

Executive Briefing Spirituality and mental health

Overview

Spirituality is an issue which is crucial to many people, particularly those experiencing distress in their lives. It can provide a sense of belonging and hope as well as enhance coping strategies and sense of control. However, the spiritual needs of people experiencing mental health problems can often be overlooked or pathologised, and in many cases, little effort is made to support this aspect of their lives.

In 2006, the Mental Health Foundation published *The Impact of Spirituality on Mental Health*¹, which recommended further research into this subject. Subsequent to this, *Keeping the Faith* (Mental Health Foundation, 2007²) investigated examples of services which support spirituality, and the key areas of importance for mental health service users and providers.

This briefing outlines these key messages and highlights recommendations for commissioners of services as well as mental health service managers, clinicians and religious and spiritual leaders.

Background

Mental health services have a responsibility to ensure the support they provide addresses individuals' needs in a person-centred way. The National Service Framework for Mental Health³ acknowledges the need to consider the "spiritual facets of mental health and mental health problems" as part of Standard One – Mental Health Promotion. Standards Four and Five (effective services for people with severe mental illness) recognise the need to include an individual's spiritual needs in the assessment and care planning process.

The importance of spirituality to mental health applies equally to those who identify with no organised religion as much as to those who do. For most people using mental health services in the UK spirituality appears to have been largely ignored or pathologised. Spirituality may also be a concept that is treated with trepidation by mental health practitioners for many different reasons, ranging from fear of overstepping professional boundaries to fear of eliciting false beliefs or because in their practice they have worked with service users for whom it may have genuinely been part of their mental health problems. This approach, however, may lead to mental health service users feeling that mental health professionals ignore an important aspect of their lives and identity.

Definitions of spirituality

Spirituality can be defined as:

... that aspect of human existence that gives it its 'humanness'. It concerns the structures of significance that give meaning and direction to a person's life and helps them to deal with the vicissitudes of existence. As such it includes such vital

*dimensions as the quest for meaning, purpose, self-transcending knowledge, meaningful relationships, love and commitment, as well as (for some) a sense of the holy amongst us.*⁴

Spirituality is not the same as religion, although religion can be the focus of an individual's spirituality or the way in which an individual's spirituality is recognised and expressed. Both spirituality and religion can operate independently of the other.

Spirituality represents whatever gives an individual's life meaning, purpose and fulfilment; that which makes life worth living or meaningful to live.

Mental health professionals' perspective on spirituality

Mental health professionals' opinions of the relevance of spirituality to mental health needs remain divided. A survey published in 2004 indicated that 45% of mental health professionals felt that religion could lead to mental ill health, whilst 39% thought that religion could protect people from mental ill health⁵. Clinicians often either ignore an individual's spiritual life completely⁶ or treat their spiritual experiences as the cause or manifestation of a service user's mental health problems.^{7 8 9}

The incorporation of spirituality into an individual's recovery does not have to be problematic. For example, acknowledging and drawing on a service user's religious perspective does not require mental health practitioners to share the same religious beliefs but simply a willingness to engage with this aspect of humanity.¹⁰ Inclusion of religion or any other non-religious spiritual beliefs may prove beneficial to recovery, particularly when religion or spirituality plays a central role in the service user's life.

What are spiritual practices?

A range of spiritual practices may be important to an individual, and these may not necessarily be traditional attendance at a place of worship. The Royal College of Psychiatrists define spiritual practices to include a wide range of activities, from religiously-orientated through to secular spiritual activities. These activities may include:

- Belonging to a faith tradition, participating in associated community-based activities;
- Ritual and symbolic practices and other forms of worship
- Pilgrimage and retreats
- Meditation and prayer
- Reading scripture
- Sacred music (listening to, singing or chanting and playing)
- Acts of compassion (including work)
- Deep reflection or contemplation
- Yoga, Tai Chi and similar practices
- Engaging with and enjoying nature
- Contemplative reading of literature, poetry etc
- Engaging in creative activities, including art, cookery, gardening etc
- Maintaining stable family relationships and friendships (especially those involving high levels of trust and intimacy)
- Group or team sports, and recreational activity.¹¹

