



# Handbook of **spiritual care** in mental illness



# Contents

|                                                      |           |
|------------------------------------------------------|-----------|
| Introduction to the second edition                   | 5         |
| <b>Part 1: Spiritual care in theory</b>              | <b>6</b>  |
| Why bother?                                          | 6         |
| What do you mean by spirituality?                    | 7         |
| How is spirituality related to religion and culture? | 8         |
| How can our spirituality go wrong?                   | 9         |
| What are the implications of this?                   | 10        |
| How is spirituality related to mental illness?       | 11        |
| How can spiritual care help?                         | 12        |
| <b>Part 2: Spiritual care in practice</b>            | <b>14</b> |
| What is the therapeutic relationship?                | 14        |
| What is involved in spiritual care?                  | 15        |
| 1. The spiritual assessment                          | 15        |
| 2. Making a spiritual care plan                      | 19        |
| 3. Delivering spiritual care                         | 20        |
| Who does what?                                       | 22        |
| 1. The two-tier system                               | 22        |
| 2. Boundaries                                        | 23        |
| What does this mean for me personally?               | 24        |
| 1. Examine how you relate to service users           | 24        |
| 2. Know your limitations                             | 25        |
| 3. Examine yourself                                  | 25        |
| 4. Take care of yourself                             | 26        |
| Conclusion                                           | 27        |
| <b>Appendix</b>                                      | <b>28</b> |
| Spiritual care decision tree                         | 28        |
| References                                           | 30        |



# Introduction to the second edition

“Spirituality and psychiatry – on the face of it they do not have much in common. But we are increasingly aware of ways in which some aspects of spirituality can offer real benefits to mental health.”<sup>1</sup>

We are moving away from the traditional view that both the causes and treatment of mental illness reside in three dimensions - the biological, the psychological and the social.<sup>2</sup> A fourth dimension, the spiritual, has recently been recognised, and research suggests we need to take it seriously as a significant factor in resilience and recovery.<sup>3, 4</sup> ‘Spiritual care’ has emerged as the way in which we facilitate and empower people to identify their spiritual needs and find ways of meeting these. Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) has been working hard to develop and deliver high quality, evidence-based spiritual care.

The inspiration behind this handbook came from two former employees of BSMHFT, Neil Deuchar, (former Medical Director) and Sandra Thomas, (former Head of Spiritual Care). It was written in 2009 when the concept of spiritual care was relatively new. Six years on there have been many developments in the field. Jo Barber, Carol Wilson and colleagues from BSMHFT have used these, together with our growing clinical experience, to revise our model of how spiritual care is best delivered. We plan to evaluate this using a questionnaire we have developed, the Service user Recovery Evaluation Scale (SeRvE),<sup>5</sup> which measures recovery from the service user viewpoint.

In mental health care we know that those who have involvement in religious communities and have spiritual practices tend to recover more quickly than those who do not.<sup>6, 7, 8</sup> Religion and spiritual belief seems to be especially important for mental health service users.<sup>9, 10</sup> While most find it helpful and a source of meaning and comfort,<sup>11, 12</sup> for others it is a source of distress.<sup>13, 14, 15</sup> For some, cultural issues are of specific importance. We need to consider all these issues under the banner of spiritual care. Indeed, service users are increasingly asking for their spirituality, however it is presented, to be addressed as part of their holistic care.<sup>5, 6, 16, 17</sup>

In practical terms, an assessment of spiritual, religious and cultural needs should be utilised to ensure the planning and delivery of good quality spiritual care.<sup>18, 19, 20, 21</sup> At BSMHFT we have to cater for service users of all faiths and none, as well as those from diverse cultures with a range of diagnoses and challenges. This requires a large and diverse Spiritual Care Team, some working from a broad understanding of spirituality and others representing particular faiths. Suitable spiritual interventions will be different for each service user and will be offered with their guidance and consent.

We believe that all service users should be offered spiritual care. Although the spiritual care team can offer specialist spiritual care, many healthcare professionals have an understanding of spirituality and can help service users to explore theirs as part of the recovery journey. This handbook is a practical guide for clinical staff and describes what **you** can do. We believe that involving more clinical staff in spiritual care will enhance the experiences of both staff and service users and improve service user recovery. We know that this is what our service users want and we owe it to them to try.

Jo Barber and Carol Wilson 2015

## Part 1

# Spiritual care in theory

## Why bother?

### Ask yourself:

What is the worst thing about having a mental illness?

Is it the symptoms, such as delusions, hallucinations or mood swings?

Perhaps it is something much more than that.

Maybe it is:

- feeling isolated with a sense of personal torment
- losing your identity and self-esteem
- losing all hope for the future
- being unable to give or receive love.

Over the longer term, all positive meaning and purpose may be lost and the person can completely give up hope of things being any better.

All these difficulties may indicate a loss of spiritual wellbeing. Helping our service users to find or recover their own healthy spirituality is one of the most important things we can do for them. This is what we call spiritual care.

### Example:

A service user in hospital who has lost their job and friends, sitting day after day, refusing to talk or eat, almost motionless in complete despair, wanting to die.

Where does hope lie? What resources for strength and courage does this person have that might give hope for recovery without which life is very bleak?



# What do you mean by spirituality?

## Ask yourself:

Do you do any of the following?

Do you:

- care faithfully for your family
- persevere in a low paid or boring job
- strive for excellence in art, music or science
- manage to cope with life despite illness, bereavement, or other hardship
- put the needs of loved ones before your own?

If you do ANY of these things, ask yourself why?

Almost certainly, the answer is because of your spirituality.

Spirituality is what gives us meaning, hope and purpose in our lives. It is hard to define because it is an individual thing, different for everyone. Although for some people it is very closely linked to their faith, it is a broader term than religion. Many of the most ordinary people have the most extraordinary spirituality without subscribing to a particular religious faith.

The following are examples of what can form the basis for different people's spirituality:

- a religious faith of any kind, whether or it is not practised as part of a specific faith community
- contemplation or meditation, whether as part of a religious practice or not and regardless of where it happens
- awareness of beauty or a sense of strength gained from nature or the arts
- awareness of strong bonds between you and others, friends, family or wider community such that you feel you have something to offer that others need and value
- a strong sense of cultural identity and associated language, food, and/or traditions.

Whatever it may be for you or anyone else, your spirituality is that which gives you motivation in life, what makes you tick, why you get up in the morning. It usually includes awareness of something or someone greater than oneself, not necessarily God. Some people have individual particular experiences that inspire them. It is quite literally what lifts your spirits and makes today worth living rather than an exercise in putting one foot in front of the other.

