For many people with mental health problems, spirituality is an essential part of their recovery. This is something that mental health services are beginning to recognise. Peter Gilbert and Natalie Watts outline the role and aims of the NIMHE spirituality project and the issues it aims to address.

Don't mention God!

Individuals, cities or communities and societies as a whole tend to feel more at ease with themselves if they have some form of philosophy to live by. When Lord Coe, director of London's bid to host the 2012 Olympic Games, made his final presentation to the Olympics Committee last year, he stressed that London, with its multi-cultural society, was an icon and model for the world at large. Only a week or so later he echoed those remarks at a vigil in Trafalgar Square to remember the victims of the London bombings of 7 July; indeed, that multi-cultural society drew together with signs that read: 'Not in my name,' challenging both the bombers and those who might retaliate for racist reasons.

People who use mental health services often have a mechanistic and Eurocentric philosophy imposed on them. For those trained in scientific methods, it is natural to see a rationalistic approach as the only answer to the challenges people face. But this leaves many people feeling that many dimensions of their lives are given no importance. Many scientists themselves are admitting that science in itself is not the panacea we once thought it could be. Biologist and obstetrician Dr Robert Winston, in a prelude to his BBC TV series The Story of God, told Start the Week (BBC Radio 4, 28 November, 2005):

> *'The more we understand about science, the less we actually understand about the universe… for instance, so much of particle physics doesn't make complete, rational sense.'*

Let us turn from the macro to the micro. Twenty years ago I led a small team of social workers, within a wider multi-disciplinary team working with people with learning disabilities, many with related mental health needs. I have always felt it important to work across professional and agency boundaries, and dedicated some time to talking about the social model of disability to trainee GPs in the area of West Sussex in which I worked. One of the trainees, when he took up his practice, invited me to reflect with him on what kind of service he was providing to people with learning disabilities on his patch.

Through this work, we identified two women: one with severe learning disabilities, and the other with mild learning disabilities and severe social anxiety. Both were living with elderly single mothers who were in poor health. It was amazing that these women lived only a couple of doors from each other in the same street; their main support in difficult circumstances was each other and their local church communities – one was a practising Roman Catholic and the other was an evangelical Christian. Both women with learning disabilities were very well accepted and supported by their local church communities.

Religion, both of a supportive, inclusive and celebratory nature and in its more isolationist form, is becoming a subject of great interest; so is secular spirituality, which can relate to nature, visual and musical arts, expression, exercise, sacred spaces, feelings of transcendence,

community activities etc. For me, running with a companionable running club, Worcester Joggers, is not only a physical and spiritual experience, but also has some of the aspects inherent in organised religion: eg. community experience and solidarity, rites, rituals and celebrations (Gilbert, 2005).

Research, mainly from the US but there is a growing body of UK studies, indicates that membership of a supportive and inclusive religious community can benefit a person's physical and mental health, and also their longevity (Larson *et al*, 1997; Putnam, 2000; Powell, 2002; Swinton, 2001).

The growing band of people from health backgrounds who write about spirituality point out that, increasingly, those who seek treatment and care from health and social care services expect a sound technical level of support, but also desire the human constructs of respect, courtesy, attentive listening, and choice (or perhaps, more accurately, control, as perhaps only government theorists think that people really want unlimited choice!). As Stephen G. Wright, from a nurse background, puts it:

> *'If I pop an artery today, I would like to think that the nurses and doctors at the Cumberland Infirmary are clued-up about the substances it's safe to pump into my body, with knowledge based on sound research. But the illness experience is not resolved solely through science; much of being human is, essentially, unscientific, deeply personal and very subjective.'* (Wright, 2005).

Crucially, of course, the human approach cannot happen unless we also focus on staff as whole persons – with a culture, hopes, a spiritual dimension, creativity, a life outside work from which they can enrich their working life, and the need for meaning in the workplace. A MORI survey of local government staff last year showed that positive inspection ratings 'are closely allied to happy, empowered and informed staff' (Local Government Chronicle, 7 July 2005). Employees working for successful local authorities were better informed, less stressed, and had more and better training and feedback on their performance. Crucial to creating and maintaining new services that service users and their carers actually want is leadership that is both effective and humane: aligning the mission with well-orientated teams and motivated, inspired and inspiring individuals. It is this kind of leadership that produces the radical new services envisaged by David Morris and Peter Bates in their work for the Sainsbury Centre for Mental Health and NIMHE on social inclusion (Bates, 2002).

