

Royal College of Psychiatrists

Joint Conference of Faculty of Old Age Psychiatry and the Spirituality & Psychiatry Special Interest Group

14th December 2005

‘Spirituality & Religion in Later Life’

to be held at

SCI, 15 Belgrave Square, London

Full Programme Details

Registration 9.30 am. Finishes 5 pm.

Chairs	Brief Biographical notes
Morning session: Sarah Egger	<p>Dr Sarah Egger is Chair of the Special Interest Group in Spirituality and Psychiatry at the Royal College of Psychiatrists. She is a Consultant Psychiatrist for the Elderly working in North London. Dr Egger is particularly interested in the spiritual aspect of the holistic model and has practised and taught meditation in various NHS settings for many years.</p> <p>With a longstanding interest in integrated medicine, she is past Chair of the British Holistic Medical Association. She is the medical advisor to the Janki Foundation, set up to promote a values-based approach to healthcare, worldwide. She is on the executive committee of the SIG and has run several workshops on meditation and values at the colleges' AGM. Her latest project has been to co-ordinate the production of a facilitators manual for healthcare professionals called "Values in healthcare: a spiritual approach" launched in September 04.</p>
Afternoon sessions: Susan Benbow	<p>Professor Susan M Benbow is Chair of the Faculty of Old Age Psychiatry at the Royal College of Psychiatrists. Clinically, she works as an old age psychiatrist in Wolverhampton and in April 2005 she became Professor of Mental Health and Ageing at Staffordshire University.</p> <p>She started a new role as National Institute of Mental Health in England (NIMHE) Fellow in Ageing & Mental Health in June 2003. This is a national role, and she leads on the Older People's Mental Health work programme, which launched in April 2004.</p> <p>She has published papers on a variety of topics including family therapy, ECT, and stress and burnout in old age psychiatry, and trained as a systemic therapist at the Cardiff</p>

	<p>Family Institute. She believes that if, as health care professionals, we are to be person centred in our approach to care, then we need to be aware of the spiritual and religious needs of our patients and their families. She is involved in work on spirituality with colleagues in the memory clinic in Wolverhampton.</p>
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Speakers

<p>‘Historical outline of religion and psychiatry in UK’</p> <p>Prof. Andrew Sims</p>	<p>Brief Biographical note</p> <p>I qualified in medicine from Emmanuel College, Cambridge and Westminster Medical School. Postgraduate training in psychiatry was in the University of Manchester, and in Birmingham. MD granted by University of Cambridge, 1974, on a thesis concerned with the prognosis in neurotic disorders. Subsequent research interests in the epidemiology, phenomenology and response to treatment of neurotic disorders, latterly post-traumatic stress disorder. I also have a long-term interest in descriptive psychopathology. I have authored 12 books, including 3 editions of <i>Symptoms in the Mind</i>, and over 200 papers.</p> <p>I was Professor of Psychiatry in the University of Leeds from 1979 to 2000, and Emeritus Professor subsequently. I have served as Dean (1987-1990), President (1990-3) and the first Director of Continuing Professional Development (1993-7) of the Royal College of Psychiatrists. I edited <i>Advances in Psychiatric Treatment</i> from its inception in 1993 until 2003. I was founder editor of <i>Developing Mental Health</i> from 2002 until 2005.</p> <p>I served on the General Medical Council as an elected member, 1994-1999, and was Screener for Health, concerned with the health of doctors. I have been the second Chairman of the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists 2003 - 2005. I have also published on the interface between religious faith and mental illness.</p>
	<p>Abstract</p> <p>This is a subjective account of changing attitudes towards faith, religion and spirituality within the establishment of British psychiatry in the last century, especially its second half.</p> <p>By 1950, psychiatry viewed the spiritual concerns of patients, and religious faith of psychiatrists and patients, with suspicion and often hostility. Psychiatrists sometimes believed that religion was 'bad for your health'. The Church distrusted psychiatry for 'leading people astray'.</p> <p>In the 1960s, religious feeling was often equated with neuroticism. The patient's religious beliefs were not regarded as important, and there was little attempt at collaboration between psychiatrists and religious leaders to help patients.</p>

