

Interview with Professor Raman Bedi



Interview with Professor Raman Bedi, incoming President of the Christian Dental Fellowship.

Professor Bedi, congratulations on becoming the next President of CDF. How do you feel stepping into this role?

I feel humbled and grateful, especially following Karen (Paterson), who has been an inspirational President. The Christian Dental Fellowship has been a blessing to many over the years, including myself. I see this not as a personal honour but as a responsibility to serve the Fellowship, encourage our members, and keep Christ at the very centre of all we do.

CDF has always balanced fellowship, discipleship, and witness. What do you see as your key focus for the coming years?

Those three pillars remain absolutely essential. However, the time has come to sharpen one of them: witness, or evangelism. CDF has always encouraged members to live out their faith in

practice. Still, I want us to be more intentional about evangelism - making it clear that sharing the gospel is central to our calling, not just another activity alongside everything else we do.

How will that emphasis on evangelism shape the Fellowship in practice?

Putting evangelism at the centre changes how we think about almost everything:

- Students: We will strengthen our partnership with UCCF so that dental students are not only supported in their faith but also equipped as witnesses in their universities.
- Young professionals: We will launch a new Young CDF Network for dentists up to age 35, ensuring those vital early career years become a time of growth and witness rather than being lost to the Fellowship.
- Overseas mission: Our commitment remains absolute, but we recognise the landscape is changing.

Increasingly, local churches and Christian dentists lead missions in their own countries, and our role is to support them wisely. Prince Thomas and our Mission Secretary will guide a five-year strategy to help us achieve this effectively.

You've mentioned structural challenges facing CDF. How do you plan to address them?

We cannot achieve this vision with goodwill and volunteer energy alone. That's why I'm proposing the appointment of a part-time Chief Executive Officer. This role isn't simply about administration - it's about enabling mission, helping trustees focus on strategy and prayer while ensuring programmes are appropriately coordinated and resourced.

How will that be funded?

We're launching a fundraising campaign over three years. This will provide the stability to appoint the CEO and seed new initiatives in evangelism, student outreach, and overseas mission. It's a bold step of faith, but it's necessary if we are to see growth and renewal in the Fellowship.

What encouragement would you give to members as you begin your presidency?

CDF has a proud heritage, but God is not finished with us yet. The next chapter can be even more fruitful if we keep our eyes on Jesus and commit ourselves afresh to His mission. My prayer is that together we will see a new generation of dentists—students, young professionals, and senior colleagues alike—raised up as faithful and courageous witnesses for Christ in the UK and across the world. "For we cannot help speaking about what we have seen and heard." (Acts 4:20)

continued overleaf..

How did you become a Christian?

It was during my first year at the University of Bristol. UCCF (then IVF) ran a seven-day mission in my first term - the first time I had heard the gospel. One of my classmates, Neil McDonald, was a Christian, and I quickly found fellowship with others. An academic lecturer in Periodontology, Roger Smith, came alongside us and encouraged us to attend the CDF conference. That was the beginning of my CDF journey and strengthened my belief that Christian academics are vital in student ministry.

Coming from an agnostic background, the Christian message was utterly new to me. Throughout university, I was deeply involved with Bristol Christian Union and even led several CU activities. Yet by graduation, I still felt I didn't have a solid understanding of my faith. Reading *Knowing God* by Jim Packer convinced me I needed to study theology more seriously. After completing a house job in

Sheffield, I spent two years at Bristol Trinity College studying theology full-time, where Jim Packer was on staff. That period laid the foundation for a deeper understanding of the faith to which I had committed my life.

Where are you working now?

I've had a varied career. I served as Head of Dental Public Health at the Eastman Dental Institute and later became Chief Dental Officer for England. For 15 years, I led the Global Child Dental Fund and the Senior Dental Leadership programme. In 2024, I was elected the next President of the World Federation of Public Health Associations and will take up the presidency in May 2026. Even as President-elect, life is busy, but it has been encouraging to promote oral health within the broader global public health community.

Tell us about your family.

