

# **Spiritual And Cultural Care In East London**

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Before joining the NHS, I was a Christian minister working in the Docklands area of East London. It was there that I developed a passion for spirituality, mental health and social change. I have trained as a psychologist and psychotherapist and seek to integrate those insights with that of spirituality. I have the most wonderful job in that I am co-ordinator for spiritual, religious and cultural care in the mental health services of East London. The reason that we no longer use the traditional model of a chaplain is because in that area of London it is not possible for one person to represent all the religions. East London has a great richness and diversity since all the world religions are represented in the area. Our team reflects that diversity. I am using the term 'religion' to mean the particular expression in an organised structure of the spiritual tradition of a community.

You will have seen pictures of the Queen visiting Newham last week. In the crowds you will have noticed that at least seventy percent are drawn from the Asian, African and Caribbean Communities. At one end of Green Street there is the citadel of Cockney Culture, West Ham football ground, and at the other is the most diverse Asian shopping area in London. In that area there are fifteen Mosques and five Hindu Temples. To the south is a road that now boasts five black majority churches. Leaders of those churches rightly point to the explosion of black Pentecostal Christianity in inner-London. All these groups have a very distinctive approach to understanding mental health.

For five years I worked for the Sainsbury Centre for Mental Health. In that time I researched the link between faith communities and mental health. I produced two reports, which were adopted by the Chair and Chief Executive of the Trust. The basic finding of the reports was that mental health services had failed to develop a true dialogue with the faith communities with the result that a polarisation had taken place. My findings were confirmed by other very important research undertaken at the time. I believe that it will take at least five years to establish the foundations of the department.

I will now share with you five snapshots of our work.

## **The Team**

The team consists of a number of coordinators. I liaise with the traditional Christian communities. Joy is a psychiatric nurse by background and grew up within a Pentecostal church. She is forging links with the black community. Sudha is a counselling psychologist and speaks five languages. She works with the Asian community. Iris and Nick are social workers by training and work with the Jewish community. Abdur Raquib is trained in the Islamic spiritual tradition and works with the Muslim community in Tower Hamlets. John and Pauline both are ordained ministers in the Free Church tradition and both have backgrounds in the NHS. We are looking at ways to increase the team so that we can reach all the major communities.

## **Training for Staff**

We see it as crucial that we are able to support staff on the wards so that they can become more sensitive to the spiritual and cultural needs of service users. At East Ham we have monthly training programmes for staff on the wards. The most recent one had a major impact. We invited a Cockney Christian who had also suffered from mental illness. He was able to show how cockney culture in its attitude towards both depression and

spirituality prevented an understanding of mental health. Most of the nurses had not experienced that there was such a link.

We have also invited a black Pentecostal pastor and the President of a local Mosque. The aim of these sessions is to discover ways in which care can be more effective.

### **Resource Team**

Over the last year we have run three training programmes for those interested in combining an understanding of mental health with spiritual care. We have had the privilege of sharing in conversations with faith leaders, members of staff and members of faith groups. Our aim is to give every section of the community a voice. We want to be able to celebrate the differences that exist between us. Our aim is that this team of people will become the resource team for our department and that they will become ambassadors in the area to break down taboos. We also hope that they will form the basis of a befriending service both on the wards and in the community. This training programme has recently been validated by East London University.

### **Spiritual Needs**

Our aim is to provide on the wards a wide range of spiritual resources reflecting the whole community. For example, this includes the whole range of Christian worship from Pentecostal worship to Eucharist. We are in discussion with local Mosques to provide prayers. On the elderly wards we use music to touch the spiritual aspect of patients lives.

We aim to include local faith groups in this provision and to encourage those who participate to attend our training programme.

### **Community Networks**

Our philosophy has been to develop partnerships with community groups engaged in mental health care. In Hackney, this has been with Jewish Care and the Merrill project.

In the coming year we want to form stronger links with Community Mental Health Teams and to organise community meetings.

Team members provide consultation to the community teams. We intend to promote awareness by providing local seminars around important themes. For example we will be providing a day on Orthodox Judaism next month.

### **Conclusion**

If you are interested in these areas, I suggest you look at the excellent work published by the Mental Health Foundation (*Knowing our own Minds and Strategies for Living*) and the reports published by the Sainsbury Centre for Mental Health (*Keeping Faith and Forward in Faith*)