

# Keeping the faith

Spirituality and recovery from  
mental health problems



Mental Health Foundation



# CONTENTS

<b>Acknowledgements</b>	<b>3</b>
<b>Foreword</b>	<b>3</b>
<b>Executive summary</b>	<b>4</b>
<b>1. Background</b>	<b>7</b>
1.1 Spirituality and religion	8
1.2 Spirituality and mental health: mental health professionals' perspectives	10
1.3 Aims of the report	11
<b>2. Spirituality and mental health</b>	<b>12</b>
2.1 Spirituality and mental health: empirical evidence	12
2.2 Spirituality and mental health: mediating influences	14
2.2.1 Coping styles	14
2.2.2 Locus of control / attributions	14
2.2.3 Social support	14
2.2.4 Physiological impact	15
2.2.5 Culture and ethnicity	15
2.2.6 Architecture and the environment	16
2.3 Spirituality and mental health: practices in mental health service provision	16
<b>3. How the project was conducted</b>	<b>18</b>
3.1 Initiative selection	18
3.2 Information collection	19
<b>4. Analysis</b>	<b>20</b>
4.1 Examples of positive practice	20
4.2 The multi-dimensional individual	22
4.3 I am what I am	22
4.4 Recognising the spiritual in the service offering	22
4.5 Enjoying the experience of change	23
4.6 Am I invited?	23
4.7 Knocking on the door of the establishment	23
4.8 It's all about the staff	24
4.9 Celebrating diversity	24
<b>5. Recommendations</b>	<b>25</b>
5.1 The service users' perspective	25
5.1.1 Spirituality can provide inner strength	25
5.1.2 Spirituality is unique to the individual	25
5.1.3 "They want to take my spirituality away"	25
5.2 The service providers' perspective	26
5.2.1 Taking the fear out of spirituality	26
5.2.2 Leadership needs to be committed	26
5.2.3 The environment can enhance the spiritual healing process	26
5.2.4 Get the service users talking	27
5.2.5 Spirituality is supplementary rather than a solution	27
5.2.6 Work with the local NHS Chaplaincy / Spiritual and pastoral care	27
5.3 Summary of recommendations	28

<b>Appendix 1</b>	<b>Initiatives</b>	<b>29</b>
A1.1	Burrswood, a Christian Hospital and Place of Healing	29
A1.2	London Buddhist centre, addressing depression through meditation	32
A1.3	Waltham Forest Black People's Mental Health Association, reaching out to an ethnic minority community	35
A1.4	Croydon Association of Pastoral Care in Mental Health, using spiritual activities to health mental health problems	39
A1.5	The Jewish Association for the Mentally Ill (JAMI), helping fellow Jews overcome mental health problems	42
A1.6	Odyssey Groups, exploring the relationship between life, spirituality and mental health	44
A1.7	Guru Ram Das Project, a Sikh perspective of helping those with mental health problems	47
A1.8	St Marylebone Healing and Counselling Centre	49
A1.9	Doncaster and South Humber NHS Mental Health Trust and the Pakistan Muslim Centre, building a gateway to access mental health services	52
A1.10	Loving Someone in Psychosis - Help us, Help our Loved Ones	54
A1.11	Person Centred Churches	56
<b>Appendix 2</b>	<b>Spiritual Assessment for service user needs</b>	<b>58</b>
<b>Appendix 3</b>	<b>Developing a person-centred religious needs plan</b>	<b>66</b>
<b>Appendix 4</b>	<b>How to facilitate a service user's religious needs assessment plan</b>	<b>67</b>
<b>Appendix 5</b>	<b>Developing a local spiritual care service</b>	<b>70</b>
<b>References</b>		<b>72</b>

## Acknowledgements

This report was written by Dr Andrew Lindridge. Significant contributions were made by Mary Ellen Coyte, Dr Andrew McCulloch, Dr Kam Dhillon and Natalie Watts, with input from Isobel Booth, Kathryn Hill and Toby Williamson. The work was funded by a Department of Health Section 64 grant.

## Foreword

The Mental Health Foundation has long been committed to exploring all the aspects of our lives that keep us mentally healthy and that promote recovery from mental illness. Last year our literature review *The Impact of Spirituality on Mental Health* set out our understanding of spirituality and its relationship with mental health, which is usually positive. I am now pleased, with financial support from the Department of Health, that we can publish what I believe is the first major study of good practice initiatives in spirituality and mental health. I should like to pay tribute to the sites we visited.

Spirituality is hard to define, but from our perspective embraces much religious experience but goes far beyond it to include our relationship with art and nature, and our experience of “the other” and of our place in the universe. It is an essential part of our humanity. It is in essence mentally healthy because it grounds us and provides us with a perspective from which to see our individual concerns and anxieties that is more powerful than rational reflection alone, valuable though that is.

This report both provides some useful pointers to a framework for understanding spirituality and mental health but also sets out some key findings about good practice in this area. It is time for us all to acknowledge both the role that spirituality plays in the lives of service users but also that it plays in keeping us all mentally healthy whether we use services or not.

I believe we are on the cusp of a revolution in our understanding of mental health and our responses to mental illness. Recognising the role of spirituality will be part of that revolution.

Dr Andrew McCulloch  
Chief Executive  
Mental Health Foundation

## Executive summary

The potential for a positive relationship between spirituality and mental wellbeing has been illustrated previously by the Mental Health Foundation but how this occurs at a practice level has been largely left unexplored. This report, funded by the Department of Health, explores how spiritual activities as part of an integrative approach can support the mental health and healing of individuals.

Spirituality represents an expression of an individual's sense of humanity, providing meaning and direction. While many people may see religion and spirituality as separate, some include religion as an aspect of spirituality and vice versa. Spirituality, therefore, can encapsulate a variety of activities that range from religious activities, such as reading scripture through to non-religious activities, such as painting or yoga.

Previous investigations indicate in general a positive role for spiritual strategies in addressing mental health problems, although mental health professionals' attitudes towards spirituality appear to be divided. Whilst some mental health professionals perceive spirituality as contributing towards mental health problems, others view spirituality as a means of offering healing and protecting people from mental health problems. The Royal College of Psychiatrists' special interest group in Spirituality and Mental Health provides an example of how many mental health professionals now perceive spirituality from a positive perspective. They identify a wide range of activities that constitute spiritual activities and promote good mental health. Outcomes of these spiritually-orientated activities include: compassion, creativity, equanimity, honesty, hope, joy, patience and perseverance.

Spirituality may provide an individual with a way to attribute meaning to their mental health problems. Previous studies have indicated that people who attribute negative life events to external forces and positive events as internally caused are more optimistic and have stronger mental health. Spirituality may contribute towards people developing this type of attribution. Spirituality, as a means of attribution, may be used in a variety of ways by individuals, including: architecture, the environment, coping styles, culture, ethnicity, locus of control (meaning who or what is responsible for an event occurring), social support and physiological impact. However, increased mental health problems have been found amongst some people who hold spiritual beliefs. For example, people who have had a strict religious upbringing or who are members of strict evangelical traditions.

An individual's attributions of their mental health problems may be particularly important when cultural and ethnic differences are present. A service user's cultural and ethnic differences may lead to differing interpretations towards the individual's mental health problems and the importance and role of spirituality in the healing process.

This work was conducted in two stages. In stage one a literature review was conducted. In stage two, 11 mental health initiatives that placed spirituality at the centre of their work were investigated on a basis that fitted The Royal College of Psychiatrists' special interest group in Spirituality and Mental Health's list of spiritual activities. From these data relevant themes were identified and these included:

**The multi-dimensional person:** recognising the service user's identity in terms of mind, body and spirit.

**I am what I am:** understanding the unique relationship between a service user and their spiritual beliefs.

**Recognising the spiritual in the service offering:** incorporating spiritual activities into the service user's mental healing.

**Enjoying the experience of change:** acknowledging that service users may describe their mental health problems as a positive, spiritual and transformational experience.

**Am I invited?:** deciding what level of service or access to offer service users.

**Knocking on the door of the establishment:** the mental health initiatives investigated in this report were established to address the needs of service users who felt that their spiritual needs were not being met by current mental health services.

**It's all about the staff:** talking to staff about issues and in ways that embraced and encouraged personal spiritual discussions was important to mental healing.

**Celebrating diversity:** recognising that service users from differing cultural and ethnic groups may have differing mental healing needs.

## Key recommendations

### Recommendations for commissioners:

Commissioners should:

- Ensure faith needs are monitored and the data collected centrally.

### Recommendations for mental health service managers and clinicians:

Mental health service managers and clinicians should:

- Recognise that spirituality needs to be considered as part of a whole-person approach to the care and treatment of an individual. Service users should, therefore, be asked about their spiritual and religious needs.
- Acknowledge that everyone has spiritual needs but an individual may not recognise their activities or needs as being spiritual.
- Acknowledge and understand differences in service users' spiritual needs, including on the basis of their culture and ethnicity.
- Consider service users' spiritual needs and the wider mental health implications of a spiritual perspective to service users' mental health. For example, a user with mental health problems which they attribute to religion may not benefit from having further religious-based interventions.

- Provide spiritual resources which are meaningful and appropriate to service users, e.g. art activities, discussion groups, as well as providing access to faith activities.
- Develop partnerships with relevant local spirituality-orientated organisations that will support users positively.
- Conduct training and support a training needs analysis for staff to develop capabilities in working with spirituality. This should be incorporated within staff's Continuous Professional Development (CPD) requirements.

### **Recommendations for religious and spiritual leaders:**

Religious and spiritual leaders should:

- Develop their capabilities to understand mental health problems and the needs of their community members - their leadership can help address stigma and discrimination.
- Develop partnerships with mental health organisations and help staff to appreciate how spirituality and the involvement of their organisation may help and support service users.



## 1. Background

This report was funded by the Department of Health and investigates how mental health services and various communities can and do use spirituality to help people experiencing distress. For example, the National Service Framework for Mental Health acknowledges the need to consider the “spiritual facets of mental health and mental health problems” as part of **Standard One – Mental Health Promotion**. Standards Four and Five (effective services for people with severe mental illness) recognise the need to include an individual’s spiritual needs in the assessment and care planning process. This is also indirectly supported by the Department of Health’s 2006 policy guidance document, **A Stronger Local Voice, a framework for creating a stronger local voice in the development of health and social care services**, which emphasises the importance of working in partnership with service users and local communities. The outcome of this partnership is to ensure that the mental health service is responsive and sensitive to the needs of users and the wider public.

In 2006, the Mental Health Foundation published the report **The Impact of Spirituality on Mental Health**. This report was a comprehensive literature review on the subject, which recommended that best practice in spirituality and mental health needed investigation. This present report addresses this call by investigating what represents best practice in mental health provision from a spiritual perspective. In particular, this report addresses calls for additional studies to “include service users, wherever possible, in the design, conduct and analysis of” mental health studies and “be sufficiently well designed to identify mediating factors that are exclusive to spiritual or religious activity and how they relate to other dimensions of being human (emotional, psychological, social, intellectual).”<sup>1</sup>

By investigating what constitutes best practice in mental health provision from a spiritual perspective, this publication also develops further service user and survivor knowledge, which has indicated that spirituality is important, and in some cases vital, to an individual’s wellbeing. For example in the user-led survey **Knowing our own Minds**<sup>2</sup> over half of the service users questioned had some form of spiritual belief, which they felt was important for their mental health. The Mental Health Foundation’s **Strategies for Living**<sup>3</sup> and the **Somerset Spirituality Project**<sup>4</sup> reinforced this finding, identifying areas in which service users felt that their spirituality positively influenced their mental health.

The importance of spirituality to mental health applies equally to those who identify with no organised religion as much as to those who do. For most people using mental health services in the UK spirituality appears to have been largely ignored or pathologised. This ignorance may be attributed to a traditional science discipline where religion and spirituality are seen as something undefined and indefinable, that is outside of the professional’s sphere of interest and influence. Spirituality may also be a concept that is treated with trepidation by mental health practitioners for many different reasons, ranging from fear of overstepping professional boundaries to fear of eliciting false beliefs or because in their practice they have worked with service users for whom it may have genuinely been part of their mental health problems. This approach, however, may lead to mental health service users feeling that mental health professionals ignore or deem unimportant an important aspect of their lives and self-identity. That is: “while spirituality remains a peripheral issue for many mental health professionals, it is in fact of central importance to many people who are struggling with the pain and confusion of mental health problems.”<sup>5</sup>

In understanding the relationship between spirituality and mental health it is important to recognise what constitutes a mental health problem. Mental health problems cover a wide spectrum, from the worries and grief everyone experiences as a normal part of life to the most bleak, suicidal depression or complete loss of touch with everyday reality.

Mental health is a fairly modern concept, in comparison to mental illness which has been defined and explored for several centuries. Although it is commonly argued that mental health does not equate to a state of happiness this is what many people consider good mental health to be. The World Health Organisation<sup>6</sup> constitution defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity.” Similarly, current mental health definitions describe it as something more than just the absence of illness and, indeed, as something which can actually exist in the presence of illness. This means that someone who is mentally healthy can become mentally ill in certain circumstances in much the same way as someone physically healthy can become physically unwell in certain circumstances.

A mental health problem only becomes an illness, disorder or severe problem when it interferes with an individual’s ability to cope or function on a day-to-day basis or when an individual’s behaviour becomes a concern for others. Mental illness can, therefore, range from common mental disorders, such as depression and anxiety, through to dementia, such as Alzheimer’s disease.

Each of these mental illnesses are very different in how they affect an individual, the treatment options and how wider society responds to them. However, it is important to note that diagnosis does not predict the level of disability. For example, someone with a diagnosis of schizophrenia may only experience one episode in comparison to someone with a common mental disorder, such as depression, who may experience enduring and disabling symptoms.

The causes of a mental illness are diverse and a number of attribution models have been used throughout the centuries, with many still in use today. Two attributional models, Intuitive/Spiritual explanations and existential beliefs are relevant to this report<sup>7</sup>. Intuitive/Spiritual explanations view the mind as a battleground for conflicting forces, such as the unconscious or conscious or between good and evil. Psychoanalysis encapsulates this within modern Western thinking in general but belief in demon possession is still widely prevalent in many societies. Existentialism views mental illness as just another valid form of human existence, but this is rarer<sup>8</sup>.

## 1.1 Spirituality and religion

Spirituality can be defined as:

“An expression of an individual’s essential humanity and the wellsprings of how s/he lives their life and deals with the crises that can leave us drowning rather than waving.”<sup>9</sup>

Or as:

“...that aspect of human existence that gives it its ‘humanness’. It concerns the structures of significance that give meaning and direction to a person’s life and helps them to deal with the vicissitudes of existence. As such it includes such vital dimensions as the quest for meaning, purpose, self-

transcending knowledge, meaningful relationships, love and commitment, as well as (for some) a sense of the holy amongst us.<sup>10</sup>

Developing these definitions further, the central characteristics of spirituality can include:

- Meaning:** The significance of life; making sense of life situations; deriving purpose in existence.
- Value:** An unfolding of life that demands reflection and experience; includes a sense of who worth of a thought, object or behaviour; often discussed as 'ultimate values.'
- Transcendence:** Experience and appreciation of a dimension beyond the self; expanding self-boundaries.
- Connecting:** Relationships with one's self, others, God/higher power, and the environment.
- Becoming:** An unfolding of life that demands reflection and experience; includes a sense of who one is and how one knows.<sup>5</sup>

Spirituality, however, is not the same as religion, although religion can be, and often is, the focus of an individual's spirituality or the way in which an individual's spirituality is recognised and expressed<sup>1</sup>. Both spirituality and religion, therefore, can operate independently of the other. There are many different definitions of religion and this report defines religion as derived from a faith-based system. Whilst faith represents an acknowledgment of a common founder or founders with a shared, recognised, adherence to a higher entity, religion incorporates and differs from faith in encompassing ancestral, cultural and historical traditions. Religion then represents a common set of behaviours, beliefs, practices and values held and identifiable to a group of people; this set is identifiable with prescribed prayers, rituals and religious laws. For example, Islam is a faith which can be subdivided into Shia, Sufi and Sunni Islamic religious groups.

Recognition of the importance of religion, within a mental health context, can be found within various religious communities and organisations, some of which will be covered in this report. A good illustration of this importance is the Church of England's 2003 General Synod's response to the Government's White Paper on reforming the Mental Health Act. Two of the points included in their motion specifically related to leaders' roles in caring for the mental health of those in their parish:

"The Synod urge parishes and deaneries to develop their pastoral care of those with mental illness and their carers and welcome the decision to produce Promoting Mental Health: a Training Resource for Pastoral Care as a means of equipping them to do so; and commend the ministry of the mental health chaplains in promoting the wellbeing and needs of mental health users and their carers."<sup>11</sup>

Spirituality, encompassing religion, represents then whatever gives an individual's life meaning, purpose and fulfilment; that which makes life worth living or meaningful to live. Central to these descriptions of spirituality is an inherent assumption of an intrinsic human activity, which may be subconscious in attempting to make sense of the world that the individual lives in.<sup>12 13 14</sup> That is spirituality allows the individual to understand what they are experiencing in their lives. Therefore, "spirituality becomes the

---

<sup>1</sup> The term religion and spirituality may be used inter-changeably in this report reflecting the lack of studies that specifically study spirituality.

vehicle through which that meaning is sought, and can vary according to age, gender, culture, political ideology, physical or mental health and a myriad of other factors.”<sup>15</sup>

The importance of understanding spirituality, from a mental health perspective, is reflected in the demographic diversity of the UK. The 2001 census identified that 76.8% of the British population declared themselves as having a religion, with 15.5% stating that they held no religion.