I'm married to Katie, and we'll soon be



celebrating our 40th wedding anniversary. We have three wonderful sons - two are married, and we're blessed with

three grandchildren. Our youngest son is planning to marry next summer.

Where do you worship?

We worship at Christchurch Cockfosters, a strong evangelical Anglican church. I serve on the PCC and Deanery Synod, while Katie is actively involved with children's ministry.

Thank you to Professor Bedi for sharing his journey and vision for CDF. Please pray for him as he begins this new chapter as President of CDF.

Snapshots



A feature looking at the difference Jesus makes to our work in dentistry. CDF member Kirsty Gayton kindly agreed to be interviewed for this edition.

What is your job?

I think of my job as having three components, although I only have one degree! I am a GDP practising in Sleaford, Lincolnshire. I am joint principal/business owner of the practice with my husband, Ed, and I am an employer to 14 staff. All these elements have their own requirements and need protected time to make sure I am doing my best at them.

What does your surgery window look out on?

I had a refit last year and my new kneebreak chair looks out over the practice garden with some large trees and beyond to Sainsbury's. Hopefully it

helps to relax the patients before they recline! I also spend time in our home office, which is upstairs with a beautiful view of the massive beech tree in our back garden. It is always rejuvenating spending time there without interruption from the busyness of the practice.

What are some of the things you enjoy about your work, and what are some of the challenges?

I have looked after my patients for twelve years now, so I enjoy reaping the benefits of having the rapport that comes with time. I think general practice can be really rewarding when you know your patients well. The element of trust is essential in this profession; patients often have no idea what we are doing in their mouths. A lot of my patients are in the 60+ age group and have multiple medical issues. I like the challenge of working out how this impacts their dental care and the current concept of "putting the mouth back in the body."

I like working in a team and am grateful to have a workplace to go to and people to interact with. More recently I have

taken an interest in team performance and the psychology and biology of this. The book by Simon Sinek, *Leaders Eat Last* - although not a Christian book per se - certainly embraces the whole "leaders serving their teams" concept. I find dealing with difficult staff situations very challenging, and this is something I have to pray about. Sometimes the kindest thing to do is to address a problem rather than letting it go. I have learnt many hard lessons where staff morale has been damaged due to not acting soon enough.

I also enjoy running the practice meetings. If you want your team to know what is going on in your practice, to impart your values and vision, you need protected time to share this with them. In the last year I taught the team the principles of the book *The Seven Habits of Highly Effective People* by Stephen Covey, an American Christian businessman. I found the book personally life-changing in work and personal life. I believe in empowering my staff; many are not from an academic

background and have not had the same training opportunities as me. So if I find something useful, I want to try to share it with them too.

Although there are lots of downsides and stresses of being a practice owner, I have discovered aspects of it that really bring me joy. We have started to offer to fund training for nurses for radiography and implant training, should they want to do this. My nurse completed the radiography course and it has been great to see her develop this skill. It fits with the philosophy: "Leadership is the awesome responsibility to see those around us rise."

I find some of the financial decisions challenging: every year sitting down and thinking what is a fair percentage to increase fees by? What is a fair wage to pay the staff for their hard work, while ensuring there is money left to invest and for all those unexpected bills and things that will go wrong?

How does your Christian faith impact your work day-to-day?

Sometimes it's hard to see God in the minutiae of things going wrong day-to-

day: the suction that breaks, the staff member who is causing problems. However, when I look back over the last 12 years, God has clearly had His hand in the overarching direction and decisions of the practice. I could give lots of examples of this. Most recently our hygienist of 24 years retired. We had advertised for a while with no decent applicants. A therapist friend put me in touch with a hygienist looking to change practice. I met her the day after the retirement meal and she accepted the job the following day. She has been a brilliant asset to our team. I believe these sorts of happenings are God's timing.

Do you have a particular Bible verse or song that God has been using to speak to you recently?

2 Corinthians 12:9 says: "My grace is sufficient for you, for my power is made perfect in weakness." Like the example above, God will give us what we need, in the time He knows we need it. Dentists tend to like to be in control, and I think this verse explains why we can't control every element of our working lives - we have to let Him in!

