that come here?

SP11: Erm, well, on a day-to-day basis, erm, I would, obviously on Sunday I'm meeting with lots of parishners because they come to worship on Sunday, and erm Tuesday, we also have a service that we come to worship, Wednesday and Thursday we have services they would come to worship, you know parishners would come to worship then, so there's a sort of natural interaction in terms of erm, just seeing them and erm, leading worship but also having coffee with them afterwards and erm, parishners do drop into the Abbey just to sort of, so I would have a more casual interaction with them when they do, but if they want to see me they would normally make an appointment.

Researcher BN: Okay.

SP11: That would be the normal thing. They would say I would like to sort of see you and we’d arrange to meet or, they’d either come here or I'd go to their home. Erm, obviously other prisoners I would see by appointment through, for different reasons, so, quite a big funeral ministrative, quite a lot of funerals here, so obviously interacting with families in that way. A family member might go to hospital and they would say they would like a visit. So I'd go and visit them in hospital or in a home, or the care homes sometimes will often ring up and say somebody's dying, they would like to see a priest while they die.

Researcher BN: Uhumm.

SP11: And so you go and see them. Erm, so those, those sort of interactions are either, some days it's just pretty general, so I’d see most people and say goodbye to them at least, other days it's casual, or it's pretty much by some kind of arrangement.

Researcher BN: Yeah.

SP11: Erm, I do, less, less this job, in my previous job I would call, it was a little bit more often just on people just on spec, just to sort of drop in and say hello, but that doesn't happen so much in this, this role.

Researcher BN: Yeah, do you think it's because it's a bigger church?

SP11: I think so, I think so, there's, there's other, much more going on, and people tend to gravitate more to here, so I see more people here than I do going out, which is quite different to my previous job where I spent a lot of time in, out and about, and er, a little bit less of that here.

Researcher BN: Yeah.

SP11: Yeah.

Researcher BN: So is there any kind of themes in what you might talk about with parishioners, or, obviously as you mentioned, end of life might be a theme, but anything else?

SP11: Well, obviously we, we are, we are an organisation about faith, so faith is, is always in the background because that's, that's what I bring to the party as it were, I mean I, that, that is my erm, reason for being, and the reason we exist is because we're Christians. So faith issues are normally, would be always be at the, would always frame the conversation probably, but the actual theme of what we might talk about could vary enormously, from issues of people wanting to talk about personal issues that they would like to share or talk about to erm, people who are facing erm, health, you know, significant health issues and they want some help with those things. Erm, a lot of our interactions can be about erm, you know, pretty, pretty trivial things, and some of the interacions I have are incredibly intense things, you know things that are massive in their lives, which they may only want to talk to me about or, erm, so there there could be, I wouldn’t say there were, there were any general themes, apart from faith being in the background, but often faith isn't, I mean often it might be somebody wanting to talk about erm, something that’s going on in their child's life or their family life.

Researcher BN: Uhumm.

SP11: But it's not particularly a faith issue, but they just feel they can talk to me about it and get a perspective or get my sense of it, or just offload, which is often what they want to do in fact,

Researcher BN: Yeah.

SP11: ..just to have someone to talk to.

Researcher BN: Uhumm.

SP11: Yeah.

Researcher BN: So are most of those conversations one to one would you say?

SP11: Erm, most are one to one. I mean things like funeral visits are not one to one, they’re normally a family, family visit, I'd go to see a family to talk about the arranging their funeral talk about their death, that would normally be quite a er group thing, but if somebody comes to say, our bereavement drop in which we have every now and again, that would normally be a one to one, we, we’d talk one to one, or if somebody wants to talk about a matter of very personal, we would always, almost always one to one.

Researcher BN: Yeah.

SP11: Or one, or sort of to a couple, you know couples will invite me and they want, they, they, you know, they'll talk through their issues or something, yeah.

Researcher BN: Right, yeah. So in terms of how long conversations last with parishioners, is that again the full spectrum?

SP11: Yeah, it could be anything from a few seconds to a couple of hours.

Researcher BN: Yeah.

SP11: Yeah. And sometimes they may go on several times. Er, I mean, you know, I don't, I don't have a huge amount of time in my week just, just to devote to this, I'm not doing these things all, it's not how I'm spending most of my week.

Researcher BN: Yeah.

SP11: My week is spent in a whole range of other things to put it really, but erm, er, you know, so I might have two or three significant conversations a week with parishners, not more, not more than that. You know or, but I would have an interaction, I would probably have 100 or more interactions with parishners in, in a week. But but they're, well not just parishners you know, people who visit the Abbey.

Researcher BN: Uhuhmm.

SP11: Yeah.

Researcher BN: And are they very fleeting or do they tend to be longer?

SP11: Well, they, they just vary so erm, you know, there’s the Abbey you might, you might say good morning and have a 5 minutes conversation with them, erm, occasionally, erm sorry 5 seconds conversation with them but occasionally you might have a bit longer and occasionally, somebody might say ah you know, I'd just like to talk about that, but erm, yeah, I don't want to give you, wouldn’t want to give you the impression that I'm spending most of my time in, in that ‘cause, that's not true. I mean a lot, I mean a lot of my interactions with parishners are through e-mails you know, people will just e-mail me, but a lot of that is kind of business stuff really. It’s the, the running of a place like this, so somebody will say oh I'm doing X on Sunday, what do I need to do. Or I'm doing this for the children's work or, you know, we need a meeting to plan our youth grou or whatever you know.

Researcher BN: Yeah.

SP11: So those those are business things really, you know, and a lot, and a lot of that is about what you would term business rather than pastoral.

Researcher BN: Yeah, yeah. And what about the staff, do you speak to the staff a lot and have interactions with the staff?

SP11: I do, I do so I have a lot of, spend a lot of time with the staff, so I see the staff every day, and I see most of the staff every day in some kind of interaction, so at least to say hello to them and see if they're okay. Erm, and, yeah I spent quite a lot of time with, with staff, that's a big part of the job really, helping them to, A) do their job well or deal with some of their issues, er, obviously have fixed statutory things we do so we have appraisals and erm, and so they will happen every six months or every year for some and erm, so that's the formal, formal meetings and formal conversations but, most of them are either informal conversations, or they're just getting on with doing the work, so you know, we've got to agree a strategy for X or plan for Y, and we just need to implement it.

Researcher BN: Yeah.

SP11: We meet as a staff team once a fortnight, to, you know, all the staff team meets to, call an operations meeting to plan the, or sort of look ahead to the next two weeks. Erm, because the Abbey is not, it is a very busy place in terms of concerts and schools coming in or erm, activities so you know, we have an operations meeting to make sure these things, we've covered all the bases and er, I mean, and at those meetings we might deal with some other issues you know around staffing issues or personal, you know people who need to be dealt with in some way.

Researcher BN: Yeah.

SP11: Yeah.

Researcher BN: So are they more often than interactions with parishioners would you say, with staff?

SP11: Er, the staff is much more often yes, and the staff takes much more of my time than parishners because erm, partly because my, my role is to manage them, in order for them, them to be able to do their job. So a lot of the actual work of the Abbey is done, you know, all the sort of things I mentioned before, they’re kind of done so for instance compliance, that I'm, I'm responsible for health and safety, I'm responsible for safeguarding, I'm responsible for, erm, you know, paying the VAT and paying all of this, I don't do, I don't have to do all of that stuff. I have a compliance officer, I have finance officer who actually, you know, does the work.