How spirituality can support mental health

Coping styles

Spirituality has been shown to assist people in developing stronger coping styles. One study found that when religion was used as part of a wider approach to coping this typically provided a beneficial outcome for mental health and reduced mental distress.¹²

Control

Spiritual beliefs may assist people in helping people cope with and interpret events or experiences, meaning they feel they have more control over events in their lives. Previous studies indicate that individuals who hold religious beliefs may be able to reduce the stressful reactions to events that they deem to be uncontrollable by reframing or reinterpreting those events.¹³

Social support

Individuals' mental health is often supported through engagement with members and leaders of religious congregations.¹⁴ A spiritual community may provide a variety of support, including:

- protecting people from social isolation
- providing and strengthening family and social networks
- providing individuals with a sense of belonging and self-esteem, and
- offering spiritual support in times of adversity.¹⁵

However, spiritual leaders need more training in supporting people with mental health problems and understanding the role they might play in their recovery.¹⁶

The relationship between spirituality and culture and ethnicity

There is a complex inter-relationship between spirituality and culture. Culture is a collection of acquired behaviour patterns and meanings that are common to a particular group of people or society. For an individual, culture and religion may be inter-changeable, addressing numerous psychological needs. Collective religious ceremonies are often important as they reinforce cultural values and strengthen a society or group's cohesiveness and this is associated with higher community belonging, moral standards and self-esteem.^{17 18} In some cultures religion is seen as central to an individual and their community's sense of self-definition.^{20 21}

The issue of ethnicity also needs to be considered. An individual with a mental health problem may understand their problem from their own cultural and ethnic perspective, which may differ from the UK's generally dominant white culture. However, white practising Christians can also feel alienated and perhaps allied with other ethnic groups with similar religious values. It is imperative that mental health practitioners understand the role of culture and ethnicity in a service user's life and take into account cultural sensitivities and relevant explanations to mental health problems.

The Mental Health Foundation's Keeping the Faith research project (2007) found the following key issues relating to spirituality which were significant for service users and service providers:

Services users' perspectives

Spirituality can provide inner strength

What constitutes spirituality and how it affects an individual's mental well-being is ultimately unique to that person. It is this strong sense of identity that provides a greater sense of inner strength to acknowledge and address mental distress. Indeed, accepting oneself as part of a spiritual community

Executive Briefing

Spirituality and mental health

may provide an overall sense of belonging that benefits the individual's physical and mental well-being.²² Accepting and acknowledging the fact of a service user's belonging to spiritual-orientated community may enhance their recovery process.

Spirituality is unique to the individual

A person's spiritual beliefs are unique to them, and each person experiences their own spirituality differently. A person may or may not want to explore in great depth their spirituality as an aspect of diagnosis or as something to be treated. Service providers need to be sensitive to their service user's spiritual needs, providing an opportunity for both parties to discuss the user's spiritual requirements in a sensitive and respectful manner.

"They want to take my spirituality away"

Service users who openly acknowledge their spirituality may fear that service providers and their staff may attempt to dismiss their spirituality, and at worst, may interpret this as delusional beliefs. However previous studies positively support the role of spirituality within mental health care²³. For instance, a belief in God or a higher power can be positive in helping those with mental health problems.²⁴ Spirituality should be seen as a means to understand and facilitate the recovery process.

The service providers' perspective

Taking the fear out of spirituality

Encouraging mental health services to embrace spirituality as an aspect of their service can present a number of difficulties. Resistance to the inclusion of spirituality within a service user's care plan may lie in the perception that spirituality is part of, or exacerbates, a person's mental health problem.

Resistance to incorporating spirituality within mental health service provision may be perpetuated by staff fears, especially if they are required to undertake some form of spiritual needs assessment. Some mental health staff might find such assessments personally challenging to their own beliefs.

Leadership needs to be committed

One approach to overcoming resistance to the inclusion of spirituality in mental health services is for management to fully support its inclusion. This should include the head of the organisation publicly demonstrating their support. Complementing this, all mental health staff need to be properly trained and prepared to use spirituality assessment tools, whilst recognising that conducting high quality assessments is time consuming.