I went on a BDA course with Pascal Magne on biomimetics earlier this year. He is an amazing dentist, treating the Hollywood elite. He is also a Christian, and he had multiple slides with quotes from the Psalms, such as Psalm 139:14: "I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well." The whole day was centred around looking at the beauty of teeth and how we can try to mimic this in our restorations. I have never thought about faith on such a clinical level before.

How can we pray for you and others in your particular area of dentistry?

Perseverance above all else - it is probably the most important attribute for a practice owner! If anyone is thinking of buying a practice, I would be very happy to share my experience or be a listening ear. Or if there are any practice owners who would value the support of others, it seems there are fewer of us around as the years go by, so do feel free to contact me via cdfadmin@cdf-uk.org

Changes in subscription rates

The CDF Council met in September and have agreed the following changes to the CDF subscription rates. This is only the second time in over ten years that the subscription rates have been increased; the increases are in line with inflation and our desire to ensure that CDF has the resources to not only meet the needs of the fellowship, but also remain professionally relevant to the dental profession, whilst being distinctly Christian in our approach.

CDF Council would not wish financial constraints to prohibit membership. If you require financial help with your subscription, then please email cdfadmin@cdf-uk.org.

Please refer to the table below to see which category applies to you and adjust your subscription amount accordingly. We kindly remind you to update any automatic bank payments you currently have set up with CDF to reflect these changes in subscription rates. We

currently do not offer a direct debit facility and so cannot do this for you. The annual subscription is reviewed annually. Below is a table showing the changes:

Subscription Category	2024 Price	Price from 1st October 2025
Student	Free	£10
Post Graduate membership*	£25	£30
Dentist	£67	£70
Household**	£92	£100
DCP	£16.50	£20
Career Break	£25	£30
Associate membership***	£25	£30
Retired	£37	£50

* ≤ first 3 years after graduation

** where both members are in the same household. Only one copy of any postal correspondence or Three-in-One magazine will be sent

*** Associate members include:

- Members of the dental team registered with a dental regulatory body outside the United Kingdom;
- Any other person working in the business of dentistry within the United Kingdom;
- Friends of CDF: Other persons as deemed appropriate by Council upon application for membership.

CDF is a not-for-profit organisation and your subscriptions and generous donations are used to advance the missional purposes of the Fellowship.

If you would like to make a donation in addition to your subscription, you can do this in the same way as you choose to pay your subscription. Please clearly indicate whether your payment is for your subscription, a donation to our general fund or restricted fund designated for our Mission Partners, or both. If the latter, please specify how much is for your subscription. See below for details of how to pay by bank transfer.

Account No: **00005965**

Sort Code: **40-52-40**

Acc Name: **"Christian Dental Fellowship"**

If you have changed any of your contact details in the last 12 months, please email cdfadmin@cdf-uk.org with the new details so we can update our records.

Thank you.

Serving Christ Through Dentistry in Uganda

“Mukama Yebazibwe” — praise the Lord in Luganda.

I’m Joshua, an FD in Cardiff. I recently had an elective in Uganda with RUN Foundation. Dentistry can often feel elitist and lucrative, and I wanted to see how the skills I’ve been given could be used for the Lord. After prayer, planning, and passing my final exams, I found myself on a flight to Uganda.

Primary Impressions

It was an eye-opening experience. Healthcare was worlds away from the guidelines and systems we have been trained in. Poverty was widespread, yet God’s goodness was evident. There were faithful Christians and the same gospel being preached.

I stayed with Dr Brian, a local Christian dentist. On my first Sunday, we were invited to speak at a school chapel service. Over 200 students packed the classroom. I shared my testimony of what Christ has done in my life and what he has done on the cross - conquering death and sin. Brian also shared his amazing account of how God had saved and raised him as an orphan, allowing him to take care of his siblings and study dentistry.



