**NHS**

*National Institute for*
*Mental Health in England*

The Mental Health Foundation



## Inspiring Hope
Recognising the importance of spirituality in a whole person approach to mental health.

DH Department of Health

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The National Institute for Mental Health in England (NIMHE) and the Mental Health Foundation are launching a two-year partnership in November 2003 to bring together and develop current thinking and practice in the area of spirituality and mental health.

This document sets out the thinking behind the 'Spirituality and Mental Health' national Project, and what it aims to achieve.

Coming on the back of increasing evidence that spirituality can help people prevent and recover from mental ill health, the Mental Health Foundation and NIMHE will jointly fund a full-time, two-year Project Co-ordinator – **Vicky Nicholls** who has been leading the Foundation's *Strategies for Living* Phase II Project, and supported the Somerset Spirituality Project. Vicky will join **Peter Gilbert**, who has been NIMHE Project Lead since September, 2001.

**Professor Antony Sheehan**, Chief Executive of the National Institute for Mental Health in England (NIMHE) and Group Head of Mental Health in the Department of Health, said: "Spirituality is increasingly being identified by people with mental health needs as a vital part of their mental well-being and recovery from ill-health; and is coming to greater prominence in our multi-cultural society. We are pleased to be responding positively to this issue".

**Dr Andrew McCulloch**, Chief Executive of the Mental Health Foundation, speaking of this partnership, said: "NIMHE and the Mental Health Foundation will form an effective partnership to better understand and promote the role of spirituality in good mental health. The appointment of a

Project Co-ordinator with specialist expertise and national profile, will enable great steps to be taken in a relatively short time".

**Vicky Nicholls** said: "The search for meaning and the deeply personal nature of spiritual beliefs and experiences are at the very heart of many people's journeys – including at times of distress and crisis. I feel honoured to be offered this opportunity to contribute to increasing understanding and support in this important area."

The partnership will be complementary to work in other mental health charities, such as the Sainsbury Centre for Mental Health, The Centre for Mental Health Development and Mentality; and aims to stimulate further work.

Faith communities provide an enormous, often untapped, resource for people in mental distress, and the Project aims to tap into existing examples of good practice and assist faith communities in building the capacity to support those experiencing mental distress — which is all of us at some time during the course of our lives

The 'Spirituality and Mental Health' Project has strong links with the current NIMHE programmes, such as Values, Equalities, Recovery, In-patient Care, and Workforce. It will be working especially closely with Professor Kamlesh Patel, the Strategic Director for Black and Ethnic Minorities in Mental Health, following the publication of Inside, Outside earlier this year.

A partnership approach between NIMHE and the Mental Health Foundation will encourage increased awareness and understanding of this major issue at the national, regional and local level, and will strengthen and co-ordinate the scoping, charting and development of projects, research and good practice already taking place. It will also give a policy lead in a complex field.

**Peter Gilbert**, NIMHE's Project Lead, said: "So many people are expressing a desire to meet and discuss the spiritual aspect of their lives and the part it plays in their well-being and recovery, that it will be good news to be able to respond to this through this exciting partnership.

A focus on meaning, identity and spirituality will help us recognize our common humanity and the essential solidarity between users, carers and staff.

We will also be able to collate examples of good practice and build research capacity for the future".