These things give us the resources and strength to carry on with life. They help us look outside ourselves and give and receive love. They help us find an identity and value ourselves.

## Examples:

### The potential power of spirituality.

1. Faith in a loving God sustains someone even when their husband is diagnosed with heart trouble, and they with incurable cancer, within the same week.

2. Inspiration from walks in the country, beauty of flowers and birdsong keeps someone going in a very high pressured and frustrating job.

3. A selfless love for a partner gives someone the strength to look after them patiently and tirelessly, despite their dementia and however demanding, difficult and ungrateful they seem to be.



# How is spirituality related to religion and culture?

## Ask yourself:

How does your religious and cultural background affect your spirituality?



### **Spirituality**

Gives life meaning, value and purpose, whether through activity or relationships.

### **Religion**

Organised and communal beliefs and practices held by a group of people, often including personal or corporate ritual in relating to (a) higher power(s).

### **Culture**

Practices and beliefs held by a group of people who identify with one or more common characteristics (eg. ethnicity, gender, geographic location, interests or hobbies, etc.)

## **Relationship between spirituality, religion and culture**

In reality, whilst it may be useful to recognise each element separately, each person will experience spirituality, religion and culture as a whole. The extent to which these elements overlap will be determined by a huge numbers of factors, including our family background, life experiences and current interests and support networks. We remember that the influence these elements have on us can contribute to and/or harm our wellbeing and can change over time. Although overall spirituality is that which most affects personal wellbeing, religion and culture must be taken into account at all stages.





## How can our spirituality go wrong?

### Ask yourself:

Is all spiritual awareness necessarily good?

Most people have some positive spiritual awareness that inspires, sustains and gives them strength. If what we think of as our spirituality actually helps us in a positive way then, by definition, this is a healthy spirituality, leading to spiritual wellbeing.

Some people have little spiritual awareness and still manage to live happy and fulfilled lives. They may simply have never had the opportunity to think about these issues or may have had damaging experiences leading them to abandon spiritual exploration. However, when such people come to a crisis of any sort, they often struggle without the resources that a positive spiritual awareness might give them. They may lose all motivation and see no point in life.

Some people have an unhealthy sense of spirituality that causes them to say, think, or do things that may be harmful to themselves or others. They may then think that it is right to commit violent acts, destroy their environment, and influence other people to do the same. This suggests an unhealthy spirituality, leading to what we call spiritual ill-being. These people may or may not have a formal mental illness.

# What are the implications of this?

## Ask yourself:

Why do we need to consider people's spiritual state?

### STOP THINK

It can be seen that spiritual ill-being can actually be destructive, and as such is sometimes an urgent problem. It implies that we must **stop, think and act accordingly**.

### WAIT SEE

Lack of spiritual awareness is in itself not usually an urgent problem, but may still adversely affect wellbeing. It implies **wait, see and act accordingly**.

### GO WITH IT

On the other hand, if someone already has a healthy spirituality, this implies **go with it and act accordingly**.

Throughout this document we have therefore colour coded the examples scenarios, red, orange or green, depending on whether they illustrate an **unhealthy spirituality**, a **lack of spiritual awareness**, or a **healthy spirituality** that already contributes to spiritual wellbeing.

## Examples:

### Spiritually unaware

A man who always claimed there was no such thing as spirituality suddenly loses his wife to cancer. From coping with being a doctor, he becomes unable to function and has to give up work. He eventually rediscovers the faith of his childhood, finds other new meaningful activities to fill his time, takes great comfort from both and starts to function again.

### Spiritual ill-being

1. Someone who hears what they think is the voice of God telling them to kill their wife and children and then commit suicide. This person almost certainly has a mental illness.
2. A suicide bomber who thinks it is right and honourable to kill many people for their cause. They may have had an unhealthy spirituality instilled into them, often since childhood. They may or may not have a formal mental illness.

# How is spirituality related to mental illness?

## Ask yourself:

Can you tell the difference between someone's spiritual state and their mental health?

They are certainly very closely linked, and the research evidence suggests that religion and spirituality can be both a protective factor and a contributor to mental illness.<sup>8, 22</sup> For some, religion offers support and a sense of meaning, a protective factor against suicide and substance misuse. For others, such involvement seems to make a person vulnerable to mental health problems. Perhaps the spiritual content of many people's mental health problems lead to involvement in spirituality or religion. Perhaps mental illness in general is so threatening to one's sense of self that one is forced to consider spiritual and religious issues.

Certainly, disturbances in spiritual state and mental illness have many features in common:

- they are intangible, neither can be seen heard or felt directly by another person
- they are holistic, both have wide ranging effects on a person's whole life, thoughts, feelings and behaviour
- both can be based on unusual spiritual type experiences and may include extreme emotion
- they are individual, every person experiences and interprets them in their own individual way.

Considering all this, it is not surprising that they interact, and we often cannot distinguish one from the other. We now recognise that mental illness has a spiritual dimension, just as it has biological, psychological and social dimensions. Some service users struggle with spiritual matters, whereas others find great comfort in their religion or spirituality.<sup>14, 17</sup> The nature and importance of the spiritual dimension will thus be unique to each person, in the same way as the other dimensions. Our recent research validating our new recovery scale, (SeRvE), confirmed that spiritual ill-being is felt by a significant number of service users.<sup>5</sup> It also showed that spiritual wellbeing in general is highly prized by service users for their recovery.

Spiritual issues are thus very important for many mental health service users. It is therefore right that these are routinely addressed as part of their mental health care.

## Example:

Difficulties distinguishing spiritual ill-being from mental illness.

Someone claims to hear the voice of God. No one else can experience this voice. This is the most important thing in this person's life. It leads the person to want to preach in the street and a crowd gathers. Some people think this person has gone mad. The person is highly moral and always doing good works. Who can say whether this person has a mental illness or whether they are a highly religious person having truly spiritual experiences? Or both?



# How can spiritual care help?

## Ask yourself:

How might different people need different sorts of help with spiritual issues?

The purpose of spiritual care in mental health is to help service users find their own healthy spirituality.<sup>23</sup> This can help them make sense of what is happening to them and give them strength and motivation to move towards recovery.

Broadly speaking, the nature of the help that each person needs depends on their current spiritual state.