**Table 1: Religious profile of the UK in 2001**

	Thousands	%
Christian	42,079	71.6
Buddhist	152	0.3
Hindu	559	1.0
Jewish	267	0.5
Muslim	1,591	2.7
Sikh	336	0.6
Other religions	179	0.3
All religions	45,163	76.8
No religion	9,104	15.5
Not stated	4,289	7.3
All religions/not stated	13,626	23.2
<b>Total</b>	<b>58,789</b>	<b>100</b>

Source: HMSO (2007)<sup>16</sup>

## 1.2 Spirituality and mental health: mental health professionals’ perspective

Religion, to which we can add spirituality, has been described as psychiatry’s “last taboo”<sup>17</sup> and there appears to be a marked reluctance amongst mental health professionals to discuss it, in contrast to the eagerness of many service users to engage on the topic. In the past psychiatrists have tended to dismiss the role of religion “seeing it as atavistic, irrational, meaningless, arbitrary and undertaken in the service of myths and ideas that could, empirically be shown to be either improvable or patently false.”<sup>18</sup> Religion, therefore, was often merely acknowledged as a means of structuring the delusions experienced by the service user, representing an obstacle that obscured the diagnosis. This situation is changing, however, and professional interest in spirituality is growing; a good example being The Royal College of Psychiatrists special interest group in Spirituality and Mental Health.

Nonetheless, mental health professionals’ opinions of the usefulness of spirituality to mental health needs remain divided. For example, a survey published in 2004 indicated that 45% of mental health professionals felt that religion could lead to mental ill health, whilst 39% thought that religion could protect people from mental ill health.<sup>19</sup> This division of opinion might be explained by a lack of attention to spirituality in both psychiatric textbooks and mental health services.<sup>5 19 20</sup> This finding is also reflected in clinicians either ignoring an individual’s spiritual life completely<sup>21</sup> or treating their

spiritual experiences as the cause, contradictory factor and/or manifestations of a service user's mental health problems.<sup>5 22 23</sup>

The incorporation of spirituality into an individual's mental healing process does not have to be problematic. For example, acknowledging and drawing on a service user's religious perspective may not necessarily require mental health practitioners to share the same religious beliefs but simply a willingness to engage with this aspect of the human self<sup>23</sup>. Inclusion of religion, or any other non-religious spiritual beliefs, may prove beneficial to the healing process, particularly when religion or spirituality may be a central tenet in the service user's life. As Bergin and Jensen (1990, p.6), from a psychotherapeutic perspective, note:

"...secular approaches to psychotherapy may provide an alien values framework... A majority of the population probably prefers an orientation sensitive to a spiritual perspective. We need to better perceive and respond to this public need."<sup>24</sup>

### **1.3 Aim of the report**

The aim of this report is to enable mental health services to fulfil the spiritual needs of its service users through demonstrating and drawing upon best practice. Indeed, many organisations and individuals have begun to recognise this and the importance of spirituality in many people's lives and in their recovery. This publication aims then to look at examples of initiatives in different settings, which have begun to incorporate spirituality into their practice. This encapsulates the whole-person approach, which is gradually being accepted in mental health practice. The initiatives included here give specific examples of positive practice. It is hoped that this publication will give encouragement and ideas to all mental health organisations to incorporate consideration of people's spiritual needs into their practice.

This report is set out as follows; in section two the relationship between spirituality and mental health is discussed, providing a basis for understanding the examples of spiritual and mental health initiatives. This is then followed by section three, which highlights how the project was conducted. Section four presents the emergent themes from the examples of spiritual and mental health initiatives, drawn from mental health services and projects across the UK. Section five gives recommendations for various stakeholders in mental health. Finally, the appendices give further details of the initiatives, followed by examples of how to conduct a service user's religious needs assessment and concluding with a collection of implementation issues to consider.

## 2. Spirituality and mental health

This publication does not aim comprehensively to investigate or discuss the growing evidence, which includes service user/survivor reports, on the ways in which spirituality can affect psychological wellbeing. This has already been covered by the recent Mental Health Foundation's 2006 literature review *The Impact of Spirituality on Mental Health*.<sup>1</sup> Therefore, this section comprises only a brief overview of the general direction of the literature.

The literature presented within this report requires a number of caveats. First, the literature is limited in its over-reliance on statistical measures. Spirituality and its interaction with mental wellbeing is a complex and interactive one, and the use of statistical analysis may be severely deficient in investigating this relationship. Secondly, the literature also tends to focus on mental health problems, rather than mental wellbeing and emphasises organised religion, with other forms of spirituality being largely ignored. This focus does not reflect the variety and complexity of spiritual expression, which was found in the work leading to this publication. Finally, the current literature is flawed in that it almost exclusively takes a Judaeo-Christian orientation and addresses whether the effects of religious belief are positive or negative. There is also a lack of a cross-cultural perspective and this leads to a failure to recognise that most cultures include spiritual interventions, such as faith healing, prayer etc, as a dominant mode of healing.<sup>25</sup>

The Joseph Rowntree Foundation argues that better mental health should be seen from a greater holistic appreciation of five themes: identity, faith, anti-racism, gender and spirituality.<sup>26</sup> It is these five themes that inform the proceeding discussion of spirituality and mental health, and are evident in this report's analysis and recommendations, presented in sections four and five. This section commences, then, with a discussion on the relationship between spirituality and mental health. This is followed by a discussion on the mediating factors on spirituality and mental health, concluding with a discussion on spiritual practices.

### 2.1 Spirituality and mental health: empirical evidence

Previous studies have indicated a generally positive relationship between spirituality and mental wellbeing, including spiritual growth, open-mindedness, self-actualisation, and lower levels of prejudice.<sup>27 28 29</sup> There is also a growing number of studies in the UK and in the US that suggest that membership of a religious community, which is accommodating and compassionate can benefit an individual's overall mental and physical health, and even the length of an individual's life.<sup>30</sup> Many of these studies have tended to focus on depression and on organised religion rather than spirituality. However, there are some studies which demonstrate that spiritual strategies, such as yoga and meditation, are also associated with improvements in mental health and reductions in anxiety.<sup>15</sup> There are also some emergent studies that look at spirituality and post-traumatic stress disorder. Although studies regarding spirituality and schizophrenia are scarce there is some evidence that people with schizophrenia can ease their symptoms through spiritual beliefs and practices. For example, a study by Lindgren and Coursey (1995) found that 83% of psychiatric patients, who participated in their study, viewed their spiritual beliefs as having a positive effect on their illness. In particular psychiatric patients felt that their spirituality provided an added sense of comfort in not feeling isolated or alone during their period of illness.<sup>31</sup>

Not all previous studies, however, show a positive relationship between spirituality and mental health. Previous studies have attributed spiritual beliefs to increased levels of mental distress, including: anxiety, depression, negative moods, poorer quality of life, panic disorder and suicide.<sup>28, 31, 32, 33, 34, 35 36</sup> For example, increased mental health problems are often found amongst people who have had a strict religious upbringing or who are members of strict evangelical traditions.<sup>37</sup>

Previous studies on spirituality and mental health have also looked at the mechanisms involved in spirituality, which may improve mental wellbeing. There is some evidence that coping styles, which involve collaborating with a higher power/God in order to deal with negative life events, can be very positive in terms of people's mental health. For example, one study into church attendees noted that churchgoers hear and learn a moral code based upon sermons drawing upon religious dogma. For those churchgoers using therapy-orientated services these sermons could then be used as a means of helping them seek a resolution to their problems.<sup>38</sup> In particular religion may provide a means to vocalise sufferings from a communal, personal, societal or universal perspective.<sup>39</sup> These perspectives can then be associated with how an individual perceives the causes of their mental health problems, i.e. their attributional style.

Attributional styles have received a great deal of attention in recent years, particularly in relation to depression and anxiety. There is evidence that people who attribute negative life events to external forces and positive events to internal causes are more optimistic and have stronger mental health. It is suggested then that some expressions of spirituality might help people to attain more positive attributional styles, i.e. "It happened because God willed it. It was not due to my deficiencies."

Religious congregations, as a means of attribution, are considered an important mechanism in helping people in terms of their mental health. This has been recognised by many religious organisations and there have recently been a number of advances in this area. For example, The Church of England has recently produced a training resource for their clergy in order to help them provide support to members of their congregation experiencing mental health problems.<sup>40</sup> There is a probability that this work will soon be echoed in other religious communities, particularly by the Jewish and Muslim faiths.

Some studies have suggested that certain expressions of spirituality, such as promoting positive emotions, i.e. hope, and discouraging negative ones, i.e. anger or through promoting calmness through meditation, prayer or yogic activity may help people physiologically as well as mentally.<sup>41</sup> There is also some suggestion that spiritual environments may be important to mental health. The environment in general has been shown to be important to mental wellbeing, therefore, the idea that spiritual buildings are of importance to people is perhaps a natural one. Environment is, consequently, an important aspect to remember as many people with mental health problems may have been denied access to their spiritual places, such as churches, mosques or simply open countryside and their equivalents while in hospital.

## **2.2 Spirituality and mental health: mediating influences**

Mediating factors for mental health and spirituality represent those influences that complement each other, i.e. how spirituality can be used to assist people with mental health problems. Their importance lies in how they are used in attributional styles, which as noted earlier, can be used by people to explain their mental health problems. In particular attributional styles may draw upon a spiritual perspective to explain and assist in the mental healing process. What factors mediate the relationship between spirituality and mental health are discussed in the following brief synopsis, i.e. the mechanisms through which spirituality can manifest. This synopsis will illustrate these relationships, providing a means to critique and understand the examples of spiritual and mental health initiatives presented in Appendix 1.

### **2.2.1 Coping styles**

Spirituality has been shown to assist people in developing stronger coping styles. For example, one study found that when religion was used as part of a wider approach to coping this typically provided a beneficial outcome for mental health and reduced mental distress. This was in direct contrast to those coping styles which used deferring (where the individual waits for God to intervene on their behalf) and self-directing styles (which aims to resolve individual problems without the need to refer to God)<sup>42</sup>.

### **2.2.2 Locus of control/attribution**

Locus of control refers to the extent that an individual feels they have control over events in their life. Spiritual beliefs may, therefore, assist people in providing a locus of control in understanding, coping with and interpreting events or experiences. Previous studies indicate that individuals who hold religious beliefs allow an individual to reduce the stressful reactions to events that they deem to be uncontrollable by reframing or reinterpreting those events<sup>20</sup>, possibly gaining a new meaning and understanding from them.

### **2.2.3 Social support**

Previous studies note that individuals' mental health is often supported through engagement with members and leaders of religious congregations<sup>43</sup>. A spiritual community may provide a variety of support, including:

- Protecting people from social isolation
- Providing and strengthening family and social networks
- providing individuals with a sense of belonging and self-esteem, and
- Offering spiritual support in times of adversity.<sup>44</sup>



Previous studies, however, have also noted the negative implications of drawing upon spiritual leaders to support mental health services. In particular, spiritual leaders need to be trained to understand and deal with both individuals with mental health problems and, consequently, the wider mental health implications of their involvement in an individual's healing process<sup>20</sup>.

#### 2.2.4 Physiological impact

Aspects of spirituality may have a beneficial affect on a variety of health-related physiological mechanisms.<sup>30 41</sup> In particular, spirituality's emphasis on emotions, for example contentment, forgiveness, hope and love, may positively affect an individual's physical wellbeing.<sup>41</sup> One spiritual approach, which addresses physiological mechanisms, is mindfulness. Mindfulness is developed by purposefully paying attention, in a non-judgmental way, to what is going on in your body and mind, and in the wider world. By experiencing life as a set of moments encourages a shift in awareness potentially leading to perceiving situations more positively. Furthermore spirituality may reduce feelings of negative emotions, such as anger, fear and revenge, reducing tension levels. This reduction may lead to a stronger immune system, lower blood pressure and reduced risk of cardiovascular disease and strokes. For example, an individual who practices yoga is likely to experience a reduction in anxiety, depression, post-traumatic stress disorder, stress and other stress-related medical illnesses.<sup>45</sup> Other benefits of practicing yoga, for 30 minutes daily, are enhanced attention, mental focus, mood, stress tolerance and wellbeing.<sup>45</sup>

#### 2.2.5 Culture and ethnicity

Culture represents a collection of acquired behaviour patterns and meanings that are common to a particular group of people or society.<sup>46</sup> Understanding how spirituality affects people can be appreciated through understanding its inter-relationship with culture.<sup>47</sup> From a religious perspective it has been argued that "culture is where religion happens; religion is located within human culture and religion emerges within the cultural phase of evolution."<sup>48</sup> For an individual, culture and religion may be inter-changeable, offering numerous psychological needs "more comprehensively and potently than other repositories of cultural meaning that contribute to the construction and maintenance of individual and group identities."<sup>49</sup>

One aspect of maintaining individual and collective group identities, from a spiritual perspective, is the importance of religious ceremonies. Collective religious ceremonies have been shown to reinforce cultural values and strengthen a society or group's cohesiveness and have been identified with higher community belonging, moral standards and self-esteem.<sup>50 51 52</sup> The strength of this reinforcement may depend upon both the level of spiritual adherence and also to the culture that it draws upon. For example, in some cultures, such as South Asian, religion is seen as central to an individual and their community's sense of self-definition.<sup>53 54</sup> One outcome of this centrality is that the religion acts as a means of sanctifying almost all aspects of life, providing a recognised group of behaviours, functions, roles and inter-actions in relationships.<sup>55 56</sup> Religion as an aspect of spirituality, therefore, is evident in most cultures.

In understanding the relationship between spirituality and culture, the issue of ethnicity needs to be considered as well. Ethnicity is a term used to describe a nation or group who share one or all of the following: a common nationality, culture, language, race, religion or common descent.<sup>57 58 59 60</sup> An individual, then, with a mental health problem may perceive and understand their problem from their own cultural and ethnic perspective, which may differ from Britain's dominant white culture, which can be identified as materialistic. However, white practicing Christians can also feel alienated and perhaps allied with other ethnic groups with similar religious values, such as black Christians. British white culture, like Britain's ethnic minority cultures, should be seen as equally diverse. It is imperative then that mental health practitioners understand the role of culture and ethnicity in a service user's life and take into account cultural sensitivities and relevant explanations to mental health problems.

### 2.2.6 Architecture and the environment

How and where an individual engages with their environment, from a spiritual perspective, may also have a positive affect on their mental health. Whilst an individual may find spirituality from religious-orientated buildings, such as a church or synagogue, others may experience their spirituality through other outdoor activities, such as mountain walking or snowboarding.<sup>61</sup>

## 2.3 Spirituality and mental health: practices in mental health service provision

Having identified the factors that mediate the relationship between spirituality and mental health, exactly what constitutes spiritual practices needs to be defined. The Royal College of Psychiatrists defines spiritual practices to include a wide range of activities, ranging from religiously-orientated through to secular spiritual activities. These activities may include, but not exclusively:

- Belonging to a faith tradition, participating in associated community-based activities
- Ritual and symbolic practices and other forms of worship
- Pilgrimage and retreats
- Meditation and prayer
- Reading scripture
- Sacred music (listening to, singing and playing) including songs, hymns, psalms and devotional chants
- Acts of compassion (including work, especially teamwork)
- Deep reflection (contemplation)
- Yoga, Tai Chi and similar disciplined practices
- Engaging with and enjoying nature
- Contemplative reading (of literature, poetry, philosophy etc)
- Appreciation of the arts and engaging in creative activities, including artistic pursuits, cookery, gardening etc

- Maintaining stable family relationships and friendships (especially those involving high levels of trust and intimacy)
- Group or team sports, recreational or other activity involving a special quality of fellowship.

Source: Spirituality and Mental Health (2006)<sup>62</sup>

Further, the Royal College of Psychiatrists adds that spiritual practices aim to foster awareness, within the individual, that promotes a set of values that support good mental health care practice. In particular, the values they note are: compassion, creativity, equanimity, honesty, hope, joy, patience and perseverance. An outcome of these values are spiritual skills that encourage mutual benefit for both the service user and the provider. These spiritual skills, although not exclusively, include:

- Being reflective and honest
- Being able to remain focused in the present, remaining alert, unhurried and attentive
- Being able to rest, relax and create a still peaceful state of mind
- Developing greater empathy for others
- Finding courage to witness and endure distress while sustaining an attitude of hope
- Developing improved discernment, for example about when to speak or act and when to remain silent
- Learning how to give without feeling drained
- Being able to grieve and let go.

Source: Spirituality and Mental Health (2006)<sup>62</sup>

### 3. How the project was conducted

The aim of this report was to identify and understand positive practice in spirituality and mental health initiatives. This was achieved through developing further our understanding of both the service user and provider perspectives by drawing on existing literature and examples of positive practice. Information was collected in two stages. Stage one involved reviewing the relevant literature on spirituality and mental health, and identifying relevant themes. Stage two consisted of developing these themes by selecting a diverse range of organisations that involved spirituality as an important aspect of supporting service users' mental health.

#### 3.1 Initiative selection

This study identified a diverse range of mental health providers that were spirituality orientated, demonstrating positive practice and then selected using the following criteria:

- Serving differing ethnic groups
- Varying levels of religious/spiritual orientation
- Service providers, users and their carers utilising a diverse range of healing processes
- Local and national-based organisations in the UK.

