STAFFORDSHIRE UNIVERSITY

Guidelines on spirituality for staff in acute care services

Recognising a person's spiritual dimension is one of the most vital aspects of care and recovery in mental health.

Contents

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Foreword

Within the NIMHE acute care programme, we believe that there is a gap in awareness and understanding of what Spirituality means, and the importance it has for many service users and their families. This guidance makes sense of what to some is a complex and sensitive issue.

Enlightened services recognise that focusing on identifying and responding to the internal beliefs, values and motivations of individuals, is more likely to improve their well being and recovery and prevent mental distress.

Service users often tell us that their spiritual needs are important to them in a range of different ways, particularly so when they are feeling low and vulnerable. They are very keen for services to be more person centred, holistic and humane. We all have a duty of care to enable opportunities for accessing spiritual resources and links for support, both in hospital and community settings.

This exemplary guidance, with the imaginative use of exercises and case studies has been designed to encourage discussion, aid training and development, and specifically improve the experience of those who use acute services.

We also anticipate that it will improve the awareness of practitioners in how to respond to service user needs and thereby strengthen their self confidence and job satisfaction.

We hope also that the guidance will challenge the reader to reflect on current approaches and use the documents as a benchmark and spur for further personal growth and service development.

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Summary

Recognising a person's spiritual dimension is one of the most vital aspects of care and recovery in mental health. People who use services increasingly wish to have services view them as whole persons in the context of their whole lives; and spirituality and faith is a vital element in that.

These guidelines have been developed in order give acute care staff a simple introduction to spirituality issues within acute care. They cover six key issues:

- responding to the needs of the whole person
- assessing peoples' needs and risks
- different approaches in mapping spirituality and identity
- work with faith and spiritual communities
- blocks to responding to the spiritual dimension, and
- support for staff.

Each issue is illustrated with a short exercise and case study which are designed to increase staff awareness and confidence in addressing them. These case studies are only suggestions for discussion. You may well have examples from your own service which better illustrate the issues concerned. All names are disguised to ensure anonymity.

The acute guidelines, together with a leaflet, poster and evidence resource document form a complete resource pack for acute staff. Copies of the guidelines, leaflet and poster can either be obtained from CSIP Regional Development Centres or downloaded from the Virtual Ward website at www.virtualward.org.uk Copies of the evidence resource document are available electronically and can be downloaded from the Virtual Ward website at *www.virtualward.org.uk*

Introduction

All of us, at some stage in our lives, will experience acute mental distress. Part of the energy we put into life rebounds on us in loss, disappointment, decline and anxiety. It's part of being human – it's what we do!

At such time we will fall back on our spirit, the spark within us, which, hopefully is like a lamp or candle, and still lit – if flickering! At such a time, our energy and hope for the future is low. When we feel empty inside, then we may need someone else – a member of professional staff, friend, somebody from a community (including faith) group, to 'hold the hope' for us – and keep the candle lit.

We all have something inside us which makes us tick: a spark of motivation for why we get out of bed in the morning, and why we do the things we do; a light which guides us when the going gets tough. This spark is our **Spirituality**, which can be defined in many ways, including:

- our life force
- what makes me, me and you, you – our uniqueness as a person
- allied to our connections and our connectedness to other people, nature, animals, sport and exercise, art, music and drama, the transcendent.
- our life pilgrimage and quest.
- how we channel our desires.
- our creativity
- a search for hope, harmony and wholeness
- what makes us tick
- what keeps us going when times are tough

- a belief in something or some being(s)other than ourselves and the material world
- a vocation or calling, and
- what gives our life meaning.

Religion seeks to encompass most, if not all, of the aspects described above, usually in the context of belief in (and perhaps a sense of a personal relationship with) a transcendent being or beings, with an over-arching story. This seeks to explain the origins of the world and those living in it, and the questions which face human beings around life, suffering, death and re - awakening in this world or another.