### STOP THINK

When a person appears to have an unhealthy spirituality that is causing harm or potential harm to themselves or others, it is important that this is identified and addressed. It is likely to involve expert help to explore their beliefs and encouragement to develop their understanding towards something more positive. This often requires a huge effort of will on the part of the service user, who may need a lot of support and encouragement from the right person over a long period of time. It should always be part of the care plan with support from the most appropriate specialist.

### WAIT SEE

If a person seems to be spiritually unaware, they perhaps need help to find a source of healthy spirituality that is right for them. This requires time and patience. Our experience is that a source of spiritual wellbeing is often found relatively easily and can then be developed as part of the care plan, facilitated by a variety of people.

### GO WITH IT

When a person already has a degree of spiritual wellbeing, this needs to be affirmed, nurtured and encouraged, with support where necessary, as part of the care plan.

Whatever someone's individual needs, compassion, care and understanding will help them enormously in their search for spiritual wellbeing. If someone is accepted, respected and valued as an individual, this will increase their self-esteem and sense of identity. This in itself will lead to self-acceptance and greater spiritual wellbeing.

## Examples of how spiritual care can help:

### With specifically religious matters:

#### 1. For someone with a healthy spirituality

A severely depressed person is struggling to hang on to her faith to help her carry on day after day. Having someone praying with her for a short time each day gives her great encouragement and hope for the future.

#### 2. For someone with an unhealthy spirituality

If a person who has command hallucinations is helped to see that these are part of an illness, not from God, this person can then start to make positive efforts to cope with these hallucinations. This may entail ignoring them, refuting them or just interpreting them in a different and more helpful way.

#### 3. For someone who is spiritually unaware

If someone who has lost their faith, perhaps in childhood, rediscovers it by talking to a chaplain, they may find motivation to start afresh and this may facilitate their recovery.



### With broader spiritual matters:

#### 1. For someone with a healthy spirituality

A professional violinist is struggling with severe anxiety and depression. As a consequence of this she becomes unable to cope with the stress of playing in concerts. Her playing had always meant a great deal to her but she has now lost all her confidence and stopped playing altogether. When asked about this, she may agree that to resume playing in less stressful situations might help her. Encouragement to do this may facilitate her recovery.

#### 2. For someone with an unhealthy spirituality

Culture and political pressures make someone grow up to think that to become a suicide bomber is his duty. Ongoing support and discussion with him and his family from a respected member of his cultural community may help him change his outlook, find other ways to express his political beliefs, and inspire him to find a more healthy sense of his own spirituality.

#### 3. For someone who is spiritually unaware

A person who has been made redundant presents with suicidal depression and can no longer see any purpose in life. He lives alone and has never had hobbies or any religious affiliation. Discussion of what might inspire him in life, whether or not this is in any sense religious, could facilitate his recovery.



## Part 2

# Spiritual care in practice

## What is the therapeutic relationship?

In order for any effective management plan to be made for any service user, they must trust enough to tell their story openly and honestly. This is the case for any sort of treatment, be it medical diagnosis and medication, psychological therapies, or specific spiritual care. Trust is established by the formation of a therapeutic relationship between user and staff member.<sup>24, 25</sup> It depends upon the user feeling safe, cared for, respected, and not blamed in any way. This in turn is the result of a caring and compassionate attitude towards the user from staff members.

The ethos of all world religions is one where care and compassion are shown to others, especially those who are in need and vulnerable. Thus, formation of the therapeutic relationship is in itself a part of spiritual care.

To facilitate the therapeutic relationship the patient should first be approached with a genuine compassionate concern and an open mind. If they feel able to talk, then listening carefully and non-judgmentally is helpful. Try to understand what is being said from the service user's viewpoint and show that you understand, accept and value what they say. Validate their experiences if you can – you do not have to have the same belief to tell someone you can see that this belief is very important to them. If they do not feel ready to talk to you, respect that, be patient and perhaps offer to come back later. Perhaps show your care in practical ways – for example, making them a cup of tea.

If and when a patient discloses sensitive information about anything, reassure them that you do not judge or think badly of them because of this. Tell them when you will be back. Be realistic and do not let people down.

Once the therapeutic relationship has been formed, the patient will probably feel relieved, comforted and less isolated in their difficulties. In itself this can facilitate spiritual wellbeing. In fact, simple compassion can be a potent remedy for many psychiatric and spiritual disturbances.

A spiritual attitude is thus essential for the application of good psychiatric care and should be shown by all staff. Without this, more specific spiritual care is impossible.





## What is involved in spiritual care?

Spiritual care in practice has three main stages:

- The first is a spiritual assessment. The purpose of this is to identify the person's spiritual state and their particular spiritual needs.
- The second is making a spiritual care plan. This describes a planned intervention, constructed to meet these needs, according to the person's wishes.
- The third is the actual delivery of the care described in the care plan. Exactly who, when and how will depend on their spiritual state.

### 1. The spiritual assessment

#### Ask yourself:

What sort of questions would you ask someone to discover their spiritual needs?

The spiritual assessment consists of an informal interview that must not be rushed and should take place in a calm atmosphere. Spirituality can be a sensitive issue and, because of this, the interview is not rigidly structured. A person may want to reveal something of which they are ashamed or frightened.

It is sometimes easiest to begin by discussing what spiritual issues were important to them before they became unwell.

The following are examples of 'tools' that can be used as a prompt to help make the assessment. You will have to decide what works best for you. This may vary according to the needs of the individual service user. If a particular service user does not want to have the assessment, his/her wishes should be respected. There may be a better time when they are not so acutely distressed. For further reading about spiritual assessments read Culliford L (2007),<sup>19</sup> Puchalski CM (2006),<sup>26</sup> Puchalski CM (2013).<sup>27</sup>

Initial screening questions:

- What is really important to you in life?
- Do you have a way of making sense of the things that have happened in your life?
- What sources of support/hope do you look to when life is difficult?
- Do you think there is a reason for being unwell at the moment?



## Two alternative sets of questions for the assessments

### FICA - Taking a spiritual history (Puchalski 2006) <sup>26</sup>

#### F: Faith and belief

- Do you consider yourself spiritual or religious?
- Do you have spiritual beliefs that help you cope with stress?
- What gives your life meaning?

#### I: Importance

- What importance does your faith or belief have in your life?
- Have your beliefs influenced how you take care of yourself during this illness?
- What role do your beliefs play in regaining your health?

#### C: Community

- Are you part of a spiritual or religious community?
- Is this of support to you and how?
- Is there a group of people you really love who are important to you?