Based on this criterion 11 organisations were chosen. These are summarised below:

**Table 2: Summary of participating organisations**

Initiative	Organisational name	Location	Spiritual / religion	Group orientation
1	Burrswood	Tunbridge Wells, Kent	Christian	Open to everybody
2	London Buddhist Centre	Bethnal Green, London	Buddhist	Open to everybody
3	Waltham Forest Black People Mental Health Association	Waltham Forest, London	Christian	Predominantly Black African / African-Caribbean
4	Croydon Association for the Mentally Ill	Waltham Forest, London	Christian	Open to everybody
5	The Jewish Association for the Mentally Ill	London	Judaism	Jewish
6	Odyssey Groups	Ely, Cambridgeshire	Spiritual	Open to everybody
7	Guru Ram Das Project	London	Sikhism	Open to everybody
8	St Marylebone Healing and Counselling Centre	London	Christian	Open to everybody
9	Pakistan Muslim Centre	Sheffield, S. Yorks	Islam	Pakistani / Muslim
10	Loving Someone in Psychosis	London	Spiritual	Open to everybody
11	Person Centred Churches	Canterbury, Kent	Christian	Open to everybody

**Table 3: Summary of spirituality assessment to RCP themes**

RCP - theme link	Spiritual and mental initiative - whom
Faith/religion recognition	Burrswood, London Buddhist Centre, Waltham Forest Black People's Mental Health Association, Croydon Association of Pastoral Care in Mental Health, The Jewish Association for the Mentally Ill, Guru Ram Das Project, St Marylebone Healing and Counselling Centre, Pakistan Muslim Centre, Person Centred Churches
Ritual and symbolic	Burrswood, London Buddhist Centre, The Jewish Association for the Mentally Ill, Guru Ram Das Project, Pakistan Muslim Centre
Pilgrimage and retreats	Burrswood, London Buddhist Centre
Meditation and prayer	Burrswood, London Buddhist centre, Guru Ram Das Project
Reading scripture	Waltham Forest Black People's Mental Health Association
Sacred music	St Marylebone Healing and Counselling Centre, Guru Ram Das Project
Acts of compassion	Waltham Forest Black People's Mental Health Association, London Buddhist Centre, Guru Ram Das Project, Odyssey Groups, St Marylebone Healing and Counselling Centre
Deep reflection	Burrswood, London Buddhist Centre, Waltham Forest Black People's Mental Health Association, Croydon Association of Pastoral Care in Mental Health, The Jewish Association for the Mentally Ill, Guru Ram Das Project, St Marylebone Healing and Counselling Centre, Pakistan Muslim Centre, Person Centred Churches
Yoga and other disciplined practices	The Jewish Association for the Mentally Ill, Guru Ram Das Project
Engaging with nature	Burrswood, London Buddhist Centre, Waltham Forest Black People's Mental Health Association
Contemplative reading	Waltham Forest Black People's Mental Health Association, Croydon Association of Pastoral Care in Mental Health, The Jewish Association for the Mentally Ill
Appreciation of the arts	Waltham Forest Black People's Mental Health Association, Croydon Association of Pastoral Care in Mental Health, The Jewish Association for the Mentally Ill
Maintaining stable family relationships	Waltham Forest Black People's Mental Health Association, The Jewish Association for the Mentally Ill, Odyssey Groups, Pakistan Muslim Centre
Group sports or activities	Waltham Forest Black People's Mental Health Association, Pakistan Muslim Centre

### 3.2 Information collection

Information was collected in two ways. First, organisational representatives were interviewed using semi-structured interview questions. Where possible this was done through site visits to experience and witness the spiritual environment these organisations had created. In some instances site visits were not possible and instead telephone interviews were conducted. Secondly, these were complemented with interviews from service users at these organisations. All interviews were taped, transcribed and analysed to identify emergent themes. These themes are presented in the following section. In some instances it was not always possible to gain access to service users attending the organisations.

## 4. Analysis

Analysis of the site visits and interviews arising from the examples of spiritual and mental health initiatives illustrated a variety of emergent themes relevant to positive practice in the field. In summary these services recognised the service user seeking a spiritual means to heal themselves, in a way that did not necessarily require medication. It was this recognition that unites the eclectic mix of examples of spiritual and mental health initiatives used and forms the inherent connections between the emergent themes presented here. These themes commence with a summary of best practice that was evident from our interviews and this is followed by a more in-depth discussion of the remaining themes.

### 4.1 Examples of positive practice

Analysis of the spiritual and mental health initiatives revealed a variety of recurring themes.

**Table 4: Summary of positive practice (drawn from examples of spiritual and mental health initiatives)**

Activity theme	RCP - theme link	Benefit	Spirituality and mental health initiative
Religious buildings, reflective space and recognition of importance of spirituality/religion	Faith/religion recognition	Supporting cultural, ethnic and religious self-identity	Burrswood, London Buddhist Centre, Waltham Forest Black People's Mental Health Association, Croydon Association of Pastoral Care in Mental Health, The Jewish Association for the Mentally Ill, Guru Ram Das Project, St Marylebone Healing and Counselling Centre, Pakistan Muslim Centre, Person Centred Churches
Celebration of religious festivals, attendance at religious rituals and engagement with religious ceremonies	Ritual and symbolic	Affirming cultural, ethnic and religious self-identity through a sense of group belonging	Burrswood, London Buddhist Centre, The Jewish Association for the Mentally Ill, Guru Ram Das Project
Access to place, space and time for reflective thought	Pilgrimage and retreats	Creating a spiritual space where the individual is encouraged to reflect upon their life and actions	Burrswood, London Buddhist Centre
Meditation to address issues of depression and self-esteem	Meditation and prayer	Assisting in building self-esteem and opportunity for reflection	Burrswood, London Buddhist Centre, Guru Ram Das Project, Odyssey Groups
Service user-led scripture discussions	Reading scripture	Exploring and reinforcing spiritual beliefs as a means of supporting mental health strength	Waltham Forest Black People's Mental Health Association
Sharing of service users' experiences and group reflection	Acts of compassion	Creating empathy and awareness in the service user and others	London Buddhist Centre, The Jewish Association for the Mentally Ill, Waltham Forest Black People's Mental Health Association, Guru Ram Das Project, Odyssey Groups, St Marylebone Healing and Counselling Centre

Activity theme	RCP - theme link	Benefit	Spirituality and mental health initiative
Group discussions on life events and space for personal reflection and thought	Deep reflection	Having a spiritual place and time for self-reflection and understanding	Burrswood, London Buddhist Centre, Waltham Forest Black People's Mental Health Association, Croydon Association of Pastoral Care in Mental Health, The Jewish Association for the Mentally Ill, Guru Ram Das Project, St Marylebone Healing and Counselling Centre, Pakistan Muslim Centre, Person Centred Churches
Yoga	Yoga and other disciplined practices	Concentrated time and effort to focus on the individual's physicality and being present to a moment	The Jewish Association for the Mentally Ill, Guru Ram Das Project
Engaging with the countryside as a spiritual space	Engaging with and enjoying nature	Removing people from their comfort zones and encouraging them to engage in a unfamiliar, but safe, space	Burrswood, London Buddhist Centre, Waltham Forest Black People's Mental Health Association, The Jewish Association for the Mentally Ill
Reading and creative writing	Contemplative reading	Boosted self-esteem by using words for self and group reflection of service users experiences, and building confidence in access mental health services	Waltham Forest Black People's Mental Health Association, The Jewish Association for the Mentally Ill
Painting groups, visits to art galleries	Appreciation of the arts	Using art as a medium to discuss service users' experiences with themselves and others	Waltham Forest Black People's Mental Health Association, Croydon Association of Pastoral Care in Mental Health, The Jewish Association for the Mentally Ill
Encouraging engagement with family members of people with mental health problems	Maintaining stable family relationships	Offering opportunities for family and friends of service users to discuss and reflect on the consequences of someone's mental health problems in their lives	Waltham Forest Black People's Mental Health Association, The Jewish Association for the Mentally Ill, Odyssey Groups, Pakistan Muslim Centre
Encouraging participation in sporting activities	Group sports or activities Group sports or activities	Building self-esteem and using sport to encourage participation within the wider community and less dependency on mental health care providers	Waltham Forest Black People's Mental Health Association, Pakistan Muslim Centre
Engaging with spiritual singing as a form of yoga	Sacred music	A means of connecting with one's inner sense of being	Guru Ram Das Project

These themes often reflected The Royal College of Psychiatrists' special interest group in Spirituality and Mental Health themes presented earlier. Whilst it is impossible to comprehensively review and write about all these activities, a summary has been provided, below, which encapsulates consistent examples of positive practice.

## **4.2 The multi-dimensional individual**

A dominant theme that emerged from our examples of spiritual and mental health initiatives was the importance of service providers recognising their users' self-identify, in terms of mind, body and spirit. Service users who were interviewed commented on how their spiritual identity encouraged them to engage with mental healing processes that they otherwise might not have engaged with. For example, one service user who had attended the London Buddhist Centre (LBC) commented that his spiritual sense of self encouraged him to undertake one of the LBC's depression-related meditation courses. All the spiritual and mental health initiatives presented in this report viewed spirituality as another means to complement and support more dominant and traditional mental healing methods.

## **4.3 I am what I am**

Recognising the role of spirituality, as part of a wider mental healing process, requires a service provider to understand the unique meaning that spirituality holds for each individual. Although spirituality and religion are inherently inter-connected, they are not the same. This similarity and difference creates, then, a sense of spiritual understanding that is unique to each individual.

All the spiritual and mental health initiatives recognised this inherent uniqueness and consequently viewed spirituality from a variety of perspectives, ranging from religious observance to spiritual thoughts that were not shared with others. These initiatives recognised, then, that the individual's sense of spirituality needed equal nurturing and support in recovery as the mind or body. This recognition and acceptance provided a means for these initiatives to help their service users to engage with mental health services by exploring their spiritual sense of being. For example, the Doncaster and South Humber NHS Mental Health Trust worked with the Islamic faith and a Pakistani community centre to provide a service encounter that was more appropriate and culturally sensitive to that group's mental health needs.

## **4.4 Recognising the spiritual in the service offering**

Spirituality was defined earlier as an expression of an individual's humanity. In accepting spirituality as an important contributor to good mental health, our spiritual and mental health initiatives actively incorporated spirituality into their practice. These services, whether tangible, such as a chapel, or intangible, such as conversations about spirituality, all encouraged the individual to engage with their spiritual self. Consequently, this acceptance of spirituality provided an effective means to engage with and hear their service users' needs in a non-judgemental manner. Service users, in return, were often more willing to acknowledge and engage with their mental health problems.



## **4.5 Enjoying the experience of change**

The spiritual and mental health initiatives presented in this report recognised that a service user may attribute their mental health problems to a spiritual context. Offering an environment where service users could appreciate their mental health problems from a spiritual perspective provided a greater sense of comfort and understanding than more logical or mental health practice-based explanations could.

Many of the service users involved in our examples of spiritual and mental health initiatives described their experiences of mental health problems in terms of positive, spiritual and transformational experiences. Consequently, understanding their experience of mental problems within a spiritual framework allowed them to resolve issues and emerge stronger from the healing process. Perhaps not surprisingly a number of participants interviewed for this report felt that their experience of mental health problems had enhanced their spiritual beliefs and feelings.

## **4.6 Am I invited?**

Service user access to our spiritual and mental health initiatives ranged from those open to all, to some form of imposed or self-determined entry selection, i.e. assessment, ethnicity, faith, invitation or religion. Perhaps the most important determinant of whether access would be granted was whether a potential service user suffered from an inability to distinguish between the real world and an imaginary one, i.e. psychosis. Reasons given for excluding individuals with psychosis ranged from a perceived need for specialist care to the spiritual and mental health initiative lacking the appropriate support mechanisms. For example, in the case of Odyssey, it was felt that the spiritual exploration their service users undertake might be too destabilising for someone who is already struggling to centre their own sense of reality. However, in contrast, the St Marylebone Health and Counselling Centre groups, albeit with a different format, have found that their spirituality-orientated groups actually helped all participants, including those with psychosis, to integrate this dimension of their lives. Their participants felt strongly that their psychosis was inherently related to spirituality and by avoiding this relationship, or trying to deny it, only made their psychosis worse.

## **4.7 Knocking on the door of the establishment**

The majority of the spiritual and mental health initiatives in this report had been started in response to a perceived need from mental health service users, addressing needs that the NHS was unable to offer. However, addressing these needs and fulfilling gaps in mental health service provision required extensive resources, which were typically funded from voluntary donations. The examples of spiritual and mental health initiatives, therefore, often represented mental health service providers that operated outside the remit of the NHS, whilst recognising and complementing NHS treatment. Of utmost importance was a need by the initiatives studied not to be seen to be providing a comprehensive means of resolving mental health problems. Service users were encouraged, where appropriate, to engage with their local NHS services.

#### **4.8 It's all about the staff**

The initiatives' employees' spiritual perspectives were important to the service user having a positive experience. Service users' ability to talk to like-minded staff who embraced and encouraged personal spiritual discussions represented an important aspect of the service users' healing process. This sense of acknowledgement provided and enhanced the service users' sense of trust towards the initiative and their willingness to engage with their mental health problems.

#### **4.9 Celebrating diversity**

Spirituality's identification with religion was evident in a number of the spiritual and mental health initiatives. In particular the Jewish Association for the Mentally Ill and Doncaster and South Humber NHS Mental Health Trust both represented aspects of initiatives that deliberately and solely focused on a faith-based group. Whilst this exclusivity may seem at odds with the wider acceptance shown by other faith-based examples of spiritual and mental health initiatives, for instance the St Marylebone Health and Counselling Centre, the reasons for this exclusiveness can be attributed to cultural and ethnic differences and their relationship to spirituality.

This report noted that spirituality and religion were inherently inter-linked and used by people from differing cultures and ethnicities to construct and maintain their self-identity that, to varying degrees, differed from wider British society. Some spiritual and mental health initiatives addressed this by providing an environment that acknowledged these differences. For example, ethnic minority service users felt a greater sense of individual belonging from those initiatives that drew inspiration and employees from their own community. Consequently, these spiritual and mental health initiatives offered a safe, non-judgmental, environment where service users did not have to account for their differences and felt more comfortable in addressing their mental health problems.

## 5. Recommendations

An assumption that religion and spirituality are one and the same would be wrong. Instead, religion should be seen as an aspect of, and not solely as, spirituality, because spirituality has other aspects. Instead spirituality represents the significant structures that provide meaning and direction in an individual's life. Whether that is achieved through adhering to a collection of religious teachings or painting abstract pictures in an art class, both represent a spiritual meaning unique to that individual. Both these activities illustrate how an individual with mental health problems is able to engage with their mental health problems from a spiritual perspective. It is this engagement that service providers should seek to encourage and foster in both the services they offer and their service users.

The purpose of this section then is to provide a set of recommendations, from both the service users' and providers' perspective. Whilst no recommendations can be conclusive, the following represent a summary drawn out from the examples of best practice that were evident from the spiritual and mental health initiatives. This is then followed by a summary of recommendations for mental health organisations and professionals.

### 5.1 The service users' perspective

#### 5.1.1 Spirituality can provide inner strength

What constitutes spirituality and how it affects an individual's mental wellbeing is ultimately unique to that person. It is this uniqueness that provides an individual with a greater sense of inner strength to acknowledge and address their mental health problems. Indeed, accepting oneself as part of a spiritual community may provide an overall sense of belonging that benefits the individual's physical and mental wellbeing.<sup>16,63</sup> Accepting and acknowledging the fact of a service user's belonging to spiritual-orientated community may enhance their healing process.

#### 5.1.2 Spirituality is unique to the individual

The service user may hold strong beliefs that their understanding of spirituality is unique to them. Service users may or may not want to explore in a great depth their spirituality as an aspect of diagnosis or as something to be treated. Service providers need to be sensitive to their service user's spiritual needs, providing an opportunity for both parties to discuss the user's spiritual requirements in a sensitive manner.

#### 5.1.3 "They want to take my spirituality away"

Service users who openly acknowledge their spirituality may fear that service providers and their staff may attempt to dismiss their spirituality, equating this to unneeded and unhelpful interference and, at worse, delusions. Whilst Dean and Lipsedge (1988) acknowledge this may be true in some instances, previous studies positively support the role of spirituality within mental health treatment.<sup>18</sup> For instance,

a belief in God or a higher power can be positive in helping those with mental health problems.<sup>38</sup> Spirituality should be seen as a means to understand and facilitate the healing process.

## **5.2 The service providers' perspective**

### **5.2.1 Taking the fear out of spirituality**

Encouraging mental health institutions to embrace spirituality as an aspect of their service offering presents a number of difficulties. Resistance to the inclusion of spirituality within a service user's treatment may lie in the perception that spirituality represents another obstacle to securing the appropriate diagnosis.

Institutional resistance to incorporating spirituality within mental health service provision may be perpetuated by staff fears. It was noted earlier how mental health staff opinions were divided between those who felt that spirituality enhanced healing in contrast to a similar number who felt that it didn't.<sup>5</sup> Institutional resistance may be exacerbated if the service provider has no interest in the service user's spirituality perspective yet is required to undertake some form of spiritual needs assessment. In particular, mental health staff might find an assessment personally challenging to their own beliefs.

### **5.2.2 Leadership needs to be committed**

One approach to overcoming resistance to the inclusion of spirituality in mental health services is for management to fully support its inclusion. This support should include the head of the organisation publicly demonstrating their support. Without institutional support from the highest authority, such as the organisational leader, implementing and maintaining the momentum required for a spiritual involvement in mental health provision may become increasingly difficult. Complementing this support is the need for an organisation-wide recognition for all mental health staff to be properly trained and prepared to use spirituality assessment tools, whilst recognising that conducting high quality assessments is time consuming.