Religion can provide a world view, which is acted out in narrative (story), doctrine, symbols, rites, rituals, sacraments, a moral code, and gatherings; and the promotion of values and ties of mutual obligation. It creates a framework within which people seek to understand and interpret, and makes sense of themselves, their lives and daily experiences.

It is usually unhelpful to regard spirituality and religion as entirely separate spheres. Often they interlink – with music, love of nature, friendships etc, providing that link.

Spirituality and religion are usually positive and helpful to people, but they can sometimes take an unhelpful turn and be destructive rather than integrative. The spiritual and pastoral care team can assist in working out what is helpful and unhelpful, and also what may be delusional experiences and what are spiritual experiences or practices. The team will have working relationships with faith communities to assist in working out what is part of a belief system and what may be an aberration.

1 Responding to the needs of the whole person

As professionals we need to understand where someone is coming from, and be able to respond to the needs of the whole person, including their social, emotional, physical, spiritual, cultural and psychological dimension. A failure to do this could hinder their recovery and reintegration into the community.

Case Study 1

Helen grew up in a small market town, trained as a teacher, and started a family. She had always been used to walk in the countryside as a way of making sure that her career and her family life didn't become too stressful for her.

Following the birth of her second child, however, Helen began to experience some unusual phenomenon related to her walks in the country. She started seeing patterns in that nature which she hadn't perceived before; believed that certain trees were speaking to her, and felt herself and her two young children being drawn towards the lake.

These experiences reached such a pitch that she became very unwell; there were concerns about the safety of the children, and Helen was referred to the crisis resolution team.

Helen has no particular religious faith, but her spirituality is very much linked with her love of nature, and also her love of children, especially her own children.

- How can the service assist Helen to continue with a spiritual journey without aspects of it leading her on a path which might endanger her and her children?

Case Study 2

Wajjid was brought up in a household with a strong religious faith, derived from his family who had moved to the UK from the Indian sub-continent three generations ago. Wajjid followed the precepts of his faith as a child and young person, but when he went to study at a university some distance away from the family home he began to lose touch with religious practice, and felt guilty because he knew this would hurt his parents.

Religious and cultural tensions contributed to his acute bout of mental illness which saw him admitted to an acute psychiatric unit. Wajjid was openly ambivalent about his faith, but needed to discuss this with someone who would be sympathetic to the dilemmas he faced.

- How might you help Wajjid on his voyage of discovery?

Exercise 1

Please ask yourself:

- 'What makes you tick?
- What gives your life meaning?'
- 'What is missing when you feel low and don't have much hope?'

2 Assessing people's needs – including risks

The word: 'assessment' originates from 'sitting beside someone', rather than standing over them! So it is something we do with other people rather than to them, and is best done, as far as possible, at people's own pace.

People have a set of internal:

- assumptions
- beliefs
- values
- attitudes
- behaviours

which make up who they are and who they think they are.

People also have a set of external:

- relationships: with partners, children, extended family, friends, work colleagues.
- connections: neighbourhood, communities (including faith communities), leisure, hobbies
- society

which make up their spirituality and identity.

Case Study 3

A young south Asian woman was admitted to an acute ward. She was in great distress and both medication and a period of restraint were used to calm her down and ensure her safety. During this period of distress she mentioned that she thought she might be possessed by a jinn (spirit).

Several of the nurses on the ward were from the same ethnic and cultural group as the service user, and, later on, the chaplain asked them whether they thought that the young service user was experiencing a period of 'spiritual distress'. The nursing staff agreed that they felt she was, and that they had not responded in a way which addressed her spiritual needs. But they were concerned that a more spiritual approach might not have been viewed favourably by the organisation if they had attempted it.

- Is this the kind of situation that you recognise?
- Are staff supported to respond to episodes of distress which have a spiritual component?
- How can services prepare and support staff in better ways?