*November, 2003*

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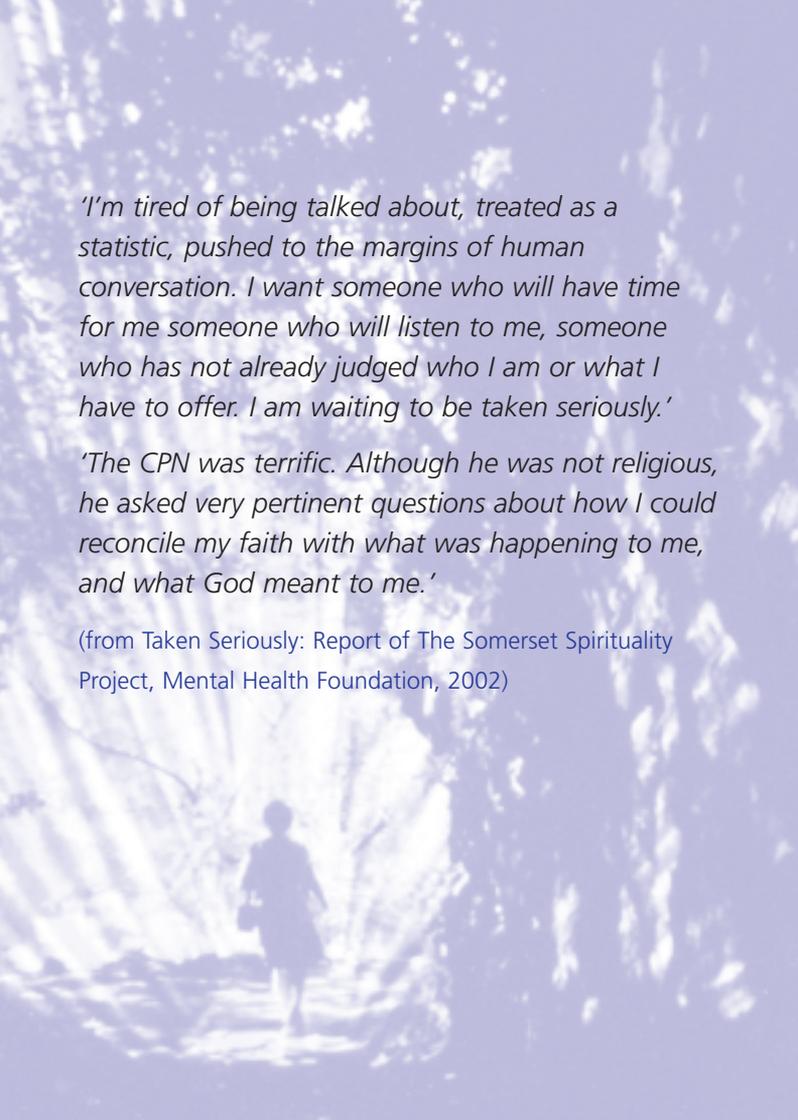
*'I'm tired of being talked about, treated as a statistic, pushed to the margins of human conversation. I want someone who will have time for me someone who will listen to me, someone who has not already judged who I am or what I have to offer. I am waiting to be taken seriously.'*

*'The CPN was terrific. Although he was not religious, he asked very pertinent questions about how I could reconcile my faith with what was happening to me, and what God meant to me.'*

(from Taken Seriously: Report of The Somerset Spirituality Project, Mental Health Foundation, 2002)

## Aims of the Project

The aim of the project is to collate current thinking on the importance of spirituality in mental health on an individual and group basis, to evaluate the role of faith communities in the field of mental health and to develop and promote good practice in whole persons approaches.

This Project has run from September, 2001. From November 2003 the project will be undertaken as a partnership between NIMHE and the Mental Health Foundation.

## Objectives

The objectives of the project are to:

(i) Chart what is known and who is doing what in terms of:

• The role of spirituality in mental health
• The role of religion in mental health
• The role of faith communities in mental health

via a research and literary search, and work to identify sites of good practice in Mental Health services (including Primary Care, the Voluntary Sector and User-led initiatives) and in faith communities.

(ii) Build coalitions of individuals and groups who are willing and able to combat stigma, discrimination and exclusion, and to promote the value of positive mental health as a vital element in the health of the nation.

(iii) Develop and create linkages with the other NIMHE programmes (see Linkages with other NIMHE/DH policy unit programmes), and with other networks and initiatives in this sphere.

Because it is common for people to confuse 'spirituality' with the structures of a formal organised 'religion' and vice versa, it is important to be clear about definitions.