Researcher BN: Yeah.

SP11: But they, but they may need maybe an hour or two a week of my time to ensure that they are able to do it properly and know what they're doing, or they've got a problem they need to talk about, or, because in the end, kind of, you know, like like in any organisation where you have to have somebody where the buck stops, you know, it sort of stops with me in the end.

Researcher BN: Yeah, yeah.

SP11: Yeah.

Researcher BN: So a lot of different interactions with different people, yeah.

SP11: Yes, yes.

Researcher BN: So, did you notice a difference, before, during, after COVID in the types of conversations you were having, maybe the topics?

SP11: Well, I'm, I moved during COVID, so I came here during the first lockdown.

Researcher BN: Ah, okay.

SP11: So, so I haven't, so my, my role here was, I didn't have a pre-COVID role here, so I would have to look back to my previous job to, to think about that which was quite different to, you know, setting. It was still a church setting, but erm, er, in terms of the interactions being different, no, no, I don't think they were, I don't think COVID is, the, the, the period of COVID certainly created different, different interactions, so there was definitely a kind of 12 month period, certainly at least 12 month, maybe 18 months, where COVID did, did bring about different interactions, erm, either because we had to make very particular plans for COVID and we had a whole range of legislation to try and comply with, and er, how we met as an organisation, how we socially distanced all the time, how we ran the offices in the social distanced ways, and all those sorts of things so, and of course, people's anxiety around COVID led to a lot of COVID con-, COVID related conversations. A lot of conversation about, people being anxious about coming back. So COVID, definitely affected erm, interactions, but I don't think I would now say that that, there's been a legacy of that.

Researcher BN: Okay.

SP11: Not really.

Researcher BN: Yeah.

SP11: I, I think, I think, I think we've probably got back to a place where we're just running pretty normally.

Researcher BN: Yeah.

SP11: Erm, yeah I mean COVID has still an effect where people take time off because they have COVID or they might take time off because of a cold, even if they don't feel very ill they’re still off for five days now still here, so there's certain things that COVID has caused, but I don't think COVID, per say, has led to a change in those kinds of interactions, it did, I mean it, it did in things like, throughout the whole period of COVID things like nursing homes you couldn't go into, so it certainly changed things around funerals during that time because we couldn't visit families, we had to make funeral plans at a distance on the phone, you couldn’t do it face to face. All our services at one point were on zoom and erm, all our meetings and interactions were on zoom. So during that time, it was really, really different but, there's been a little bit of a legacy I suppose, in terms of zoom meetings and things like that, we still do some of that, in a way we wouldn't have done before, but not on a local level, that's more,

Researcher BN: Right.

SP11: ..at a national or regional level, where we've decided not to travel, we’re gonna meet on zoom.

Researcher BN: Yeah.

SP11: So, I don't, I don't think, I mean, I think the, the, the bigger, I think the bigger impact in terms of erm, kind of conversations, have been much more around Brexit and, and Ukraine, I would say and the cost of living of course now, those have been the the areas that, where, where I suppose I would engage with people, because those are the things, although COVID of course raised a whole lot of emotion, we, we, we're all in it together in many ways, whereas Brexit was so divisive that I think it was, that, that's probably led to a much greater degree, either of anger or of frustration, or, that, that's, that I’ve probably picked up more pastorally than, than COVID in a way.

Researcher BN: Ah okay.

SP11: I, I would, I would say.

Researcher BN: And cost of living you mentioned?

SP11: And cost of living yeah, because obviously, you know, the impact in the, in these last few months has been a massive thing for, for, for everybody.

Researcher BN: Yeah.

SP11: And certainly been very much around, our conversations in, you know, locally in (name of location) in, and what people people's anxieties around cost of living. I would say that's been a, those have been a bigger factor than, erm, the legacy of COVID probably.

Researcher BN: Right, yeah.

SP11: I mean, there may be a legacy of COVID in some way but erm, not directly.

Researcher BN: Yeah yeah. So in terms of cost of living, how do those conversations play out? Who initiates them, what is tend-, tends to be talked about?

SP11: Well erm, well, it's partly that we've in-, you know, we, we have initiated certain things ourselves, so, you know, we've tried to make the Abbey more available as a warm space, for example. Or we've, you know, we've tried to create an area in the Abbey where families can come with children. We've, we’ve created a couple of extra clubs designed, so that’s the, so those initiate conversations around cost of living. Erm, clim-, the other big one of course, is climate change. The climate is a massive area of conversation, so.

Researcher BN: Ah okay.

SP11: Erm, that's a, that, that, if anything, that is perhaps the biggest of them all, I don’t know why I didn’t say that first, because that's probably the biggest.

Researcher BN: Okay.

SP11: And that's partly because we do initiate a lot of stuff around climate here. You know, we're very concerned about it, so we, we do quite a lot of stuff to try and address that as a church, or in preaching or teaching. And so, that's around certainly.

Researcher BN: Right.

SP11: Yeah, those conversations are around, and then, then I, I, so they’re partly initiated by the fact that we're just addressing them, and partly there for addressing how people might respond to these things.

Researcher BN: Okay.

SP11: Yeah.

Researcher BN: So, do you ever have conversations about health and wellbeing so, like physical activity, diet, smoking, alcohol, mental health, do those conversations come up?

SP11: Mental health definitely. Erm, I mean on a, on a, from a spiritualist, from a Christian side, the church is always, well not the church, not all parts of the church, but I certainly always do commit it to the idea of, the ministry of, we call healing. Just, it doesn't, it doesn't mean to say we can simply think people are gonna miraculously get better, but it's about being concerned always for their, their well-, their wellbeing and their wellness, and their, so, so there's always been that sense in, in conversation that, you're concerned that people, you address people's illness. It's not ignored. It's, it's important. And we should be, and we pray for people, not, not that they instantly get better, but that there's a view to helping them and reassuring them and, so health always, is always big. Are we engaged in specific programs about health? No that’s not our job.

Researcher BN: Uhumm, yeah.

SP11: And we’re not engaged with that, So do we have anti-smoking campaigns in the Abbey? No we don’t, or do we run a health heart clinic? No we don't. So we don't do any of that, but we, but we do, we do keep, we, we, we, we have a sick list and we pray for people who are unwell every day in the Abbey. We, so it’s that, that, that spiritual dimension to health that we are particularly concerned about. But erm, you know so, but I, but I, I spend quite a bit of my time visiting the sick, you know, people who are unwell, but I, I'm not their doctor. You know, I'm going in because they, they, they believe and I believe, mutually believe that there is a spiritual dimension to life, and they want to, erm, open up their illness to that dimension you know to, they want their illness to be sort of prayed for and held in that place. I think that would be the way to put it. Erm, the, we have, we spend quite a lot of time around mental health, and mental health is quite big, so that's, that's a slightly, because that's where kind of the, perhaps the spiritual and the physical and the, er, have a lot of overlap really because mental health is both a physical disorder, but it can also be caused by, by other things that trigger it, you know erm, traumas in their lives and things, or bereavements and things. So we would, we, we do spend quite a lot of time addressing those sorts of things.

Researcher BN: Right, so that, that topic feels more relevant to, the question I asked about all those other behaviours, it’s mainly mental health?