### **5.2.3 The environment can enhance the spiritual healing process**

Although spirituality may be experienced through activities or religious beliefs, it can also be experienced through dedicated spiritual spaces. While most health institutions may offer religious space, such as a chapel or prayer room, spirituality can also be experienced through non-religious environments. For instance, establishing a quiet space for personal reflection where people can sit and think, in peace, may encourage a spiritual encounter. Providing a space for a spiritual encounter may allow service users time to understand their problems and treatment in a manner that transcends any talking or medical treatments.

#### 5.2.4 Get the service users talking

By recognising that religion and spirituality are inter-linked but are not the same, mental health institutions are confronted by the complexities of how to address service users' spiritual needs. Spirituality transcends, as well as distinguishes and separates, individuals on the basis of culture, ethnicity and religion. Attempting to address these differences in a proactive and practical manner may appear problematic. However, these differences may be resolved through undertaking a wide range of spiritual-related activities that transcend these differences. For example, the Royal College of Psychiatrists' special interest group in spirituality and mental health includes yoga and meditation as examples of spiritual practice, both which have been shown to improve mental health<sup>64</sup>. Replicating these activities by mental health institutions should be a relatively easy task to implement; one that transcends many cultural and ethnic differences.

#### 5.2.5 Spirituality is supplementary rather than a solution

Spirituality is not an inclusive, all encompassing solution for people with mental health problems. Whilst the positive relevance of spirituality to mental health has been comprehensively written about in the earlier Mental Health Foundation report *The Impact of Spirituality on Mental Health*<sup>1</sup>, it is important to remember what positive outcomes spirituality offers. In particular spirituality provides support and strengthens an individual's coping styles, locus of control and in developing social support<sup>20,49</sup>, all important aspects of mental health. By drawing upon spirituality mental health service providers can empower and encourage their service users to actively engage with their healing process. Spirituality becomes then a supplementary means to help the service users' recovery from mental health problems.

#### 5.2.6 Work with the local NHS Chaplaincy / Spiritual and pastoral care

The NHS since its inception has, to varying extents, actively recognised and drawn upon the importance of spiritual interventions within the healing process. The emergence of a multi-faith culture in our society has required NHS institutions to adapt. Where a NHS chaplain may have originally been expected to work with patients from a Christian perspective, they are now more likely to work with people from a variety of faiths, who share a common belief in God.

NHS chaplains' experience of working with service users from a variety of faiths represents an important resource that should be drawn upon. New insights into service users perspectives or needs may be revealed, which could improve future users' spiritual care.

## 5.3 Summary of recommendations

### Recommendations for commissioners:

Commissioners should:

- Ensure faith needs are monitored and the data collected centrally.

### Recommendations for mental health service managers and clinicians:

Mental health service managers and clinicians should:

- Recognise that spirituality needs to be considered as part of the whole-person approach to the care and treatment of an individual. Service users should, therefore, be asked about their spiritual and religious needs.
- Acknowledge that everyone has spiritual needs, but an individual may not recognise their activities or needs as being spiritual.
- Acknowledge and understand differences in service users' spiritual needs, including on the basis of their culture and ethnicity.
- Consider a service user's spiritual needs and the wider mental health implications of a spiritual perspective to the service user's mental health. For example, a user with mental health problems which they attribute to religion may not benefit from having further religious-based interventions.
- Provide spiritual resources which are meaningful and appropriate to service users, e.g. art activities, discussion groups, as well as providing access to faith activities.
- Develop partnerships with relevant local spirituality-orientated organisations that will support users positively.
- Conduct training and support a training needs analysis for staff to develop capabilities in working with spirituality. This should be incorporated within staff's Continuous Professional Development (CPD) requirements.

### Recommendations for religious and spiritual leaders:

Religious and spiritual leaders should:

- Develop their capabilities to understand mental health problems and the needs of their community members - their leadership can help to address mental health stigma and discrimination.
- Develop partnerships with mental health organisations and help staff to appreciate how spirituality and the involvement of their organisation may help and support service users.

## **Appendix 1 Initiatives**

### **A1.1 Burrswood - a Christian Hospital and Place of Healing**

Burrswood is a fully-registered hospital under the Care Standards Commission that uses Christian ministry alongside traditional medicine. Besides the hospital, Burrswood also contains a book shop, conference centre, guest house and a centre for Christian worship and healing.

As a Christian hospital Burrswood aims to assist healing for the body, mind and spirit. This is achieved by complementing medical healing processes with counselling and prayer. However, their Christian orientation is not prohibitive to non-Christians, with Burrswood encouraging patients from any faith or none to use their services.

#### **A brief history**

Burrswood was founded in 1948 by Dorothy Kerin (1890–1963) who attributed her recovery, from a potentially terminal disease, to an encounter with Christ. Feeling she had experienced a miracle she decided to establish what was to become Burrswood. Over the past decades Burrswood has undergone a series of professional developments ensuring it operates as a registered hospital for non-acute and non-surgical treatment.

#### **Funding**

Although Burrswood is a fully registered hospital it does not receive ongoing funding from the local primary care trust (PCT), instead patients may be referred by a PCT with funding on an individual-named patient basis. Typically, patients who can afford to pay are expected to do so, whilst a means tested care grant is available for others.

#### **The site**

Burrswood claims that a central aspect of a patient's healing is the environment it offers, being located in extensive, tended, gardens and grounds, set aside from the nearest village. The main building, which houses two chapels, is where patients stay whilst the guest house is available to visitors for holidays or for relatives of in-patients to stay.

#### **The spiritual influence**

Burrswood does not have a Universalist ethos but accepts patients from any faith or none as either a patient or a guest. Whilst the Christian ethos is evident in the chapel and through visible iconography in the buildings, Burrswood tries not to impose Christian beliefs on others but instead encourages a person to engage with the facilities and to experience their own sense of religiosity/spirituality to self-heal. Many of the people who come to Burrswood for treatment are Christians and churchgoers, and like the religious aspects of what is offered.

As a Christian organisation Burrswood aims for 80% of its staff to be committed Christians, especially heads of departments or organisational leaders. The staff at Burrswood aim to encourage a sense of family amongst guests and patients, with patient treatment being time rich. This requires extensive

communication between staff and patients, with patients encouraged to be actively involved in the decision-making process regarding their healing.

The centrality and importance of Christianity to Burrswood is reflected in the current Archbishop of Canterbury, Dr Rowan Williams, being a patron of Burrswood, and the Church of England being a strong supporter of their activities.

### The healing process

Patients typically stay for a period of ten to fourteen days and tend to be unable to return home owing to illness but not requiring the intensive monitoring or intervention of a general hospital. The staff's expertise incorporates a great degree of flexibility, accepting, for example, that a doctor might have spiritual insights and a chaplain medical ones. This flexibility is evident in daily formal meetings which review patient care, with staff encouraged to share their insights regardless of their role. However, close team work, working in a community with some staff living on site, inevitably means there are issues of relating between team members':

*"There is a lot of dynamics. It's a very complex place in which to work. It's like group therapy without everyone being in the room at the same time and not everyone aware what's going on."*

Burrswood practitioner

Patient care also involves considering both the physical and mental needs alongside a conventional diagnosis. This consideration incorporates Burrswood's commitment to practise interdisciplinary care recognising the equal importance of the body, mind and spirit in healing. Besides taking a patient's medical history staff encourage their patients to give their spiritual history creating a wider sense of openness. This openness encourages a positive healing experience for patients:

*"At Burrswood there were people there for coffee, healing, [or] because they liked the place. There was no shame. I felt ashamed of being in hospital when I wasn't ill and of having a mental health problem and of needing help. But at Burrswood it seemed that if someone is broken it doesn't matter which part. They see everyone as broken people and through brokenness healing comes. The same care is given from the same team whether the problem is physical or mental. It's very healing having mental health and physical health alongside each other. It was very precious."*

Burrswood patient

Patient confidentiality is central to the inter-disciplinary care Burrswood offers which, with its Christian ethos, appears to create a greater sense of trust amongst its patients to self-disclose:

*"There was also the boundary that you didn't talk about your problems to anyone else. I also felt there was a strong understanding of confidentiality. [At other places] I was scared about confidentiality. The team was the nurse, the counsellor and the chaplain. I felt I could trust them. I felt safe about what they would discuss as a team. Once I had a joint appointment with the counsellor and the chaplain. I felt a spiritual power was holding on to me and I needed to do some forgiving to be set free so, in that meeting, I brought that part of my story to the chaplain so we worked together and it was good"*

Burrswood patient



Burrswood's gardens and grounds also actively play a part in the spiritual ethos and patient recovery, encouraging long walks and opportunities to find solitude for self-reflection. For example, the grounds have a number of paths with wooden signs at shin height with thought-provoking messages such as "Choices" (where the path divides), "He makes me lie down" (in front of an expanse of soft grass), "Be still", "Turn round" and "Memory Healing."

An inclusive approach to Christianity, as part of a wider healing process, provides Burrswood's patients, then, with a safe environment to explore and understand their spirituality, encouraging their healing process:

*"The safety enabled God to reveal what the problem was. I had flash backs and recovered memories and I felt safe to deal with the uncertainties of memory, that there was no manipulation, it was so safe."*

Burrswood Patient

## Contact

Burrswood  
Groombridge  
Tunbridge Wells  
Kent  
TN3 9PY  
Tel: 01892 863637  
Website: [www.burrswood.org.uk](http://www.burrswood.org.uk)

## **A1.2 London Buddhist Centre, addressing depression through meditation**

The London Buddhist centre (LBC) is one of the largest urban Buddhist centres in the western world and is run by the Friends of the Western Buddhist Order (FWBO). It opened in 1978, in a building that was once a Victorian fire station, and is located in the East End of London. It forms the centre of a self-defined 'Buddhist Village' comprised of a number of residential communities and several "right livelihood businesses."

The LBC is also involved in the wider community through a growing number of outreach projects as well as through its participation in a broad based communities' organisation called London Citizens. It has now become a significant focal point for the promotion of Buddhist values in London.

### **A brief history**

The Friends of the Western Buddhist Order (FWBO) was founded in April 1967, in London, with the first ordinations into the Western Buddhist Order (WBO) taking place the following year.

The FWBO emphasises Buddhism as a means for individual and societal development, drawing its inspiration from Buddhist tradition, without adopting a specific teaching lineage or school. Through this inspiration they attempt to identify underlying Buddhist principles and apply these to a modern cultural context.

### **Funding**

The LBC receives funding from a variety of sources including voluntary donations, funds from course attendees and increasingly from public sector organisations, including Tower Hamlets Social Services.

### **The site**

The LBC opened in 1978 in a renovated and adapted building that was previously a Victorian fire station, in Bethnal Green, east London. The building offers two halls for meditation and where courses are held. This is supported by administrative offices and a shop selling Buddhist-related materials.

### **The spiritual influence**

Buddhism offers a means for individual and social transformation, which is achieved through understanding its teachings and techniques. This transformation might arise from an individual looking for peace of mind through to achieving a higher sense of wellbeing. Central to this is meditation and practising the Buddha's teachings regarding life, being creative, engaged with others and open to life's truths.

### **The healing process**

The LBC promotes, through its Breathing Space health programme, best practice in the teaching and understanding of the approaches based on mindfulness meditation as the central part of clinical treatments to increase physical and mental health and wellbeing. The centre works with Mindfulness-Based Cognitive Therapy (MBCT), stress reduction through mindfulness and other mindfulness-based approaches. MBCT is recommended in the National Institute of Clinical Excellence (NICE) guidelines for

prevention of relapse into recurrent depression, and is increasingly recognized by both medical and therapeutic professionals as an effective intervention.

MBCT was developed through clinical studies to help people who have suffered from depression to remain well. The LBC offer MBCT through structured courses guiding participants through a series of self-care strategies, which help resolve unhelpful patterns of thinking and behaviour that can cause, contribute or encourage relapse into depression.

LBC runs a variety of MBCT courses over a year, with the classes encouraging participants to handle challenging physical sensations, feelings, moods or social interactions. These are organised and often led by Dr Paramabandhu Groves. Current LBC meditation courses with particular relevance to mental health are: Meditation for depression (based on attending one evening class over eight weeks), Meditation to Prevent Relapse into Depression (based on attending one evening class over eight weeks), Breath Works Retreat: Mindfulness for pain management and Stress Reduction (over a weekend), and Art and Meditation Retreat: "That which from moment to moment is always new" (one week). The courses aim to increase lasting physical and psychological benefits including:

- An increased ability to relax
- Greater energy and enthusiasm for life
- Heightened self-confidence
- An increased ability to cope more effectively with both short and long-term stressful situations.

LBC's MBCT courses are supported with a variety of combined activities that range from a daily coursework diary, handouts with reflective exercises and CDs featuring guided meditations.

Although the weekday meditation courses on depression are held within a room, whose central aspect is a statue of a seated Buddha, the LBC does not strongly emphasise any aspect of Buddhist teachings. Instead the directed meditations focus on a spiritual ethos of exploring one's sense of inner-self and working towards a sense of inner peace:

*"At first I thought it would be chanting and rice cakes being eaten but it was not like that at all. All the teachings focused on how meditation could help resolve depression and I don't ever recall directly being told Buddhism says this or that...it was just a pleasant relaxing space to hang out in and have time for myself."*

Participant - Meditation to Prevent Relapse into Depression

People attending the meditation courses for depression appear to obtain positive results, reporting lower levels of stress and depression:

*"I was really stressed out before I came here. I mean everything was getting on top of me. Through my meditation course I was taught how to meditate and use that to calm myself down and focus my energies better...It's great, when I get stressed or feel depressed I find a quiet space to meditate and use that to revive myself."*

Participant - Meditation to Prevent Relapse into Depression

The LBC is also increasingly working with a variety of local government bodies with an interest in mental health. For example, they are involved with a GP practice in the Isle of Dogs, in East London, with an outreach programme that draws upon LBC's meditation courses.

The LBC also provides a variety of Buddhist-orientated activities that complement and support the MBCT-orientated meditation courses. These included further meditation courses and outside spiritual-related activities, such as reflective walks around London.

### **Contact**

The London Buddhist Centre  
51 Roman Road  
Bethnal Green  
London  
E2 0HU  
Tel: 0845 458 4716  
Website: [www.lbc.org.uk](http://www.lbc.org.uk)

### **A1.3 Waltham Forest Black People's Mental Health Association - reaching out to an ethnic minority community**

Waltham Forest Black People's Mental Health Association (WFBPMHA) is a voluntary-run organisation that offers a range of services to predominantly, but not exclusively, black adults with mental health problems and their carers who live in the London Borough of Waltham Forest.

The association aims to provide a forum for black people and people from ethnic minorities to meet, discuss and raise awareness of mental health needs in the community and to support and empower black people experiencing mental health problems.

#### **Brief history**

WFBPMHA was established in 1991 to provide a forum where black mental health users in Waltham Forest could obtain support and where black and ethnic minority communities could discuss and gain knowledge about mental health problems, and the issues that affected black communities. Support for the service arose from community fears that individual's with mental health problems were most likely to have their mental health problems dealt with by institutionalised treatments that predominantly relied upon medication.

Initially responding to the number of vulnerable young men with mental health problems, wandering about Waltham Forest with no safe place to go to, WFBPMHA set up a stepping stone day care in two rooms in Vicarage Road, Leyton. WFBPMHA is now a fully-fledged organisation providing advocacy and day care services for predominantly black and other ethnic minority men and women with mental health problems. In the past two years it has also established a support service for carers of black mental health users and is the only service specifically targeted at black mental health carers in the borough.

#### **The site**

WFBPMHA is located in a building that was originally a house, converted to offices, and now converted into a multi-purpose care centre. The building consists of three floors, with a variety of rooms with dedicated and flexible usage, which includes: reception area, offices, counselling room, library, dining/activity room, kitchen, television room and a women's area. Perhaps most importantly, WFBPMHA has a dedicated room for service users to relax, by themselves, if they are feeling tired or vulnerable from their prescribed medications. Future plans, subject to obtaining funding, is to establish a respite home to offer a level of care for service users who are in need of constant support before their mental health needs become more severe. The aim of this project is to provide a means of assistance before the service user may need hospitalisation.

#### **Funding**

Social services are the main source of funds for WFBPMHA, although other sources from charitable events are also received. Despite the level of funding received, WFBPMHA finds that the need for its services are heavily over subscribed resulting in the need for strict financial budgeting. This difficulty is exasperated by a policy of not turning away anyone who needs help.

## **The spiritual influence**

WFBPMHA does not identify itself to any specific religious group, instead focusing on the spiritual needs of its service users. Reflecting these needs the organisation takes on a predominantly Christian perspective, as most of its service users share this faith. However, this does not prevent recognition and support for other faiths or religions, with service users who identify themselves as Jewish, Hindu, Muslim, Rastafarian and 7th Day Adventist being welcomed and having their needs (such as use of a prayer room and particular diet) being met.

Whilst accounting for their service users' religious needs, a more generic approach is taken to spirituality. This is reflected in the organisation's ethos of encouraging its service users to reflect upon their life experiences through a variety of activities.

## **The healing process**

People are usually referred to WFBPMHA by local mental health teams and other agencies, as well as accepting self-referrals. In providing appropriate services WFBPMHA aims to provide the following services:

- Individual support of service users through care plans
- Advocacy at care programme approach meetings, hospital, tribunals and community care fund appeals (and many more)
- Outreach: home, hospital, prison
- Initiating and running daily activities
- Empowering service users in developing independent living skills and
- Identifying suitable training for work or personal development
- Monitoring service users' welfare and liaising regularly with CPNs, social workers, consultants in regards to their care. (This is supported by a pharmacist regularly visiting WFBPMHA to discuss with service users their medication and general wellbeing. This has been found to support service users in maintaining their medication regimes, whilst providing a support system for local GPs).

