

# NIMHE NATIONAL PROJECT TO PROGRAMME PROPOSAL

(Editor's note: see Newsletter No. 10 'NIMHE project report' for background information about this document)

## RECOGNISING THE IMPORTANCE OF SPIRITUALITY IN A WHOLE PERSON APPROACH TO MENTAL HEALTH.

### (1) Aims of the Programme

The aim of the programme 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.

### (2) Objectives

The objectives of the programme are to:

- (i) Chart the current knowledge of the subject in terms of:
  - The role of spirituality in mental health
  - The role of religion in mental health
  - The role of faith communities in mental healthand identify areas of good practice in mental health services (including Primary Care) and in faith communities.  
This will be undertaken as a specific project within the programme and through the mental health research network. It will take in a research and literature search, and an exercise to ascertain which organisations are currently engaged in the field and the extent of their work.
- (ii) Build coalitions of individuals and groups who are willing and able to promote the value of positive mental health as a vital element in the health of the nation, and combat stigma and exclusion.
- (iii) Create linkages with the other NIMHE programmes (see Para (3) below).
- (iv) Set pilot sites, linked to Development Centres, which would test, develop and promote positive practice.
- (v) Produce a department of health policy guidance document on the value of Spirituality in Mental Health as part of a series on the Whole Person approach.
- (vi) Promote specific projects which will enable faith communities to better include and support those coping with the effects of mental distress and mental illness in their community.
- (vii) Bring together the growing body of research evidence on the importance of Spirituality in Mental Health.

- (viii) Broaden the understanding of clinical outcomes so as to include user goals.
- (ix) Encourage staff to recognise their needs as 'whole persons'.
- (x) Facilitate the role of chaplains (from all faiths) as part of the multi-disciplinary team.

(3) 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) 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. (iv) Religious Organisations and Faith Communities to have increased capacity to support people in a way which promotes positive mental health and assists in recovery. (v) Leaders of Religious Organisations and Faith Communities as critical supporters of Mental Health reform. (vi) Support for individual staff and staff groups, across all organisations, who themselves will benefit from a 'whole person' approach. (vii) Better understanding and appreciation across all faiths of the common and positive aspects which promote inter-faith and inter-cultural harmony and joint working—especially in deprived areas. (viii) An ability to align 'spiritual capital' with 'social capital' in all aspects of Mental Health and Mental Illness. (ix) Creative links with other NIMHE programmes at a national and regional level, supporting and supported by further research and development.

(4) Linkages with other NIMHE/DOH policy unit programmes

- Equalities programme (David Morris and Peter Bates)
- Black and Ethnic Minority strategy (Albert Persaud)
- Women and Mental Health policy (Liz Maine)
- Recovery Approaches (Pierce Allott)
- Positive Practice Network (Tony Russell)
- Acute Inpatient Care programme (Malcolm Rae & Paul Rooney)

(5) Rationale for Programme

- The growing importance of the 'whole person' and 'whole system' 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 issues, and how a personal sense of meaning and issues around community support (including faith communities) keep people healthy and help them to recover their health. (NB There are studies around issues of physical health and also helping with the process of bereavement)

- 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 demonstrating that religion is an important way of coping for black Caribbean and South Asian ethnic groups, and significantly reduces psychiatric morbidity
- Recognition that faith communities can be both inclusive and helpful, inclusive and harmful, and exclusive. Issues of stereotyping
- 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 September 2001, it is imperative to create better understanding of belief systems and to reduce stigma and cultural tension

#### (6) Definitions

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.

- (i) *Spirit* – “The human spirit is the essential life force that undergirds, motivates and vitalises human existence.” (Swinton, 2001)
- (ii) “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)
- (iii) “*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 persons 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)

“ It is the *spirit* of human beings which enables and motivates us to search for meaning and purpose in life, to seek the supernatural or some meaning which transcends us, to wonder about our origins and our identities to require morality and equity. It is the *spirit* which synthesizes the total personality and provides some sense of energising direction and order. The spiritual dimension does

not exist in isolation from the psyche and the soma, but provides an integrative force". (Ellison, 1983)

- (iv) 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 has a ... holistic and down-to-earth meaning. It encompasses the whole of human life, and will develop in a variety of styles, depending on cultures, denominations, personalities, and gifts... This is a word which has come much into vogue to describe those attitudes, beliefs, practices which animate peoples lives and help them to reach out towards super-sensible realities...” (Holt, 1993)*

*“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)*

*“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)*

- (v) Spiritual well-being – “By spiritual well-being we mean a sense of good health about the essence, the essential self, of ones 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)

- (vi) 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 routed 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 epistemological and hermeneutical framework within which people seek to understand and interpret and make sense of themselves, their lives and daily experiences.” (Swinton, 2001)*

*(vii) 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.

(7) Current work and propositions

Work on these issues has been carried out by a number of developmental bodies e.g.

- (i) The Mental Health Foundation – *Strategies for Living, and Knowing Our Own Minds*
- (ii) Nigel Copsey for the Sainsbury Centre for Mental Health – *Keeping Faith and Forward in Faith*
- (iii) Health Education Authority – Promoting mental health: *The Role of Faith Communities – Jewish and Christian Perspectives*
- (iv) National Schizophrenia Fellowship – *Meeting the Spiritual Needs of People with a Severe Mental Illness*
- (v) Wiltshire Health Authority – *Respect for Privacy, Dignity and Religious and Cultural Beliefs (Albert Persaud)*
- (vi) Bradford Social Services/Community Trust/Interfaith Education Centre – *Spiritual well-being: Policy and Practice*
- (vii) University of Aberdeen (John Swinton)
- (viii) The Maudsley Hospital/London University (Julia Head)
- (ix) Mentality (Lynne Friedli)
- (x) Islamic groups are looking to produce a guide to work with their faith communities and have linked across to the work the C of E are undertaking.

The National Schizophrenia Fellowship has recently published (September, 2001) a very helpful, succinct policy statement on the benefits and some of challenges around spirituality and religion, and the Somerset Spirituality Project has just been published by the Mental Health Foundation.

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.

(8) Immediate Actions

An action plan is set out in the appendix (to be completed) but the immediate actions are:

- (i) Create linkages across NIMHE programmes and DoH. Policy Unit Strategies.
- (ii) 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.
- (iii) Undertake an initial scoping exercise to evaluate the current state of play in this area: relationships, research, practice, development centre commitments etc.
- (iv) 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 field.
- (v) Work with faith communities who are ready now on parish (Community) initiatives to increase acceptance and support for people experiencing mental distress and mental illness. [n.b. NIMHE commitment is to replicate these initiatives, in appropriate cultural form, with all major faith groups.
- (vi) Investigate ways of consulting on this initiative – contact with Karmlesh Patel, University of Central Lancaster and Pauline Ong at Keele University.
- (vii) Create a project team to compile a DoH. policy document, to be launched by H.R.M. Prince of Wales and Church leaders in 2004 (?)
- (viii) Work with NIMHE development centres in their approach to ‘whole persons’ approaches. Set up pilot sites.
- (ix) Construct an “aide memoire” for frontline staff.

(9) 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 strategies.

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.

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