SP11: I think, I think so, I mean it, obviously if somebody comes and they've got cancer I, you know, I’m not an oncologist I can’t say anything about their cancer, but we, we would pray, that they might say I'd like you to pray with me. So we'll pray with them, be concerned about their cancer, their illness, and we might then, there might be follow-ups to that. So somebody I'm dealing with just at the moment in fact, who's dying, and leaving a young, quite a young wife and fam-, and family. Erm, I don't just pray with them, they're all, they're all sort of wanting me just to help to talk through what life is going to be like for them when the death occurs, how will they handle it. Not that I can do much practically, but I can help them at least think through things, some of which I know about, some of which I can point, be pointers to where they might find better advice and so on. So, in that sense, it is trying to, you know, I’m not dealing with the health issue as directly, but I am praying for them, and I'm trying to help them as a family to erm, to, to, to cope I mean I'm only one helper I mean they’ve got other supports if they just had me they, you know, it wouldn’t be enough, but they’ve got other places they can go, but they're, they're people of faith, they, they want to have their Christian faith acknowledged and they want the church to be involved in, in what they’re going through, so, so in that sense, that's the way I think, erm, I will specifically tackle..

Researcher BN: Right, yeah.

SP11: ..issues of health. So it's sort of, it’s this sense, this sense of bringing a spiritual dimension into a person's health problems without denying that, you know, the key thing is they're getting the right medication they're getting..

Researcher BN: Uhumm.

SP11: You know, those are..erm.

Researcher BN: Right, yeah. So does the topic of like mental wellbeing come up with everyday interactions as well, like when you see parishners?

SP11: I wouldn’t say every day. I mean no, not in, not, not everyday, no. That would be, if, if we had a conversation about mental health once or twice a month, that would be, probably,

Researcher BN: OK.

SP11: ..the level I would say.

Researcher BN: Yeah.

SP11: Erm, and it might be initiated by somebody saying, you know me saying how are you, how, how, how, how really are you, and they might say well I’m struggling a bit with things at the moment, I’m feeling a bit depressed, and we might then have a conversation about that or erm, like I might say have you, you know, have you seen the doctor about it. You know, I’m thinking perhaps you ought to, but you know, not wanting to be too direct, too prescriptive, just to encourage them to explore things, but no that wouldn’t, it wouldn't be an everyday conversation. I could easily go through a week without having a conversation about mental health.

Researcher BN: Right.

SP11: But I could quite easily have a week where I’ll have three or four conversations about it. You know so.

Researcher BN: OK, so irregular.

SP11: Yeah.

Researcher BN: Yeah. And in terms of who initiates that, as you say does that tend to be if you ask that kind of question of, how they actually are?

SP11: It varies but some, we have done some, you know, because I preach, you know, preach about, so each, each month, each week there's a sermon where you can say things so, and I have used, on, on about two or three occasions since I've been here, which doesn’t sound like very many, but it's quite, you know, I have actually spoken about mental health. And I think that's helped people to, erm, think ah I could, I could talk about this. So there are a number of people, there are a number of people who have sort of said actually I, I struggle with mental health for these reasons. So that, erm, so there, there are a few people in the, in the community who, you know, I know about their situation you know, they've talk-, they've come to tell me about it and I can just check in on them.

Researcher BN: Uhumm.

SP11: I mean, to some, you know, I can't be their psychologist or their psychiatrist. But I can just check in on them. Others who I would say, you know I’d just say so you look, you look a bit down, are you okay? Erm, and they might say, oh I'm fine, but I mean, or they might say oh, things are not so good, have you got 10 minutes? And we'll have, have a conversation.

Researcher BN: Yeah.

SP11: You know, about what it was they were experiencing, which might be a personal problem, it might be a, something that’s happened and it’s led to them feeling depressed or down, or just anxious or whatever, yeah. Erm.

Researcher BN: Uhumm. Yeah. And how does faith come into these conversations about mental health?

SP11: Well, I think issues of faith I, I would say faith is the backdrop to, to conversations, because obviously when they talk to me they're talking to a priest, they’re talking to a cler-, somebody who's ordained. Who's, you know, who represents something. So it's not like there's, it's not a neutral conversation. It's a bit like, you know, if you go to a doctor, you know you never have a neutral conversation about a doctor, the doctor, you know, in your 10 minute appointment you’re somehow mindful that they’re a doctor. You might avoid the issue for a while and the doctor will register it and say well, what is it you've really come to talk to me about? And with me, er, you know, I represent something, so I represent the church, I represent God, I represent something of faith. It's not sort of a neutral thing, so. People who choose to talk to me are normally, would would normally expect something of faith to be part of that conversation. So it might be that, erm, somebody who comes into the the Abbey, say a bit distressed. Erm, but they’ve chosen to come to the Abbey for a reason, not just because they want to get out of the rain, it might be glorious sun or snowed out out there. But, but because there's something about faith that they want to tackle so, so I might say, if I'm there or called, if somebody calls down, says could you come down somebody is a bit distressed? I'll say, would you like, would you like to light a candle? ‘Ah, I’d love to light a candle’. So we’ll go and light a candle, so I'll then say, would it help if I said a prayer about this just to ask God to bless you? ‘Ah yes I'd love you to say a prayer about me’. So that's the way faith would usually come in. It's unlikely they would come in and say, it's not impossible, that they would say, erm, you know, I don't understand the theological significance of my illness. That would be an unusual conversation. But with a parishner, it might be, they might start by saying something like, I don't understand why God's let me get this cancer.

Researcher BN: Right.

SP11: And that would be their, what you might term a theological conversation, which, you might not use that term, but you’d explore, you know, and they might, that might be to talk about the nature of God, what God is like, does he exist, is he real, am I just imagining him? Why does he let this happen to me? He doesn't let it happen to me. Could he stop it? And that kind of thing so, and those conversations are not frequent, but they're not, they're several times a year.

Researcher BN: Okay

SP11: But they’re not every week.

Researcher BN: Yeah.

SP11: But they're not unusual conversations to have, because they're often, they're the conversations people struggle with, especially if their loved one’s dying or, they don't seem, they seem powerless or they feel God's powerless, or whatever.

Researcher BN: Right.

SP11: You know so what, it can, it can often affect their belief, you know that I thought God was this or, or that and he doesn’t seem to be doing anything, does he not exist, or does he not care or, so, those are, those are conversations you would, I would have.

Researcher BN: Right.

SP11: Relatively often, but not, not weekly.

Researcher BN: Yeah (laughs).

SP11: That would be exhausting on the weekly because their big conversations you know.

Researcher BN: Yeah (laughs)

SP11: So they’re for the ones that, you know, are there, and yeah.

Researcher BN: Yeah, of course. And what are your thoughts in kind of the role of faith and God in these conversations about mental health and how they play out?

SP11: Well, I, I, I of course would say they were incredibly important because, you know, that's what I have committed my life to. So, you know, because I am a bel-, because I am a believer in God, and believe God is a God of love who loves, loves us, you know, I want people to feel that they are loved by a higher being than them. And, and, and that, so I, so I feel it's important so I would say that, I don't, you know, that God, that, that faith can, can help people to find wellbeing. It could hinder them if they’re not careful, bad, bad faith is disruptive and awful, I mean bad religion is as bad as anything as you can ever get but, but at its best, I would say it can be life giving and reassuring and, and a blessing. Erm, at its worst it can, it can cause mental health problems, so it's not,

Researcher BN: Right.

SP11: ..religion, religion is definitely a double edged sword. Because it can, it can be used in, you know, because religion can touch the deepest parts of us, if it's, if it's used in a manipulative or erm, way it can, you know, it can be dreadful I mean, you know. Really, really, really terrible when you, when you get that.