	<p>In the 1970s some people becoming consultants started to discuss the relationship between their Christian faith and their practice as psychiatrists.</p> <p>During the 1980s there was increasing confidence by this small minority in marking out legitimate territory for the overlap between religious faith and psychiatric symptoms, and some meetings took place.</p> <p>Quiet progress of previous decades became more public in the 90s, with the address of the Patron of the College in 1991, and of the Archbishop of Canterbury in 1995. Biennial conferences of religion and psychiatry also took place. There was an increase of research in this area.</p> <p>There have been massive changes in attitude in the last 50 years. The culmination of these developments during the last century was the founding of the Spirituality and Psychiatry Special Interest Group at the very beginning of the new millennium.</p>
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<p>‘A rich tapestry; emergent themes in spirituality in the care of older people with mental health needs’</p> <p>Julia Head</p>	<p>Brief Biographical note</p> <p>Julia Head is currently in post with the South London and Maudsley NHS Trust as Bishop John Robinson Fellow in Pastoral Theology and Mental Health, attached to the Spiritual and Pastoral Care Service. The work of the Fellowship focuses on the relationship between religion/spirituality and mental health, with the intention of promoting religious and theological principles across the spectrum of mental health care.</p> <p>In addition, Julia is Director of the Spiritual and Pastoral Education Programme of the Service, and is a visiting lecturer in Pastoral Studies at Heythrop College, University of London. Julia has over sixteen years experience in mental health ministry and care, and works as a Chaplain within the Maudsley hospital and its community bases. She is currently in her final year of training as a psychosynthesis counsellor.</p>
	<p>Abstract</p> <p>It is encouraging to see increasing attention being paid over the last few years to the spiritual and religious lives of older adults who have mental health needs. A major part of the theological task is to make explicit the sacred within the secular. In my presentation, therefore, I will focus on selected issues arising from this area of care – from people’s everyday lived realities – and highlight where one may discern themes which hold religious and spiritual significance.</p>

<p>‘Spirituality and Religion in later life: a working perspective from Old Age Psychiatrists’</p> <p>Dr. Samina Karamat</p>	<p>Brief Biographical note Dr Samina Karamat is a Specialist Registrar in Old Age Psychiatry at St George’s Hospital, London and Secretary of the Collaborative Research Group in Spirituality, Religion and Mental Health in Older People. She is also acting research co-ordinator for the old age psychiatry research group and has been involved in a number of projects on treatment and follow-up of patients with dementia, and in the two national surveys on attitudes to spirituality. She is particularly interested in developing an understanding of spiritual and moral aspects of care from a multi-faith and intercultural perspective.</p>
	<p>Abstract Old Age Psychiatrists tend to recognize that awareness of spiritual needs of patients is important in the care of older people with mental health needs, and their views and attitudes were captured in a National Survey , the results of which are presented in this lecture.</p> <p>In general, the clinicians appear to be perceive their role as detached from that of spiritual advisors, and seem very uncertain as to what provision of spiritual care is or should become available to older people with mental illness who are admitted to hospital. The discussion focuses on the necessity to recognize interface issues, and also to clarify terms of clinical integration between clinicians and spiritual advisors in the care of older people. Training issues for old age psychiatrists are also discussed.</p>

<p>‘An audit of spiritual care: nursing attitudes’</p> <p>Dr. Jonathan Hillam</p>	<p>Brief Biographical note Jonathan Hillam is a consultant old age psychiatrist in Norwich. As well as being Lead Clinician for older peoples services in North Norfolk, he is a recognised teacher at the medical school of the University of East Anglia. He edits <i>Old Age Psychiatrist</i>, the official journal of the Faculty of Old Age Psychiatry at the Royal College of Psychiatrists, and is a MRCPsych part 1 examiner.</p>
	<p>Abstract This survey looked at the attitudes, beliefs and knowledge of spiritual care held by nurses working on the five assessment wards of a psychiatric hospital for older people in Norwich. Its main aims were as follows: To determine attitudes of ward nurses to spirituality and religion in respect of both care of older people with mental health problems, and their own personal views. To determine level of understanding of the potential importance of spiritual and religious aspects of care. To determine nurses’ views of the extent of spiritual and religious activity, including contact with chaplains, available to their patients.</p>