Exercise 2

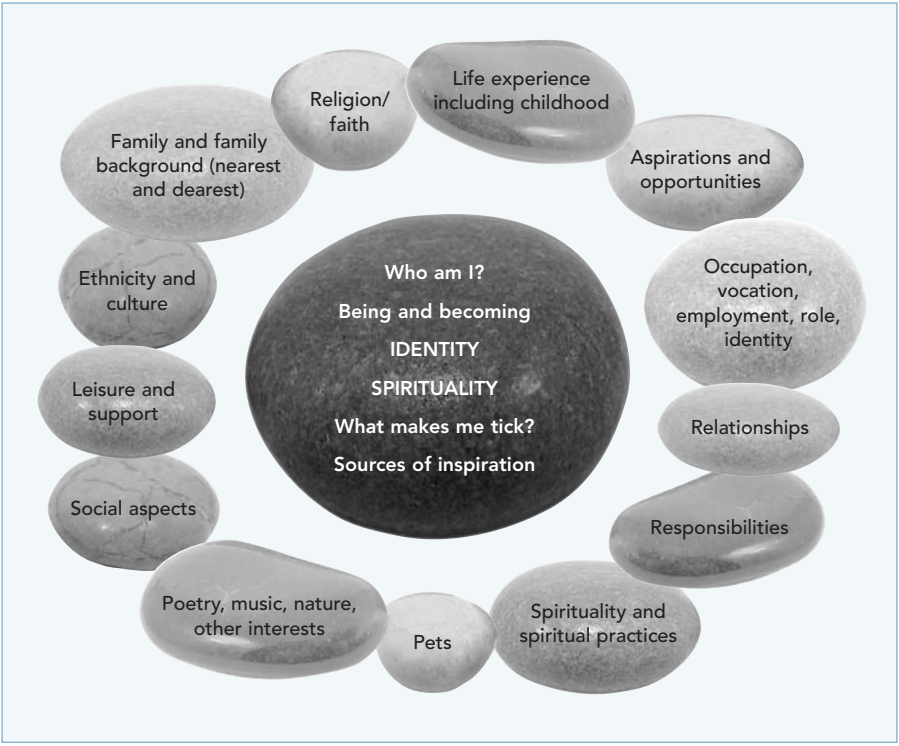
Please reflect on what keeps you going when life gets tough?

NB: *There are people and organisations who can assist in running workshops on assessing spiritual needs for ward/community staff teams.*

3 Different approaches in mapping spirituality and identity

One way of 'mapping' spirituality and identity for yourself, or with others, may be as follows:

Diagram One: Spirituality and Identity



Exercise 4

Spend some time on your own, and later with a trusted colleague, working through the different components in the diagram above.

If our spirituality and identity come under pressure, then this can threaten our very existence. In an initial assessment it won't be possible, or even appropriate, to discover everything about an individual, but it will be important to ascertain if possible what the framework is for his/her:

- internal world
- external world *(please see above)*

For a very isolated person, his/her most important relationship may be with a place, an animal, or a friendly neighbour or shopkeeper. For someone with a religious faith, prayer times, meditation, and the opportunity for "sacred" or other space, diet, connection with the faith community and priest, imam, rabbi etc, will be essential.

Case Study 4

Anna is a practising Roman Catholic, married to David, who was brought up in the Jewish faith but hasn't practised for some time. Despite the different cultural traditions, the mutual respect between the two religious traditions has been helpful to both Anna and David as the marriage progressed. When David developed a bi-polar condition, however, his behaviour in relationships with his wife and children, and in his handling of money, became unpredictable.

The community team offers the family positive support, but now there is an increasing range of spiritual and cultural issues as both

the two teenage children struggle to respond to the pressures they face of growing up, and coping with their father's illness, and their mother's anxiety.

David is giving indications that, this mental health crisis, is also a spiritual one for him, and that he may need to re-explore aspects off his original faith.

- How can the cultural and spiritual aspects of this family best be attended to?

A different, simple approach is that of the four dimensions based on the acronym H.O.P.E. (from the American Academy of Family Physicians):

- **H** sources of hope, meaning, comfort, strength, peace, love and connection
- **O** organised religion, rites and rituals and the overall spiritual framework
- **P** personal spirituality and practices
- **E** effects on care (including end-of-life issues), support, treatment and empowerment.