WFBPMHA conducts outreach work through visiting its service users in their own home, in hospital and in other settings that are accessible. When visiting the service user at home WFBPMHA encourage their service users to engage in other areas of mental health support. While in hospital or other institutions they act as advocates on behalf of the service user, voicing ideas and concerns. Complementing this service is WFBPMHA's active encouragement of its own service users to be responsible also for their peers, which may mean buying and delivering food on home visits or visiting them in hospital. This activity is seen as an integral aspect of assisting and supporting a service user's mental health. A telephone helpline has also been established to provide immediate support for callers.

In the past two years WFBPMHA has also worked with service users with high support needs, the equivalent of those on enhanced CPA registers. These people tend to be socially isolated (i.e. having no family or friends), had more than one episode in acute units, over 50 years of age (but under 65) and had physical health problems.

A subsidised dining room is provided for all service users, which provides a variety of changing food styles, drawn from across the world. Besides offering for a large number of service users their only hot meal in a day, the food is cooked and served to a standard and manner that WFBPMHA feels is on par with a restaurant. This, they feel, is an important aspect of the healing process as the majority of their service users have not been able or willing to utilise restaurants. Complementing the dining service is a variety of activities representing the arts, religion, writing and life skills, holidays and counselling. These are discussed in further detail below:

### **Arts and activities**

The art and craft morning welcomes everyone at the centre to participate, offering participants new skills whilst offering a sensitive but effective therapeutic intervention. The art and craft group, lasting three hours, involves group members learning to work in a variety of mediums including drawing, fabric printing, jewellery making, painting and stain glass. Where possible WFBPMHA actively involves all staff members in activities. For example, all service users and staff were encouraged to make a design or mark on a felt square, which was then sewn together to create a quilt.

### **Sewing**

A sewing group meets once a week to provide opportunities and an environment for women to meet and discuss a variety of issues. Besides enhancing the group's sewing skills the meetings aim to share experiences and ideas together. This is encouraged through building co-operation and team work, ultimately leading to bonds and new friendships being formed.

### **Bible classes**

WFBPMHA also organises a weekly bible study group, which is service user-led and normally consists of eight to ten people. A normal meeting usually involves a service user choosing a passage from either the Old or New Testament. The group are then encouraged to discuss their thoughts and feelings about it and also how it relates to, or affects, their own lives. Owing to ethnic diversity amongst the black community these meetings allow service users to provide an insight into their own and group members lives, experiences and spirituality.

### **English and life skills**

English and Life Skills is a weekly drop-in group, which aims to encourage more effective verbal communication, including: improving interaction with peers and staff, enhanced listening skills and the ability to hold interesting conversation; being able to discuss their symptoms and treatment with professionals succinctly. This is achieved through a variety of activities ranging from playing scrabble, word jigsaw through to reading. The reading aspect involves a service user reading aloud and then the group discussing what has been read and looking at parallels with their own lives. This typically then leads to discussions on whether the group would behave in the same way as the characters or what on are the alternative behaviours/situations that would be equally effective. These skills provide service users with greater ease and access to the various services available at WFBPMHA.

## **Holidays**

WFBPMHA offers its service users a variety of subsidised weekend and longer holidays, ranging from trips to holiday centres in the UK through to trips that have included Europe, Jamaica, Mauritius and Turkey. These holidays serve a variety of spiritual benefits, which are drawn upon by reflective discussions on the service user's experiences that day. These are enhanced by a ruling that each service user, whilst on holiday with WFBPMHA, must have two excursions on two separate days during the holiday. These holidays also aim to enhance service user's confidence and self-esteem as many have not left the area they live in for a number of years.

## **Counselling**

An individual counselling service is offered to users each week.

## **Contact**

Waltham Forest Black People's Mental Health Association  
2 Priory Avenue  
Walthamstow  
London  
E17 7QP  
Tel: 020 8509 2646  
Fax: 020 8509 2866  
E-mail: [bpmha@enta.net](mailto:bpmha@enta.net)  
Website: [www.bpmha.org/menu.htm](http://www.bpmha.org/menu.htm)



## **A1.4 Croydon Association for Pastoral Care in Mental Health - using spiritual activities to heal mental health problems**

The Croydon Association for Pastoral Care in Mental Health (Croydon ACPMH) is a Christian organisation and is open to all people with mental health problems. The project offers a variety of activities and all staff and volunteers are trained to be sensitive to the wide range of spiritualities, which people may have or want to develop. The overt input of the staff and volunteers is through activity provision, which views each individual as a spiritual being. There is, however, little overt reference to anything religious.

### **A brief history**

Croydon ACPMH was set up 15 years ago to fill a gap in mental health service provision regarding the spiritual side of mental health care. The project worked with a local mental health chaplain and a drop-in centre was established, which was open to everybody, which made no requests for service users to divulge their mental health status.

### **The site**

Croydon ACPMH tends to deliver its services through the use of local church halls and other church-based premises.

### **Funding**

The organisation operates on a mix of funding from the Bridge House Trust and Southwark diocese.

### **The spiritual influence**

Originally founded solely as a Christian organisation, Croydon ACPMH now operates as a spiritual organisation open to service users, volunteers and workers from all religious faiths and none. Croydon ACPMH work is governed by an assumption that spiritual needs are linked to mental health, with an emphasis on a concern for each other as individuals, not their mental health status.

Croydon ACPMH also works in the local community to develop and maintain contacts with different faith groups, including the imam at a local mosque who is keen to embrace mental health issues. They also work with the 'Mind and Spirit Forum' in association with a black-led church. This organisation engages in raising mental health awareness in black churches in the borough. They have held 'A Christian Perspective on Wellbeing Conference' which highlighted the capacity of the churches to support people with mental health problems whilst endorsing them to engage with mental health services in order to help more effectively. Two black pastors from different theology backgrounds were able to talk about their journeys and the dangers and limitations of deliverance theology.

### **The healing process**

Croydon ACPMH service users are often referred through Andrew Wilson who is community mental health chaplain in Croydon and chaplain to the wards at the Bethlem Hospital. People also hear about the project through word of mouth, advertising in CMHT's and Croydon Voluntary Action newsletter. Service users have access to a variety of spiritual-orientated activities, including drop-ins and creative workshops.

## Drop-ins

There are three drop-in meetings, each at a different location and a different time, which are run by volunteers who have personal experience of mental distress. Drop-in sessions are characterised by an acknowledgement to recognise people for who they are and not to rely on, often wrong, preconceptions. These drop-in sessions offer, then, an opportunity for service users to explore a variety of issues.

## Creative workshops

A creative workshop runs on four afternoons each week with writing, art and wellbeing workshops held at one location and another art workshop at a second location. Each group attracts about six people with a regular core of four to five participants coming each week. However these workshops are not run as therapy groups although they offer a therapeutic intervention. Rather the ethos behind these workshops is to provide an opportunity for people to engage in a meaningful activity as a means to express themselves. This approach embraces an understanding of the spiritual as being multifaceted, which, given certain conditions, such as the attitudes of staff and the right physical environment, can heal in subtle ways:

*"These groups are extremely well thought out and prepared and offer opportunities to develop new skills. There are no hard and fast rules and the patience and encouragement with which we are guided is confidence building and satisfying ...It is a friendly group... I had little self belief when I began but I am better now."*

Art workshop participant

Central to the delivery of these creative workshops is a need for service user commitment:

*"We allow users to shape it for themselves to some extent. There are some boundaries. While people don't have to produce work every week we wouldn't want it to turn into a drop-in where people didn't engage with activity at all, and we would take steps to address that if it arose. We do have someone who just comes for a cup of tea, or to see a friend, and he doesn't stay and that we can live with."*

Development Officer

Creative writing runs over two hours per session and is headed by a retired school head. The sessions involve a variety of tasks that range from understanding poetry to playing with words, with service users attempting to write their own play. To participate in these sessions service users are expected to be sufficiently confident in certain skills and have a fluency in the English language.

The creative workshops offer a variety of positive outcomes. For example, one service user who described himself as having a significant drink problem, no family and a very chaotic life had been through a complex process of being accepted at the drop-in. Feeling accepted in the drop-in and making friendships there, he began to come to the art workshop, initially just for an afternoon. He started with simple things like making patterns before moving onto more representative drawing, which led to reduced alcohol dependency:

*"Who would have thought I'd do this. I spend my money on art materials and not on booze?"*

Art workshop participant

The two art workshops differ in that one offers a planned activity, for example teaching different art techniques with a variety of media. At the other workshop a range of materials will be available for participants to paint what they want. The art group have also arranged trips to art galleries and, in the summer, take trips to the park. The aim of these groups is:

*“...to encourage people, with some interest in art, to express their personality without dwelling on so-called ability or expectation. Creativity is about how you see things in your own way, your emotional response to something. Things are seldom as they appear to be and it is fun to express your own vision of the world.”*

Art groups facilitator

## **New Horizons Project**

Volunteers from Croydon APCMH also share social events and outings with residents at a residential rehab unit which was set up with Mind, the mental health charity, in Croydon following a hospital closure. Although Croydon APCMH provides and delivers a wide range of spiritual-orientated activities these are not without problems. For example, there are issues around the limited times that the sessions are open. Would-be participants are sometimes disorganised and do not remember the day and time activities are running. Some people believe they cannot come if they will arrive half way through. Within these activities each facilitator has to learn the boundaries that work for them in being alongside participants, such as divulging information about their own mental health background.

## **Contact**

Croydon APCMH  
Cornerston House  
Willis Road  
Croydon  
CR0 2XX  
Tel: 020 8665 6718  
Website: [www.croydon-apcmh.co.uk](http://www.croydon-apcmh.co.uk)

## **A1.5 The Jewish Association for the Mentally Ill (JAMI) - helping fellow Jews overcome mental health problems**

The Jewish Association for the Mentally Ill (JAMI) is a Jewish charity concerned exclusively with Britain's Jewish population and their experiences of serious mental health problems and the effects this has on the lives of sufferers, their families and all who care for them. JAMI is committed to providing help of a high quality, embodying the culture and values of Jewish society to sufferers, their carers and families wherever they can. JAMI positively helps Jewish people with mental health problems, through their social work and with a team of befriending volunteers.

### **Brief history**

JAMI was established in 1989 to address the need for a mental health service provider that recognised and shared the same cultural, ethnic and religious values of Jews in Britain. JAMI was formed by the parents, relatives and friends of those suffering from mental health problems.

### **The building**

JAMI is based in a residential area of north London, with a residential building that has been converted to suit their daily needs. A specific criterion for this building was to ensure that it did not remind service users of other mental health institutions they visited, therefore an emphasis on maintaining a warm environment reminiscent of someone's home is encouraged.

### **Funding**

JAMI is a registered charity that receives a small level of statutory funding, supported through various charitable donations from supporters. This may be derived from organised social events through to sponsorship money raised from sporting events, such as the London Marathon.

### **The spiritual influence**

JAMI House is open to all Jewish people over the age of 18, affected by enduring mental health problems and who can expect a level of care and support that draws upon the culture and values of Jewish society. Depending on the service user's own strength of Jewish and religious identity, this may include engagement with Jewish festivals (such as taking part in a monthly Sabbath meal) through to engaging with Jewish religious festivals. Most importantly, JAMI recognises the significance of supporting a service user who identifies him/herself as belonging to an ethnic and religious minority group and how these needs may not be fulfilled or met by more mainstream mental health organisations.

## **The healing process**

JAMI provides essential day care, social work, advice, information and social activities for Jewish people affected by mental health problems, including their families and carers. Once a simple assessment procedure has been completed, members can call in to meet others, chat, have a coffee, play a game or watch TV. There are also a wide range of activities to choose from, such as art gallery and museum visits, photography, self-defence and pottery.

A JAMI group has also been set up in south London with a wide programme varying from discussions, speakers, travelogues, outings to country houses, parks, museums, art galleries, markets, theatre and film. Other activities include Rosh Hashana, dance therapy, drama therapy, yoga, a woman's group, cooking and swimming.

JAMI also operates an outreach programme visiting Jewish people with mental health problems in hospitals and hostels. JAMI has also recruited a group of young professionals who, together with outreach co-ordinator Brian Weisman, are visiting Jewish patients in psychiatric units.

Services users are typically aged between 18-55 years of age, although older service users have been helped. Typically these users may self refer themselves to JAMI specifically seeking assistance with a particular problem or through active engagement with the local mental health agencies. As JAMI is located in a London borough with the highest concentrated Jewish population in the UK, local authorities have also been willing to engage with, and refer service users to, JAMI for assistance.

## **Contact**

JAMI  
16a North End Road  
London  
NW11 7PH  
Tel: 020 8458 2223  
Fax: 020 8458 1117  
Email: [info@jamiuk.org](mailto:info@jamiuk.org)  
Web: [www.jamiuk.org/index.cfm](http://www.jamiuk.org/index.cfm)

## **A1.6 Odyssey Groups, exploring the relationship between life, spirituality and mental health**

Odyssey Groups provide a forum for a small group of service users to meet on a regular basis to explore the spiritual questions of meaning, purpose and reality. The groups are facilitated by Jill Stevenson at the Croylands Mental Health Day Centre in Ely, Cambridgeshire. Jill also offers training to others who would like to facilitate Odyssey groups.

*"Spirituality is what decides wellbeing and mental health, whether or not it is enunciated or even fully understood. To attend to our spiritual health is our prime need."*

Group Facilitator

### **A brief history**

The first Odyssey Group ran in 2000 arising from a perceived need for people with mental health problems to have a secure space to discuss their mental health from a spiritual context. What initially started as a small support service now holds regular weekly meetings in its own dedicated space at The Croylands Centre.

### **The site**

The Croylands Centre is in a large Victorian house and the group has the use of a large, light room, overlooking the garden, as well as the garden itself.

### **The spiritual influence**

Jill Stevenson has been a project worker at Croylands Day Centre for 11 years. The team of staff work closely together and all support the Odyssey Groups initiative. It is important that the group is seen as a basic need within the centre and not separate to it.

*"Working in a mental health day centre I have been aware of a missing link in the service we provide, and this missing link is the whole point of our survival and enrichment as human beings. Odyssey groups are my attempt to provide that link for small groups of people who have been suffering mental illness and are ready to explore beyond the framework of the illness."*

Group Facilitator

### **The healing process**

People who attend the Croylands Centre are invited to join the group if the staff team think they will benefit. The Croylands team meet weekly to discuss each service user. A key worker, CPN or social worker may propose service users who are invited to participate if they are interested and it appears likely to meet their needs. However, those people who already have a strong sense of faith, which supports them, are not allowed to join. This exclusion arises from a belief that a service user should not be challenging their belief system when they are not well. Also it is also unusual for someone with a history of psychosis to be invited to join. The thinking behind this is that it could be very destructive to encourage that individual to question their reality.

Groups have an average of six members with meetings once a week based on a programme of discussions. Initially meetings were for an hour but, when possible, they now last for up to an hour and a half to better meet the volume of ideas and thoughts that people want to explore. The groups run for about nine months, a time period based upon previous Odyssey group users and their own sense of spiritual awakening. Once this point is achieved, in that the group's participants feel that they have begun to understand their own spirituality, the group is closed down. The groups are mixed, with both women and men being invited.

Each group is presented with a discussion programme which aims to encourage self-exploration and discovery, with the aim of encouraging a return to wellbeing and enable an individual to find their own answers to 'why' and 'what's the point'.

*"These questions tend not to be addressed. If we are given the opportunity to examine the whole story of meaning, purpose and even searching itself, that activity is capable of stimulating not only creative thought, ideas and clarity of vision, but also supportive and encouraging insights."*

Group Facilitator

A typical Odyssey discussion programme starts with the birth of humanity, going through to the present day, looking at different messages both embraced and rejected by peoples of the world. The first session explores searching, searches and why people want to search. Other topics are journeying, exploration, creation myths, world faiths, other belief systems, patriarchy, quantum physics and other sciences. The programme introduces the idea that mental health difficulties are part of waking up and evolving. Discussion programme topics act as starting points, encouraging wide-ranging conversations motivated by a group rule that participants must voice fleeting thoughts immediately. This immediate voicing of thoughts is supported by a number of ground rules, including: respect each other and each other's beliefs; don't dismiss other people's ideas; listen and all ideas will get followed through. The overall outcome of this process is to enhance participants' self esteem and thinking process.

The meetings are mainly discussion-based, though some have a practical element, with visiting speakers invited to speak and address often challenging questions from group participants. Aspects of different traditions are also examined and experienced, e.g. mystics, meditation, circle dancing, pictures, poetry and stone circles. Group participants are, then, encouraged to view spirituality from a holistic perspective.