#### A: Address in care

- How would you like me, your health care provider, to address these issues in your health care?

### HOPE <sup>28</sup>

- Sources of hope, meaning, comfort, strength, peace, love and connection. Discuss support systems.
- Organised religion. How important is that to you?
- Personal spirituality and practices
- Effects on medical (psychiatric) care and end of life issues. Has your current situation affected your ability to do the things that usually help you spiritually? Or affected your relationship with God?

However the information is gathered, it is important that the following is recorded:

- A chronological picture of this person's spirituality from childhood to the present day. This includes any religious affiliation in culture or upbringing, and how their spirituality has evolved over the years.
- Anything in particular that has changed in their spiritual awareness as they have become unwell.
- A description of any formal religious practices or any particular faith community important to this person.
- An attempt to assess this person's current spiritual state in terms of healthy or unhealthy spirituality, or a lack of spiritual awareness. Any particular sources of this spirituality are also recorded, eg. experiences, relationships, life events etc.

The following diagram describes the manifestations of different spiritual states to help you tell them apart.

## Comparing examples of different kinds of spirituality by their consequences to the individual

### Unhealthy spirituality

**STOP  
THINK**

World better without me  
Destructive spiritual experiences  
Wants to hurt self or others  
Believes can damage others  
Feels ostracised by community  
Tormented  
Despise self  
Despair

### Spiritually unaware

**WAIT  
SEE**

No meaning  
No inspiration  
No relationships  
Nothing I can do  
Does not belong  
No emotion  
No identity  
Lack of motivation

### Healthy spirituality

**GO  
WITH IT**

Life has meaning/purpose  
Positive spiritual inspiration  
Love and take care of others  
Have things to give to others  
Sense of belonging with others  
Happy and content  
Self-acceptance  
Hope for the future

Throughout the interview it is essential to listen carefully, non-judgmentally with an open mind. By giving this sort of attention to someone we can transform the spiritual assessment into a therapeutic intervention in its own right. People can be relieved to have space and time to talk about spiritual issues. It can give an opportunity to identify sources of new hope, new purpose, or reawaken existing sources and help them sort things out for themselves.

### Examples:

The following case studies illustrate the sort of information that could be collected with the spiritual assessment. These cases will be followed up in the next section on making a spiritual care plan.

#### John

John was brought up with little spiritual awareness and has never been involved with any formal religion. He is a successful businessman and has a wife and family. Suddenly, a family crisis makes him lose all his motivation. He becomes very depressed and is actively seeking meaning for his life.

#### Ahmed

Ahmed was brought up strictly as a Muslim, but drifts away from the faith as he leaves home. Over the past few months, he has become increasingly involved again with the Muslim faith, withdrawn from social contact and seems obsessed by reading the Qur'an all day.

#### Kevin

Kevin was brought up as a devout Catholic. This has always been very important to him, most of his friends are also Catholic and he goes to mass most days. Gradually over the last few months, he has found his faith means nothing to him anymore. He stops going to mass and refuses to see his friends.

Looking at each example, what other questions would you ask to make a spiritual assessment and what answers do you think you might get?





## 2. Making a spiritual care plan

### Ask yourself:

What is the most important thing about making the spiritual care plan?

Basically the answer is – the service user knows best.

The care plan should be based on the service user's own wishes, and what he/she thinks they would find helpful. In addition, the facilitator can make suggestions based on the spiritual assessment.

Whatever the current spiritual state of the person, the following should be offered as part of the care plan.

- A. Every person should be offered one-to-one time with someone of their choosing to discuss spiritual issues. Choosing this person is part of making the plan, negotiated with the service user themselves. It may be trusted friend or relative, a pastor from their place of worship, someone from the clinical team or via the spiritual care team. Remember that spirituality isn't just about religion.
- B. The service user may want to take part in particular religious rituals or attend services at a place of worship, such as a temple, mosque or a church. Perhaps a particular faith or religion is important to them now or in the past from a religious and/or cultural perspective. Some people may want to explore different religions to see what might be right for them.
- C. The service user may think it might help them to spend time alone in prayer or meditation. For this, they need the appropriate space, time and resources.
- D. The service user may want some more informal contact with their particular faith community, perhaps to worship with them, but perhaps for support, friendship and company. They may want support from people from their own culture.
- E. The service user may have ideas of non-religious activities which could inspire them spiritually and help them to find meaning and purpose both in their current experiences and in their future life.

All these things should be considered for practicality. Exactly when and how the care plan is implemented depends upon the spiritual state of the person. Most importantly the right person/people should be contacted. The situation should be monitored at each stage of the service user's journey towards recovery.

### 3. Delivering spiritual care

#### Ask yourself:

What needs to be done in practice?

Addressing someone's spiritual needs is done according to the spiritual care plan, but in conjunction with the person's spiritual state.

#### STOP THINK

If the person has unhealthy spirituality, and is at risk of uncontrollable and damaging behaviour as a result of this, it may be a spiritual emergency. It may not be possible to perform a formal spiritual assessment and make a spiritual care plan until they are more settled.

The most appropriate or acceptable chaplain or member of the person's faith community should be contacted immediately. Sometimes a service user will feel more understood by a representative of their faith and will confide in them. The chaplain will use skill and judgement to try to discern how much of these are symptoms of a mental illness and how much is an actual spiritual difficulty for example, a misunderstanding of doctrine or unhelpful image of the divine. He/she will discuss appropriate management with the rest of the multidisciplinary team. He/she will help the service user to understand how their illness is affecting their faith and encourage them to accept medical help when appropriate.

The person's spiritual assessment and care plan must be completed as soon as possible. It should include building in one to one time with appropriate people, perhaps from their faith/ethnic and/or cultural community, and opportunity for personal spiritual reflection according to the person's wishes.

#### WAIT SEE

For those lacking spiritual awareness, a more imaginative approach may be needed. Several different people may need to be involved to help the person explore what is right for them. This may or may not involve their cultural or religious background. The person's care plan may evolve as they start on a journey of discovery that could potentially give them a new sense of spiritual wellbeing.

#### Example:

##### Problems encountered with destructive spirituality

A person who is a practicing Christian is convinced that they are possessed by demons and are destroying the world and it is their duty to kill themselves. For their own safety, this person is being cared for in an inpatient unit under the Mental Health Act and they do not currently have leave. They have escaped from the ward a number of times, and they were found once about to jump off a bridge over the M6. This is an obvious example of unhealthy spirituality, most of which is probably due to mental illness. The spiritual care team are called in. They can understand the person's viewpoint and gain his trust. They then can help the person to have some insight into their illness and reassure them. It is crucial in this case that a chaplain with an understanding of mental illness is involved to ensure that inappropriate use of religious practices such as exorcism are avoided.