Church Life

The next Sunday, I was at All Saints’ Cathedral, an Anglican church in Kampala. The worship was lively, and the sermon was based on the hymn “I Heard the Voice of Jesus Say.” It was Christ-centred, sin was not ignored, and people were called to repent and believe. Hearing the preacher quote Spurgeon was encouraging.



Dentistry on Rural Outreach

Over the course of three weeks, our team treated approximately 1,000 adults and children in rural areas, including Soroti, Luwero, and Kabale. The furthest we went was Kabale, Brian’s hometown, which borders Rwanda and is a whopping 8-hour drive away. Often, we worked in village churches, making it clear to the local community that we were coming in the name of Christ.

In Soroti, we worked together with a government health centre and treated 170 patients. As normal, we began with the gospel, oral health teaching, and distributing toothbrush kits before moving on to extractions and fillings. The need was immense: children in pain, adults with extensive decay. It was very common to see gingival polyps overgrowing into cavities, which showed just how long patients had suffered with dental pain without access to treatment.

Sterilisation was done in a pressure cooker on a gas hob, and patients sat on plastic chairs — yet they were deeply grateful. I’ll admit that day gave me a backache beyond anything I had experienced in dental school. But it was worth it. Dentistry became a way of showing Christ’s compassion and pointing people to the cure for the greater illness of sin (Mark 2:17).

Issues and a Vision for the Future

Turner’s tooth — enamel hypoplasia in a permanent tooth caused by trauma or infection in the overlying primary tooth. Something I studied in lectures but had never seen until this trip. Due to the lack of education, harmful traditional practices such as infant oral mutilation are still

carried out and continue to damage adult dentition. In rural areas, teeth are reported to be pulled with unsterilised tools like nails, which spread infection and HIV.

Oral health education is challenging, with a ratio of 1 dentist to 200,000 people in rural areas. To respond to this need, Dr Brian has established the Galilee Health Institute to train Christian dental therapists. It aims to enrol young people from rural areas and refugee camps for three years before returning to serve and educate their communities with the gospel and dental care. The vision is inspiring, but it faces huge challenges in funding, equipment, and students.

A Boldness for Christ

Personally, I’ve been very encouraged by the local Christians there. Even driving around, we could see faithful groups of street evangelists boldly calling people to repent and believe, holding placards with verses like Ephesians 2:8. Many people carried Bibles, and it was striking to see Scripture verses printed openly on taxis and shopfronts.



Looking Back

This elective has left a deep mark. It reminded me that “to whom much has been given, much will be required” — with regard to both dentistry and, more importantly, the gift of salvation.

Please pray for the church in Uganda: that many would rise above empty tradition to truly know Jesus. Also, the Galilee Health Institute has recently taken on its first cohort of students. Pray that through it, both the gospel and dental care would bear fruit in rural communities.

Joshua Quek

A Place Called Here: Supporting Those Bereaved by Suicide (from The Canmore Trust Podcast)

The Canmore Trust is the CDF Conference Guest Charity of the Year 2025. It is a suicide prevention and postvention charity, founded by CDF Member John Gibson after he lost his youngest son Cameron to suicide five years ago.

(This article has been abridged from A Place Called Here: A Conversation with Natalie Dakhil, posted September 2025 on youtube.com/@thecanmoretrust. It is included with John and Natalie's kind permission)

John: Welcome to another episode of the Canmore Trust podcast. I'm so glad you're here. We're dealing with difficult subjects: suicide, mental ill health, and the challenges around each. If you are affected by anything we talk about today, please reach out for help. You can find more resources on The Canmore Trust website: thecanmoretrust.co.uk. You can also text CANMORE to 85258 any time of day or night. The National Suicide Helpline is staffed by Samaritans: 116 123.

It's my pleasure to turn to our guest for this podcast, an individual who has become kind of family really: Natalie Dakhil. Would you tell us who you are, your background, where you come from, and what your story is?

Natalie: My most important role is being a mother to my six-year-old son, Carlo. I am a co-founder of A Place Called Here, a peer-support suicide bereavement group. I've worked for the NHS in acute wards and intensive psychiatric care units, then I moved to the alcohol and drug recovery service, and that's my current role today. I'm a care manager in the community alcohol and drug recovery service.

