What is mental health?

• Deficit models
• Holistic models
• Six dimensions: affective, behavioural, cognitive, socio-political, spiritual and psychological.


A definition of mental health

“The emotional and spiritual resilience which enables us to survive pain, disappointment and sadness.

It is a fundamental belief in our own and others’ dignity and worth”.

What do you make of this?

Essential to quality care

“...is the attitude of respect and curiosity for all that has shaped an individual life.”


Learning outcomes

1. To distinguish between spirituality, faith and religion.
2. To distinguish between healthy and pathological spirituality.
3. To consider evidence for including spiritual care as part of the care we deliver.
4. To enable staff to explore the spiritual and faith needs of service users.
5. To encourage open discussion around beliefs and values.
Learning outcome 1

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There is a huge question . .

WHAT IS SPIRITUALITY!!!
Spirituality

The word “spiritual” has many meanings. These are some:

• It is the essence of human beings as unique individuals.
• 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.

Faith

Faith is a high level of trust or confidence in something. For some, this may mean faith in God, a god or gods. Faith can often be a source of hope or strength.

Religion

Religion provides the framework within which many people seek to lead a spiritual life.
Spiritual and religious care

**Spiritual care** is usually given in one-to-one relationship, is completely person-centred and makes no assumptions about personal conviction or life orientation.

**Religious care** is given in the context of shared religious beliefs, values, liturgies and lifestyles of a faith community.

**Spiritual care** is not necessarily religious.

**Religious care** at its best, should always be spiritual.

Cited in Spiritual Care Matters:


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A definition of spirituality

“In every human being there seems to be a spiritual dimension, a quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose..."

The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite, and comes especially into focus at times of emotional stress, physical (and mental) illness, loss, bereavement and death."


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Exploring Spirituality is Important

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Learning outcome 2

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Healthy or pathological?

• When do spiritual beliefs, practices and experiences become pathological?
• Can apparently psychopathological mental states ever be understood as spiritual?

Cooke, Chris et al, 2009, Spirituality and Psychiatry, p. 254
London, Royal College of Psychiatrists.

Healthy or pathological?

• What?
• Who?
• Where?
• When?

Comparison between a therapeutic group and a religious spiritual group

Cooke, Chris et al, 2009, Spirituality and Psychiatry, pp.258-9,
London, Royal College of Psychiatrists.
Learning outcome 3

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Why Spiritual Care?

Clinical reasons It increases resilience, promotes well being and aids healing and peace.

Ethical reasons It is the right thing to do.

Legal reasons Single Equality Scheme demands that we include it.

Business reasons It is cost effective.

Levison: Spiritual Care/Chaplaincy in NHS Scotland (adapted)
Clinical reasons

“Mental health nurses need to recognise and respond to the spiritual and religious needs of service users.”

Values Into Action,
Review of Mental Health Nursing by the Chief Nursing Officer,

Clinical reasons

“I am sick of being talked about, treated as a statistic, pushed to the margins of human conversation.

I want someone who will have time for me, someone who will listen to me, someone who has not already judged who I am or what I have to offer.

I am waiting to be taken seriously.”

A service user.
Taken Seriously: The Somerset Project (2002)
The Mental Health Foundation
Ethical reasons

“If you don’t know who I am, how are you going to provide a package of care for me, to deliver something? When you do not know how important my religion is to me, what language I speak, where I am coming from, how are you going to help me to cope with my mental illness? And that is what I am trying to get over to people; the first step is about identity. It is absolutely fundamental to the package of care we offer an individual.”

Professor Kamlesh Patel, Chair of the Mental Health Act Commission on launching the National Census of In-Patients in Mental Health Hospitals, 2005.
Ethical reasons
In-Patient Census (Sheffield) March 31st 2008

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Legal reasons

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Business reasons

1,300+ Foundation Members have expressed an interest in “faith issues”

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Business reasons

Evidence suggests that mental health trusts which are giving attention to spiritual care are thriving whereas those that focus only on organisational issues and targets are not.

Peter Gilbert is Professor of Social Work and Spirituality, Staffordshire University. NIMHE Project Lead for Spirituality (Former Director of Social Services, Worcestershire County Council)

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Activity

Clinical reasons It increases resilience, promotes, well being and aids healing and peace.

Ethical reasons It is the right thing to do.

Legal reasons Equality Act 2010 demands that we include it.

Business reasons It is cost effective.

Levison: Spiritual Care/Chaplaincy in NHS Scotland (adapted)

Sheffield Health & Social Care NHS Foundation Trust
Learning outcome 4

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Where do service users get access to spiritual care?
Tips 1

✓ Offer empathy and understanding
✓ Ask service users about their spiritual and religious strengths and needs:
  - on admission
  - throughout their care and treatment
✓ Help service users identify their important values, beliefs and practices
✓ Provide all service users with an opportunity to talk to a chaplain if they want to.

Tips 2

✓ Be sensitive to people in a state of heightened awareness
✓ Recognise that crisis and breakdown can be an opportunity for breakthrough, with appropriate support
✓ Support people in working towards integrating their experiences
✓ Recognise the value to many people of their creativity and provide opportunities to explore and express this through e.g. music, the arts and nature.
Tip 3

- Staff may feel uncomfortable if clients wish to use spiritual, faith, or religious language which is unfamiliar, but it is always good to listen respectfully or look for someone with specialised knowledge and skills in the area.

Avoid

- Pathologising the religious and spiritual experience of service users
- Ignoring or dismissing the religious and spiritual strengths and needs of service users
- Refusing service users' access to their religious and spiritual resources, opportunities and practices
Learning outcome 5

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Have your say
Some comments from staff

“Spirituality and religion can be very private and personal for the individual – increasing awareness needs to take this into consideration.”

“…instances where religious beliefs…have made a patient’s mental state much worse…some patients “acquire” spiritual beliefs as part of a delusional beliefs system…”

“…training, if done correctly, could be very helpful…increase understanding…and improve working practice.”

“…(this) might mean changing our whole ideas in some areas which would be really hard.”

Base-line Audit, Sheffield, conducted with staff 2006

Barriers to spiritual care

- Narrow conception of spirituality
- Fear of incompetence
- Uncertainty regarding personal spiritual and religious beliefs and values
- Lack of time and low staffing ratios
- Fear of imposing personal beliefs on the service user
- Fear of intruding on a person’s privacy
- Problems of service user assessment
- Educational and professional prejudice
**Exploring spirituality exercise**

Divide into pairs and decide who is going to be the interviewer and who the interviewee. (We may use observers).

Work through questions 9 onwards in the Diversity Profile. When you have done this, work through questions 1 to 8.

Allow yourself 20 minutes. This is not a role play.

Please feel free to use your own wording.

Feedback to the whole group, with particular reference to how it felt being the interviewer and the interviewee.

You will not be asked to share the content of the interviews with the bigger group.

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**Feedback**

- How did it feel to be the interviewer?
- Interviewee?
- Observer (if used)?
- Any issues or comments regarding the Diversity Profile?
The significance of hope

Basset, T and Repper, J

A cycle of hope

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Review of learning outcomes

Sheffield Health & Social Care NHS Foundation Trust