Another approach to mapping spirituality and identity might be to follow a timeline:

- **Setting the scene:** what is life all about? Issues of belief (not necessarily religious), meaning, value and purpose.
- **The past:** experiences, especially around loss, and loss of trust. What creates resilience or openings of anxiety and fear for the future?

- **The present:** what is the current situation and are there ways that the individual and their experiences can be attended to positively? Is there space for recovery and growth? As one service user put it: "We would like access to talking therapies, but above all, we'd like to be talked to!"
- **The future:** hopes, aspirations and plans. Working in partnership.
- **Remedies:** drawing on the individual's own coping mechanisms as much as possible, including the mutuality of support.

(Source: Rev Stuart Johnson and Dr Larry Culliford, Sussex MHPT)

Other important aspects to spirituality and identity could be:

- **Identity:** What are the components which make up an individual's identity, nature and nurture, ethnicity, values, and belief systems? How has that identity travelled' and might still be developing?
- **Love and relationships:** How does the individual relate to those intimate with him/her? Are there fractured relationships which need healing?
- **Vocation and obligation:** What sense of calling and obligation does the person have in his/her life?
- **Affirmation:** Does the individual feel affirmed by their past and present experiences and relationships? Can a vacuum of affirmation be filled?
- **Experience and emotion:** How does this experience of illness and the associated feelings relate to the individuals life meaning? How are "negative" feelings handled?

- **Courage and growth:** How has the individual coped with crises in the past and how might he/she summon up courage for the future?
- **Reciprocity:** What can the individual give, and have the potential to give others?
- **Gifts:** What talents, skills and creativity does the individual have?

The results of this spiritual assessment then needs to be incorporated into the care plan.

A growing number of trusts are developing their own assessment processes, and you may wish to add ones you find helpful to your range of practice and include them in your portfolio.

Exercise 5

- Are you finding service users and carers speaking about religious faith and secular spirituality as issues within mental well-being, mental illness and recovery?
- What is your personal and professional response to this?

4 Work with faith and spiritual communities

When someone is admitted into an acute setting, their faith/beliefs, religious or spiritual practices; and relationship with their family and community, will be of vital importance to them. It is impossible to know all of the intricacies of specific religious and spiritual belief systems. What is more important is treating them seriously and humanely; and trying to understand and support the issues each individual faces and the challenges they are grappling with.

Chaplaincy services are there to provide specialist advice, support and services; and also, importantly, to liaise with faith communities in the wider society. To make the best use of the chaplains, and their connections with local faith and community groups, it will be helpful if frontline staff do respond in a very natural sense to the issues people raise with them, rather than pressing the emergency button for the chaplain at every opportunity!

It is important for frontline staff to meet with the Chaplaincy service and discuss what services can be offered and share mutual expectations. Many trusts have departments of Spiritual and Pastoral Care, which produce helpful leaflets and other materials for users, carers and staff. Today's chaplains do not necessarily restrict themselves to the religious needs of service users, but offer a broad range of responses to spirituality and recovery. Chaplains play an integral role within the team, and many staff speak of them as a source of support as well as expertise. It is important to increase mutual understanding and trust within the

multi-disciplinary team so as to respond to the spiritual needs of service users and promote a culture of recovery. There is also a national network of mental health chaplains.

Case Study 5

At 2am one morning, Jack called the night staff on the ward and said that he needed to talk with the chaplain. Jack had not only been acutely mentally unwell, he had also been receiving treatment for cancer, and was grappling with issues around death and what comes next. The nursing staff called the chaplain, but as she was at the unit several miles away, it was going to taking some time to reach Jack. Jack really needed to talk!

When the chaplain did arrive, she found Jack sleeping peacefully, and the two nurses frayed, carrying the burden which Jack had laid upon them. The chaplain therefore make the staff a cup of tea, sat down with them, and proceeded to take Jack's burden from them on to herself.

