

WWAMH Spirituality and Mental Health Network

As people we are more than physical bodies and brains; modern psychiatry reflects this by describing a bio-psycho-social model of the person. Our thoughts, beliefs and what inspires us have tended to be subsumed under the 'psychological' heading. In recent years there has been a resurgence of interest in what is loosely termed spirituality, which focuses on meaning and purpose in life, compassion, and a deeper connection with self, with others, and the wider world. Service users have made it clear that they often draw on their spiritual strengths and hope to aid recovery from mental illness.

Therefore we would like to establish a Spirituality and Mental Health Network in order to explore ways in which spirituality has helped recovery from mental health problems and how it may help others.

Andrew Sims, past president of Royal College of Psychiatrists,

The advantageous effect of religious belief and spirituality on mental and physical health is one of the best kept secrets in psychiatry and medicine generally. If the findings of the huge volume of research on this topic had gone in the opposite direction and it had been found that religion damages your mental health, it would have been front-page news in every newspaper in the land. *Is Faith Delusion*, Continuum, London, 2009, p.xi

Aim: To explore ways in which spirituality has helped recovery from mental health problems and how it may help others. Within a respectful environment, our aim is to pursue wellness rather conformity to certain beliefs, with an emphasis on the positive effects of belief rather than on the content of that belief.

Who: Open to everyone, non-denominational, and a prior belief in God is not necessary

Ground Rules:

Respect for others view or beliefs is essential

This is not a forum to persuade people to adopt a particular belief system.

Why: The 2008 General Medical Council guidance on personal beliefs and medical practise states,

For some patients, acknowledging their beliefs or religious practises may be an important aspect of a holistic approach to their care. Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular treatment needs.

A person's beliefs and community resources are central to the helping process, especially in harnessing hope and strength in times of adversity.

For many of us the mundane world of physical bodies and limited consciousness does not adequately describe the whole of reality. Our everyday ego's do not constitute the whole of ourselves, we are 'more than' mere bodies and physical processes; we have depth and mystery, and this is repeated in the wider world and cosmos. The important question is not so much 'is this real' as rather 'is it meaningful'? What it means has direct effect on our thoughts and behaviour, and it is harnessing those experiences that are meaningful to our recovery that we wish to explore.

What is spirituality? Spirituality involves experiences of:

- Meaning and purpose in life
- Caring and compassion for self and others
- Connection with our deeper self, with others, the wider world and the cosmos.
- Highly subjective and personal, but may be shared within a faith community
- Anything or anyone from which a person derives purpose, hope and self-acceptance

Spirituality is different from religion?

- Spirituality encompasses religion but does not replace it.
- Religious traditions have their own distinct community-based worship, beliefs, sacred texts and traditions.

A definition offered by John Swinton is often referred to in the literature; (Swinton, J & Pattison, S. *Spirituality, Come all ye faithful*. Health Service Journal v.111, no.5786, pp 24-25)

Spirituality is 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 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.

Spirituality as defined by the Special Interest Group of the RCPsych;

Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', imminent and personal, within the self and others,

and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values. CHC Cook, *Addiction and Spirituality* 2004.

Central features of spirituality (from Swinton, 2001)

- **Meaning:** the ontological significance of life; making sense of life situations; deriving purpose in existence.
- **Value:** beliefs and standards that are cherished; having to do with the truth, beauty, worth of a thought, object of behaviour; often discussed as 'ultimate values'.
- **Transcendence:** experience and appreciation of a dimension beyond the self; expanding self-boundaries.
- **Connecting:** relationships with 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.

For whom is spirituality important in healthcare? (from *Spirituality Forum*, February 2011)

- Those with a practising religious faith who may want to discuss its relationship to their illness; if in hospital may want to practise rituals and associated festivals.
- Those who have moved away from a faith tradition but in the light of their illness may want to re-explore it due to illness.
- Anyone searching for meaning in their illness and life situation, for a greater sense of purpose in life as a result of the illness and hope for recovery.
- Anyone whose coping mechanisms involve ritual and religious practise
- Anyone who welcomes the support of a religious community.
- Those who wish to express personal pain
- Those who wish to deepen compassion for others
- Those who are suffering complex symptoms of psychosis that may have confusing spiritual elements.

Relation to Recovery

For people who may find terms like spirituality and religion difficult to work with it is worth pointing out the similarities with 'Recovery' principles as presented, for example, in the document *A common purpose: Recovery in future mental health services, a joint position by Care Services Improvement Partnership (CSIP), Royal College of Psychiatrists (RCPsych) and Social Care Institute for Excellence (SCIE) 2007*

...adopting recovery as a guiding purpose for mental health services favours hope

and creativity over disillusionment and defeat... Common themes in recovery include the pursuit of health and wellness; a shift of emphasis from pathology and morbidity to health and strengths; hope and belief in positive change; meaning and spiritual purpose of distress; service supports reconceived as mentoring not supervisory; identity explored as a cultural issue; social inclusion (housing, work, education, leisure); empowerment through information, role-change, self-care; awareness of positive language-use in framing the experience of illness; personal wisdom encouraged in professional practice; and creative risk taking replacing overcautious risk assessment.