Researcher BN: Yeah.

SP11: But if it's used in, in a way of love and healing and blessing, then I think can be a great help to people with mental health, it's not, it's not as, always a solution to them, it's just part of a…

Researcher BN: Yeah.

SP11: ..part of it.

Researcher BN: Uhumm.

SP11: Yeah.

Researcher BN: Interesting. So in terms of smoking, diet and things, do, are they, do they never come up in conversation?

SP11: Erm, oh, they do. It's amazing what comes from a conversation really. So people will say, er, you know, they may, they may be the first person that, that, they tell me I'm prediabetic. Oh, OK. Erm, yeah, ‘have you got 5 minutes?’ they'll say, yeah I’ve got 5 minutes. Erm, ‘the doctor said if I don't do something about it I'm gonna get type 2 diabetes’, but, you know, so that that's not an unusual, that's not an unusual conversation to erm,

Researcher BN: Okay.

SP11: And so, I would say right well, great have they given you some advice? And I, I can't, you know, I can't give any advice whatsoever about diabetes. I have no idea, but I can give something from the odd Google search I've done, but I mean apart from that it’s not my role, a bit of my role is to listen to them and, and have, and normally the outocme of a coversation like that would be something like, ‘erm, OK, I think I will try to take the doctor’s advice, I'll go to the clinic’.

Researcher BN: OK.

SP11: That would be all I would say ‘oh yeah, I would do that’.

Researcher BN: Right.

SP11: That, that would be the kind of level of it.

Researcher BN: Yeah.

SP11: Have we done anything around smoking? No, not around smoking. Have we done something around, issues around parenting and postnatal depression? Yes, we do, I think a bit around that. Not, not in any planned way, but we've got a thing called tots praise where people come with young, you know, young parents come with their little ones and I think the, the team is quite aware that we do get one or two bits of poor mental health issues there or, which, which are not addressed in a formal way, but certainly kind of in an informal address.

Researcher BN: Right, okay.

SP11: You know. But no we don't erm, we don't engage in health programs as such. We never, and I, I, I never have. But there, there will be some churches that do. There are churches which do do that in erm, and, or encourage you to make, make the premises available for, for those kind of groups, yeah.

Researcher BN: Uhumm. But it does come up in more informal conversation sometimes?

SP11: It, yeah, health issues often come up in conversation.

Researcher BN: Yeah.

SP11: Sometimes, sometimes very personal health issues and you think wow, that's quite a big thing. You've obviously, you know, people don’t say that to me, they, they may just feel it's a bit, you know, it's confidential, and they, I wouldn't say anything, and it just helps them to have voiced it and erm,

Researcher BN: OK.

SP11: Yeah. Erm, so yes, they come up but, but, that’s it, this isn't everyday,

Researcher BN: Yeah.

Sp11: ..this is, this is erm, I mean it’s quite often people will say something about their health, you know, in a day you know, I’m not, I’m not feeling brilliant. I think, I think there's, I've noticed, certainly, maybe it is a post COVID thing, maybe it isn’t a COVID legacy, but maybe it's just because there's been so much sort of on, in the media about it, about people being a bit more willing to talk about mental health issues. So, I think that has, that does come up, more much more than it used to.

Researcher BN: Ah okay.

SP11: At one time it would never come up. I mean going back just 10 years, it would be very rare to have a conversation about depression or mental health issues.

Researcher BN: Okay.

SP11: But that has definitely changed, that, that has definitely changed.

Researcher BN: Interesting.

SP11: Yeah.

Researcher BN: So is there anything that would stop you from talking about health and wellbeing in conversations with parishioners?

SP11: Well erm, you're always mindful of, of safeguarding issues so I mean I, I would, I would be mindful of the intimacy of a conversation,

Researcher BN: Right.

SP11: ..so if I felt the conversation was getting a bit too intimate, I would say, you know, I have had women want to tell me about gynecolog-, gynecological issues. Now that, you know, it's all well saying they've got issues you know, that's for their doctor so you know, there are, there are definitely safeguarding places or places of intimacy I wouldn't go. I think erm, I think around the areas of mental health, it's, I think, I think it's really important to know your limits on what kind of advice you could give, or what conversation you could have, so I think sussing somebody out quite quickly, and knowing, knowing that this is, this is not, not a conversation that's going to be helpful,

Researcher BN: Right.

SP11: ..so, so somebody who's schizophrenic or, you know, really presenting mental illness really rather than just mental health issues, that, that would be, you know, just, just being mindful of those things, so there are, yeah, there's certainly boundaries, there’s always boundries, in any conversation there are boundaries,

Researcher BN: Yeah.

SP11: ..and you've got to get to a point where you think, actually I’m not gonna cross that boundry that's, I just can't go there. So yeah, there are boundries.

Researcher BN: Yeah, and in that situation, would you just tell, what would you do in that situation?

SP11: Erm, well they're pretty, they're, they're very, very rare. Erm, I mean, I mean, it's very, very rare to get to a place where you really feel, erm, I mean a classic, a classic thing that isn't so rare, bizarrely, is people who erm, have had surgery and want to show you their wound.

Researcher BN: Oh right (laughs).

SP11: It's quite common. And so somebody might say to me, can I show you, I’ll just.. Well actually no, it's just not, it's not, not, it’s not appropriate, ‘oh right I suppose, it's just the wound’. It’s just not appropriate. That, that, that is quite common (laughs).

Researcher BN: Oh right!

SP11: So, you know, that would be a case where I would just say, well actually, you know, just keep your nightie on or whatever.

Researcher BN: Yeah (laughs).

SP11: So I think, and I think it's just the men-, it's just, that, that's just a state that they, they were doing something because they're in hospital, had an operation. Which of course they would never dream of revealing something like that in another context, so that's where I think the, you, I think you as the person has just got to make sure…

Researcher BN: Yeah.

SP11: ..it's a line that's just not crossed.

Researcher BN: The boundaries, yeah.

SP11: You know, you just look after them, but that's one of the most common things that can happen (laughs). It is a strange thing.

Researcher BN: Yeah it is isnt it (laughs).

SP11: It is a strange thing. And sometimes in a completely acceptable place and people have an operation here, they say ah I'll just show you the operation and you think, oh right, you know.

Researcher BN: That’s strange (laughs). So is there anything that would help you talk about health and wellbeing with parishners?

SP11: Any sort of tactics or training or that kind of thing?

Researcher BN: Anything, and at any level.

SP11: Erm, I think the thing that's been most helpful er, around talking about it is, is, is when it becomes talked about in the wider, in wider society.

Researcher BN: Okay.

SP11: So mental health issues are now being talked about much more widely so, you know something like Prince William is campaigning it, or footballers campaigning it and speak openly about it. And I think that's helped others to speak about it so that, and help, helped me to be able to raise the issues of it or, erm. So that's one, I think that, that, that's one thing that does help is when it, when something erm, you know, become, become, becomes a sort of more acceptable to, to talk about. Erm, I’m trying to think of other examples of what that would be like really, erm, and I’ve had, not so much here because I don't know them really, but in my previous role I had quite a good relationship with the local GP prac-, one of the practices, and they were quite keen in prescribing kind of social prescribing really. So they, they would, they would, sort of, people would come to them who, who really, they'd given them enough meds, what they really needed was sort of erm, a club to join or a society,

Researcher BN: Yeah.

SP11: ..just some friendship, and so they worked with the churches a bit to try and help with that.