*"Spirituality is all about feeling at one with the world. Spirituality gives life meaning. To experience the spiritual means to be in touch with some larger, deeper, richer whole that puts our present situations into perspective."*

Odyssey Group member

Service users find it affirming that at Croylands they are accepted as whole people and not just treated as someone with a mental health label or different. One aim of the Odyssey groups is to empower people to use their own judgement, ask questions and not accept what others tell them to believe. These factors raise self esteem and help people understand and address their feelings of guilt, thereby encouraging participants to engage with wider society:

*"Before I was isolated in myself and society. Being in the group helps me to feel connected to other things through being able to notice and appreciate the world around me. The other day I sat for a long time watching a goldfinch. I'd never have been able to do that before."*

Odyssey Group member

Recognising the value of the Odyssey Groups to help people with mental health difficulties, Jill Stevenson also runs courses for others to learn how to facilitate the programme. These involve an intensive two days of training, enabling participants to respond to individual and group searches for meaning, purpose, and connectedness from an open and well-informed perspective, without the sometimes restrictive viewpoint of a specific tradition:

*"The skills and knowledge shared in the sessions have been developed through many years working within the field of mental health care and spirituality. Many traditions, history and pre-history are visited in the process, as we draw together and harmonise humanity's experiences of the divine, the evolution of consciousness and our common need to search for understanding and connection."*

Group Facilitator

## Contact

Odyssey Groups Facilitator and Trainer  
Croylands Mental Health Centre  
30 Cambridge Road  
Ely  
Cams  
CB7 4HL  
E-mail: colinstvnsn@aol.com



## **A1.7 Guru Ram Das Project, a Sikh perspective of helping those with mental health problems**

The Guru Ram Das Project, drawing upon Sikh religious teachings, was created in 2003 to support and build on the charitable and community-based activities that were developing at the Kriya Centre in Archway, north London. The project has a group of teachers and practitioners that work with a wide variety of people, including those with mental health problems and young people with severe emotional problems that has led them into social isolation and alienation. Mental health activities offered include: yoga, meditation, complementary healthcare, inter-faith work and education programmes.

### **A brief history**

The Guru Ram Das Project was founded in 2003 and after two years of fund raising commenced offering a variety of services for people with mental health problems. In the near future The Guru Ram Das Project aims to move in to a dedicated building in central London.

### **The building**

The Guru Ram Das Project predominately operates on an outreach basis, using a small office purely for administrative purposes.

### **Funding**

The Guru Ram Das Project is a voluntarily donated organisation that actively seeks out funding from the general public. In early 2007 Guru Ram Das Project announced that they had received funding from the National Lottery to support four outreach services over the next three years: (1) complementary healthcare yoga and meditation classes for prisoners at Wormwood Scrubs, (2) auricular (ear) acupuncture for residents at Rugby House alcohol rehabilitation homes, (3) complementary healthcare for young people with behavioural health problems, and (4) yoga and meditation classes for women in alcohol recovery.

### **The spiritual influence**

The spiritual message of the Guru Ram Das Project is based on the teachings of the Sikh religion. The project's primary aim is to draw upon Sikh dharma to teach a philosophy and way of life that can improve the mental, physical and spiritual health of the individual and their community. Therefore the Guru Ram Das Project does not aim to achieve religious conversions but instead to promote the understanding of other cultures and religions, with their specific aims stated as:

- To promote and advance for public benefit the study and practice of Sikh Dharma as a means of improving the mental, physical and spiritual health of the community.
- To advance education in Dharmic lifestyle based on the highest standards of personal conduct and service to others, including study of Sikh scriptures, yoga, meditation and counselling.

- To promote racial harmony by strengthening the exchange with the Sikh community and by establishing educational programmes in the wider community.

Source: Guru Ram Das Project website

## **The healing process**

The Guru Ram Das Project outreach work aims to work with people from a variety of backgrounds, including attendees at drug and alcohol rehabilitation centres, the homeless, prisoners, seniors in community centres, those with HIV/AIDS and young people with behavioural health problems. Besides working in prisons, The Guru Ram Das Project works with the North London Primary Care Trust and the Tamarind Centre at the Park Royal Centre for Mental Health. The latter includes providing a variety of activities for service users, including yoga and meditation.

Drug and alcohol rehabilitation classes are conducted using a combination of yoga and meditation at the Kriya Centre in London. This has been complemented by outreach work through a variety of classes and complementary healthcare conducted in a variety of different, statutory and voluntary, rehabilitation centres. One example of this is the Guru Ram Das Project work at an alcohol rehabilitation centre, which uses acupuncture as a form of spiritual intervention.

Another example of The Guru Ram Das Project outreach work involves prison activities. For example, at Wormwood Scrubs prison the project operates a combination of acupuncture, yoga and meditation classes to support prisoners in dealing with mental health problems related to rehabilitation from drug addiction.

## **Monthly Keertan**

Keertan is the practice of singing and repeating the name of God or divine attributes in song and is a devotional practice that draws the mind inward. The aim of Keertan is to encourage a greater bond of an individual's outer and inner selves and to encourage an expression of desire to develop an inner relationship with God. This is performed on a monthly or bi-monthly basis in the homes of yoga teachers and their students and increasingly at Sikh Gurdwaras across the UK. Keertan is a natural extension of yoga practice and is often called Bhakti Yoga.

## **Contact**

GRDP Project Manager  
13 Glen Thorne Road  
London  
N11 3HU  
Tel: 020 8361 2488  
Website: [www.grdp.co.uk](http://www.grdp.co.uk)

## A1.8 St Marylebone Healing and Counselling Centre

St Marylebone Healing and Counselling Centre is in Marylebone, London, in the refurbished crypt of St Marylebone Church, near Baker Street. The centre was established after its founder saw healing as central to Christ's ministry and established a holistic healing centre on the site. Through a variety of service interactions the centre aims to encourage practitioners to think in terms of 'What does it mean?', 'Why is it happening now?', 'How does the person understand it?' and 'Is there another cultural context in which it might make a great deal of sense?'

### A brief history

In the late 1990s the Healing Centre evolved, with the Rev. Chris Mackenna as director, to become a place offering a Christian counselling service, a mental health support group, and conferences on spirituality and mental health. This foundation arose from a wider recognition that local NHS GP practices, complementary therapies and a counselling and psychotherapy practice were all active in the area but not as a co-ordinated group.

Responding to requests from mental health service users the centre recognised, with the support of a psychiatrist in a London hospital, that service users' spiritual needs were not being met by the NHS. Recognising that forming a group with a spiritual orientation might help reduce people's psychoses the St Marylebone Counselling group meetings service was established.

### The building

The Healing Centre is in the refurbished crypt of St Marylebone Church, an early 19th century building near Baker Street and Madame Tussauds on London's Marylebone Road. Ante rooms to the church are also used for support group meetings.

### The spiritual influence

The crypt chapel is open daily for Christian prayer, with services with a healing focus twice a month, a choral healing service on the first Sunday of each month, an informal healing prayer group on the first Friday of each month and a prayer for healing with Holy Communion on the third Wednesday of each month.

*"Our counsellors, psychotherapists, spiritual directors and clergy share a Christian belief in the need for human wholeness based on authenticity and relatedness. We aim to help individuals, couples and groups grow in relationship to themselves, to others and to God, by working through difficulties in a holding environment."*

Rev. Chris Mackenna, Director

St Marylebone Healing and Counselling Centre aims to use spirituality to encourage its service users to connect with others, itself a difficult task owing to a need to create a space where people can really meet:

*"To my mind the heart of spirituality is about connectedness. When we're connected to our own deeper centres, when we're able to be more connected to other human beings, when we're able to be more in touch with the world as it really is around us, somehow, in my language, those moments are when we feel most in touch with God."*

Rev. Chris Mackenna, Director

St Marylebone Healing and Counselling Centre also recognise service users' anxieties about discussing their spiritual concerns with psychiatrists for fear of being misunderstood and possibly having their medication increased. In many aspects St Marylebone Healing and Counselling Centre offers an outlet for service users to express their religiosity in a safe and reassuring Christian environment.

### **The healing aspect**

People hear about the St Marylebone Healing and Counselling Centre through GP referral, the church network, searching the web, friends (often former service users of the centre) and by walking past the church or dropping in.

### **Talking therapies**

Talking therapies are offered to service users with an initial needs assessment leading to a referral to a suitably qualified practitioner. The centre has a small team of fully qualified counsellors and psychotherapists, who identify themselves as Christian people on their own spiritual journey. If the centre cannot provide what is needed they will do their best to refer people to an appropriate individual or agency. There is a fee, on a sliding scale of £15 – £45+, for the initial meeting and each subsequent session.

### **Mental health support group**

St Marylebone Healing and Counselling Centre also runs a mental health support group, open to anyone with mental health difficulties, i.e. those who have a diagnosis and are on medication, and those who are finding life difficult or who have relatives who are struggling as a carer.

The group meets twice a month for an hour and a half. Group numbers vary between four and twenty participants, with a typical group having between six and twelve participants, with a group convener. A typical meeting involves an initial thirty minutes of people gathering and talking over tea, coffee and biscuits. This is then followed by a convenor-led focused meeting. Convenors welcome everyone, making introductions if there are any new people and disseminating any news. This typically involves the convener going round the group asking people how they are feeling, 'where they are', or if anyone has come hoping that something in particular could be raised. The aim is to create a safe space for discussion and reflection allowing participants to lead the discussion. Convenors will then try and maintain a balance of contributions and steer things if necessary. But the meeting is for whatever the people who are in the group are bringing in that hour. Sometimes conversation will be about employment or housing and at other times there will be very deep spiritual discussion:

*"Don't expect perfection – it sometimes is better to stay with the chaos rather than attempting to overrule it out of fear. By listening to the underlying group mood and trusting the spirit, we are often gently guided back to something that's seemingly lost along the way."*

Group member and convener

Spirituality, however, is not an initial dominant theme. Rather, it is allowed to emerge naturally from participants' discussions. The group has found that there has to be careful handling of more obviously religious activities, particularly in an open drop-in group. Prayer is not helpful to everyone but if someone in the group asks for it and others in the group are happy with it then the convener

might say a prayer. The centre has found that religious words can be experienced as imperialistic and authoritarian. They can also erect unhelpful barriers as they are not understood in the same way by everyone, with religious conversations dealt with sensitivity. For example, on one occasion a group member was keen to discuss particular religious texts but this spiritual focus began to pall for others, consequently eroding the group's connectedness. This was addressed by investigating the implications of this request for the wider group. However the spirituality focus remains attractive for service users:

*"It's the only mental health support group I know with a spiritual ethos. It allows one to look in depth at the world and its problems and to help each other – we are all equals, we are all leaders, we bring in our own subjects. It is calming and sometimes prayerful. There is support and wisdom from pastoral carers. It is inclusive and ignites the spirit of friendship."*

Group member

### **Courses and conferences**

The centre runs a rolling programme of courses and conferences to explore the ways in which Christian understandings and experience can engage with medical and psychotherapeutic insights and practice. Some conferences titles are: 'The Poet in the Vale of Soul Making', 'Spirituality and the Visual Arts', and 'Shame and Differentiation.'

### **Contact**

St Marylebone Healing & Counselling Centre  
17 Marylebone Road  
London  
NW1 5LT  
Tel: 020 7935 5066  
Email: [healing@stmarylebone.org.uk](mailto:healing@stmarylebone.org.uk)  
Website: [www.stmarylebone.org.uk/HandC01.htm](http://www.stmarylebone.org.uk/HandC01.htm)

## **A1.9 Doncaster and South Humber NHS Mental Health Trust and the Pakistan Muslim Centre, building a gateway to access mental health services**

The Pakistan Muslim Centre (PMC) exists as a charitable organisation with an aim to provide opportunities and services to the Pakistani community of Sheffield and the surrounding areas. PMC, recognising a need to gain wider engagement with a variety of services, decided to provide a 'gateway' that builds capacity for their community's welfare through practical support, advice, information and promotion in health, education, training and welfare, and the building of social and culture partnerships with other agencies.

One outcome of this gateway approach was working in collaboration with the Doncaster and South Humber NHS Mental Health Trust on a mental health pilot project. This pilot project aimed to address their disproportionately high number of Pakistanis in Britain with mental health problems with their minimal engagement and service development with the statutory mental health services. The completion of this project has provided a basis for Doncaster and South Humber NHS Mental Health Trust to roll out a variety of mental health collaborations that specifically address issues of culture, ethnicity and spirituality amongst ethnic minorities.

### **A brief history**

PMC was established in 1984 when the current building was allocated to the centre by the council. Through various initiatives the centre established itself to become one of the largest voluntary black and minority ethnic (BME) training organisations in Europe, viewing itself as the "scaffolding that supports, nurtures and articulates the needs of the Muslim communities in Sheffield".

PMC was approached by the Doncaster and South Humber NHS Mental Health Trust as part of the former's gateway programme, to establish a model of best practice that addressed the specific health and related social care needs of Pakistani service users in Sheffield. Through recognising this group's cultural and spiritual needs, the project aimed to achieve:

- improved awareness of cultural needs of Pakistanis in acute care mainstream staff
- a partnership with mainstream staff to facilitate pathway interventions
- advocacy for Pakistanis in acute care
- the development of competencies in mental health of staff at PMC and more appropriate support services

Source: [www.wolfson.qmul.ac.uk/psychiatry/epic/docs/EPIC%20Sheffield.pdf](http://www.wolfson.qmul.ac.uk/psychiatry/epic/docs/EPIC%20Sheffield.pdf)

### **The spiritual influence**

Doncaster and South Humber NHS Mental Health Trust recognised that service users, especially those from ethnic minorities, engaging with their services needed a greater recognition of and utilisation of their spiritual needs. Doncaster and South Humber NHS Mental Health Trust, through a wider, spiritual, engagement, aimed to increase the number of Pakistanis living in south Yorkshire accessing their mental health services.

## **The healing process**

Doncaster and South Humber NHS Mental Health Trust, with the collaboration of the PMC, aimed to reach ethnic minority service users through the community development model. This model argues that people know best about their needs and requirements and that they have the knowledge, abilities and experiences which should be utilised. However, the responsibility for policy development and practice cannot be the sole responsibility of a particular community or group. Instead, the model requires a multi-agency approach with effective partnership arrangements. This involves building on the strengths, creativity and experience of the community in a manner which does not exploit or oppress them. The relevance of the model lent itself to the needs of Sheffield's Pakistani community.

Doncaster and South Humber NHS Mental Health Trust aimed to address the high prevalence of Pakistani service users by engaging in a more cultural and spiritual appropriate manner. This was achieved through a variety of ways, including improving awareness of Pakistani service users' cultural needs amongst acute mainstream staff and developing the mental health competencies of staff at the PMC. Complementing this was the active involvement of a local imam, with a psychiatrist, in assessing hospitalised Pakistani service users needs. A diagnosis was then discussed and agreed upon between the imam and psychiatrist, so providing a medical and spiritual needs assessment for the service user.

Local mental health service acute wards were also encouraged to place Pakistani service users into home treatment programmes, i.e. cared for by medical professions within their own or a relative's home. Doncaster and South Humber NHS Mental Health Trust argued that BME groups are more likely to make faster mental health improvements when recovering from home than they are if in a hospital. This improvement may be attributed to Pakistani culture, which places a greater emphasis on family duty and caring for members within the extended family.

Doncaster and South Humber NHS Mental Health Trust is currently working on similar programmes for Sheffield's Chinese and African ethnic populations. This work will be complemented by a publication describing how Doncaster and South Humber NHS Mental Health Trust established its spirituality and mental health programme.

## **Contact**

Pakistan Muslim Centre  
Fulwood House  
Old Fulwood Road  
Sheffield  
S10 3TH  
Tel: 0114 2711100 or 2630300  
Fax: 0114 2711101

## A1.10 Loving Someone in Psychosis - Help us, Help our Loved Ones

Loving Someone in Psychosis is an organisation that provides support to the family and friends of people who have suffered from psychosis. This help and support is allied to aiding the recovery of a loved one with psychosis. Although the benefits of talking therapies and support for the family are recognized by the National Institute for Clinical Excellence (NICE), particularly in preventing relapses, this approach has yet to be incorporated into general service provision. Loving Someone in Psychosis aims to fill this gap by establishing self-help networks. Its founder is Janet Love whose son had psychosis whilst she was training to be a transpersonal psychotherapist.

*"The medical profession alone cannot ease the emotional pain of the family whereas the sharing of experience with others can give strength and hope."*

Janet Love, Founder

### History of the organisation

Janet Love's personal experience of mental health problems arose when her son was diagnosed to be suffering from psychosis. Loving Someone in Psychosis originated out of her desire to create a support system that she felt was required but never experienced. In particular, Janet Love felt there was no support, acknowledgement or understanding for family and friends of those with psychosis. An outcome of this was the organisation and facilitation of a workshop called 'Does someone you love have schizophrenia?' Participants at this workshop then went on to establish their own ongoing support group and decided to form a national organisation to fill the gap in provision which they had all encountered. This was then followed by the group and emergent organisation achieving charitable status and the continued need to raise funds to develop the group and work further.

### The spiritual influence

Loving Someone In Psychosis views psychosis as an individual experiencing a deeper, inner, spiritual crisis but also as an opportunity to reconsider long held values and beliefs:

*"Psychosis may be seen as a spiritual crisis which not only presents a challenge to what constitutes our reality but challenges us to look beyond our learned patterns of behaviour and the visible world."*

Janet Love, Founder

The organisation believes that psychosis can be broadly defined as a loss of contact with external reality which leads to subjective compelling convictions which are not susceptible to contrary experience or counter argument. Family and friends are, therefore, denied their normal tools of communication, namely language and logic. This makes loving someone in psychosis extremely challenging and the organization aims to promote awareness of the need for psychological and spiritual support for the traumatic impact of psychotic illness on family and friends. Group participants are, therefore, encouraged to accept and explore their deeper spiritual aspect as part of their wider healing process:

*"We are more than physical, mental and intellectual – there is more to it than that and that other bit is the thing that adds meaning and value to your life. You could be quite clever and very fit but without the spiritual dimension your life has little meaning. And it's what colours everything else."*

Group member



## The healing process

Loving Someone in Psychosis takes a holistic understanding of psychosis, developing resources that provide information and support for friends and family of people with psychosis including:

- Information about nutrition and psychosis
- Addressing the fact that psychosis is excluding for family and friends
- Understanding the nature of family history and dynamics associated with psychosis
- Understanding that co-ordination is needed between the patient and family
- That problems are systemic - that the individual cannot be separated from the family or the larger family from the troubled world.