John: And you're a 'Weegie'.

Natalie: I am. I was brought up in Maryhill. I'm very proud to say I was brought up in a Glasgow housing scheme—probably the most amazing people I've ever met.

John: I'd love to talk to you about a really important part of your story, because

obviously suicide has impacted your life, and I'm so sorry for that. You lost your dad Mick. Tell us a bit about him.

Natalie: He was 62 and he passed in February 2024. Sometimes it feels like 10 years ago; sometimes it feels like yesterday. We miss him. He was a huge part of our life, an amazing father. Despite all the challenges and struggles he faced throughout his life—from childhood to the end—he was my biggest supporter.

John: Your dad's passing is quite different from our story of losing Cameron. Ours was completely out of the blue. Yours wasn't, was it? Can you share a bit about what happened?

Natalie: No, it wasn't out of the blue. I was waiting for that day. I knew it was coming, and that's hard to accept. My dad had been involved in psychiatric services since the '80s. He had most of the risk factors: childhood trauma, adverse childhood events, lack of nurturing from his mother, many traumatic events. He had clinical depression throughout his life, in and out of services, trying medications. He also had a very rare and painful genetic illness, von Hippel-Lindau disease. He lost two siblings to that illness in the two years prior to his passing; that was a massive factor.

John: Having lost your dad so tragically, you turned that almost immediately into a thing of hope. Eighteen months since your dad died, you and Anton have set up this amazing group called A Place Called Here, which meets every week in an amazing place on Springburn Road. Can you tell us a bit about it?

Natalie: It's a face-to-face peer-support bereavement group. We meet every week in Springburn. I smile when I talk about it – it's a suicide bereavement group, and until you come and experience it, you can't understand why I'm smiling. It's so sad that it's needed.

John: I've been, and I can tell you why you're smiling. It's been critical for my

healing. It's called A Place Called Here. Why that name?

Natalie: I was reading a book and saw a quote: you can lose someone in this place, but you can also learn to live in the here and now. I thought: A Place Called Here – I lost somebody in this place; I can learn to live in the here and now through that experience. It felt right. We meet in an informal setting. You come in, you get a hug and a cup of tea. You don't need a hug if you don't want one, but it's always on offer.

John: Why are hugs important?

Natalie: Connection and belonging – “come in, you're family, I feel you”... It's an amazing place. It's so needed. It's extremely busy. Anton and I are always happy to see a newcomer – “Yes, you found us” – but there's always sadness that you need us. It's the best thing I've done. I was apprehensive. When I lost my dad, I struggled to access support when I needed it. I went to the GP and said, “I've lost my dad to suicide—can you help?” I had PTSD symptoms: flashbacks at night, waking up, anxiety about who would go next—complex feelings and emotions I didn't know how to deal with. The GP offered sleeping tablets or antidepressants. I said thanks, but it's not for me. I need to be a mother. I don't want to be sedated. I need to function.

John: There's an assumption clinically that grief and depression are the same. They're not.

Natalie: I wasn't depressed. I was traumatised—trying to make sense of chaos that entered my life and turned my world upside down, and my family's. It wasn't just my grief: my son's grief; I was grieving for him; I was grieving for my mum—she lost her partner of 43 years. Grieving for Anton—my dad was a father figure to him. I didn't want medication. I wanted to get through the emotion. Naively, I thought, I just need to get through the stages of grief. Once I get through the seven stages, I'll be back to normal.

John: You work in mental health. With all those years of experience, you came to this naively. I was the same. Nothing prepares you for this. It's complex carnage. Yet you found a way forward.

Natalie: I had to. I remember one of my darkest days. I was off work sick. I couldn't return because I needed psychological input, and I was on a waiting list. I didn't want medication. I couldn't access counselling because I had PTSD symptoms. I was in limbo. I used to distract myself from pain. I was manic - decorating, booking holidays to Legoland - running away from my reality. But then I finally sat in it and thought: I have two options. This will consume me for the rest of my life, or I turn this into purpose and help others—give people help I couldn't access, help my dad didn't get.