Researcher BN: Ah okay.

SP11: So they would, and they were quite up for conversations about that, that, that, that was a good, a good thing I think.

Researcher BN: Right, yeah.

SP11: Erm, and the biggest thing for me is just being, trying to be empathetic, really. I mean, I'm not, I'm not a, I’m not a doctor so I don't, don’t know, but I, I, I am a listener, and would help people to, feel able to..

Researcher BN: Yeah.

SP11: ..express what they, they need to.

Researcher BN: Yeah.

SP11: So, I think.

Researcher BN: So what was your role in the social prescribing kind of set-up? When you said it went quite well?

SP11: Well, I was erm, obviously I, I was a parush priest there as well

Researcher BN: Yeah (laughs).

SP11: ..but, but we had erm, I mean it wasn't, it wasn't a formal arrangement, the social prescribing, but it was, but it was, there was one GP's practice where the GP's were quite keen to engage with, with social prescribing, and actually say to people, I think you would better, it would be really good if you could join a, an over 60s group or something. Get friendship or, or somebody who, we had people who, the GPs would contact us and say that this person is bereaved, depressed through bereavement, has had counselling, not helped, really needs a support group. And we would, we would be able to offer that. Because we had a bereavement support group.

Researcher BN: Right.

SP11: So, and they would, you know, they would know about that. So that, that's the way it works, but it requires a GP practice to actually see the value of, not just faith-based organisations, because some others are suspicious of us because they think we're just about trying to convert or trying to, erm, you know, or basically kind of like a cult, trying to sort of change, warp people's minds which of course we're not, but those who, who do understand what we're about that we’re just, we’re there to try and speak about care and love and generosity. We would, would respond. So that, that was quite a good thing.

Researcher BN: Oh great, excellent.

SP11: Yeah. And there there are some, there are examples of that which are much more formalised in the country you know, I think, where you actually, erm, but ours wasn't particularly formalised but,

Researcher BN: Right.

SP11: It went quite well.

Researcher BN: Interesting. So, obviously you mentioned the cost of living comes up, in terms of social determinants of health, like employment, finance, housing, do those conversations come up often?

SP11: They're not often, erm, they come up. Erm, they're not, yeah I mean, erm, we, I mean I try to signpost people to, to, to those who can help much better so. I'm involved in a charity which erm, you know, the church kind of helps to stimulate, which is looking to try and partner, help, help, help the churches to partner with organisations like Citizens Advice or, that, that we can then point people in the direction of. So, it's less common to have those kinds of conversations parishioners, but quite common for somebody to come into the Abbey here, and say ‘I just need to talk to somebody’

Researcher BN: Right.

SP11: ..’I've got real challenges financially, what can I do about it?’ I can't help you directly, but I can point, I can sign post you. You need to go and see so and so, so that, that would be a way in which that would be done I think.

Researcher BN: Right, yeah.

SP11: Erm, yeah, signposting, a lot of signposting.

Researcher BN: Okay, just in terms of, like social determinants of health, when you say a lot of signposting or when else might that happen?

SP11: Well erm, an example, an example would be, erm, I don’t know if you’ve come across White Ribbon. Which is er, the White Ribbon organisation is where, it's about men standing up to other men against sexual violence well, any any violence against women.

Researcher BN: Ah right.

SP11: So, we in the last two years have tried to promote that we’re having a service here, it's quite painful, it’s not an easy service to have. But the last time we did it as part of that, we also invited NDAS which is the Northumberland Domestic Abuse Service, to come and to give a presentation, er, on their work, we had somebody who spoke about, who'd been a victim of erm, male violence, male, male violence to her. And erm, that enabled others to be signposted to places to get proper help.

Researcher BN: Uhumm.

SP11: So, it's the sort of thing, it's a very rare thing that has happened to me, I've had about five or six cases in the whole of my working life, people have come to me and said I am stuggling in a, in a situation of domestic abuse, what, can you help me? And it has happened, and I have dealt, you know, tried to deal with it. But it's quite rare for people to actually have the, you know, the ability of the, or the courage, or the wherewithal, or you know, just the getting the courage up to do that. But erm, if you can sign, if you can create an event or a time when you signpost it, you hope it might just enable people to say well actually, you know, I’ve experienced X. So for instance of the one we did recently, there was a woman who then came forward, briefly to me, but only briefly me, saying I'm just going to, is it OK if I speak to so and so,

Researcher BN: Right.

SP11: ..and they went straight to so and so, and I think that then has led to them, erm, being taken on as a case.

Researcher BN: Right. Well that makes sense, so through an event it might spark conversations?

SP11: Yeah, yeah. And I think it, it's that, that's most likely to help.

Researcher BN: Right.

SP11: Er, and that can happen around, particularly around erm, child sexual abuse as well. So erm, over the years, I have had a number of conversations with people who have been sexually abused. Sometimes I try to help them directly, erm, you know, especially if, if it is a very historic case, and they’re wanting to just talk about it. Erm, sometimes it's about people just knowing that they've got, they can, knowing where they can go to find help. So by addressing it and raising the issue, it, it supports it. Should we do that with things like smoking? Well, we’ve never done it with smoking, we’ve never done it with other things, but that's, you know, I think that other organisations do that better than we would do it.

Researcher BN: Right, okay.

SP11: Erm, you know, I wouldn't want to make a judgment about smokers, you know in that sense, I don’t think it's good for you but, it's a very different world to erm, safeguarding or,

Researcher BN: Right, yeah.

SP11: ..you know erm, yep. Erm, and similarly, I mean similarly we have, you know, I do deal, and have have over the years, quite a lot with alcohol abuse, not on a week thing, not even on a month thing, perhaps you know, perhaps on a yearly thing, you deal with somebody who, who, but, I would always signpost them to Alcoholics Anonymous, you know that’s, they're the, they're the experts, you know so, but that, that would be a, that would be a conversation that would not be irregular, it does happen.

Researcher BN: Right, okay.

SP11: And it might come through somebody else coming to me and saying, I've got a friend or, a partner or son, who's stuggling, what, what do I do?

Researcher BN: Right, yeah. So with like finance, housing, employment, do those conversations happen often, and how might they play out?

SP11: They do, they do happen, er I think erm, finance pretty rarely I would say, employment happens because people want to sometimes talk about job opportunities, or they've lost their job, erm, they don't, I mean they're pretty rare conversations, I'd say.

Researcher BN: Right, okay.

SP11: They're not, they're not, they're not every, every day. But they do happen, that people would want to just, you know, talk, talk, talk it through. Any big life decision can you, you know, can be a, erm?

Researcher BN: Yeah, and how do you feel those conversations tend to go when they do happen?

SP11: Well I, obviously in my role, if I’m having conversations like that is to help, help the person to work through what they want. I don't like to be, I don’t, I wouldn’t want to give advice about things.

Researcher BN: Right.

SP11: I mean they sometimes ask me for advice, but I mean I, I, I would normally try and help them to think, think, think it through. That would be the way I would do it. You know, so say somebody comes to us, I’m trying to think of a recent example. Somebody came to me not that long ago actually, saying they wanted to explore a job in a, it was into a caring profession. And they were not currently in a caring position, they were in something, completely different work. And erm, I had no idea whether they'd be good at the er, the, the job, or whether it was the right thing, I didn’t know the person that well. But I felt, you know, I could ask questions. You know, what is it about? What is it about that job which you find attractive? You know, what of it it appeals? And get them to think about, erm, whether it's just a kind of, ah it sounds good, or whether it was something they could really, you know, really, really explore so erm, you know, I help them to explore the, the darker side of that new job, you know, or could, could they still cope with X or Y, you know.