The environment can support spirituality and recovery

Although spirituality may be experienced through activities or religious beliefs, it can also be experienced through

dedicated spiritual spaces. While most NHS Trusts offer religious space, such as a chapel or prayer room, spirituality can also be experienced through non-religious environments. For instance, establishing a quiet space for personal reflection where people can sit and think in peace may be helpful. This may allow service users time to understand their problems and treatment in a different manner to that offered by formal talking or medical treatments.

Get service users talking

By recognising that religion and spirituality are inter-linked but are not the same, mental health services are confronted by the complexities of how to address service users' spiritual needs. Although aspects of spirituality can bring people together, different beliefs can also divide individuals or groups. Attempting to address these differences in a proactive and practical manner may seem problematic. However, these may be resolved through undertaking spiritual-related activities that transcend these differences. For example, the Royal College of Psychiatrists' special interest group in spirituality and mental health includes yoga and meditation as examples of spiritual practice, both which have been shown to improve mental health²⁵.

Spirituality is supplementary rather than a solution

Spirituality is not an inclusive, all encompassing solution for people with mental health problems. Whilst the relevance of spirituality to mental health has been outlined in The impact of spirituality on mental health²⁶, it is important to remember the positive outcomes spirituality offers. In particular spirituality provides support and strengthens an individual's coping styles, perceptions of control, as well as developing social support,^{27 28} which are all important aspects of mental health. By drawing upon spirituality mental health service providers can help empower and encourage service users to actively engage with their recovery. Spirituality becomes then a supplementary means to help the service users' recovery from mental health problems.

Work with the local NHS Chaplaincy / Spiritual and pastoral care

The emergence of a multi-faith culture in our society has required NHS services to adapt. Where a NHS chaplain may have originally been expected to work with patients from a Christian perspective, they are now more likely to work with people from a variety of faiths, who share a common belief in God.

NHS chaplains' experience of working with service users from a variety of faiths represents an important resource that should be drawn upon. New insights into service users perspectives or needs may be revealed, which could improve future users' spiritual care.

Recommendations

To better support the spirituality of people experiencing mental health problems,

Commissioners should:

- Ensure faith needs are monitored and the data collected centrally

Mental health service managers and clinicians should:

- Recognise that spirituality needs to be considered as part of the whole-person approach to the care and treatment of an individual. Service users should, therefore, be asked about their spiritual and religious needs
- Acknowledge that everyone has spiritual needs, but an individual may not recognise their activities or needs as being spiritual
- Acknowledge and understand differences in service users' spiritual needs, including on the basis of their culture and ethnicity
- Consider a service user's spiritual needs and the wider mental health implications of a spiritual perspective to the service user's mental health. For example, a person with mental health problems which they attribute to religion may not benefit from having further religious-based interventions
- Provide spiritual resources which are meaningful and appropriate to service users, e.g. art activities, discussion groups, as well as providing access to faith activities
- Develop partnerships with relevant local spirituality-orientated organisations that will support users positively

Conduct training and support a training needs analysis for staff to develop capabilities in working with spirituality. This should be incorporated within staff's Continuous Professional Development (CPD) requirements

Religious and spiritual leaders should:

- Develop their capabilities to understand mental health problems and the needs of their community members - their leadership can help to address mental health stigma and discrimination
- Develop partnerships with mental health organisations and help staff to appreciate how spirituality and the involvement of their organisation may help and support service users.