## GO WITH IT

For those with a healthy spirituality already, it is important that this is nurtured. Support should be offered with the right person/people according to the service user's wishes. This person could be someone from their culture and faith affiliation, either from within the spiritual care team or from their faith community. It may be important to give

the service user the opportunity to attend religious services or rituals. However, someone with a healthy spirituality may not necessarily have a formal religious faith. They may want to be facilitated in other ways to nurture their personal spiritual wellbeing.

### Examples:

Draw up possible care plans based on your spiritual assessments of Ahmed, John and Kevin.

Compare what you have written with what is written here.

#### For Ahmed

Involve the Muslim chaplain from the spiritual care team. Together they can explore how his faith journey has changed. The chaplain can guide Ahmed to more helpful spiritual practices such as prayer and becoming involved in an appropriate faith community, that might reduce his social isolation. They could also discuss his reading and interpretation of the Quran.

#### For John

Careful discussion of who might be an appropriate person for John to talk to is essential. He may or may not be attracted to any particular religion. He may want to do some reading or quiet reflection if he is able. He may have trusted friends that he can talk to. Patience is needed to give him time to decide what is important to him spiritually.

#### For Kevin

Kevin may want to see a Catholic chaplain to discuss why he has lost his faith and how he might rediscover it if this is what he wants to do. It may be a great relief to him that his loss of faith could result directly from his illness and that he is not in any way to blame for it. Eventually, he may want to go to mass again and communicate with friends in his faith community or he may find other ways of expressing his spirituality.

# Who does what?

## 1. The two-tier system

### Ask yourself:

What do you know about the spiritual care team?

#### Role of frontline clinical staff

Although members of the spiritual care team are the experts in spiritual care within Birmingham and Solihull Mental Health NHS Foundation Trust, they do not have the resources to meet the spiritual needs of every person with mental health problems. They depend upon other clinical staff, the primary or frontline tier, carrying out spiritual assessments and making spiritual care plans for the majority of service users. Frontline clinical staff can often deliver spiritual care themselves. This may consist of giving one-to-one time to people to discuss spiritual matters in general, facilitating any helpful religious or spiritual practices they might wish to observe, nurturing people's healthy spiritual beliefs whatever these may be, and having a compassionate attitude to the service users under their care.

#### Role of the spiritual care team

The spiritual care team is made up of people who are specifically trained to understand the spiritual needs of people with mental health problems from a wide variety of perspectives. As such, this team is the secondary tier, to which referrals are made when necessary. It includes some specialists in spiritual care working from a broad spiritual approach and others representing the major faith traditions found in our multicultural society.

Referral to this team should be made immediately in cases involving unhealthy spirituality where this is part of the presenting issue. A referral should also be made if the service user specifically requests it or if it is part of their spiritual care plan. The team are able to work with service users as required to find an appropriate person or chaplain of a particular faith to provide ongoing support. They are always available to other clinical staff to offer advice on spiritual issues as necessary, both concerning service users and clinical staff themselves.





## 2. Boundaries

### Ask yourself:

What would you say if a service user asked you to pray with them?

As with any clinical situation, staff should be aware of the care they can provide and when to refer on to more specialist services. With prayer and any other religious practices and rituals, even if you are directly asked to help, you are not qualified to do so – you wouldn't expect a nurse to be a physio, or a physio to be a dietician; the same applies to spiritual care.

Talking with someone in general terms about spiritual issues is positively encouraged and indeed necessary. Listening to them while they sort out their own views can be very helpful. You can also facilitate someone to access a prayer space, help them to write their own prayer, print prayer cards for them, or sit with them quietly as they pray. Praying for them or with them, in their presence, is crossing the boundary, the spiritual care team is responsible for providing this service.

If you are specifically asked about your own spiritual views, you can answer briefly and honestly always bringing the focus back to the service user and the importance of their own views.

### Examples:

#### When spiritual care can be given by clinical staff

A lady in her thirties is admitted with severe depression. She has not been brought up with any formal religion and says she doesn't believe in God. However, she is now questioning the purpose of life and occasionally finds herself praying.

She is very nervous about seeing a chaplain or minister, but says she would like to talk through her view of life with a member of staff. In this situation, she should be offered one-to-one time with one of the clinical staff, preferably one of her choosing. At a later stage, she may want to meet with one of the spiritual care team

#### When spiritual care should be delivered by the spiritual care team

An elderly lady is admitted with agitated depression and is very distressed. She says she is going to hell because of all the evil she has done. Her sense of guilt seems completely out of proportion and has caused her to hate herself. She belongs to an Anglican church, where she has been part of the faith community for many years. However, currently, she cannot face meeting with any of them. In this case, if she is willing, it is right to involve an Anglican priest from the spiritual care team. This person could have the authority and wisdom to help her find a sense of forgiveness from her understanding of her faith. Eventually, she may be released from her burden of guilt and feel able to return to her original faith community.

# What does this mean for me personally?

## Ask yourself: Are you prepared?

Any service user may want to discuss spiritual issues with you at any time. YOU may be the right person at the right time. YOU may have a vital role to play, at a most unexpected moment. Whatever your own views, you have to accept that spiritual issues are very important for most service users,<sup>5</sup> and many do not recover until their spiritual needs are met.

So, how does one prepare oneself?

## 1. Examine how you relate to service users

### In general

Remember that your particular relationship with every service user is crucial and part of spiritual care. They are all people like you and me, with strengths, weaknesses and struggles, and a unique contribution to make. Be compassionate, empathic and non-judgemental.

### About spiritual matters

Always be prepared to discuss spiritual matters, should a service user want this. It helps to have a working knowledge of the major faiths in our multicultural society. We need also to be aware of other things that can inspire people and give them spiritual strength such as music, art, poetry, nature, pets, sport, etc. Be prepared to listen and try to understand. Always respect the client's particular views.