Researcher BN: Right.

SP11: So that would be, rather than saying, well no I think you should stay where you are.

Researcher BN: Yeah.

SP11: I've never, I would never do that. I would always try and help them to, well make their mind up.

Researcher BN: So more like a, like a counseling style almost, rather than advice?

SP11: It's counselling, it’s counselling, it’s counselling, yes. It's not, rather than advice, yeah. I’m not saying I wouldn't give advice, because I would in certain situations.

Researcher BN: Right.

SP11: Erm, yeah erm, but, but, but not that often, and I would do it carefully, cautiously.

Researcher BN: Yeah, okay.

SP11: Yeah.

Researcher BN: So is there anything that stops you from talking about the social determinants of health like housing, finance, employment?

SP11: No, nothing that stops me, just not always erm, I don't think, I don't think I'd always be people's first port of call about that, or that they would think I was, I mean, in terms of finance, yeah, it depends what kind of finance we’re talking about, really. Erm, it would be very rare for somone to ask me for any financial advice. It might be that erm, somebody, you know, or quite, quite regularly is in fact somebody who comes to the Abbey or to my previous church and said ‘we are really struggling financially. We haven't, we haven't got enough food to put on the table’. And I would say to them, right okay, I can't help you, but I know who can. And therefore, I said, do you need, do you need to get to the food bank? ‘Yes’, so I can go to the food food bank. Do you need debt advice? ‘Yes’, right, we need to, we need to get you in touch with debt advice. I can't give it to you. I mean, I'm not even allowed to give to them because I would be, that would be kind of a statutory thing really. But that, that's the way that conversation would..

Researcher BN: Yeah.

SP11: ..would, would work and I mean it would be very rare for somebody to come and say, well it would be unthinkable for somebody to say ah, I've got £10,000 what do you think I should invest it in? You know, that just, that's, that never happens.

Researcher BN: Yeah. Yeah. So do you think it's an appropriate environment to talk about those kind of topics?

SP11: I hope it is. I think, I think people, I think people struggle probably talk about money in a church as much as they struggle to talk about money outside of church. And it's just one of those topics people struggle to talk about. But I hope, I hope they would find it easier than some contexts, so I think people struggle to talk about money, struggle to talk about worries about their job probably. Erm, yeah, I think, I think it's those, those sorts of issues that I hope the church can at least be a forum for people feeling they could ask.

Researcher BN: Okay.

SP11: Erm, but I don't, I don't have any illusions that it's easy for them to.

Researcher BN: Yeah, and what about health and wellbeing? So including mental health. Do you think it's an appropriate environment for those conversations as well?

SP11: Erm, yes, I mean that, it, it, it depends, I think it depends on what bit of the environment you think it is. Because I mean the church is quite a complex place, so it's sort of erm, erm, I mean one example recently, we've just, we had, in the summer we had five, which I thought were really good sessions, looking at human sexuality, because the church is erm, quite challenged around the issues of human sexuality, because it, it has an inherited position. Which isn't that old, really. I mean, if you were er, having a conversation back in the 1950s around gay issues or tarns-, transgender issues would be just un-, would be barely even understood in, but back then. But transgender erm, gender orientation erm, anything around erm LGBTQ plus stuff would be, you know, in the 1950s we just, would just never have been touched in the church, or in much of society, it was.. Now, you know, we had five sessions in the summer, we really invited people to come in and about 30 people came here to really, you know, five very good evenings of just trying to explore these issues. Erm, and of course, from those emerged all sorts of stuff, you know, people being able to say well actually I, I am gay or I am, ah I’ve got a child who is and I was, you know, erm, to issues of people saying well, actually I, I am considering gender, erm, issues and so on and, and I do think of myself as, so that, those, those were big mental health issues because they, they really touch on mental health issues and I think that, they were really good things to do and I think that, especially in a place where quite often people feel, well the church is quite judgmental about these things and has already made his mind, his mind about it, but actually, to try and open them up in a context of care, I think it's a good thing, so.

Researcher BN: Yeah.

SP11: So erm, so that, that was an example of something that we did over the summer, which was, which was, was a really good good thing to do.

Researcher BN: Great, yeah.

SP11: And I think erm, inevitably leads to other conversations. Er, and erm, so I, I think it's trying to do those things. So another area we, we do spend, you know, we’re quite committed to here is, is climate, is, is challenging climate issues, so we've got very, we do quite a lot of work, and, and that, there's quite a lot of mental health issues around climate change.

Researcher BN: Ah okay.

SP11: People are, people are very anxious around climate issues, about what the future holds, about erm, so you know, that, that has a knock on effect where you can sort, of course there are other issues around it too, the primary issue is to try and address the er, you know, reduction in CO2 and so on and, and, but the, I think, I think there are knock ons to that. Erm, so one thing we’ve tried to promote here is erm, or encourage is to work in partnership with the local Council and, and they've got, they have a, they have a sort of climate fair where people can come and talk about issues. Nowe some of it's just about how to replace my boiler, but some of it is about, you know, I, I worry about X, and I worry about Y, you know, what are we gonna do about it? So I think, I think if you give the opportunity, and certainly around domestic abuse and bereavement, those are things we can do here, which enable people to address their issues. Do we address physical things? No, we don't. I mean, we don't particularly address things like heart disease, or, I mean, er,

Researcher BN: Yeah.

SP11: Don’t do that, just doesn't feel that's our thing, and I don't think what we’d have we have to offer on that.

Researcher BN: Right, yeah.

SP11: If somebody came to me and said, oh, I'm worried about my heart, I’d say go and see, go and see a doctor, you know, get, get there quickly and do it. But they might, there might be somebody who says, you know, erm, you know I do have a conversation where somebody says oh I think I've got cancer, I'm frightened about it. And I'll say, have you been to the doctor? ‘Ah I’m too firghetened to go’. And that's, that is a conversation that does happen. Why you frighetened to go? ‘Well, they might think I'm just being stupid’. Or, ‘if it's for real, I don't want to know’. You know, so then you, why don't, why wouldn’t you want to know? ‘Ohh well..’ And then that, that's an, that's an area where you can explore what it is that's really stopping them going to the doctor.

Researcher BN: Right.

SP11: And erm, and often, these, conversations like these don’t happen very often, although often, when they do happen, I think they're things that are quite deep inside them. You know, that erm, you know it might be a fear of dying, it might be a fear of, of letting go of their family, and they’d just rather not know. It might be a fear that they have been to the doctor a number of times before, and nothing's happened. The doctor thinks they’re a hypochondirac but this time it is for real, they’re not sure what they’re gonna, a whole range of things. Some of them are quite, can be quite deep. So, I think they're, those conversations happen, but again, not, not everyday. (laughs)

Researcher BN: Yeah, yeah. So have you ever received any sort of training in having brief health conversations with people who come here?

SP11: No, not, not health conversations, no, no. I've had counselling training and erm, er, mental health, mental health training.

Researcher BN: Right.

SP11: So I suppose, I suppose in the areas of mental health, yes, but actually probably much more so. I think that's probably the area we feel, in the areas of physical health, not at all.

Researcher BN: Right.

SP11: Really.

Researcher BN: Yeah.

SP11: Erm, I think it's areas of mental health, probably because they touch much more on issues of spirituality and erm, yeah.