The Sunflower Project, Morecambe was set up by the primary care trust and is aimed at the whole community. Their work includes a number of workshops such as creative writing and Tai Chi. These workshops use arts and other accessible methods to look at spirituality and mental wellness. The project raises awareness in the community through the artwork produced in the workshops and by being very visible in the local area.

Spiritual needs

The NIMHE Spirituality and Mental Health Project was founded in September 2001, when it was felt that, although considerable work was being done on work with black and minority ethnic communities, more focus was needed on building positive relations with faith communities and professionals from different faiths, and more attention was required on issues of individual spirituality. So the project focuses on two main issues:

- spirituality as an expression of an individual's essential humanity, and the wellsprings of how s/he lives their life and deals with the crises that 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 organised religions and faith-based organisations at a time when a harmonious construct between statutory agencies and faith communities is essential. This is also at a time when research studies are indicating the benefits to physical and mental health and longevity for those who are members of inclusive and supporting faith communities.

It is very noticeable that 'spirituality' is an issue which service users and survivors are very keen to talk about, and write about. People who enter any form of mental health service need to feel that what Swinton describes as 'the Human Spirit ... essential life force that under-girds, motivates and vitalises human existence' (Swinton, 2001) is being attended to and, if that is a formal religious belief, that the rituals, rites, doctrine and sacraments are being attended to in an appropriate manner. Unfortunately, many people feel that this is not so. Sue Holt, in her Poems of Survival (Holt, 2003), describes the issue graphically:

I masked my emotions,
Otherwise they would keep me in.
I have to behave myself today,
No talking of God.

(From Year 2000 on a Section 3, my emphasis)

Many service users say that their beliefs – either spiritual or religious – are ignored, that they do not have access to their spiritual or faith community, or they are prey to people who wish to foist a religious belief on them as a 'cure' for their 'illness'.

Many people get confused around the concepts of spirituality and religion. Often many people think that they are essentially the same, or that spirituality is so broad a concept that it is simply not worth considering. What is clear, however, is that England and Wales are increasingly out of step with many other countries in this respect. For a decade or so, North America and Australasia have seen the inclusion of spirituality and religion in education and training for all professional groups. The Scottish Executive published an excellent text in 2002, Spiritual Care in NHS Scotland (Scottish Executive Health Department, 2002). England and Wales have been slower to catch on to this movement, and the impetus has come more from the mental health charities, such as Rethink and Mind, the Mental Health Foundation and the Sainsbury Centre for Mental Health, and also through the Royal College of Psychiatrists' Special Interest Group (see Gilbert & Nicholls, 2003; Powell, 2002).

Spirituality can be defined in a number of ways, but the document on spiritual well-being produced by the Bradford Care Trust, one of the 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.*

The Retreat, York, is a residential treatment community with a Quaker – Society of Friends – background. It is based on the Quaker belief that there is 'that of God' in every person, regardless of any mental or emotional disturbance. Their emphasis on the 'Inner Light', a positive, spiritual, life-affirming experience to be found at the core of every individual regardless of race, gender, age, religion, belief or status, is still the guiding principle of The Retreat today. The community employs a resident Friend who is available to all for spiritual assistance of whatever type, helping people to express their spiritual needs in a way that is meaningful to them. One practical example of this was with a recently bereaved resident who was having difficulty both coping with and expressing her grief. With the Friend she planned a ceremony in the beautiful grounds that included releasing balloons, helping her to say goodbye in her own way.

> *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 Social Services *et al*, 2001).

As one can see, this has much to connect it with recovery approaches that are becoming more prevalent throughout the UK.

Religion can also encompass the aspects described above, usually in the context of belief in a transcendent being, or beings, and with a meta-narrative that seeks to explain the origins of the world and those living in it, and the questions that 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 gathering, 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.

As one can see, there are strengths and weaknesses in both concepts (see Moss, 2005 for a fuller discussion). Organised religion can easily become obsessed with structures and a search for a rigidity of doctrine that excludes, rather than enfolds (Webster, 2002). Individual spirituality can become over-focused on individualised development at the expense of relationships with other people. In fact, one spiritual writer, Ronald Rolheiser, maintains that there is no true spirituality without relationships with others (Rolheiser, 1998).

NIMHE project

The NIMHE spirituality project has a number of dimensions. It looks to build constructive links with religious groups and foundations and does this partly through its steering group, which has a broad composition with strong input from a survivors group; partly through its strong links with the independent national Spirituality and Mental Health Forum, and partly through linking with the national Inter-Faith Network and organisations like the Three Faiths Forum. Links have also been created and maintained with the prime minister's faith adviser, John Battle MP, government departments and the Church of England's home affairs unit at Church House.

