

Spirituality SIG Report on the College Annual Meeting Glasgow 10th-13th July 2006

Dr Sarah Egger

The SIG presented two sessions and held a business meeting at this year's College Annual Meeting.

The first was a meditation workshop, run by Dr Sarah Egger and Dr Larry Culliford. This had been done at two previous college meetings and continues to be extremely popular – in fact over-subscribed. Perhaps with all the head-filling content of the conference, people were interested in 'not thinking' for a time. The workshop was called **'Keeping body and mind together: meditation made simple'**. Its aims were to promote the benefits of a calm and discerning mind, both in clinical practice and everyday life, by offering instruction in one or two simple meditation techniques, bringing body and mind into harmony. The workshop aimed to increase our capacity to stay focused in the present and remain attentive with equanimity, while allowing us to improve our capacity to witness and endure distress, and sustain an attitude of hope. Who could resist such a claim! The full description of the workshop and its contents is very similar to other years and can be seen in a previous summary. See:

<http://www.rcpsych.ac.uk/college/specialinterestgroups/spirituality/publications/newsletter5/five.aspx>

The second session was part seminar / part workshop called **'United in Spirit – the place of spiritual enquiry in the clinical assessment'**.

The three main speakers were Dr Larry Culliford, rehabilitation psychiatrist in Brighton and member of the SIG executive; Revd Rob Merchant, Principal Lecturer in Spirituality and Health at Staffordshire University, Anglican minister and patient, and Margaret McCathie, former patient now working as a 'laughter therapist', and for the Scottish Executive for Mental Health. The session was chaired by Dr Sarah Egger, old age psychiatrist in London and current chair of the Spirituality SIG, who also led the workshop exercises. The aim of the session was to explore what patients want from their psychiatrists. The workshop component offered participants the opportunity to reflect on how to take a spiritual history.

When applying to the College for a Spirituality SIG contribution at this year's Annual meeting, the reasoning given was as follows:

'The different perspectives of professional and lay caregivers come together through the unifying and healing values of spirituality, which offer common ground for constructive discussion. Psychiatric patients have consistently identified spiritual needs as an important issue, and spiritual care as contributing to symptom relief and general well-being. It follows that psychiatric care should routinely include a careful and sympathetic assessment or 'spiritual screening'. This is required when facilitating appropriate spiritual support, and a full religious and spiritual history will add value to most psychiatric assessments. To raise these topics and listen respectfully is already to provide a measure of spiritual support for people. Nevertheless, referral for pastoral care or encouraging self-referral to

experienced mental health chaplains will be called for on occasion. Just as mental health chaplains will require some specialised training in mental illnesses, mental health assessments, treatment methods and team-working, it also follows that multi-disciplinary mental health professionals will benefit from improved spiritual awareness. Although few professionals consider themselves adequately trained on this subject many are now taking a personal interest and including it in their plans for Continuing Professional Development'.

The first speaker was Dr Larry Culliford who gave an overview of the topic 'Taking a spiritual history'. He took us through a series of questions about why we should take a spiritual history, who should do it, when and how it should be done and what follow-up would be appropriate. He defined spirituality and argued why it was relevant to people with mental health problems, describing it as sometimes part of the problem and sometimes part of the solution. Several well-known screening instruments to explore patient's spiritual needs, including the HOPE questionnaire, were discussed. (<http://www.rcpsych.ac.uk/PDF/DrSEaggeGuide.pdf>) Larry reminded us of the benefit to staff from training on this issue, with the need to be aware of ethical and boundary issues and for adequate multi-faith chaplaincy provision.

The second speaker was the Revd Rob Merchant speaking on 'Prayer and Prozac'. The presentation explored the interrelationship he personally faced as a priest, academic, and patient interacting with health services seeking to provide for his mental health needs. It was a riveting and honest account of being a spiritual person who has suffered from mental illness and how he struggled to resolve the different parts of himself. He noted that even though he presented to mental health services wearing the dog collar of an Anglican priest, not one person asked about how his spiritual life impacted upon his illness.

Following this came Margaret McCathie's personal and moving story 'From Despair to Service'. She described her journey through a serious depressive episode, which included three suicide attempts, being hospitalised for six months, sectioned under the Mental Health Act, receiving many medications and being given ECT. During her time in hospital she knew intuitively that this was not a chemical imbalance but that she had lost connection to her soul. She had tried to explain this to her carers but it was never explored.

She contacted Dr. Patch Adams, the founder of the Geshundheit Institute in the USA, who had been through his own depressive illness. His approach was that love, kindness and humour were the best medicine; his advice to Margaret was to go out and serve, and see her depression lift. It mattered to Margaret that he cared enough to write back to a stranger and it gave her the precious lifeline of hope.

Margaret then had a conversation with God and totally surrendered to what was in store for her. Acceptance and trust were the turning point. Four weeks after this prayer, she was off all medication and feeling connected again. She then spent three years with a Jungian therapist who worked with dreams to discover and help mend her brokenness. She says 'I am glad I took this journey - depression has been the greatest blessing of my life'.

The session then moved into a brief workshop where paired participants were asked to think of a time/case/incident/patient that

necessitated a 'spiritual' conversation or intervention. Each pair noted what words, language, concepts and feelings came up for both the patient and themselves.

A lively discussion ensued about what was so special about these kinds of conversations, what skills we use and how are they different from other conversations we have with patients. There was a sense that much more could be discussed and certainly there was a lot of scope to investigate how further to explore spiritual issues with patients. We look forward to the opportunity to share more of our thinking with colleagues and friends at future College meetings.