John: And you birthed A Place Called Here. I had the privilege of being there on the first night. It was like sitting in your front room—family. There was a moment when we all cried together, and 10 minutes later we were all laughing together—even those weeks out from loss. You go with the flow of emotion in the room. The first time I laughed after Cameron died, I apologised to him. Then I laughed again, and the clouds didn't fall out of the sky. Maybe it's okay to laugh. In your space, everyone understands. No explanation, no judgment. You're in this together. You've created a remarkable thing.

Natalie: Thank you for supporting it, John. It takes a village. There is no judgment. People share how they fear judgment and have experienced it. They push it down because they can't speak freely out there. In the group, you can. That's me included. On a Wednesday night, you let it go. You're met with understanding. That's what I've needed.

I'm also aware: you come in and dump that stuff—what do we do with it? That's how we came up with wellbeing events—a blended approach. We have our safe space on Wednesday nights, then we offer wellbeing events, which are free. There's no pressure.

John: What have you found out about yourself on this grief journey?

Natalie: Grief does not go away. It's with you forever, but you learn how to carry it better. I've learned that I am resilient, but I'm also vulnerable. It's okay to be both. I've always seen myself as resilient. When this happened, I was the most vulnerable I'd ever been. I've learned to accept that's okay.

John: Is that what impacts the people you work with—seeing that duality? Someone moving forward—maybe not moving on—but moving forward, and also your profound vulnerability, how openly you share. That's the magic ticket.

Natalie: I agree. Anton and I both share this in the group. We have bad weeks. People might think I'm doing amazing—working full-time, running a group. That's not the case. I have bad weeks. Things come up and hit you. I share that. How can I tell someone else to be vulnerable and not be vulnerable myself?

John: A difficult question: despite all The Canmore Trust is doing, despite all that you're doing, the suicide numbers in Scotland are not going down.* What's going on?

Natalie: There's no magic answer. There are many factors. Stigma is a big problem, especially among men. We're focused on raising awareness, which almost disguises wider issues. Awareness and prevention are vital, and there's good work, but we're ignoring poverty, isolation, and early intervention. People can't access what they need when they need it. Waiting lists are a problem. People say how they feel, then can't access help.

John: I waited two and a half years for psychological services after Cameron died.

Natalie: We're creating a two-tier system. Many are paying privately for therapy; some can't. That adds to the loop of poverty: “I'm feeling suicidal because of the reality of poverty; I try go get help; I can't; I can't buy it;” the loop continues.

*By way of update, the suicide numbers for Scotland in 2024 were published subsequent to the podcast and are down 11% on the previous year.

John: You said we're ignoring poverty. Are politicians ignoring poverty?

Natalie: Absolutely. Maybe it's too difficult to deal with. A lot is being ploughed into suicide prevention, which is vital, but perhaps because it's something we can do, while we can't deal with the wider issues—or choose to ignore them. It feels like paying lip service to a problem we can't fix. That's based on speaking to people every day. It's real.

John: In the Canmore Trust, we say: “good-quality postvention today is tomorrow's prevention.” It's kind of what you're doing. What do you think of that?

Natalie: I agree 100%. Two group members came in suicidal. They couldn't see a way forward. Coming to the group, breaking the power of that, sharing, having support—they're both doing amazing now. They want to give others hope. They said to Anton and me, “You saved our life. If I didn't have this safe space without judgment, I wouldn't be here.” That's remarkable. To anyone struggling—please be here tomorrow. There is hope.

John: Blank sheet of paper, limitless budget. What would you do to bring down the suicide rate quickly?

Natalie: More mental health beds for crisis situations. More staff across all sectors—more people on the ground to manage people appropriately in the community. Make it mandatory in schools that the curriculum includes mental health, coping skills, and suicide safety planning. Tackle poverty and housing—there's a housing crisis contributing massively to deteriorating mental health. I'd bring policymakers, cabinet secretaries, health ministers into the real world—into services—to see the challenges. Bring them to A Place Called Here. Have discussions with people who are struggling. That could change policy.