Pilot sites in all of England's regions, based around the eight NIMHE regional development centres, were set up in April 2005, and are linked with the Delivering Race Equality (Department of Health, 2005) focused implementation sites (FIS) and NIMHE regional race equality leads. These pilot sites will consider a range of issues around attention to spiritual and religious needs, assessment processes, chaplaincy, links with faith and spiritual communities, information, the provision of sacred space, staff care, education and training etc. There is a framework document, from which the pilot sites operate, but this is not one of the many performance-driven areas of the NHS. All pilot sites are volunteers, and move the project forward at their own pace. A symposium has just been held at the University of Lincoln in order to gather thoughts and progress, with the results being disseminated later this year.

The Mental Health Foundation is running a project, funded by a Department of Health Section 64 grant, around the issue of Developing Practice. Examples of creative practice are being gathered across England and will be produced both in written and internet form during 2006 and launched at a national conference. This isn't the end of the process; it is hoped that the publication of these examples will lead other people to come forward with their own service ideas.

The project is there to assist with national developments, such as contributing to the document on chaplaincy services (DH, 2003); working with the Royal College of Psychiatrists; contributing to the review of the mental health nurse training curriculum (Department of Health, 2006) etc. The project lead has also been asked to work with the Welsh Assembly on a policy on spiritual care.

Research in this area is now gathering pace, as we are over-reliant on research from the US. A research forum is being established, with links across universities and development centres and

Many mental health trusts are recognising the importance of spirituality to their service users. **The Somerset Trust**, for example, is carrying out trials of spiritual assessments for inpatients. The trust has a spiritual adviser as well as a network of user-led groups whose aim is to raise awareness of the importance of spirituality to people in the community at large, as well as people with mental health needs and mental health professionals.

the Royal College of Psychiatrists across the UK and, eventually, internationally. This will be led by Professor John Swinton of Aberdeen University, and the NIMHE project lead.

Spirituality, in many ways, underpins so much of what is taking place in other areas. So strong links have been formed with other national NIMHE programmes: for example, values, workforce, acute care, social inclusion, race equality etc.

The project aims to influence the workforce agenda, in terms of the education and training of professionals. It has backed changes in the curriculum for the training of psychiatrists; it has contributed to the review of mental health nursing (Department of Health, 2006), and is making representations to the changes in education and training in social work and social care. An innovative conference was held at Staffordshire University in April 2005 to promote this dimension, which has been much neglected in social work in the UK. It is much more evident in social work texts in Australasia and North America (eg. Healy, 2005).

The project has put on two national conferences, and provided talks and space for discussion across all the English regions. It has also worked in partnership with creative organisations such as Croydon Mind, who produced a beautifully crafted, inspiring and informing DVD last year entitled Hard to Believe.

The project is very conscious of wishing to make strong links with all major religious faiths. The Church of England, as the national Church, has been particularly supportive of this, and has also led the way in a meeting with the Archbishop of Canterbury at Lambeth Palace in the spring of 2005, and a joint publication of a resource pack for parishes by NIMHE, the Church of England and mentality (NIMHE & Church of England, 2004) Currently, work is going on to produce a similar resource pack for the Jewish community, and there are also discussions with Muslim communities about the production of such a pack.

Spirituality is a growing concern; a number of universities are setting up centres for spirituality: Aberdeen, Staffordshire, and the University of Glamorgan to name just three.

Recently a survivor told me how her nurse, updating her CPA, asked her what her spiritual needs were. My friend felt that this question was put in a very formulaic manner. She was pleased that the trust had included spirituality as one of the dimensions of the CPA, but saw this as an inappropriate way to learn from an individual what made them tick. In fact, it was more the ticking of a box, than the ticking of a heartbeat!

The BBC 1 Panorama programme on 20 July 2005 revealing the horrendous neglect of elderly patients in a general hospital, showed graphically how we are losing touch with an essentially human approach to care and treatment. The nurse who had gone undercover talked about this all being about 'basic human needs'. The hospital trust chief executive spoke about 'complaints procedures, action plans, policies and procedures etc'. Not once did he talk about attitudes, humanity and dignity. In health and social care today we are consistently hitting the target, but missing the point.

We hope that the subject matter of the project and the way that we are moving it forward in a relational manner will encourage a greater accent on a human and humane approach to services: one that focuses not on a part of an individual's body, or even a part of their life, but on the whole person, with a past, hopes for the future, and a life outside of their 'career' as a user of services or carer.

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For more information visit the NIMHE, Staffordshire University (Centre for Spirituality) and Mental Health Foundation websites (www.nimhe.org.uk, www.staffs.ac.uk, www.mhf.org.uk)