Researcher BN: Yeah.

SP11: I, I often say to people, are you good, how are you? And people say ‘oh yeah, alright’. And if I get a sense that they're just saying it I say hrmm, that doesn’t sound convincing, are you really alright? ‘Ah well I've got a bit of back pain’ or something. And you might have a conversation, but I wouldn't, I don't feel my role is to, try and diagnose their back pain or anything,

Researcher BN: Yeah.

SP11: ..or delve into that really I’ll say well ah have you seen a doctor, or you know, be sympathetic, but.

Researcher BN: Right. So it wouldn't go into health behaviors either.

SP11: No, I wouldn't no, but if they said to me, I'm feeling, I’m actually feeling a bit depressed at the moment, I’ll say oh right well, would you like to talk about that? That that might then lead to an hour’s conversation about it, so it would be a different thing.

Researcher BN: Yeah.

SP11: But I wouldn't do that with a physical thing interstingly enough, you know if somebody said, oh I've got, erm, well, it might be, somebody might say ah I’ve got a probablem with my kidney I’ve been put on dialysis, that, that would lead to a long conversation because that, you know, that's a sort of pastoral concern. If somebody says I've got a bad back, it might do a little bit, but, but generally no. I think those physical things, I just think…

Researcher BN: Right.

SP11: Probably not.

Researcher BN: So is it more that you’re more equipped to talk about the pastoral side, or is it the setting, or both?

SP11: Yeah, I think, I think it’s being more equipped, and the setting, and, I think, if someone's got a physical ailment, the best place to go to is a GP. I mean, it's just, it's not that I'm not interested in it, but it's just, I don't think it would be where they would come to,

Researcher BN: Yeah.

SP11: ..to talk, they would, they would come to talk about it if they felt it was beginning to affect their life in other ways I think, so somebody would come and say, can I have a chat to you about something? I said yes, ‘I've been struggling with this particular illness, and it's, it's, it's, it's warn me out, it's warn me down, and I feel it’s worn my Husband down, he's getting a bit crotchy about it saying it’s not that and, any, any thoughts?’ that, that conversation would happen. But it would be a then, I suppose my role would be trying to handle the social dynamic and the,

Researcher BN: Yeah.

SP11: ..and the kind of the emotional stuff that was going on around the physical thing,

Researcher BN: Right.

SP11: ..rather than saying, well, what kind of cancer is it? I might say that, and then say, well have you tried, you know, a bit of radiotherapy and, you know, I would assume, I would say something like, are you, have you been with your doctor there? ‘No’. Yeah, I mean very, very occasionally I get conversations erm, where people feel fobbed off by doctors, and, and then, yeah, help them to think it through,

Researcher BN: Right.

SP11: ..and very occasionally, very occasionally, but not, not, not never, where people feel very aggrieved around what's going on in hospitals and the death of a loved one. And they want to talk to me about it and sometimes get me on side and, it can be quite hard. Because sometimes it, sometimes there may be a genuine medical negligence case, other times it's just part of the grief, you know, that they want somebody to blame.

Researcher BN: Yeah.

SP11: Which, a person has just died, I mean it's just, you could handle, how you to handle the grief. Yeah.

Researcher BN: Yeah, it's tricky.

SP11: Yeah.

Researcher BN: So, and, where yo familiar with the term making every contact count, had you ever heard of that term before?

SP11: No, I don’t, no I haven't really.

Researcher BN: Yeah. Never? Yeah, never been familiar with it yeah?

SP11: No, no, it wasn't something I've come across before.

Researcher BN: Yeah it’s fine (laughs), so in terms of, is there any training you would like to see or recieve in having conversations around health and wellbeing with people who come here?

SP11: For wellbeing is a big question yeah, because health is one thing, wellbeing is, is our business

Researcher BN: Yeah.

SP11: So yeah, so. Er, I, I, I am quite inter-, would, over the years have done quite a lot of stuff thinking about wellbeing. So yes, I think that is important, and I think the church generally has been quite involved in trying to help with things about wellbeing. And there are churches which do have centres of health and wellbeing, where they do link in with local GPs, and as I said before I know they do things so erm, so yes, I wouldn't be uninterested in, in that at all.

Researcher BN: Yeah. Is there any specific topics you would want more training in?

SP11: I still think it's around mental health. I think that's, that's, I think that's where we probably, erm, and issues around bereavement and mental health around bereavement, and, erm, perhaps mental health around young, you know, young children, and nurturing young children, you know, postnatal depression, those, those things, those, those are probably the things which we encounter most..

Researcher BN: Yeah.

SP11: ..of all here.

Researcher BN: Yeah.

SP11: So, but we are, but we, over the last couple of years we have engaged in, here in the Abbey, in training staff in mental health training,

Researcher BN: Ah right.

SP11: ..so we, and we've just got funding for four more staff to be trained so that, that's, it's that area I think that is key, so we are engaging in that, so that's, that, we're being proactive in that.

Researcher BN: Oh wow.

SP11: Erm, because we're aware that's kind of, the kind of key, key part of our life really, being aware of it and knowing where the boundaries are.

Researcher BN: Yeah. And is there any specific skills that you would want more training in?

SP11: Erm, well, I don't, I think, I think, probably we see our role as, if we're a first point of contact to some, say somebody who's come to the church and the first disclosure is made to us of an issue, erm, which might be mental health disclosure, just, you know, of some kind of mental illness, maybe it might be a disclosyre that will affect their mental health, so a disclosure about abuse or, we need enough training to know how to handle that initial thing really because, quite quickly we would, we would be handing those things on, so that's, that's really, we're almost, we're kind of a front line service in many, in many ways.

Researcher BN: Yeah.

SP11: Not entirely so because we’ve done a lot of work, we do, er, we do quite a lot of work ongoing with certain people, but, that's more counselling training really, I would say.

Researcher BN: Right, yeah.

SP11: Erm, but it's that, it's that area of, so for instance, we've just, just don't quite, done some training on domestic abuse awareness. Erm, so about 30 of us have done that training in the Abbey.

Researcher BN: Okay.

SP11: So, it doesn't make us experts in handling dealings in domestic abuse, it helps us to spot the signs, to know what to do if somebody approaches us, to know how to handle erm, a case, especially if it was, especially if we felt there was a present and real danger, you know it’s those sorts of things, I think.

Researcher BN: Yeah.

SP11: Where we, we, we are actually at the moment seeking to to be trained.

Researcher BN: Yeah.

SP11: So erm, so it's probably, probably in those areas

Researcher BN: Yeah.

SP11: ..which are not directly health, but they're, they relate then to health.

Researcher BN: Related, yeah. And is there any resources that you would like to receive to help in health and the wider determinants, for those conversations?

SP11: Well, most of the resources that are out there cost a lot of money. So, erm, you know so we have, you know, we have first aid training here all the time, so we, you know I’m first aid trained, so we we are pointed sort of direct first contact in case, but I mean, I don't know we pay about £200 a day to get somebody first aid trained. It's expensive, erm, mental health training is much more than that, it’s about 400, no it’s about 300 pounds I think. For a couple of days training. So those resources are there, but they're quite expensive to access, erm, I think, I think erm, and also the fact the church which is, you know, where its primary function is one thing, well what people would think of the Church's primary function being might be about worship and prayer and music and those things. But it's, we're looking for training in all those things where people come to the church for, for support, which we're not, we're not initially trained to do. I didn't, when I trained for ordination, I didn't erm, I didn't have any counselling training when I was ordained. You know, I've haven't, I've done that since being ordained, off my own back. Not because I have to do, erm, because I felt it was needed,

Researcher BN: Right.