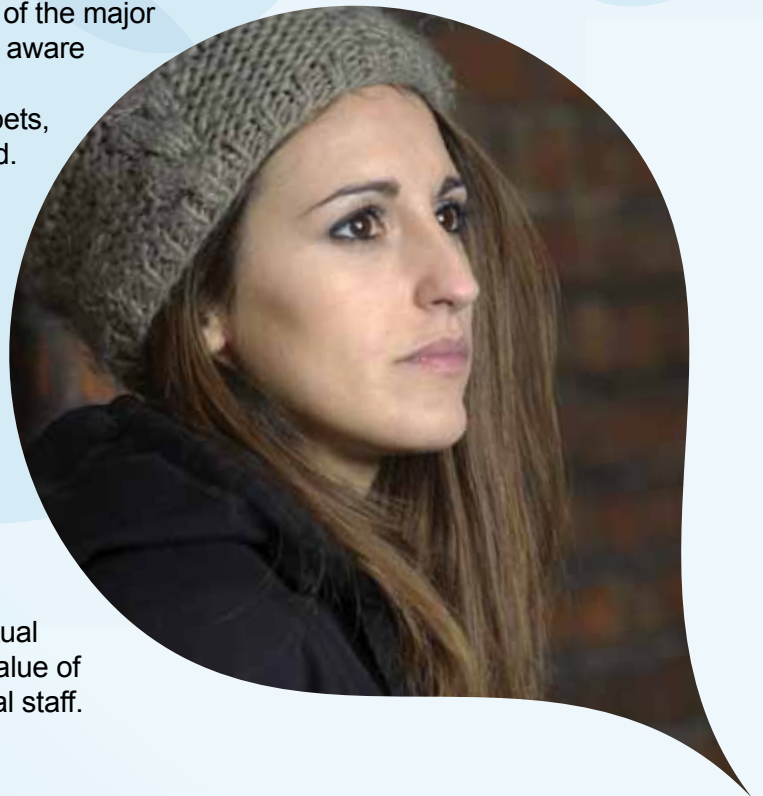
### Remember to be interested in service users as people

Take the clues from your conversations or what you see when you visit service users. Simple things like shopping for a neighbour, caring for a loved one or a pet, being musical or artistic; all these might suggest ways that someone could find meaning, purpose or value despite experiencing mental illness. They may need encouragement to persist with and develop these activities. Sometimes just helping a service user view something as a spiritual strength can bring hope for recovery. The potential value of these activities should be discussed with other clinical staff.

## Examples:

### Difficult conversations you might have:

1. You have been instructed to give an injection to a particular service user. When you arrive, you find her obviously distressed and crying. You ask what is wrong. She says she is hearing the voice of the devil. What do you say?
2. A service user may say to you they are in despair and they cannot find any meaning and purpose in carrying on. What do you say?
3. A service user might ask you directly what you think the point in it all is. What do you say?



## 2. Know your limitations

We cannot know it all. Nor are we qualified to specifically help people with their religious practices, even if we are asked. We need to know when to call in the spiritual care team, or when help from a particular chaplain might be appropriate. We need to recognise a spiritual emergency and call the right person urgently.

### Example:

#### How care and compassion can help

A service user sees a member of the staff team. She is virtually unable to communicate with anyone. Over many years this clinician sees her many times, shows his compassion by even arranging a replacement to see her when he was off sick. Gradually, trust is established and many distressing experiences are shared. Eventually the service user is able to live a full and enjoyable life. She now has a much wider support network and is no longer dependent on this particular clinician.

## 3. Examine yourself

### Consider your own spirituality

Ask yourself what you might ask others, about meaning and purpose, and how you see yourself and your role in life. Are you affiliated with a particular faith group or is your spirituality completely individual? Perhaps you do not believe in the existence of any sort of spiritual component to life. Perhaps you do not feel the need to seek meaning and purpose in life. Perhaps you have very clear spiritual ideas, and find it hard to accept someone else's views.

Whatever your viewpoint, it is important that you know what you think and why. This will help you feel more comfortable when discussing these things with service users. It will help you understand their struggles. It may challenge you to face these things honestly for the first time.

### Consider how you can do better

None of us are perfect. We all have some unmet spiritual needs, some dark thoughts or feelings, of one sort or another. Can you identify some unhealthy spirituality in yourself? Are you spiritually unaware much of the time? What might you do about it? How can you find a more positive inspiration? Sometimes we cannot answer these questions ourselves and we need help from others. But there is one thing for certain, such things are important. The more healthy spirituality we have ourselves, the more we will inspire and nurture it in others. This is the very essence of spiritual care.



## 4. Take care of yourself

### Nurture your own spirituality

This manual has described how to show spiritual care to others. In order to find resources within yourself to do this, you need to find things for yourself that nurture your own spirituality. This will be an individual thing and something you will need to work out for yourself. There are many different possibilities. Perhaps going to a place of worship, spending time in prayer, meditation or fulfilling your own other religious practices will be helpful for you. But it does not have to have a religious focus. It could perhaps be a walk in the country, listening to music, spending time with people you love, or finding creative pastimes that give you spiritual inspiration.

### In general

Looking after traumatised and highly distressed service users is a difficult task. Constantly trying to empathise with them in their struggles is emotionally draining and exhausting. Putting yourself in their shoes is risky as it makes you vulnerable to feeling the distress that they are under. It is important to make realistic goals for yourself and to make sure you are getting regular clinical supervision to explore the way you are working and how you are affected by the care you are giving. Burn out is a real risk for many mental health professionals.

It is vital therefore that you find some time for yourself, just to rest, relax, pursue leisure activities, or simply to have fun. This does not have to include anything specifically religious or even spiritual. Again, you have to work out what will help YOU to recover your strength, feel refreshed and find renewed enthusiasm for your task.



## Conclusion

Spiritual care is a vital part of holistic, person-centred care, in which each service user is viewed as a valuable human being with complex needs, and with a unique contribution to make. Spiritual care has wide ranging beneficial effects. Not only can it help heal spiritual disturbances and promote spiritual wellbeing, but it also may help the person psychologically and emotionally, promoting self-respect, hope and sense of identity. Almost certainly it aids recovery from mental illness. It improves the experiences of both the staff who give it and the service users who receive it.

Although some specific knowledge is required, spiritual care is mostly a question of your attitude to the people in your care. If you try to treat these people as you would like to be treated yourself in their circumstances you will not go far wrong. It is difficult to do well, impossible to do perfectly, and yet, the simplest thing in the world.