One description of this is that: *"Spirituality is the wellspring within and religion the edifice to cover it."* (quoted by Strategies for Living Project, 2001).

*"I often think about how my Gran brought up her children, how she lived her life, and she had a deep spiritual being, not necessarily formatted to a fixed religion – a spirituality within her. In her wisdom she was very wise, very funny and her zest for life, I don't know, that sort of spiritual inner self, that deeper sort of thing."* (Strategies for Living interviewee, Mental Health Foundation, 2000)

*"Spirituality is an anchor to my soul."* (quoted in Hard To Believe, Croydon Mind, 2003 forthcoming)

(iv) Set up pilot sites, linked to NIMHE Development Centres, which would learn from, test, develop and promote positive practice.

(v) Support work on a booklet( to be produced by MHF) aimed at people experiencing distress first encountering mental health services, and those working with them.

(vi) Produce a Department of Health policy guidance document on the value of Spirituality in Mental Health. Link with CPA and other assessment and care planning processes, and influence training programmes.

(vii) Promote specific projects which will enable faith communities to better include and support those coping with the effects of mental distress and mental ill-health in their community.

(viii) Bring together the growing body of research evidence on the importance of Spirituality in Mental Health in conjunction with the new NIMHE Mental Health Research Network (MHRN).

Support further user-led research into spirituality and mental health, building on previous work supported by the Mental Health Foundation.

(ix) Broaden the understanding of clinical outcomes so as to include user goals.

(x) Encourage staff to recognise their needs as 'whole persons', and work with organisations to support this.

(xi) Influence curriculum formation for all professional groups so as to strengthen the holistic approach in working with users and carers; and also in staff self–care and the care

*"I got a lot of support from reading scripture and from people talking about where they were at. The church encourages taking responsibility and looking out for people."* (Quoted in Griffiths, 2003)

*"When I'm in a phase that I'm able to believe that there is a God who gives meaning to that universe, then I have hope. But there have been spells when I haven't been able to believe that, and that has been absolutely terrifying. That's been falling into the abyss."* (Quoted in Swinton, 2001)

*"(We are) valuable people seeking to discover the true ground of our being below all the symptoms and pains of our wounds."* (Jeremy Boutwood in 'In Good Faith', Mental Health Foundation, 1999)

organisations take of their staff.

(xii) Facilitate the role of chaplains (from all faiths) as part of the multi-disciplinary team.

## Outcomes

The outcomes from these objectives would be:

(i) A recognition and practical application of the importance of the spiritual dimension in people's lives.

(ii) Increased appreciation of where spiritual, cultural and gender aspects interlink.

(iii) Increased appreciation of the resources of people with experience of distress, and support for their roles in moving mental health services towards being genuinely holistic.

(iv) Individuals in mental distress or with a mental illness to experience care approaches which recognise them as whole persons functioning within a living, whole system, and with a number of dimensions including spiritual and/or faith, cultural/racial and community.

(v) Religious Organisations and Faith Communities to have increased capacity to support people in a way which promotes positive mental health and assists in recovery.

vi) Leaders of Religious Organisations and Faith Communities as critical supporters of Mental Health reform.

(vii) Support for individual staff and staff groups, across all organisations, who themselves will benefit from a 'whole person' approach.

(viii) Better understanding and appreciation across all faiths of

Spirit – *"The human spirit is the essential life force that undergirds, motivates and vitalises human existence."* (Swinton, 2001)

*"The word Spirit is derived from the Latin spiritus meaning breath. An analogy would be human respiration, by which oxygen is taken in to sustain and maintain the existence of the person. The spirit provides a similar sustaining and maintaining role on a more ontological level"* (Swinton , 2001)

Spiritus – had an important secondary meaning even in classical times: Inspiration (a word that literally means breathing in). The word spirit, then, came to denote those invisible but real qualities which shape the life of a person or a community – such as love, courage, peace or truth – *"and the person's or community's own spirit is their inner identity, or soul, the sum of those invisible but real forces which make them who they are."* (Mursell, 2001)

the common and positive aspects which promote inter-faith and inter-cultural harmony and joint working – especially in deprived areas.

