

‘Spirituality and Mental Health’

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Introduction

One of the most poignant comments from the audience of those attending the talks on Spirituality at the College Annual meeting this year came from a psychiatrist who stated that she had come into medical school wishing to sign up to and practise the humane and inspired approaches that had been presented at the Workshop, but felt that the training which had been pressed upon her was overwhelmingly mechanistic and deterministic. There were a lot of murmurs of assent to this statement and indeed the Chair of the Seminar, Professor Andrews Sims, concurred that the past curriculum had indeed pushed people down this route, but that attempts were now being made to create a more humanistic approach.

The NIMHE Spirituality Project described here was set up in mid-September 2001, partly in recognition that the tragic events of September 11th 2001 would have profound effects across both the world and local communities; but partly also because Professor Antony Sheehan, as the inaugural Chief Executive of NIMHE, felt very strongly that mental health should be about a much wider agenda than mental illness *per se*, and that not only should the concept of the ‘whole person’ be recognised as being of vital importance, but that the ‘whole person’ needed to be seen in the context of their whole life and community.

The essence of the project is to recognise, acknowledge and celebrate people’s individual expressions of spirituality; and the particular importance that organised religion plays in people’s lives. This is an area which many professionals feel deeply uneasy about, both because they feel it demands huge amounts of knowledge which they do not have, and also because it asks searching questions of their own fundamental system of motivation and practice of living.

In fact, although knowledge and expertise is important, it can also be a form of trap for the unthinking professional. Just as in many other areas of life, just when you think you know something, it is usually brought home to you that actually you do not! Basic attitudes and skills, such as respect and listening, are of the utmost importance.

Currently, the Project is a partnership one between NIMHE and the Mental Health Foundation. From November 2003 we will be evaluating with a range of partners where we should be heading in the future.

As the Project Lead, I believe that it is most important that we work with all professional groupings, to ascertain how we can create a better environment for service users and carers to speak about what helps them, recognising they are the experts by experience. My own experience of having had an episode of depression five years ago, and having been helped out of the ‘chasm’ by a number of people and life aspects, not least being a sympathetic GP, who allowed me considerable control over my treatment

programme, leaves me with a very strong determination to meet people 'where they are'.

The work of the project to date is summarised in the briefing paper given below.

National Project On Spirituality And Mental Health.

Background Briefing Paper 30.5.2005

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1. AIM

The aim of this Briefing Paper is to provide an up-to-date overview of the 'Spirituality and Mental Health' Project.

2. THE SIGNIFICANCE OF THE PROJECT

2.1 The Project was commenced in September 2001, during the setting up of the National Institute for Mental Health in England (NIMHE), and was perceived quite clearly from the start as a Project in its own right, linked to, but distinct from, the work on Black and Minority Ethnic issues.

It stemmed partly from an awareness of the effect of the tragic and traumatic events of the 11th September 2001 on general consciousness and on Faith Communities.

2.2 In the summer of 2003, the NIMHE Council accepted a proposal for the original Project to be extended into a partnership approach with the Mental Health Foundation, on a 2-year basis, from November 2003.

2.3 The Project focuses on 2 main issues:

- Spirituality as an expression of an individual's essential humanity, and the wellsprings of how they live their lives and deal with the crises which can leave us drowning rather than waving! It is, therefore, an essential element in assessment, support and recovery for Users and Carers in a whole-person approach. It is also vital in the approach to Staff in the creation of person-centred organisations.

- The establishment of positive relations with the major Religions at a time when an harmonious construct between Statutory Agencies and Faith Communities is essential; and when research studies are indicating the benefits to physical and mental health, and longevity, for those who are members of inclusive and supportive Faith Communities.

2.4 The events of 11th September 2001 are clearly an iconic watershed. Since then, the necessity for the State and Faith Communities to work constructively together has become even more vital and acute, with an increasing awareness of Article 13 of The Human Rights Act, 1998; the recent report on Islamophobia by CBMI; the Home Office Report: *Working Together* of February, 2004; the expansion of the European Community; the tensions raised in the local and European elections of May 2004.

3.0 CONCEPTS OF SPIRITUALITY AND RELIGION

3.1 Spirituality has sometimes been seen as some kind of luxury add-on to the necessary elements of humanity. Recently, however, people who use services; academics, practitioners, spiritual leaders and others, have gone back to the origins of the word, and the place of the spirit in ancient and fundamental approaches to health and well-being, to remind us that, in Professor Swinton's words: "the human spirit is the essential life force that under-girds, motivates and vitalises human existence" (Swinton, 2001).

The document on spiritual well-being produced by the Bradford Care Trust, one of the Mental Health leaders in this field, states that spirituality "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, 2001).