Service User View

Key documents from the Mental Health Foundation include

- *Knowing our own minds*, Faulkner, A 1997
- *Taken Seriously: The Somerset Spirituality Project*, 2002
- *The impact of spirituality on mental health, a review of the literature*, 2006
- *Keeping the Faith*, 2007

See also

- Coyte, ME, Gilbert, P; Nicholls, V (eds); *Spirituality, Values and Mental Health: Jewels for the Journey*. London, Jessica Kingsley, 2007
- Gilbert, P (ed) *Spirituality and Mental Health*, Brighton, Pavilion 2011

The 1997 project, 'Knowing our own minds',

...found that over half of service users [consulted] had some form of spiritual belief and that these beliefs were positive and important to them in terms of their mental health... themes that emerged included the importance of guidance; a sense of purpose; comfort; grounding; the allowance of expression of personal pain and the development of an inner love and compassion for others. (The impact of spirituality on mental health, p9)

Policy Drivers

In an executive briefing from the Mental Health Foundation, *Spirituality and Mental Health*, 2008, p4, states

...being able to express and explore our spirituality is a basic human need and a universal human right

Article 9 of the European Convention on Human Rights (Freedom of thought, conscience and religion) as given effect by the Human Rights Act 1998 states that:

“Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.

Human rights are not only about freedom *from* discrimination, but also freedom *to* engage fully in life. Thus

Part 2 of The Equality Act 2006 (Discrimination on the Grounds of Religion or Belief) defines ‘religion’ as “any religion”, and ‘belief’ as “any religion or religious or philosophical belief” ...also refers to lack of religion or lack of belief. Part 2 makes it unlawful to discriminate in the area of goods, facilities and services on the grounds of religion or belief. The exercise of any public function by a public authority must be free from discrimination on grounds of religion or belief. This includes the provision of goods, facilities and services by a person exercising a public function. (From Religion or Belief – A practical guide for the NHS 2009)

In England, NIMHE published *Inspiring Hope: Recognising the importance of spirituality in a whole person approach to mental illness*, 2003. In Scotland in 2009 published *Spiritual Care Matters: An Introductory Resource for all NHS Scotland Staff*. In Wales neither *Raising the Standard* 2005, nor *Stronger in Partnership 2*, 2008, contain any reference to spirituality and only one reference to religion as a standard of equality. But in 2010 Welsh Assembly Government published *Standards for Spiritual Care Services in the NHS in Wales* 2010, which is linked to *Doing Well, Doing Better: Standards for Health Care Services in Wales*, 2010:

Standard 10. Dignity and respect

Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.

Research Evidence

- Koenig, HG, McCullough, ME, & Larson, DB. *Handbook of Religion and Health*. Oxford University Press, Oxford, 2001
- Swinton, J. *Spirituality and Mental Health Care: Rediscovering a ‘forgotten’ dimension*. London, Jessica Kingsley, 2001

- Koenig, HG. *Faith and Mental Health; religious resources for healing*. Templeton Foundation Press, London 2005
- Cornah, D. *The impact of spirituality on mental health*. Mental Health Foundation, London, 2006
- Loewenthal, KM. *Religion, Culture and Mental Health*. Cambridge University Press, Cambridge, 2007
- See also academic journal *Mental Health, Religion and Culture*, Taylor & Francis Group.

It would be near impossible to summarise the large amount of research that has been done into the connection between mental health and religion/spirituality, the above references cover considerable ground. The following, (drawn from Spirituality Forum 2011) is a taste of what has been described.

Depression (Koenig, et al 2001, p135; Loewenthal 2007, p11)

- Those involved in religious community, and those who value their faith, are at a reduced risk from depression (those involved for self interest are at a higher risk). Even those who do get depressed recover more quickly than those without religious faith.
- Both personal/private religious practises and involvement in organised/community based religion offer resilience to depression, although organised/community religion offers more.
- Many forms of religious coping are related to lower likelihood of depression during or after stressful life events.
- Less depression amongst the religious, and reduction in depressive symptoms for those who participate in spiritual activities, are consistent findings in large research studies.

Schizophrenia (Koenig, et al 2001, p165; Loewenthal 2007 p11)

- Many studies show that religiosity amongst schizophrenic patients is not associated with schizotypal thinking, psychotic symptoms or psychotic personality traits, despite religious delusions being a presentation for some psychotic patients. Studies demonstrate a significant inverse relationship between religiousness and psychotic tendencies.
- It can be definitively stated that religion provides a powerful source of comfort and hope for many with chronic mental illness, based on prospective data studies.
- Studies into religious and spiritual interventions demonstrate these can help a person utilise their own spiritual resources that improve functioning, reduce isolation and facilitate healing.