Hearing political messages is hard for those left behind. For example, the 10-year suicide prevention strategy was rolled out in 2022; funding has doubled. Since 2022, numbers have gone up. I lost my dad and had to create a self-funded peer-support group because I had no support. We're three years in; I know

CDF Mums Group



We have a CDF Mums' Group that meets around once a month on Zoom. We are small, but it's really nice to get together and chat about what's happening in our lives, and have a chance to pray for each other at the end. We usually meet for around an hour and try to time it for in between bedtimes for kids (although mine are now so old they are going to bed after me!).

We have mums with new babies, some in primary, and some in secondary. I don't think that it gets any easier with children as they get older, and it's good to share the ups and downs - often feeling very much the "squeezed middle," looking after children and older parents.

We would love to have more members. There is no obligation to come each time, and we are very happy to move times to make it more convenient if we can.

Cathy Fordyce

If you would like more information, please contact Cathy via cdfadmin@cdf-uk.org or check the cdf-uk.org/events page for upcoming meetings

Save The Date!

The CDF Scotland Day Conference will be taking place on Saturday 21st of March 2026 at the Madoch Centre, St Madoes, Perth PH2 7FF.

More details to follow.



these things take time, but it weighs heavy on families. The approach looks good on paper—how is it being delivered? Maybe we'll see long-term benefits. In our group, most people say it's difficult to listen to.

John: Our fifth aim at the Canmore Trust is to work collaboratively with partners. How would you call chief executives of other prevention and postvention groups together?

Natalie: Communication is key. Put yourself out there: this is what we offer—let's work together. Put egos aside, gatekeeping aside. We all want the same thing. Collaborate. For example, we met through tragic circumstances. People come to my group; if they're not ready for that setting, I refer to your organisation. They may come back to us, and vice versa. It's two sides of a coin. We need to get together and ask: what can we do? Build scaffolding around someone—different supports—because everyone needs different things. If someone comes to your service and it's not for them, that's fine—know what's out there and give them that resource.

John: There will be someone (reading this) who is overtly suicidal. What do you want to say to them?

Natalie: Acknowledge that the pain is unbearable, but it's temporary. Just for today, you can stay. Reach out. I get that it may be difficult for people who have reached out and not received support. Keep reaching out. You'll find your person. There are many people who want to help you. You're not alone.

John: You're carrying a lot: full-time work, Carlo, Anton, A Place Called Here. How can you assure me you're going to stay safe today, tomorrow, and the next day?

Natalie: I have people I can speak to. I share—I break the power of how I'm feeling. Burnout is a thing. I had that before A Place Called Here, just with work. I have boundaries. When I'm exhausted and asked to do something, I ask: what will this cost me? If it will cost me my peace, I need to say no. Boundaries need to be firm. Saying no is okay. I'm ruthless with that because I

know what it costs if you're running on empty. It's okay to say, I'd love to, but right now isn't the right time; let's revisit that.

A journal has been helpful. By the end of the night, I'm all peopled out. I love sitting in silence and journaling my feelings. I reflect on it. It shows me how far I've come. I identify patterns. Encouragement. When you put it on paper and reflect back, you see you were struggling that day. Journaling, talking, boundaries. Keep it simple. I'm fortunate to have good people in my life—many are group members. They're not judging how I feel because they feel the same. Sleep is important. Sleep hygiene. Cut the caffeine and get to bed.

John: It's been amazing to chat with you. You're affirming and encouraging. Hope is important—not false hope but genuine hope. A Place Called Here offers that. I've heard it said HOPE stands for "Hang On, Pain Ends." You've demonstrated that. Let's leave with that consideration of hope. Thank you for being here, for your friendship, and for all that you're doing.

Natalie: Thank you, John.

John: We've dealt with big stuff today. If this has affected you, please don't walk away and say tomorrow will be better without reaching out. Please reach out.