3.2 Religion could also encompass the aspects described above, usually in the context of belief in a transcendent being or beings, and with a meta-narrative which seeks to explain the origins of the world and those living in it and the questions which face human beings around life, suffering, death, and re-awakening in this world or another.

Religion can provide a 'World View', which is acted out in narrative, doctrine, symbols, rites, rituals, sacraments and gatherings; and the promotion of ties of mutual obligation. It creates a framework within

which people seek to understand and interpret and make sense of themselves, their lives and daily experiences. Faith communities can be welcoming, integrative and supportive; while some can be exclusive and stigmatising of people experiencing mental ill health.

4. WHAT THE PROJECT HAS ACHIEVED

4.1 Bearing in mind that the Project Lead is undertaken on a part-time basis, a considerable amount has been achieved already, mainly through working in a series of partnerships to draw existing work together, to encourage new work and to engage hearts and minds.

4.2 The project has:

- Raised the profile of this issue and helped to identify the distinct and congruent aspects of spirituality and religion.
- Built constructive links with religious groups and foundations, e.g. the national Inter-Faith Network, the Three Faiths Forum, the new Islamic Centre (based in Oxford), JAMI and the Orthodox Jewish Mental Health Network, CARITAS, the Buddhist Centre in the south-west, etc. A continual and effective link is maintained with the Church of England's Home Affairs Adviser at Church House.
- Liaised with Government Departments, and the Prime Minister's faiths adviser, John Battle MP.
- Contributed to Government documents, e.g. that on Chaplaincy Services (Autumn, 2003).
- Liaised with NIMHE programmes, e.g. BME, workforce, acute care, values, recovery, social inclusion (following up the SEU's report of June 2004) etc. (NB. The Spirituality Project is specifically mentioned (para 2.17) in the BME framework document of October 2003, as a crucial area in constructive work with people from Ethnic Minorities, and the Project Lead met with Professor David Sallah, his regional Race Equality leads, and with Jim Fowles, DoH, in February, 2005).
- Set up a National Steering Group, with a wide representation, and the Reps Group from the Regional Development Centres of NIMHE. These Groups are linked, and there is also a Survivor Advisory Group (please see diagram attached as Appendix 1).

- Published *Inspiring Hope* (November 2003) and re-launched the Project as a Partnership Project at the *Breath of Life* Conference in November 2003.
- Worked with national professional bodies and organisations, e.g. The Royal College of Psychiatrists, GSCC, The National College of Chaplains, The CPA Association, SCIE, The Nursing Advisory Group, RCN, SPN, etc.
- Formed a valuable link with the national Spirituality and Mental Health Forum (inter-faith, currently chaired by Martin Aaron, from JAMI), the members of which are attracted from users, survivors, carers, M.P.'s, chaplains, clergy, academics, mental health professionals etc.(The Forum is shown on the attached chart as related to but distinct from the project).
- Met with the Archbishop of Canterbury, Dr Rowan Williams, C of E advisors on home affairs and the DoH in January, 2005, to discuss the Project and related matters. The Archbishop has offered one of his inter-faith seminars to be devoted to issues around Mental Health, which will then lead on to a more specific symposium with mental health users, theologians and professionals at Staffordshire University in 2006.
- Made a contribution to the first national R.C. seminar on Health and well-being in March, 2005.
- Championed the issue at a succession of national, regional and local conferences and seminars, and work with organisations in the statutory and voluntary sector. A national S.P.N study day is in the planning for 2005/6, in conjunction with one of the RDC's.
- Secured a Section 64 grant (Mental Health Foundation) to produce a *Developing Practice Guide* (survey launched in November 2004).
- Worked with Trusts and Local Authorities to initiate pilot sites--launched in April 2005, with a clear framework.
- Produced proposals for major publications on the subject with JKP and Routledge. Chapter produced for a forthcoming book on *Medicine for the Person*, edited by Professors Cox and Fulford.
- Made connections in the field of research with centres such as Aberdeen, Glamorgan and Staffordshire Universities, The Maudsley, East Midlands Development Centre, etc. There is liaison on this with the Mental Health Research Network and the

DoH's Research Group. It is planned to set up a UK-wide Research Network and Forum in 2005.