(ix) An ability to align 'spiritual capital' with 'social capital' in all aspects of Mental Health and Mental Ill-health.

(x) Creative links with other NIMHE programmes, and other relevant networks and initiatives, at a national and regional level, supporting and supported by further research and development.

### Linkages with other NIMHE/DH policy unit programmes

• Equalities programme (David Morris and Peter Bates)
• Black and Ethnic Minority implementation framework (Professor Kamlesh Patel and Albert Persaud)
• Women and Mental Health policy (Liz Mayne)
• Recovery Approaches (Piers Allott)
• Positive Practice Network (Tony Russell)
• Acute Inpatient Care programme (Malcolm Rae & Paul Rooney)
• Values (Professor Bill Fulford)
• Workforce (Roslyn Hope)
• Primary Care (Mary Sheppard)

### Rationale for Project

• The growing importance of the 'whole persons' and 'whole systems' approaches.
• A recognition that everybody has spiritual needs alongside physical, psychological, emotional, cognitive and creative needs.
• A growing body of research on the importance of spiritual

The ancient Greeks believed intrinsically in the congruence of mind, body, heart and spirit. For, as Plato said: *"the part can never be well unless the whole is well"* (quoted in Ross, 1997)

Muslims also speak of the necessity of looking to the health of the spirit, which has its domain in the qualb, the human heart. (See Sheikh and Gatrad, 2000)

In Hebrew the word rauch, like the Latin spiritus, means both breath and spirit.

Hindus believe that in each person there dwells the breath of the Divine – Atman.

issues, and how a personal sense of meaning, identity and issues around community support (including faith communities) keep people healthy and help them to recover their health. (NB There are also studies around issues of physical health and also helping with the process of bereavement – see Swinton and Pattison, 20.12.2001)

• Work in psychological management theory on Spiritual Intelligence SQ (see Zohar and Marshall, 2000), building on the work on Emotional Intelligence (Goleman, 1996).

• Spirituality is increasingly being recognised as a major factor in research on Recovery.

• Recent studies indicating that a significant proportion of people from Black Caribbean and South Asian ethnic groups have a religious affiliation.

• Recognition that faith communities can be both inclusive and helpful, inclusive and harmful, and exclusive. Issues of stereotyping.

• Recognition that spiritual and religious beliefs can be harmful as well as helpful.

• There are opportunities to work with faith communities to increase their understanding of mental health needs and to assist them in practical approaches to inclusion and support.

• Central Government's approach to include faith communities in policy and practice (see Local Government Association/DTLR/Inner Cities Religious Council publication Faith and Community: A Good Practice Guide for Local Authorities 2002).

• The importance of building coalitions for mental health policy and practice.

• Following the traumatic events of the eleventh of

Spirituality – *"It can refer to the essence of human beings as unique individuals 'What makes me, me and you, you?' So it is the power, energy and hopefulness in a person. It is life at its best, growth and creativity, freedom and love. It is what is deepest in us – what gives us direction, motivation. It is what enables a person to survive bad times, to be strong, to overcome difficulties, to become themselves."* (Bradford Document on Spiritual Well-Being – Policy and Practice, 2001)

*"Spirituality is the specific way in which individuals and communities respond to the experience of the spirit"* (Swinton, 2001)

*"Spirituality is about what we do with the fire inside of us, about how we channel our eros. And how we do channel it, with disciplines and habits we choose to live by, will either lead to a greater integration or disintegration within our bodies, minds, and souls, and to a greater integration or disintegration in the way we are related to God (sic), the Other, and the cosmic world"* (Rolheiser, 1998)

September 2001, it is imperative to create better understanding of belief systems and to reduce stigma and cultural tension.

• As curricula planning is under way for a number of professional groups this is an appropriate juncture to consider the reinforcing of 'Whole Person' approaches.