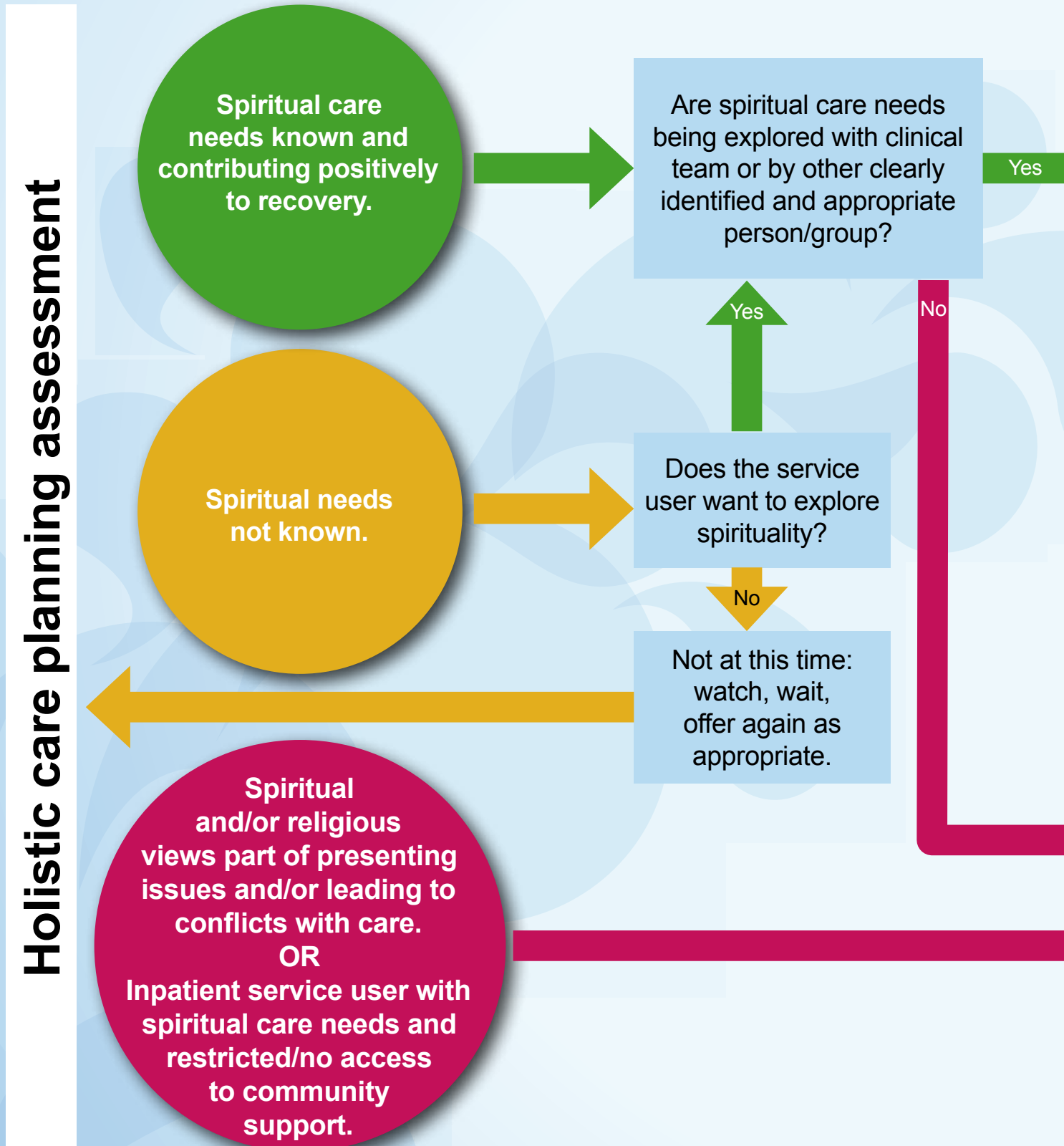


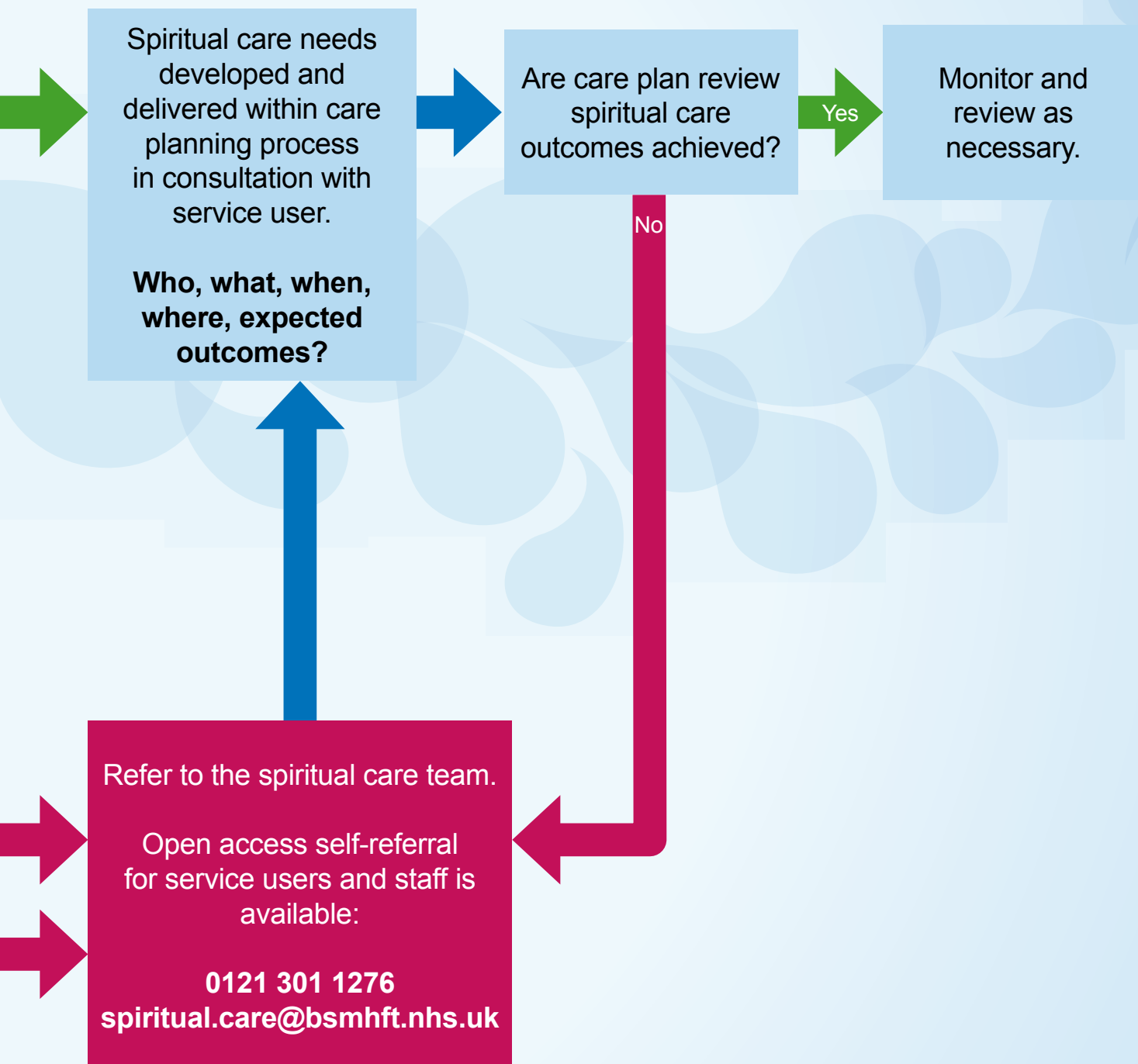
For further guidance, please contact the spiritual care department:

[spiritual.care@bsmhft.nhs.uk](mailto:spiritual.care@bsmhft.nhs.uk)

# Appendix

## Spiritual care decision tree





In line with the Equality Act 2010, when we say 'spiritual care needs' or 'spirituality' we mean that this includes all specific faiths, beliefs and religions as well as broader services for those of no faith and those who have a cultural association with faith without active involvement.

# References

1. Royal College of Psychiatrists: Spirituality and Psychiatry Special Interest Group Executive Committee (2013) Leaflet in Spirituality and Mental Health.
2. Engel GL (1977) The need for a new medical model: a challenge for biomedicine. *Science*, vol 196, 129-136.
3. Hefti R (2011) Integrating religion and spirituality into mental health care, psychiatry and psychotherapy. *Religions*, 2(4), 611-627.
4. Swinton J (2001) Spirituality and Mental Health Care: Rediscovering a Forgotten Dimension.
5. Barber JM, Parkes M, Parsons H, Cook CCH (2012) Importance of spiritual wellbeing in assessment of recovery: The Service user Recovery Evaluation (SeRvE) scale. *The Psychiatrist* 36, 444-450.
6. Baetz M (2009) Clinical implications of research on religion, spirituality and mental health. *Canadian Journal of Psychiatry*, 54(5), 292-301.
7. Koenig HG (2005) Faith and Mental Health. Templeton Foundation Press.
8. Koenig H (2009) Research on religion, spirituality and mental health: a review. *Canadian Journal of Psychiatry* 54(5), 283-291.
9. Barber J, Cook CCH, Parsons H, Wilson C (2015) Routine recovery assessment for mental health – the Mini-Serve User Recovery Evaluation Scale (Mini-SeRvE) – in press.
10. Gearing RE, Alonzo D, Smolak A, Mc Hugh K, Harmon S, Baldwin S (2011) Association of religion with delusions and hallucinations in the context of schizophrenia: Implications for engagement and adherence. *Schizophrenia Research* 126, 150-163.
11. Department of Health (2009) Religion or Belief: A Practical Guide for the NHS.
12. Mohr S, Huguelet P (2004) The relationship between schizophrenia and religion and its implications for care. *Swiss Medical Weekly*, 134, 369-376.
13. Tepper L, Rogers SA, Coleman EM, Malony HN (2001) The prevalence of religious coping among persons with persistent mental illness. *Psychiatric Services* 52, 660-665.
14. Webb M, Charbonneau AM, Cann RA, Gayle KR (2011) Struggling and enduring with God, religious support and recovery from severe mental illness. *Journal of Clinical Psychology* 67, 1161-1176.
15. Yang C-T, Narayanasamy A, Chang S-L (2011) Transcultural spirituality: the spiritual journey of hospitalised patients with schizophrenia in Taiwan. *Journal of Advanced Nursing* 68(2), 358-367.
16. Cook CCH, Breckon J, Lay C, Renwick L, Walker P. (2012) Pathways to accommodate patients' spiritual needs. *Nursing Management*, 19(2), 33-37.
17. Mohr S, Brandt P-Y, Borrás L, Gillieron C, Huguelet P (2006) Towards an integration of spirituality and religiousness into the psycho-social dimension of schizophrenia. *American Journal of Psychiatry* 163(11), 1952-1959.
18. Culliford L, Powell A (2005). Spirituality and Mental Health. Royal College of Psychiatrists Mental Health Information Leaflet.
19. Culliford, L (2007) Taking a Spiritual History. *Advances in Psychiatric Treatment*, 13, 212-219.
20. Galanter M, Dermatis H, Talbot N, McMahon C, Alexander MJ (2011) Introducing spirituality into psychiatric care. *Journal of Religion and Health* 50, 81-91.
21. Hodge DR (2001) Spiritual assessment: A review of major qualitative methods and a new framework for assessing spirituality. *Social Work* 46(3), 203-214.
22. Borrás L, Mohr S, Gillieron C, Brandt P-Y et al (2006) Religion and spirituality: How clinicians in Quebec and Geneva cope with the issue when faced with patients suffering from chronic psychosis. *Community Mental Health Journal* 46, 77-86.
23. Greasley P, Chiu L F, et al. (2001) The Concept of Spiritual Care in Mental Health Nursing *Journal of Advanced Nursing*, 33(5), 629 – 637.
24. Howgego IM, Yellowlees P, Owen C (2003) The therapeutic alliance: the key to effective patient outcome? A descriptive review of the evidence in community mental health case management. *Australian and New Zealand Journal of Psychiatry* 37(2), 169-183.
25. McCabe R, Priebe S. (2004) The therapeutic relationship in the treatment of severe mental illness: a review of the methods and findings. *International Journal of Social Psychiatry* 50(2), 115-128.
26. Puchalski CM (2006) Spiritual assessment in clinical practice. *Psychiatric Annals* 36, 150-155.
27. Puchalski CM (2013) Integrating spirituality into patient care: an essential element of person-centred care. *Polish Archives of Internal Medicine* 123(9), 491-497.
28. Anandarajah G, Hight E (2001) Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, 63, 81-88.





[www.bsmhft.nhs.uk](http://www.bsmhft.nhs.uk)  
Main switchboard: 0121 301 0000

**Improving mental health wellbeing**

Ref: SPC0002A-122015

Copyright © 2015 J Barber and C Wilson, Birmingham and Solihull Mental Health NHS Foundation Trust. All rights reserved.