SP11: ..I felt that it was part of my role. So I did a, an M-, a Diploma in counselling. So that was because I felt I needed those skills and the skill sets, and all the knock ons which came with it.

Researcher BN: Ah okay.

SP11: Erm, you know, and I think part of our, the core training of clergy, it doesn't really address a lot of the, the real issues around wellbeing that, that we actually encounter.

Researcher BN: Yeah.

SP11: You know, I had absolutely no mental health training when I was ordained and yet, you know, I come across very severe mental health issues in our ministry. Erm, you know I had to learn fast with some of them erm, and, and that's one of the reasons I did my counselling course, is to try and discern, you know it was of course in counselling and psychology and it was trying to discern what was a mental health issue and what’s, what was, what was somebody a troubled person or somebody with real mental health issues. And you had to..

Researcher BN: Yeah.

SP11: ..erm, be really careful about, you know, so erm.

Researcher BN: Ah okay.

SP11: You know, because you can be very vulnerable. I mean I, you know I've been physically attacked in my, in my working life.

Researcher BN: Wow.

SP11: And erm, you know, one of those was probably when I made a mistake around someone's mental health. And didn't really spot the signs, maybe. Erm.

Researcher BN: Right.

SP11: You know, so the erm, you know so somebody who presented to me as somebody who erm, was bereaved, which he was bereaved, but erm, I think he had other mental health, well he did have other mental health issues which, erm, I think, I think it was probably later diagnosed, with schizophrenia, but he erm, he, he beat me up, in fact. So it was a sort of, not, not, not, not to a pulp but, it wasn't pleasant. And er, I think, I didn't spot that.

Researcher BN: Yeah.

SP11: I think erm. So I think those, that, that's why I, I, I've done some training.

Researcher BN: Ah okay.

SP11: Not, not, not just for that reason, not just to protect myself, but to just be more alert to what it was, what mental health, what mental illness was really. Erm, as opposed to mental health issues about anxiety, you know.

Researcher BN: Yeah.

SP11: Yeah.

Researcher BN: Ah so that's, that's interesting that training came from your own need to..?

SP11: Yeah, yeah. Yes, and I think, I think part of that is seeking training opportunities that you feel are going to help you deal with these things. Just like here, we, we’ve had to have an increase in, because of, because there's been an increase in mental health issues nationally, you know people, and an awareness of mental health issues, people have to talk about, and we know we've had a bigger increase in mental health issues being talked about in the Abbey, in the church here.

Researcher BN: Yeah.

SP11: And, and an increase in people coming to the Abbey with mental health issues. And that's why we set about the business of training staff to, in, in that area, erm.

Researcher BN: Yeah, which is great. So ultimately, do you think if you did receive training in brief health and wellbeing conversations, do you think that would ultimately improve the health and wellbeing of parishioners, people who come here?

SP11: I think, I think the causal link is a bit too far removed to say it would be too, you could, you could ever kind of measure that, or quantify that. I think, I think, I think our work is a little bit too er, disparate and diverse to sort of, you know, that, those issues of health is just such a fraction of it, erm, that I think what, what would be, what would be really helpful, to make a big difference, but I, I don't know whether that's possible now, as, as as society becomes more and more secular, is that the, the, the partnership working between those who are are directly engaged in, in health provision, and the church. Erm, so for instance, as I said before, GP practices working with us as a church to erm, deal with either social prescribing or mental health issues. Then I think the training then could be really, really effective.

Researcher BN: Okay.

SP11: But, I don't know whether the current climate really invites that, I think, I think people either see people, church people as just weird, which we're not I don't think, but I think people's perceptions are all, you're just religious kind of thing.

Researcher BN: Right.

SP11: And that, that, that, that, that sort of drive, that secular drive for the last few decades has been so intense that it's kind of marginalised the church, I think, to being a, a place that people like that kind of thing.

Researcher BN: Right.

SP11: Rather than, rather than what, the way I see the church, as a genuine desire to be a cause for good in society and a cause for good in the community. So I think, I think those partnerships have been a bit broken. Except, perhaps, just coming back to one of your earlier questions around COVID, there has been a bit of a reawakening of importance in those partnerships in COVID. So actually, there might be a little bit of opportunity..

Researcher BN: Ah okay.

SP11: ..for some, some of that following COVID that, that people are wanting to be in partnership, but I think it's still a bit of a battle for the church to persuade some of the statutory organisations that we are actually, you know, normal.

Researcher BN: Yeah.

SP11: That faith is a part of what, is a key part of what we do, but we don't want to ram faith down people's throats, I don't, you know, I, we support the food bank, not because I want people who get help from the food bank to become Christians, because, but because people who want, you know the people that need food, and that's why we sort of give out, my motivation for doing it might be..

Researcher BN: Yeah.

SP11: ..because I believe in a God of love. But I don't want to deny somebody else’s motivation, somebody who isnt a Christian, for different motivations that leads them to the same place in that, they believe, they’re a humanitarian and believe in opportunities and things so.

Researcher BN: Yeah.

SP11:And I think, I think, I wonder how much there is a possibility, an opportunity for the church to genuinely be in partnership with some organisations.

Researcher BN: Right, yeah.

SP11: I think some of them look at us with a bit of suspicion.

Researcher BN: Right. Ah so it's interesting, so COVID actually had lasting changes in encouraging partnerships again?

SP11: I don’t know if it’s a lasting change.

Researcher BN: Right.

SP11: I think there's a brief opportunity.

Researcher BN: Okay.

SP11: Whether it will just vanish, I don't know, but I think, I think COVID was a sort of time when we were so needing to, to, because we will suddenly became so separated, any ways in which we could work together on things, or support each other, became valued I think.

Researcher BN: Yeah.

SP11: But it might have been quite a brief thing.

Researcher BN: Right.

SP11: Erm, most interestingly, lots of, lots of food banks, for instance, have been started by churches. You know, people erm, that, that would be one example. Erm, so I think, and I think as long as people feel confident that your main thing is to provide food, as soon as people become suspicious actually our main thing is to, actually what we really want to do is to tell them about God, which isnt, not the way the Church of England operates actually (laughs).

Researcher BN: Yeah.

SP11: Then suspicions emerge, but if you can work in a way that actually, actually what we're really interested in is just people's best interests, then I think there are possibilities for that partnership, but that's where we could make a, a difference.

Researcher BN: Right, yeah.

SP11: Erm, and perhaps are doing in some ways. I mean we, you know, warm hubs and things like that, sorts of things we are doing, er, genuinely help to mental health I think and wellbeing, but,

Researcher BN: Yeah.

SP11: ..you know. But in terms of of specific training opportunities, I don't, I don't know what would make a big difference, er, other than around mental health and things like that.

Researcher BN: Right, yeah.

SP11: Yeah.

Researcher BN: Well that was everything I had to ask,

SP11: Okay! Oh right.

Researcher BN: Is there anything you wanted to add, do you feel like we haven't covered enough, or you want to go back to?

SP11: No, it's fine, that's great. So as long as you've got what you, if there’s something else that you need?

Researcher BN: Oh, definitely yeah. No, thank you very much.

SP11: Yeah, I don’t know if it'll be helpful for you, but,

Researcher BN: Oh definitely.