## Current work and propositions.

Work on these issues has been carried out by a number of developmental bodies eg

(i) The Mental Health Foundation – Strategies for Living, Knowing Our Own Minds, Taken Seriously (The Somerset Spirituality Project)

(ii) Nigel Copsey for the Sainsbury Centre for Mental Health – Keeping Faith and Forward in Faith

(iii) Health Education Authority(Lynne Friedli) – Promoting mental health: The Role of Faith Communities – Jewish and Christian Perspectives

(iv) Rethink (National Schizophrenia Fellowship) – Meeting the Spiritual Needs of People with a Severe Mental Illness (Mike Took)

(v) Mind – Guide to Spiritual Practices (Sarah Maitland)

(vi) Wiltshire Health Authority – Respect for Privacy, Dignity and Religious and Cultural Beliefs (Albert Persaud)

(vii) Bradford Social Services/Community Trust/Interfaith Education Centre – Spiritual well-being: Policy and Practice

(viii) University of Aberdeen (John Swinton)

(ix) The Maudsley Hospital/London University (Julia Head)

*"Spirituality…is a way of being and experiencing that comes through the awareness of a transcendental dimension and that is characterised by certain identifiable values in regard to self, others, nature, life and what ever one considers to be ultimate"*. (Elkins et al, 1988)

Spiritual well-being – *"By spiritual well-being we mean a sense of good health about the essence, the essential self, of one's self as a human being and as a unique individual. Spiritual well-being is not so much a state as a process of growth and development. Spiritual well-being, feeling at ease with the essential self, happens when people are fulfilling their potential as individuals and as human beings. They are at ease with themselves at a deep level. They have a sense of awareness of their own dignity and of themselves as valuable. They enjoy themselves and have a sense of direction. They can sense this essence in others and respect them and relate positively to them. They are also at ease with the world around them."* (Swinton, 2001)

(x) Mentality, training resource for pastoral care (work in progress).

(xi) Islamic groups are looking to produce a guide to work with their faith communities and have linked across to the work the Church of England are undertaking.

(xii) The Royal College of Psychiatrists has a flourishing Spirituality Special Interest Group (Dr Andrew Powell).

Rethink has recently published (September, 2001) a very helpful, succinct policy statement on the benefits and some of challenges around spirituality and religion, and the report of the Somerset Spirituality Project was published by the Mental Health Foundation in 2002.

The studies appear to show that people who recognise and are in touch with their own spirituality have a better chance of staying mentally healthy and/or recovering if they become ill. Belief in a transcendent being(s) also appears to help as does membership of an accepting and supporting faith community. On the other hand, unbalanced beliefs can be harmful as can stigmatising or rejecting communities. The Bradford experience demonstrates that a positive approach by the respective statutory, voluntary and faith agencies/communities can assist communities in being positive about mental health.

### Immediate Actions

A comprehensive action plan is being complied, but the immediate actions are:

(i) Establish a steering group and broader reference group

(ii) Investigate ways of consulting on this initiative, ensuring that
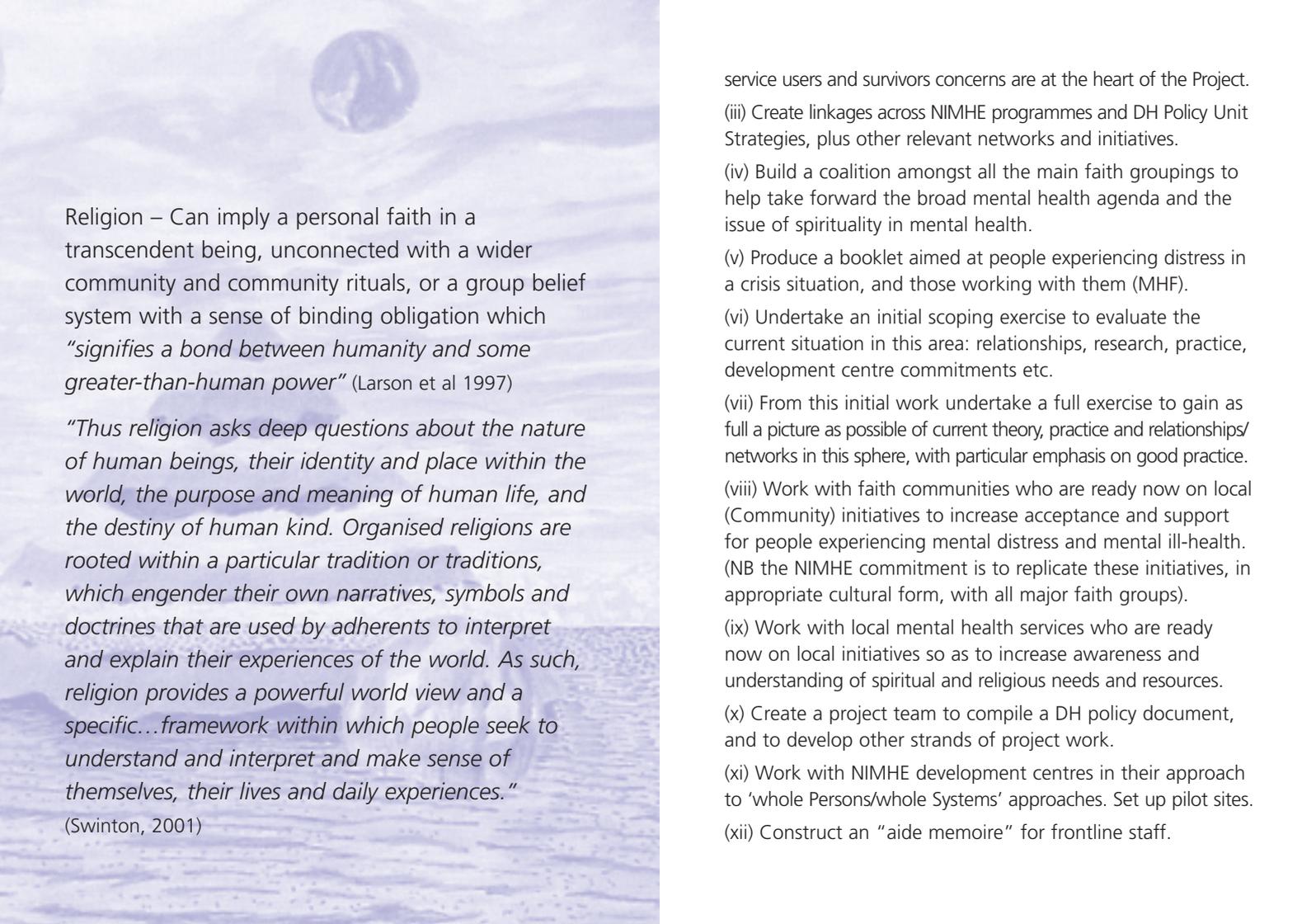
Religion – Can imply a personal faith in a transcendent being, unconnected with a wider community and community rituals, or a group belief system with a sense of binding obligation which *"signifies a bond between humanity and some greater-than-human power"* (Larson et al 1997)

*"Thus religion asks deep questions about the nature of human beings, their identity and place within the world, the purpose and meaning of human life, and the destiny of human kind. Organised religions are rooted within a particular tradition or traditions, which engender their own narratives, symbols and doctrines that are used by adherents to interpret and explain their experiences of the world. As such, religion provides a powerful world view and a specific…framework within which people seek to understand and interpret and make sense of themselves, their lives and daily experiences."* (Swinton, 2001)

service users and survivors concerns are at the heart of the Project.

(iii) Create linkages across NIMHE programmes and DH Policy Unit Strategies, plus other relevant networks and initiatives.

(iv) Build a coalition amongst all the main faith groupings to help take forward the broad mental health agenda and the issue of spirituality in mental health.