- Worked with the Reverend Dr. Peter Sedgewick, former Home Affairs Adviser at Church House to initiate a training resource for parishes (written by Mentality), launched by the Bishop of St. Albans on World Mental Health Day. Discussions are currently taking place with Mr Martin Aaron (JAMI) and Dr Jaffer Qureshi on developing similar resource packs for the Jewish and Muslim faith communities respectively.
- Held two National Conferences: *Breath of Life* (November 2003) on Spirituality, and *Drinking from the Wells of Our Humanity* (December 2004), on working with Faith Communities.
- Made links with the Welsh ADSS/LGA/Universities/Health Service; and also with both statutory and voluntary services and user/carer groups in the Channel Islands (in consultation with Professor Antony Sheehan, Director of Care Services, DoH). Work to set up a Users Forum in Jersey undertaken by PG and VN in May 2004, and Conference held in Jersey on Spirituality, March, 2005. It is hoped to run a similar event in Guernsey in November, 2005.
- Provided input to workforce issues through the Social Care Workforce group; the news of working for Psychiatrists; and the review of the CPN role. Support has been given to the RCPsych curriculum review. Papers produced for the Social Care Workforce group and the G.S.C.C. A first ever conference on Spirituality and the Social work curriculum was held in conjunction with Staffordshire University and S.W.A.P. on 28th April, 2005.
- Scoped the possibility of re-working the excellent work undertaken by Professors Swinton and Hatton for The Mental Health Foundation on the spiritual needs of people with learning disabilities and put that in a Mental Health context. (NB The project has given encouragement to the seminal video resource: *Hard to Believe* produced by Croydon MIND in 2003).
- The Project is open to international links, and these may open up as the research and publications agenda develop. Discussions have been held with Professors Silvestri and Persaud, and links made across the Social Care field via Professor Nick Gould, the other NIMHE/SCIE Fellow.

5. PROJECT LEADERSHIP AND CO-ORDINATION

5.1 From September 2001, the Project has been led by Peter Gilbert (NB PG is also NIMHE/SCIE Fellow in Social Care). Time allocated is now one day per week.

5.2 From November 2003 a full-time Project Co-ordinator (Vicky Nicholls, who led the Mental Health Foundation's Somerset Spirituality Project) has been in place from the Mental Health Foundation.

The skills of the two individuals and the perspectives of the two agencies have been complementary. During VN's maternity leave, cover has been in place from the Foundation through work by Natalie Watts and Mary Ellen Coyte.

5.3 Since early 2004, Peter Gilbert has been linked to Paddy Cooney, Director of the NIMHE South West Development Centre.

PG has ensured effective links with other NIMHE Programme and Project Leads, as set out in 4.2, bullet point 5.

5.4 The Lead Development Centre for Spirituality is the East Midlands Development Centre (representative – the Venerable Arthur Hawes).

5.5 The Co-ordinator is linked to the research and development function at the Mental Health Foundation. The MHF's growing research capacity should greatly assist in the development of the Project overall.

6. PRIORITY AREAS

6.1 Priorities for the next year would be:

- Liaison with Government Departments and other agencies, e.g. professional bodies, ACPO, etc.
- Liaison and crosscutting work with NIMHE programmes and projects.
- The production of a national guidance document, as referred to in Professor Kamlesh Patel's framework document.
- Liaison with major Faith Groups (in conjunction with the NIMHE leads on BME work). It is intended to hold a seminar at Staffordshire University in early 2006 on the contribution of major faiths in the UK to Mental Health (following the Archbishop's seminar in 2005).
- The setting-up of a Research Forum and Network on a UK-wide basis, and linking with international centres.

- The ‘Developing Practice’ survey (launched in December, 2004-Questionnaire available) and guide: and the setting up of ‘pilot sites’ from early 2005 (framework available). Which will help progress practice.
- Work with professional bodies on curricula development.
- The steering of national publications.
- The delivery of conferences. This will probably be on a regional rather than a national basis in 2005, so as to support and reinforce the Developing Practice Initiative and the pilot sites. It is hoped that this subject will form the subject of one of S.P.N.’s national study days.

7. CONCLUSION

It is sometimes remarked that while formal churchgoing is declining, there is an increased interest in generalised spirituality. This, however, is an oversimplification.

- Muslims, Hindus and Sikhs are building mosques, temples and gurdwaras in a way reminiscent of the construction of the Christian cathedrals in the Middle Ages.
- Some Christian churches, especially Black churches, are expanding at a considerable rate, especially in urban areas.
- There is increasing concern over the effects of globalisation, and many of the world’s spiritual leaders have spoken of their concern that people are being turned into mere ‘consumers’. This tends to devalue human beings in general, but especially those who consume little through disease or dispossession.
- Service Users and survivors want to express their full humanity. They also desire that the humanity of the Staff who work with them is recognised and celebrated, so that Mental Health services can be a community of connection and communion, rather than one of fragmentation and disconnection.

The Spirituality Project emphasises both our uniqueness as individuals, and the dignity of difference, and concurrently our common humanity and bonds of reciprocity.