## Group meetings

The group provides practical support through the sharing of experience and knowledge, fostering mutual understanding, a safe space and learning from others' experience. Group participants' experiences include a sense of support that is not available from alternative sources:

*"The GP could only offer anti-depressants. I had a carer's assessment through my son's social worker but those carer's groups were for all carers. The issues were too diverse... caring for a partner, caring for someone with physical disabilities... I wanted something for people with a child with mental health problems."*

Group member

Group members can help each other reflect on how events are perceived and acted on and, therefore, how situations might be improved. For example, those with longer experience of living with psychosis are able to highlight what might be due to manipulative behaviour and what might be due to illness:

*"There's illness and there is bad behaviour and it's easy to get it wrong. But the group has helped me to see what's better for him and me – a real response of a real person in a real world. Very practical."*

Group member

Part of the support that the group draws upon is autogenics, a relaxation technique:

*"I can use it in crisis. So instead of reaching for the wine the fags and the phone I just sit down and go through the autogenics, let the moment of panic pass and go back to whatever I was doing."*

Group member

## Contact

Loving Someone in Psychosis – Help Us Help Our Loved Ones  
7 Moon Street  
London N1 0QU  
Tel: 020 7226 8826  
E-mail: janetclove@aol.com

## A1.11 Person Centred Churches

Person Centred Churches is an initiative by the chaplain, Peter Richmond, at East Kent NHS and Social Care Partnership Trust. The initiative aims to make churches more person-centred so that anyone with a disability, including mental health, can include themselves in that community.

### History

Rev. Peter Richmond's interest in spirituality and disability arose from his spiritual care work with mental health service users since 1997, when the issue of how people reflected their experience of faith communities became a main topic of conversation. Conversations reflected stories from service users of experiencing some level of abuse from service providers and how faith communities had helped to resolve these experiences.

### The spiritual influence

The Person Centred Churches initiative aims to help faith communities be more inclusive regarding mental health. This involves improving mental health awareness in local churches to help foster better relationships with individuals with mental health problems who want to belong to a church community. The intention is also to raise awareness amongst health care providers of the role of the church in the community and its value to service users. The Person Centred Churches initiative aims to do this by working with mental health service users, hospital and community-based healthcare staff and church leaders and members. It is, by its nature, an exercise in partnership working and has an ongoing partnership itself with the NHS Health Promotion Team in east Kent to achieve two main aims:

- Making churches person-centred so that anyone with a disability can include themselves in that community. This includes gathering and disseminating information about best practice
- Working for a better partnership between users of mental health services and local faith communities in east Kent.

### The healing process

Rev. Peter Richmond has developed a presentation for a target audience of users of mental health services, healthcare staff, both community and hospital-based, church leaders and members. The presentation addresses the nature of religion, spirituality and healthcare in the 21st century. It focuses on three key themes:

Person Centred 'Gatherings': accept people for who they are; really allow true differences of opinion; stay in touch with people if not well; meet needs with practical approaches; be prepared to learn what is appropriate; abandon what is inappropriate; do not be so preoccupied with one's own agenda.

Key goods found in 'gatherings': community; kind people; music and art; accepting spirit; social contact; welcomed/introduced; loved; mental health aware; positive regard; best things valued; spiritual being valued; retreat available; study well done; reflection encouraged; calm influence; and freedom to be.

Negatives experienced by service users attending churches: prejudice towards difference; preoccupation with sexual orthodoxy; strange formalities; intense worship styles; indifference to need; doctrine driven; church for well-to-do; middle class image and leadership style; anxiety and guild

inducing culture; expect you to admit being a failure first; and 'Their religion is better than others' attitude.

The Person Centred Churches initiative hope is to develop these themes further between service user groups and local churches with regard to practical guidelines and expectations, boundary setting and best practice advice. A number of church leaders, when encouraged to increase opportunities for inclusion have enquired what they can ask of service users in response.

The Mental Health Department of East Kent Health Promotion Service, in conjunction with Person Centred Churches, run a one day training course, 'Caring for the Mental Health of Your Congregation', in different locations in the region. Booking is through the trust and the flyer for the event has East Kent NHS logos. The day covers:

- Finding out about different types of mental health problems and how they may affect members of your congregation
- Welcoming mental health service users into your congregation
- What you can do to help
- Where you can get support
- Best practice in a crisis
- Becoming aware of the stigma and discrimination experienced by people

### **Contact**

East Kent NHS & Social Care Partnership Trust  
St Martin's Hospital  
Littlebourne Road  
Canterbury  
CT1 1TD  
Tel: 01227 812047

## Appendix 2 Spiritual Assessment for service user needs

Spiritual assessment is increasingly being seen as an essential requirement and many mental health trusts appear to be trialling or introducing spiritual assessment questionnaires for service users' spiritual needs.

There are a variety of spiritual assessment models available, including those that tend to focus exclusively on religious beliefs and requirements, needing simple tick-box answers. These, however, are unlikely to allow exploration of actual spiritual needs. Questions such as "What gives your life meaning?", "What gives you hope?", "How can we help you to feel connected to these things whilst you are with us?", with cultural needs assessment, e.g. kosher food, access to chaplains for prayer etc, if acted on, are likely to be more beneficial to the service user.

Perhaps the most relevant of these spiritual assessment models is Maugan's model (1996, in Swinton 2001)<sup>65</sup> which use the letters of 'SPIRIT' to guide people through six points of exploring their spiritual history:

- Spiritual belief system
- Personal Spirituality
- Integration and involvement in a spiritual community
- Ritualised practices and restrictions
- Implications for medical care
- Terminal events planning (advanced directives).

Ideally a spiritual assessment should invite people to explore their spirituality as a means of supporting their mental wellbeing. People raised in a more secular environment may appreciate some guidance about what their spiritual needs might be. For example, being in nature, being quiet, having company or listening to music may all be needs that people do not necessarily label as being spiritual needs. In this sense it might be better if spiritual assessment was conducted by someone who is trained in the broader aspects of spiritual care, particularly where staff and service users alike might prefer a clear demarcation between their spiritual and medical care.

Some mental health trusts, for example East London and City Mental Health Trust, have tried to find a member of staff on each ward to be responsible for the completion of the spiritual assessment. This raises issues about holistic spiritual care, if only certain members of staff, who may not be on duty all the time, are deemed competent to deliver it.

Spiritual needs assessments can be a way of discussing what is important in the life of the service user and determining their spiritual needs. However, these needs should be developed sensitively. Many service users interviewed expressed a fear that by discussing their spirituality they would be vulnerable to mental health professionals characterising, dismissing or ignoring their spiritual or religious needs as medically or psychologically abnormal. Spirituality is something service users may consider highly personal and private. "It's mine, I don't want it [spirituality] to become just another tick box" was a common sentiment amongst those service users interviewed.

It is also important to accept that people may change their minds about their religion. Previously non-religious people may become religious later in life and people can change their religion.

Overleaf are some religious needs assessment materials developed by The Foundation for People with Learning Disabilities. These include examples of the topics that might need to be covered as part of a religious needs assessment, both with the individuals themselves and their family members. The questions presented are ideas for prompt questions. It is recommended that these are used as a starting point for extensive follow-up questions and discussion. The assessment could easily be amended to account for a service user's more generic spiritual needs.

It is important to take extensive notes during a religious needs assessment, as these notes can form the basis of an individual person-centred religious needs plan. The notes can then be used to complete a religious needs assessment form; these can then be collated by the service to get an overall picture of the religious needs of people within the service. An example of a religious needs assessment form, for both service user and their family, is provided overleaf.

### **Religious Needs Assessment - Possible topics for discussion**

To start, it is important to discuss with the individual what this assessment is about, and what will happen as a result of the assessment. You also need to find a word for 'religion,' 'spirituality' or 'faith' that is used and understood by the individual. Many people, both professionals and service users, stated during our visits that language such as 'what gives life meaning' can be easier and less threatening to use than specific spiritual or religious terms.

#### **Religion and faith**

- What do the words 'religion' or 'faith' (or other words used by the individual) mean to you?
- Do you have a religion or faith (or other word)?
- What is your religion or faith (or other word)?
- Can you tell me more about it? [prompt for specifics, such as Christian denomination]
- How is it different to other religions or faiths (or other word)?

#### **Families and faith**

- Does your family have a religion or faith (or other word)?
- Is it the same as yours or different?
- Did your family bring you up in a particular religion or faith?
- Can you remember doing things related to your religion when you were younger [prompt for attending places of worship, praying, and religious worship]?
- Do you know other people with the same religion or faith (or other word) as you?

#### **Places of worship**

- Do you go to a place of worship at the moment (or use word appropriate to the individual's expressed religion, such as synagogue, temple, mosque, church or chapel)?
- What is this place called?

- Is it near here?
- How often do you go?
- Do you go on your own or does someone go with you? [if yes, prompt for who goes with them]
- What do you do at (name of place of worship)? [prompt for activities other than religious ceremonies, such as coffee mornings, barbecues, readings of holy books]
- What do you like best about (name of place of worship)?
- Is there anything you don't like about (name of place of worship)?
- Is there anyone at (name of place of worship) who you get on with really well? [prompt for who this is]
- Does anyone from (name of place of worship) come to visit you? [prompt for who this is]
- How often do they come to visit?
- What do you do when they visit?
- Are you happy with your involvement with (name of place of worship)? [prompt for if they would like to do more, less, do different activities, try another place of worship]

### Expressing faith

- Do you want to find out more about your religion or faith (or other word)?
- What would be good ways for you to find out more?
- What festivals do your religion or faith (or other word) have? [prompt for religious festivals appropriate to their expressed religion]
- Do you do anything special for these festivals? [go through each festival they know about]
- Who are you with for these festivals?
- Do you do anything else because of your religion or faith (or other word)? [prompt for details, which might include prayer, diet, dress, trips to holy places]
- Do you pray? [prompt for details]
- Do you watch religious programmes on TV or listen to religious programmes on the radio? [prompt for details]
- Are you happy with what you do about your religion or faith (or other word)? [prompt for details if people would like to do more, less, or do things differently]

### Services and faith

Find out which services the individual is currently using, then ask the following questions for each service:

- Do you do anything about your religion or faith (or other word) in (name of service)? [prompt for what people do]
- Are you happy with what (name of service) does about your religion or faith (or other word)? [prompt for details if they would like the service to do more, less, or do things differently]

- Do you do anything about other religions or faiths in (name of service)? [prompt for what people do]
- Are you happy with what (name of service) does about other religions or faiths (or other word)? [prompt for details if they would like the service to do more, less, or do things differently]

## **Religious Needs Assessment**

### **Possible topics for family members**

To start, it is important to discuss with the family member what this assessment is about, and what will happen as a result of the assessment.

### **Religion and faith**

- Do you have a religion or faith?
- What is your religion or faith?
- Can you tell me more about it? [prompt for specifics]
- Does (name of relative) have a religion or faith? [prompt for what it is]
- Did you bring up (name of relative) in a particular religion or faith?
- Can you remember doing things related to your religion when (name of relative) was younger [prompt for attending places of worship, praying, and religious worship]?

### **Places of worship**

Does (name of relative) go to a place of worship at the moment (or use word appropriate to the individual's expressed religion)?

- What is this place called?
- How often does (name of relative) go?
- Does (name of relative) go on their own or does someone go with them? [if yes, prompt for who goes with them]
- What does (name of relative) do at (name of place of worship)? [prompt for activities other than religious ceremonies]
- What do they like or dislike about (name of place of worship)?
- Is there anyone at (name of place of worship) who (name of relative) gets on with really well? [prompt for who this is]
- Does anyone from (name of place of worship) come to visit (name of relative)? [prompt for who this is]
- Are you happy with (name of relative)'s involvement with (name of place of worship)? [prompt for if they would like to do more, less, do different activities, try another place of worship]

## Expressing faith

- Does (name of relative) want to find out more about their religion or faith, and what would be good ways for them to do this?
- Does (name of relative) celebrate religious festivals, and how do they do this?
- Does (name of relative) express their religion in other ways? [prompt for details, which might include prayer, diet, dress, trips to holy places]
- Does (name of relative) pray? [prompt for details]
- Does (name of relative) watch religious programmes on TV or listen to religious programmes on the radio? [prompt for details]
- Are you happy with what (name of relative) does about their religion or faith? [prompt for details if people would like to do more, less, or do things differently]

## Services and faith

Find out which services the individual is currently using in advance of this conversation with family members, and then ask the following questions for each service:

- Does (name of relative) do anything about their religion or faith in (name of service)? [prompt for what people do]
- Are you happy with what (name of service) does about (name of relative)'s religion or faith? [prompt for details if they would like the service to do more, less, or do things differently]
- Does (name of relative) do anything about other religions or faiths in (name of service)? [prompt for what people do]
- Are you happy with what (name of service) does about other religions or faiths? [prompt for details if they would like the service to do more, less, or do things differently]



## Religious Needs Assessment Form

Name of service user

Name of person conducting the assessment

Name of person responsible for action plan

What service supports does the person use? (Please list)

Please write in all the sources of information for the assessment, including people spoken to and other sources of information (for example books or the internet)

Date of assessment	Person(s) conducting the assessment	Information source

Has the person expressed any interest in religious issues?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Has the person expressed belonging to a particular faith? Please be as specific as possible.

How does the person observe their religion? Please describe in as much detail as possible

How does the person celebrate religious festivals?

Please describe in full detail for each festival

--

Does the person's family want the person to be involved in religious activities?

Not Contacted		No Preference		Yes		No	
---------------	--	---------------	--	-----	--	----	--

Does the family support the person in any religious activities? (please describe)

--

Does the person currently attend a place of worship?

Yes		No	
-----	--	----	--

IF YES:

Name, address and type of place of worship

--

Name of contact person at place of worship

--

Phone number

--

Has the service spoken to this contact?

Yes		No	
-----	--	----	--

How often do they attend?

--

What activities do they attend?

--

Are they alone or accompanied (who by?)

--

What does the person like best?

--

What else would the person like to try?

--

Are there other local faith agencies that might be useful?

--

Has the service formulated an action plan to support the person attending the place of worship?

Yes		No	
-----	--	----	--

(please attach)

--

IF NO:

Has the person attended a place of worship in the past?

--

Type of place of worship attended in past

--

Name, address and type of potential local places of worship

--

Name of contact person at place of worship

--

Phone number

--

Has the service spoken to this contact?

Yes		No	
-----	--	----	--

Has the service formulated an action plan to introduce the person to the place of worship? (please attach)

Yes		No	
-----	--	----	--

Would the person like to develop this assessment into a more detailed religious needs action plan?

Yes		No	
-----	--	----	--

## **Appendix 3 Developing a person-centred religious needs plan**

The religious needs assessment should form the basis of any person-centred religious needs plan. The planning process is a natural progression from the religious needs assessment by leading from present activities to discussion of future objectives. Ideally, a mental health service will be fully addressing a service user's religious needs through the general person-centred planning.

Person-centred planning work, drawn from a religious needs assessment, should be the basis for developing a plan. Firstly, a staff member needs to discuss with the service user who they would like to work on their plan with. This process may take a long time, requiring a staff member assigned to the plan that the service user is happy to work with.

### **Planning**

It is important to remember that mental health staff do not need detailed knowledge of the service user's religion to develop the plan. Belief and the way a service user chooses to practice can be individual and personal. It is important for staff not to make presumptions about what form religion takes in a service user's life. Sometimes staff may be fearful of asking questions as they worry that may offend people or have a negative effect on service user's mental health difficulties. However, service users may value being asked questions regarding their religion.

## Appendix 4 How to facilitate a service user's religious needs assessment plan

Allow several sessions to complete a draft of the plan. The most important individual in the process is the service user. Find out from them as much as possible regarding their religious/spiritual needs. The religious needs assessment should provide a basic understanding of what the individual's beliefs and current practices are. The religious needs plan may require further details and aspirations for the future. An example of a service user's religious needs assessment plan form might look like:

What are their beliefs? What does religion mean to them?

Would they like to be involved/ more involved in religious activities?

- Attending a place of worship
- Social club or events
- Pilgrimage, hajj or Lourdes

What support does the individual want from the service to meet their religious needs?

- Support with prayer
- Help buying Eid cards or Christmas gifts
- Being able to watch religious television programmes
- Making contacts with faith agencies
- Help in making friends within the faith agency (not just sitting with and talking to staff)

### Actions

The next step, if the service user wishes, is to approach their family, friends or staff who may be able to give more detail or fill in things that may have been forgotten.

Example of staff feedback from those involved in person-centred religious planning can be categorised into two distinct points: the role of staff and the role of the manager.

The role of staff

- Put your own opinions, religious faith or atheism to one side
- Be as objective as possible
- Keep families and those that love and care for the individual involved in the development of the plan
- Ask lots of questions. It is better to ask than presume and get it wrong
- Ensure that everyone has the opportunity to see a draft of the plan and make any changes, additions or edits as necessary
- Remember the plan is going to be 'living'; there will be a need for ongoing revisions once the implementation is in place

Make the plan accessible, e.g. include as many pictures as you can.

## The role of managers

- Managers must be prepared to allow time for staff to develop the plan. For example in a day service setting it will be necessary to allow staff time with individuals away from the rest of the group
- Funding. It may be necessary to set aside a small fund to cover certain costs. For example, people working in a supported house would not have access to photocopying or laminating facilities
- There needs to be commitment at all levels of the service. For example, staff may be keen to take part but it is equally as important for their managers and the head of the service need to be as committed

## Timetable for developing an individual religious needs plan

As with all forms of person-centred planning, religious needs plans take time to develop. Below is a suggested timetable for putting together a religious needs plan, based on the experiences of people taking part in the project.