<p>‘Spirituality and Religion in later life: a working perspective from Spiritual Advisors’</p> <p>Dr. Sarah Eagger</p>	<p>Brief Biographical note</p> <p>Dr Sarah Eagger is Chair of the Special Interest Group in Spirituality and Psychiatry at the Royal College of Psychiatrists. She is a Consultant Psychiatrist for the Elderly working in North London. Dr Eagger is particularly interested in the spiritual aspect of the holistic model and has practised and taught meditation in various NHS settings for many years. With a longstanding interest in integrated medicine, she is past Chair of the British Holistic Medical Association.</p> <p>Dr. Eagger is a medical advisor to the Janki Foundation promoting a values-based approach to healthcare, worldwide. She is on the executive committee of the SIG and has run several workshops on meditation and values at the colleges’ AGM. Her latest project has been to co-ordinate the production of a facilitators manual for healthcare professionals called “Values in healthcare: a spiritual approach” launched in September 04.</p>
	<p>Abstract</p> <p>The aim of this survey was to inform clinicians investigating the role and views of NHS spiritual advisors across the United Kingdom around the provision of pastoral care for elderly people suffering from mental illness.</p> <p>Spiritual advisors describe their working patterns and their observations of NHS staff awareness of the importance of spiritual issues in the care of the elderly mentally ill. The feedback from NHS spiritual advisors brings to the fore ethical and operational dimensions. A balanced argument emerges against the backdrop of a general agreement towards progressing integrated models of care. This will necessarily include tackling manpower and training issues at a local and national level.</p>

<p>‘Spirituality and faith: a Memory Clinic perspective’</p> <p>Prof. David Jolley</p>	<p>Brief Biographical note</p> <p>Professor David Jolley was appointed Consultant Old Age Psychiatrist in Manchester 1975, the first such appointment in the North West. He pioneered service development, teaching and research in the North West and served as Secretary and Chairman of the Section of Old Age Psychiatry of the College. Since 1995, he has worked in Wolverhampton and now divides his time in ‘retirement’ between Directing Dementiaplus (DSDC and NIMHE West Midlands), the University of Wolverhampton, and part-time clinical practice. His research interests have covered a wide range of topics within the applied/clinical arena.</p>
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	<p>Abstract.</p> <p>There is an awakening of interest in the dimensions of spirituality and religious practice as components of comprehensive assessment of patients and families faced with health problems. Dementia is a uniquely stressful disorder for individuals, families and the communities of faith, or lack of faith, within which they live. Dementia produces changes which some feel destroy or distort the very essence of affected people. Whilst there is some information about the interaction between spiritual beliefs/religious faith and the experience of dementia, this has rarely been studied or made use of in routine clinical practice. With support from the Moira Low Endowment Fund, we have begun to explore this possibility within the framework of a Memory Clinic and in discussion with local Faith Leaders.</p>
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<p>‘Dementia: a personal legacy beyond words’</p> <p>Dr. Robert Lawrence</p>	<p>Brief Biographical note</p> <p>Dr Lawrence chairs the Collaborative Research Group in Spirituality, Religion and Mental Health in Older People. He trained in Neurology and Psychiatry at the National Hospital for Neurology and Neurosurgery, Queen Square, and in Old Age Psychiatry at St George’ Hospital, London. He was lead consultant in Old Age Psychiatry and Neuropsychiatrist for the Borough of Croydon until 1996, when he became Consultant in Old Age Psychiatry for the South West London and St George’s Mental Health NHS Trust. He is an Honorary Senior Lecturer at St George’s Hospital Medical School and chairs the Research, Education and Development Advisory Panel for older people. He leads the local research group in Old Age Psychiatry, working on proteomic diagnostics, dementia treatment and on ethical and moral aspects of elderly care, including spirituality.</p>
	<p>Abstract</p> <p>Evidence shows that older individuals near the end of life return to explore the emotional meaning of their lives and experiences. This process does not exclude elderly patients with mental health needs, and it includes questions and dilemmas relating to their religious and spiritual lives and values systems.</p> <p>However, given the challenges of communication with people with severe dementia, it may be the case that caregivers fail to grasp those experiences that hold religious, spiritual and ultimate significance for the patient. This is a relatively unexplored aspect of psychiatric care in the elderly. Delivery of care follows set standards of practice, but it is still not clear how practitioners in mental health attempt to circumvent loss of meaningful communication in mainstream care.</p>

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