(v) Produce a booklet aimed at people experiencing distress in a crisis situation, and those working with them (MHF).

(vi) Undertake an initial scoping exercise to evaluate the current situation in this area: relationships, research, practice, development centre commitments etc.

(vii) From this initial work undertake a full exercise to gain as full a picture as possible of current theory, practice and relationships/networks in this sphere, with particular emphasis on good practice.

(viii) Work with faith communities who are ready now on local (Community) initiatives to increase acceptance and support for people experiencing mental distress and mental ill-health. (NB the NIMHE commitment is to replicate these initiatives, in appropriate cultural form, with all major faith groups).

(ix) Work with local mental health services who are ready now on local initiatives so as to increase awareness and understanding of spiritual and religious needs and resources.

(x) Create a project team to compile a DH policy document, and to develop other strands of project work.

(xi) Work with NIMHE development centres in their approach to 'whole Persons/whole Systems' approaches. Set up pilot sites.

(xii) Construct an "aide memoire" for frontline staff.

Faith communities – These are communities of people set within the main religions or philosophical groupings or the less well known groupings, or again groups who have broken away from the main branches.

Inevitably faith communities will have specific 'rules of engagement', norms, rituals, language etc. These can both embrace, include and support or can conversely exclude and disempower individuals and groups.

There are many faith communities within England. The nine major faith communities are: Baha'i; Buddhism; Christianity; Hinduism; Islam; Jainism; Judaism; Sikhism; and Zoroastrianism.

The Patients Charter states that:*"…all health services should make provision so that proper personal consideration is shown to you, for example, by ensuring that your privacy ,dignity and religious and cultural beliefs are respected"* (Quoted in NAHAT/NHSTF, Spiritual Care in the NHS, 1996.)

## Conclusion

This is an area where there is considerable activity at present but it is not integrated except in a very small number of geographical areas, and is not yet having a marked effect on practice across the country.

Because of the work already undertaken, and considerable good will, there are possibilities of early progress and "early wins." However, the complexities of inter-cultural and inter-faith working cannot be underestimated, and must be linked closely with other programmes and approaches.

While a policy document could probably be written relatively quickly from the current research findings and practice documents such as the one from Bradford, the coalition building will take much longer, and there will need to be a balance between short term wins and a longer term strategy.

If an effective coalition can be built between faith groupings and mental health services; and if the spiritual dimension can be recognised for individual service users, then this could have a profound and positive effect on sound mental health in England.

**Peter Gilbert**
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**The Mental Health Foundation** working to improve services for both people with mental health problems and people with learning disabilities. It funds and works with both service users and providers and puts research into practice to help people survive, recover from and prevent mental health problems. The Foundation's work includes: learning what makes and keep people mentally well, communicating our knowledge to a wide range of people who can benefit from it, including service users, frontline mental health and learning disability staff, service commissioners and planners and policy makers, and turning research into practical solutions that makes a difference to people's lives, now and in the future.

**The National Institute for Mental Health in England [NIMHE]** is a new organization based within the Modernisation Agency of The Department of Health. NIMHE aims to improve the quality of life for people of all ages who experience mental distress. Working beyond the NHS, NIMHE helps all those involved in Mental Health to implement change, providing a gateway to learning and development, offering new opportunities to share experiences and one place to find information. Through the development centers and national programmes of work, and the national projects, NIMHE will support staff to put policy into practice. To achieve this users will be at the heart of NIMHE's work; and forging partnerships is an essential element of success.

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**User Artworks in order of appearance:**

*Untitled* – Karen Sekora

*Heavensgate* – Ernie Swinburn

*Sunset* – Maria Goulding

*How he sees the night sky* – Vic Scott

*Rocky Alien Worlds* – Michael Roe

*Untitled* – Owen Turner

*Lightning* – Steven Green

*Untitled* – Gill Whitby

*Worlds Apart* – Sam Nugent

*Over the Rainbow* – June Rapely