Endnotes

- ¹ Cornah, D. (2006) The impact of spirituality on mental health - A review of the literature. London: Mental Health Foundation.
- ² Mental Health Foundation (2007) Keeping the faith: Spirituality and recovery from mental health problems, London, Mental Health Foundation.
- ³ Department of Health (1999) The National Service Framework for Mental Health, London, Department of Health.
- ⁴ Swinton, J. and Pattison, S. (2001), Come all ye faithful, *Health Service Journal*, 111, p. 24-25.
- ⁵ Foskett, J., J. Marriott, and F. Wilson-Rudd, (2004) Mental health, religion and spirituality: Attitudes, experience and expertise among mental health professionals and religious leaders in Somerset: *Mental Health, Religion and Culture*. 7 (1) p. 5-22.
- ⁶ Yangarber-Hicks, N., (2004), Religious coping styles and recovery from serious mental illnesses: *Journal of Psychology and Theology*, 32 (4) p.305-317
- ⁷ Swinton, J. (200) Spirituality in mental health care: rediscovering a forgotten dimension. London: Jessica Kingsley.
- ⁸ Rethink (2004), Spirituality and Mental Illness www.rethink.org/information/living/spirituality.html, Accessed March 3, 2006
- ⁹ Worthington, E. L. Jr, (1986), Religious counselling: a review of published empirical research: *J. of Coun. and Dev.*, 64, p. 421-431.
- ¹⁰ *ibid.*
- ¹¹ The Royal College of Psychiatrists, Spirituality and Mental Health, <http://www.rcpsych.ac.uk/mentalhealthinformation/therapies/spiritualityandmentalhealth.aspx>, accessed June 2006.
- ¹² Fabricatore, A. N. Handal, P. J., Rubio, D. M., & Gilner, F. H (2004) Stress, Religion, and Mental Health: Religious Coping in Mediating and Moderating Roles: *J. for the Psy. of Rel.*, 14 (2) p. 91-108.
- ¹³ Ukst-Margetic, B. and Margetic, B. (2005), Religiosity and health outcomes: review of literature: *Coll. Antropol.*, 29 (1) p. 365-371.
- ¹⁴ Hill, P. C. and Pargament K. I. (2003) Advances in the conceptualization and measurement of religion and spirituality. Implications for physical and mental health research: *Am. Psy.*, 58 (1) p. 64-74.
- ¹⁵ Loewenthal, K. M. (1995) *Mental Health and Religion*: London, Chapman and Hall.
- ¹⁶ Ukst-Margetic, B. and B. Margetic, B. (2005) *op cit.*
- ¹⁷ Sherwood, R. (1980) *The psychodynamics of race, Sussex, USA*: Harvest press
- ¹⁸ Wiebe, K. F. and Fleck, R. (1980) Personality correlates of intrinsic, extrinsic and non-religious orientations: *J. of Psy.*, 105, pp. 181 - 187.
- ¹⁹ Smith, C. B., A. J. Weigert and D. L. Thomas (1979) Self-Esteem and Religiosity: An Analysis of Catholic Adolescents from Five cultures: *J. for the Sci. Study of Rel.*, 18, p. 51 - 60.
- ²⁰ Modood, T., R. Berthoud, J. Lakey, J. Nazroo, P. Smith, S. Virdee and S. Beishon (Eds), (1997) *Ethnic Minorities in Britain-Diversity and Disadvantage*, London,: Policy Studies Institute.
- ²¹ Venkatesh, A., (1994) India's Changing Consumer Economy: A Cultural Perspective: *Adv. in Con. Res.*, 21, p. 323-328.
- ²² Larson, D. B., and S. S. Larson (1998) Spirituality's potential relevance to physical and emotional health: a brief review of quantitative research: *J. of Psychology and Theology*, 31 (1), p. 37.
- ²³ Dein, S. and M. Lipsedge (1998), Negotiating across class, culture and religion: psychiatry in the English inner city: in Opaku, S. O., *Clinical Methods in Transcultural Psychiatry*, Washington D. C., USA: American Psychiatric Press Inc.
- ²⁴ Alston, W. P., (1972), Religion: in Edwards, P. (Ed.), *Encyclopaedia of philosophy*, 7, p. 140-145, New York, USA: Macmillan.
- ²⁵ Brown, R. P., and Gergarg, P. L. (2005), Sudarshan Kriya Yogic breathing in the treatment of stress, anxiety, and depression. Part II--clinical applications and guidelines: *J. Altern. Complement Med.*, 11 (4) p. 711-717.
- ²⁶ Cornah, D, *op cit.*
- ²⁷ Ukst-Margetic, B. and B. Margetic, 2005, *op cit.*
- ²⁸ Seul, J. R., 1999, Ours is the way of God: Religion, identity and intergroup conflict: *J. of Peace Res.*, 36 (5) p. 553-569