

Following contact with Peter Gilbert concerning NIMHE's current project on Spirituality and Mental Health, Peter was asked to provide a report for the Newsletter, since we are sure this initiative is going to be of interest to members of the Special Interest Group. Our thanks to him for his contribution. (ed.)

## **Recognising the Importance of Spirituality in a Whole Person approach to Mental Health .**

Peter Gilbert

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### **Recognising the whole person – NIMHE's approach.**

The National Institute for Mental Health in England (NIMHE) was launched by Health Minister, Jackie Smith, in the autumn of 2001, and commenced its operations in the summer of 2002. NIMHE's main aim is to identify good practice and assist frontline staff and managers' work with users and carers in disseminating this good practice in ways that will make for more positive outcomes for users and carers in all localities.

Mental Health has the first National Service Framework, and a well-developed foundation of policy, and now the focus is primarily on delivery.

The Mental Health development agenda is organised in a number of ways (please see NIMHE, *First Year Strategy for NIMHE: Meeting the Implementation Challenge in Mental Health*, June 2002; website: [www.nimhe.org.uk](http://www.nimhe.org.uk)). NIMHE has four core areas of activity:

- 8 development centres, based in the main around the local government offices for the regions, to ensure proper relationships with the Social Inclusion and Regeneration initiatives.
- A Research Network, which will help to build capacity in Mental Health research in a wide range of areas.
- National programmes of work and the establishment of Fellowships, leading on specific areas.
- A small central hub, based in Leeds, providing leadership and co-ordination of NIMHE's activities.

The national policy implementation programmes are: Acute In-patient Care, Community Teams, Primary Care, Substance Misuse, and Suicide Prevention. There are also three crosscutting programmes: equalities, workforce and 'intelligence in progress'.

### **Recognising the importance of Spirituality in a Whole Person approach to Mental Health.**

As well as the NIMHE's national programmes, a number of specific projects are undertaken. 'Recognising the importance of Spirituality in a Whole Person approach to Mental Health' is one such current initiative.

The thinking behind this is that there are an increasing number of studies demonstrating that many people who use Mental Health Services feel that their spiritual needs are not understood and valued; also the possible benefits faith communities can bring to people in preventative, support and recovery terms, is under-recognised and insufficiently supported.

Currently, the project is being worked up around charting the 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 Health
- identifying areas of good practice in Mental Health Services (including Primary Care) and in faith communities.

As a Senior Associate with NIMHE, I am currently leading on this and have been in touch with a number of organisations, including liaising with Dr. Andrew Powell on behalf of the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists. A forum network has been established based at **Mentality** in London, and a number of the NIMHE development centres have expressed an interest in assisting with piloting this work over the next couple of years, and in running local conferences.

I recently attended a conference on 'Moslems in Mental Health', run by the An-Nisa Society in North London, where they have a dedicated Mental Health project worker. It was clear how the pressures on the Moslem community post September 11<sup>th</sup> 2001 have been significant, and also what faith communities, if supported, can contribute to the mental well-being of their own communities and the wider community.

It is planned to move forward with this project in 2003, following the launch of the Department of Health's Black and Ethnic Minority Strategy in Mental Health in the spring of 2003.

I will be keeping in close touch with Andrew Powell, and would be pleased to enter into dialogue with psychiatrists who are working in this area. It is becoming clear that there are a number of well-established groups considering these vital issues in different parts of the country.

NIMHE wishes to encourage an approach that recognises, values and celebrates the whole person, and recognises the individual within their family, community (including faith community) and neighbourhood environment. NIMHE sees itself as 'a gateway to development' and wishes to work with all interested parties to create a more mentally healthy society.