You can find more resources on the Canmore Trust website: thecanmoretrust.co.uk. You can also text CANMORE to 85258 any time of day or night - when it feels bleak in the middle of the night and there's no one else around, you can have a conversation with another human being. The National Suicide Helpline is staffed by Samaritans: 116 123.

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Yorkshire and Humber Regional Gathering

This year's venue for the Yorkshire and Humber regional group meeting in June was Nostell Priory, a National Trust property near Wakefield. Arriving early, Ian and I made a beeline for the courtyard café, where we nabbed the table with the biggest sun umbrella to deploy against the drizzle. It wasn't long before we were joined by the others.

Conversation flowed easily, the subject matter reflecting the interests of a group of recently retired dentists and trusty non-dentist supporters of CDF, bringing a Christian mindset to discussing the vagaries of the NHS pension scheme, the relative merits of cheese and fruit scones, and the emerging joys and challenges of adjusting to this new stage of life.

As the weather brightened, we set out to explore the parkland, Corky the dog leading the way. My companions were

kind enough to indulge my frequent stops to photograph interesting plants* and, as we spent time deepening our friendships, we found common interests beyond the world of teeth.

A big thank you to Frances and Rachel for organising the meet-up. Do join us next year if you're based in our region, whether new to CDF or an old hand.

Jenny Harris

**There's an impressive stand of *Oenanthe crocata* fringing the lake, if you're asking!*



South West Regional Group Gathering

Our South West regional group met at the National Trust property of Knightshayes on Saturday 28th June. You may remember that weekend for being very hot (hence the photo taken in the shade under a tree!).

As it happens, everyone who came lives in Devon, though it still took some of us an hour and a half to reach the venue.



Most of our time was spent exploring the house, as it was cooler, with a shorter walk around the gardens. We rounded things off with the now traditional afternoon tea in the National Trust café.

We all agreed that, despite the effort involved in getting together, it was well worth it to continue friendships and keep in touch - especially as not everyone will be able to attend the annual conference later this year.

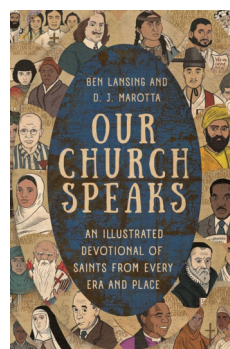
Malcolm Prideaux

You are warmly invited to join us at these regional gatherings. To find out more about your nearest regional group please email cdfadmin@cdf-uk.org

Book Review

Our Church Speaks: An Illustrated Devotional of Saints from Every Era and Place by Ben Lansing and D.J. Marotta, published by IVP

The Bible tells us that the body of Christ finds its fullest expression in the Church, which spans denominations, continents and even history. One of the things I've really appreciated about CDF, ever since I was a dental student, is that it's an "interdenominational organisation."



With this in mind, I've been reading Our Church Speaks: An Illustrated Devotional of Saints from Every Era and Place. These are saints in the "cloud of witnesses" (Hebrews 12) sense. The authors describe

them as "deacons, priests, bishops, artists, poets, musicians, rulers and enslaved, men and women, monks and parents, children and elderly. They are converts from various world religions. They are Baptists, Roman Catholics, Anglicans, Presbyterians, Lutherans, Eastern Orthodox, and Methodists. They are from every inhabited continent and all twenty centuries of the church's history. If you are a baptised Christian, this is the family of Christ you are born into." Saints featured include Harriet Tubman, Dietrich Bonhoeffer, Julian of Norwich, Lucy Yi Zhenmei, and many more. Each weekly devotion offers a modern icon of the saint, a brief description, a Bible verse, reflection and prayer.

I've really enjoyed learning about people I hadn't known about before and found the reflections helpful in connecting their lives to my own. I'd recommend this book to anyone who wants to see the richness of the global church, to be inspired by the perseverance of Christians throughout history, and to find fresh encouragement for following Jesus today.

Go to www.ourchurchspeaks.com to explore the artwork, listen to a podcast about each saint and discover other resources.

Naomi Wilson

Deadline for the next issue of Three-in-One is 1st January 2026. Please send contributions to Naomi Wilson: editor@cdf-uk.org

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