Time	Action
1 to 2 weeks after staff training	Initial planning meeting with individual: Who do they want to support them with their plan?
1 month	Facilitator identified and first meeting organised
6 weeks	First meeting takes place.: Work begun on plan
2 months	Second meeting: Organise and hold meeting with family, friends or carers
10 weeks	First draft complete
12 weeks	Hold meeting with individual, family, friends and carers and act on any suggestions for improvement
4 months	Plan is approved and implemented

Within the data collection for this report many examples of high quality person-centred religious needs plans were encountered. These plans were highly personal, including personal information, including pictures of local people, family members and places of worship, making these highly accessible to the service users at the mental health service provider. Owing to their personal nature it is not appropriate to share the plans in their original form. However, some participants provided people who gave us approval for excerpts of writing from their plans to be included in this guide:

### Plan 1:

I like to watch my mum pray – this is important to me as it helps me to learn and understand my religion.

I listen to the Qur'an on cassette. The Qur'an is originally in Arabic but is translated into Bangla on tape. This makes it easier for me to understand about what is written in the Qur'an.

I especially enjoy listening to the Qur'an in the month of Ramadan. I also watch religious programmes on the Bangla channel.

It is my dream to visit Saudi Arabia to see the home of Allah and the rest place of our prophet Muhammad (peace be upon him).

### **Plan 2:**

I pray regularly with a member of staff at home. I recognise the moves and I am able to follow the movements. I also pray at home with my family when at home with them. I have a prayer mat for this purpose.

My house is completely Halal and no other food is brought in. I eat a varied diet consisting of Asian and British cuisine. All the staff that support me eat Halal when at work and they have learnt to cook lots of Asian foods with me. All food is checked for meat products, gelatine, and alcohol when I am supported to shop.

I celebrate all the Muslim festivals. Ramadan, Eid-ul-Fitr and Eid-ul-Adha. I am supported by staff to buy presents and cards for my family and friends.

### **Plan 3:**

Salah means prayer, this is done five times daily.

I can take part in these prayers through a number of ways.

With the support of my brother we recite verses from the Quran. When I am reciting people say I look very happy and content.

## Appendix 5 Developing a local spiritual care service

The Scottish Executive has published a report entitled "Guidelines on Chaplaincy and Spiritual Care in the NHS in Scotland". The following extract is taken from this report and provides a clear understanding of what needs to be considered in establishing a spiritual care service.

The exact nature of the local spiritual care service will be determined by

- the type of hospitals, units and community services served
- the condition, spiritual need and religious affiliation, if any, of the patients and carers served and the nature of their distress
- the expectations of patients, carers and staff for pastoral support, spiritual care, religious ministry and facilities for worship
- the expressed views of those who use the services provided and those that live in the communities served
- the expressed views of the faith communities in the area served
- the education, training and support needs of staff, students and volunteers and
- the morale and wellbeing of each individual and the hospital/healthcare community as a whole

The local service provider should:

- decide if the establishment of a local sub-committee of the board's spiritual care committee is required
- establish a department of spiritual and religious care (see note on terminology)
- appoint a senior manager as the spiritual care manager
- calculate the number of spiritual care sessions required
- appoint or arrange the appointment of a spiritual caregiver(s) to offer spiritual care to persons of all faiths or none in the area served
- in consultation with local faith communities, appoint or arrange the appointment of faith community spiritual caregivers
- in consultation with faith communities appoint or arrange the appointment of a head of the department of spiritual and religious care
- facilitate the visits of religious leaders and spiritual caregivers to hospital and healthcare services
- establish a system for the documentation of patients' religious affiliation, if any, and their spiritual needs; and a system of notification or referral which, within the constraints of confidentiality, enable patients on admission or while in care to request a visit from their local religious leader or spiritual caregiver or from a member of the department of religious and spiritual care



- provide accommodation, accessories and facilities for worship of relevant faith communities
- provide information about the facilities for religious and spiritual care available to patients, carers and staff and ensure appropriate signage to the office of the department of spiritual and religious care, quiet room or sanctuary;
- provide training for NHS staff in assessing spiritual need and providing spiritual care;
- provide office accommodation for use by spiritual caregivers
- ensure that the training of spiritual caregivers is an integral part of its HR strategy and that funding, time off and cover are be provided to enable this training to occur
- ensure spiritual caregivers have access to professional supervision and support
- ensure appropriate arrangements are in place to monitor and review the spiritual care service
- ensure that individual spiritual caregivers have clear and recognisable lines of accountability for their professional conduct and are in good standing with their faith community; and
- ensure that volunteers recruited to help with spiritual care service are selected and trained appropriately

Source: Guidelines on Chaplaincy and Spiritual Care in the NHS in Scotland<sup>66</sup>

## References

- 1 Cornah, D., 2006, The impact of spirituality on mental health. A review of the literature. London: Mental Health Foundation.
- 2 Faulkner, A., 1997, Knowing our own Minds. London: Mental Health Foundation.
- 3 Faulkner, A. and S. Layzell, 2000, Strategies for Living. London: Mental Health Foundation.
- 4 Nicholls, V., 2002, Taken Seriously: The Somerset Spirituality Project. London: Mental Health Foundation.
- 5 Swinton, J., 2001, Spirituality in mental health care: rediscovering a forgotten dimension. London: Jessica Kingsley.
- 6 World Health Organisation, 1946, Constitution, Geneva: WHO.
- 7 Jenkins, R., A. McCulloch, L. Friedli, and Parker, C., 2002, Developing a National Mental Health Policy: Maudsley Monograph 43, Hove: The Psychology Press.
- 8 McCulloch, A., Ryrie, I., Williamson, T. and St John, T., (2005), The Medical Model: Has it a future?: The Mental Health Review. 10(1) 7-15.
- 9 Gilbert, P. and N. Watts, 2006, Don't Mention God!: A Life in the Day, v. 10, no 3, p. 20-25.
- 10 Swinton, J. and S. Pattison, 2001, Come all ye faithful: Hea. Serv. J., v. 111, p. 24-25.
- 11 Tidyman, M., and L. Seymour, 2004, Promoting Mental Health: A Resource for Spiritual and Pastoral Care, <http://www.cofe.anglican.org/info/socialpublic/homeaffairs/mentalhealth/parishresource.pdf>, Accessed March 24, 2006.
- 12 O'Reilly, M. L., 2004, Spirituality and mental health clients: J. Psychosoc. Nurs. Ment. Health Serv., v. 42, no. 7, pp. 44-53.
- 13 Powell, A. P., 2002, Mental Health and Spirituality. Revision of paper given to the College of Psychic Studies.
- 14 West, M., 2005, Queer Spirituality :<http://www.mcccchurch.org/AM/Template.cfm?Section=Resources&Template=/CM/ContentDisplay.cfm&ContentID=594>>, Accessed December 2, 2005.
- 15 Cornah, D., 2006, The impact of spirituality on mental health. A review of the literature. London: Mental Health Foundation.
- 16 HMSO, <http://www.statistics.gov.uk/cci/nugget.asp?id=293>.
- 17 Kung, H., 1986, Religion: The Last Taboo: Washington DC: APA Press.
- 18 Dein, S. and M. Lipsedge, 1998, Negotiating across class, culture and religion: psychiatry in the English inner city: in Opaku, S. O., Clinical Methods in Transcultural Psychiatry, Washington D. C., USA: American Psychiatric Press Inc.
- 19 Foskett, J., J. Marriott, and F. Wilson-Rudd, 2004, Mental health, religion and spirituality: Attitudes, experience and expertise among mental health professionals and religious leaders in Somerset: Men. Hea., Rel. and Cul., v. 7, no. 1, p. 5-22.
- 20 Ukst-Margetic, B. and B. Margetic, 2005, Religiosity and health outcomes: review of literature: Coll. Antropol., v. 29, no. 1, p. 365-371.
- 21 Yangarber-Hicks, N., 2004, Religious coping styles and recovery from serious mental illnesses: J. of Psy. and Theo., v. 32, no. 4, p. 305-317.
- 22 Rethink, 2004, Spirituality and Mental Illness [www.rethink.org/information/living/spirituality.html](http://www.rethink.org/information/living/spirituality.html), Accessed March 3, 2006.
- 23 Worthington, E. L. Jr, 1986, Religious counselling: a review of published empirical research: J. of Coun. and Dev., v. 64, p. 421-431.
- 24 Bergin, A. E. and Jensen, J. P., 1990, Religiosity of psychotherapists: A national survey, Psychotherapy, v. 27, p. 3-7.
- 25 Tseng, W. and J. Hsu, 1979, Culture and psychotherapy: in Marsella, A. J., R., Thorp and T., Ciborwski (Eds), Perspectives on Cross-Cultural Psychology, New York, USA: Academic Press.
- 26 Joseph Rowntree Foundation, 2002, Mental health advocacy for black and minority ethnic users and carers: <http://www.jrf.org.uk/knowledge/findings/socialcare/352.asp>, accessed June 2007.
- 27 Calhoun, L. G., Cann, A., Tedeschi, R. G. and McMillan, J., 2000, A correlational test of the relationship between posttraumatic growth, religion, and cognitive processing: J. of Traumatic Stress, v. 13, p. 521-527.
- 28 Pargament, K. I., Koenig, H. G. and Perez, L. M., 2000, The many methods of religious coping: Development and initial validation of the RCOPE: J. of Clinical Psychology, v. 56, p. 519-543.
- 29 Ventis, W. L., 1995, The relationships between religion and mental health: J. of Social Issues, v. 51, p. 33-48.
- 30 Larson, D. B., J. P. Sawyers and M. McCullough, 1997: Scientific research on spirituality and health: a consensus report. London, National Institute for Healthcare Research.
- 31 Lindgren, K. N. and Coursey, R. D., 1995, Spirituality and serious mental illness: a two-part study: Psychosocial Rehabilitation Journal, v. 18, no. 3, p. 93-111.
- 32 Exline, J. J., Yali, A. M., & Sanderson, W. C., 2000, Guilt, discord, and alienation: The role of religious strain in depression and suicidality: J. of Clinical Psychology, v. 56, p. 1481-1496.
- 33 Hays, J. C., Meador, K. G., Branch, P. S., and George, L. K., 2001, The Spiritual History Scale in Four Dimensions (SHS-4): Validity and reliability: Gerontologist, v. 41, p. 239-249.

- 34 Krause, N., Ingersoll-Dayton, B., Ellison, C. G. and Wulff, K. M., 1999, Aging, religious doubt, and psychological wellbeing: *Gerontologist*, v. 39, p. 525–533.
- 35 Pargament, K. I., Smith, B. W., Koenig, H. G. and Perez, L., 1998, Patterns of positive and negative religious coping with major life stressors: *J. for the Scientific Study of Religion*, v. 37, p. 710–724.
- 36 Pargament, K. I., Zinnbauer, B. J., Scott, A. B., Butter, E. M., Zerowin, J. and Stanik, P., 1998, Red flags and religious coping: Identifying some religious warning signs among people in crisis: *J. of Clinical Psychology*, v. 54, p. 77–89.
- 37 Trenholm, P., Trent, J. and Compton, W. C., 1998, Negative religious conflict as a predictor of panic disorder: *J. of Clinical Psychology*, v. 54, p. 59–65.
- 38 Alston, W. P., 1972, Religion: in Edwards, P. (Ed.), *Encyclopaedia of philosophy*, v. 7, p. 140–145, New York, USA: Macmillan.
- 39 Wilson, B., 1992, *Religion in sociological perspective*: Oxford, UK: Oxford University Press.
- 40 Promoting Mental Health: A resource for spiritual and pastoral care. The Church of England, Archbishops' Council in association with Mentality and the National Institute for Mental Health in England. <http://www.cofe.anglican.org/info/socialpublic/homeaffairs/mentalhealth/parishresource.pdf>
- 41 Seybold, K. S. and P. C. Hill, 2001, The Role of Religion and Spirituality in Mental and Physical Health: *Curr. Dir. in Psy. Sci.*, v. 10, no. 1, p. 21–24.
- 42 Fabricatore, A. N., P. J. Handal, D. M., Rubio and F. H. Gilner, 2004, Stress, Religion, and Mental Health: Religious Coping in Mediating and Moderating Roles: *I. J. for the Psy. of Rel.*, v. 14, no. 2, p. 91–108.
- 43 Hill, P. C. and K. I. Pargament, 2003, Advances in the conceptualization and measurement of religion and spirituality. Implications for physical and mental health research: *Am. Psy.*, v. 58, no. 1, p. 64–74.
- 44 Loewenthal, K. M., 1995, *Mental Health and Religion*: London, Chapman and Hall.
- 45 Brown, R. P. and P. L. Gerbarg, 2005, Sudarshan Kriya Yogic breathing in the treatment of stress, anxiety, and depression. Part II-clinical applications and guidelines: *J. Altern. Complement Med.*, v. 11, no. 4, p. 711–717.
- 46 Sojka J. Z. and P. S. Tansuhaj, 1995, Cross-Cultural Consumer Research: A Twenty Year Review, *Adv. in Con. Res.*, v. 22, p. 461–474.
- 47 Huntington, S. P., 1993, The Clash of Civilisation: *Foreign Affairs*, v. 72, no. 3, p. 22–28.
- 48 Seul, J. R., 1999, Ours is the way of God: Religion, identity and intergroup conflict: *J. of Peace Res.*, v. 36, no. 5, p. 553–569.
- 49 Hefner, P., 1998, The Spiritual Task of Religion in Culture: An Evolutionary Perspective, *Zygon*, v. 33, December, p. 535–544.
- 50 Sherwood, R. (1980) *The psychodynamics of race*, Sussex, USA: Harvest press.
- 51 Wiebe, K. F. and R. Fleck, 1980, Personality correlates of intrinsic, extrinsic and non-religious orientations: *J. of Psy.*, v. 105, pp. 181 – 187.
- 52 Smith, C. B., A. J. Weigert and D. L. Thomas, 1979, Self-Esteem and Religiosity: An Analysis of Catholic Adolescents from Five cultures: *J. for the Sci. Study of Rel.*, v. 18, p. 51 – 60.
- 53 Modood, T., 1997, Culture and Identity, in *Ethnic Minorities in Britain-Diversity and Disadvantage-Fourth National Survey of Ethnic Minorities*: in Modood, T., R. Berthoud, J. Lakey, J. Nazroo, P. Smith, S. Virdee and S. Beishon (Eds), London, UK: Policy Studies Institute.
- 54 Venkatesh, A., 1994, India's Changing Consumer Economy: A Cultural Perspective: *Adv. in Con. Res.*, v. 21, p. 323 – 328.
- 55 Lyons, M. H. and B. J. M. West, 1995, London Patels: caste and commerce; *New Community*, v. 21, no. 3, p. 399 – 419.
- 56 Desai, P. N. and G. V. Coelho, 1980, Indian immigrants in America: some cultural aspects of psychological adaptation: in *The New Ethnicities: Asians in the US*, Saran, P. and E. Eames (Eds), p. 363 – 386, New York, USA: Praeger.
- 57 Betancourt, H. and S. R. Lopez, 1993, The study of culture, ethnicity and race in American Psychology: *Am. Psy.*, v. 48, no. 6, p. 629–637.
- 58 Costa, J. A. and G. J. Bamossy, 1995, Perspectives on ethnicity, nationalism and cultural identity: in *Marketing in a multi-cultural world - ethnicity, nationalism and cultural identity*, Costa, J. A. and G. J., Bamossy (Eds), p. 3–25, Beverly Hills, USA: Sage.
- 59 Hirschman, E. C., 1983, Cognitive Structure Across Consumer Ethnic Subcultures: A Comparative Analysis: *Adv. in Con. Res.*, v. 10, p. 197–202.
- 60 Phinney, J. S., 1996, When we talk about American ethnic groups, what do we mean?: *Am. Psy.*, v. 51, no. 9, p. 918–927.
- 61 Elliot, N., 2003, The spirituality of snowboarding: A research project: Working Paper No 8, Faculty of Law and Social Sciences, UCE Birmingham.
- 62 The Royal College of Psychiatrists, Spirituality and Mental Health, <http://www.rcpsych.ac.uk/mentalhealthinformation/therapies/spiritualityandmentalhealth.aspx>, accessed June 2006.
- 63 Larson, D. B., and S. S. Larson, 1998, Spirituality's potential relevance to physical and emotional health: a brief review of quantitative research: *J. of Psychology and Theology*, v. 31, no. 1, p. 37.
- 64 Brown, R. P., and P. L. Gerbarg, 2005, Sudarshan Kriya Yogic breathing in the treatment of stress, anxiety, and depression. Part II-clinical applications and guidelines: *J. Altern. Complement Med.*, v. 11, no. 4, p. 711–717.
- 65 Maugan, T. A., 1996, The SPIRITual History, *Family Medicine*, v. 5, no. 1, p. 11–16
- 66 Scottish Executive, 2002, Guidelines on Chaplaincy and Spiritual Care in the NHS in Scotland, [http://www.sehd.scot.nhs.uk/mels/HDL2002\\_76.pdf](http://www.sehd.scot.nhs.uk/mels/HDL2002_76.pdf), accessed October 2006.

# Mental Health Foundation

## About the Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services. We can only continue our work with the support of many individuals, charitable trusts and companies. If you would like to make a donation, please call us on 020 7803 1121.

If you would like to find out more about our work, please contact us.

### **Mental Health Foundation**

Sea Containers House  
20 Upper Ground  
London, SE1 9QB  
020 7803 1100

### **Scotland Office**

Merchants House  
30 George Square  
Glasgow, G2 1EG  
0141 572 0125

**[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)**

Registered charity number 801130

Price £15