Although the majority of research shows strong evidence for a positive relationship between spirituality/religion and mental health, there are undoubtedly cases where the connection has a negative impact especially noted in cases of strict observance.

What would the network do

Similar groups for which evidence exists were all established by pre-existing faith groups operating outside of the statutory services (see *Keeping the Faith*, 2007). So we are proposing something new in that a service user group explores spirituality from its own perspective.

Possible discussion topics

As with any service user initiative we would expect the views of the group to determine much of what we discuss, but possible starting points may include exploring

- the individual's sense of meaning and purpose in life;
- attitudes, beliefs, ideas, values and concerns around life and death;
- the individual's hopes and fears regarding the present and future;
- the individual's concerns about how their illness will affect others;
- 'WHY?' questions in relation to life, death, illness and suffering;
- what helps and sustains during difficulty,
- exploring religious activities such as ceremonies, meditation and prayer

We could also follow the sort of questions arising in a spiritual assessment interview. For example,

H--sources of hope, strength, comfort, meaning, peace, love and connection

O--the role of organized religion for the patient

P--personal spirituality and practices

E--effects on medical care and end-of-life decisions

Potential future steps

- Promoting spirituality assessment in CPA
- Promoting Spirituality policy for Hywel Dda
- Training needs analysis/ staff training
- Links to chaplain services
- Links to BME services
- Links to local faith groups
- Develop information packs
- Research spiritual needs among service users
- Promoting known activities that help, e.g. yoga, mindfulness.

- Develop clinical outcomes from spiritual practise
- Conference

The Royal College of Psychiatrists describes a range of spiritual practices from religiously-orientated through to secular spiritual activities.

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.

Evaluation

Values by which we may judge whether we are fulfilling a positive role, from Stephen G Wright, *Reflections on Spirituality and Health*, 2005.

- Be expansive rather than contracting – the experience leads to be more present, more available, more loving and more functional in the world, and less angry, threatened, hateful or fearful.
- Be entirely loving, increasing our capacity to love and be compassionate to others, without the desire to harm ourselves or others.
- Enable us to be more forgiving, accepting, inclusive and embracing of others, not judgemental, shaming, punishing or exclusive.
- Deepen our capacity for discernment rather than judgementalism – being more able to sort out the true from the false, the good from the bad, the harmful from the harmless and the important from the trivial.
- Encourage a sense of trust in ourselves, others and the Absolute that enables us to work collaboratively.

- Foster humility and the possibility that we are not always right, that we do not always have to be in control and that having our beliefs tested and challenged need not be threatening.

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.

Suggestions for discussion in a group: 6 things to do

1. Spiritual history.
 - a. Looking back over your life can you remember when you first had feelings or thoughts along spiritual lines?
 - b. Can you remember significant events or experiences?
 - c. Were these feeling positive or anxiety provoking?
 - d. When did you first know this was important in your life?
 - e. What were your spiritual experiences growing up in your family?
 - f. Draw a timeline with significant dates and experiences.
2. What is your understanding of spirituality?
 - a. What gives your life meaning?
 - b. What spiritual resources do you draw on in difficult times?
 - c. What does spirituality mean to you?
 - d. What role does it play in your life?
 - e. Do you have an understanding of God or a higher power?
3. Do you have a spiritual practise
 - a. How do you express you spiritual thoughts and feelings in practise?
 - b. How does this help you?

- c. Do you pray, if so how does that help you?
 - d. Are you part of a community? What part does it play?
4. Where do you draw sources of hope in difficult times?
- a. What are your sources of hope in difficult times?
 - b. Has being sick affected your ability to do the things that usually help you spiritually?
 - c. Has it affected your relationship with God or Higher power?
 - d. Has being ill strengthened your beliefs?
 - e. How has being ill affected your thoughts about the future?
5. Have your spiritual thoughts or feelings ever let you down?
- a. Have you ever had frightening or disordering experiences?
 - b. Have you felt guilt over past behaviour and present beliefs?
 - c. Have you felt a victim of disapproval or loss of support by a group?
 - d. Have you felt pressure to stop taking medication or seeing a GP/Psychiatrist and have faith solely in a spiritual practice?
 - e. Have you ever had negative effects on your health following doubts about a distant or intolerant higher power?
 - f. *[Always end this session on a positive note]*
6. Spirituality and care services, do they help?
- a. Do you need support to develop your spirituality? What would that look like?
 - b. Who would you like to offer spiritual support to you, e.g. health professionals, voluntary sector workers, family, chaplain or members of a religious community?
 - c. What has been your experience of talking to GP/Psychiatrists/Nurses about your spirituality?
 - d. What would you like to tell the GP/Psychiatrists/Nurses about your spirituality?
 - e. What could they do to help?
 - f. Are there any spiritual issues you would like to discuss in therapy?
 - g. Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?