- What expectations do you have of your spiritual and pastoral care service?

Case Study 6

Gary is the young man who hears a voice which he believes to be Jehovah. His conviction in the belief that this voice is Jehovah is very strong and cannot be shaken. Because of the strong belief system, Gary, sets himself physical endurance tests in order to please God: not eating, drinking little water, praying excessively etc. Staff worked with the

chaplains to assist Gary in joining a local Jehovah's Witness community so that he could develop his faith in its community context, and therefore avoid the excessive penalties he was imposing on himself .

Despite this, Gary tended to shut himself away in his lodgings, and staff became concerned that this isolation would intensify his tendency to self-punishment. Gary's key worker, a Muslim, worked closely with a local Christian chaplain, and through the latter's theological knowledge, used Gary's bible, to demonstrate that Adam, in The book of Genesis, only becomes a person when joined by Eve in a reciprocal relationship. This spiritual/ theological explanation helped Gary to beginner to integrate better with his peers.

- Have you an example of using spiritual resources to assist someone's recovery?

Exercise 6

Please think about a time when you have involved the chaplain and how this worked.

If you haven't worked with a chaplain, please use an example of multi-disciplinary or multi-agency working, and what you learned from it.

Diagram 2: Inspiring People – Inspiring Services

5 Blocks to responding to the spiritual dimension

The main block to recognising the spiritual dimension in those experiencing mental distress, is our failure to empathise and recognise our own vulnerability and inadequacies. Why do we find it so difficult to be and do human?

- We have to acknowledge our own vulnerability
- Empathising with those who we see as being "not the same as us" may pose challenges for us.
- Looking inwards into what makes us tick can be threatening and uncomfortable.
- It is easier to do the "us" and "them" bit.
- We have to give up some of our positional power!
- We may have to accept that we don't have all the answers.

Case Study 7

Jenny had worked as a mental health nurse, in both community and acute residential settings for 12 years, before she experienced an episode of acute mental disorder, following a period of stress at work.

Although in a mental health setting, and in a trust which spoke of the importance of "experts by experience" and sharing experiences, Jenny had noticed that, in a recent survey within the trust, very few people had felt able to indicate experience of mental

ill-health, and the prevailing culture was: "Grin and bear it". Trying to hide her symptoms, Jenny became increasingly manic, creating problems for herself, her family, her colleagues and service users, and eventually arrived at her GP's surgery in such a state, that she needed to access secondary care services - which caused her distress and the feeling of being stigmatised. For Jenny, being a mental health nurse had become a way of life, believing passionately in the need to care for others in distress, so, when she became ill it was as though her whole life was falling apart.

Now back at work, Jenny has found supportive colleagues and managers. She has been able to accept this experience and see it as valuable, and she has integrated the experience into her working life.

- Does this sound like an experience you recognise?
- How accepting is your organisation over the experience of mental ill-health amongst staff?
- How could Jenny have been supported initially?
- Do you feel able to speak about your negative as well as your positive experiences?

Exercise 7

Take a moment to think back to your own experiences as a user of health and social care services (or as an informal carer):

- Did the person you sought help from meet your human as well as your 'clinical' needs?
- What did you find helpful and unhelpful about the experience?

6 Support for Staff

Spirituality and faith is an area which staff inevitably find complex and stressful. It is important for the organisation as a whole to provide staff with:

- leadership, policy and operational guidance, supervision and
- a clear value-base
- support, supervision and development
- an opportunity to explore their own spirituality, if they wish it
- specific training where required
- specialist chaplaincy back-up
- networking and visits, and
- opportunities to undertake project work.

Exercise 8

- Does your organisation assist you to be a whole person, working with people to recognise their full humanity?
- If so, how does it do this?

7 Conclusion

One of the paradoxes of mental health is that recovery rates across the world don't always improve with the resources committed.

Often they seem to improve where an individual's essential self, spirituality and humanity, are fully engaged. If we can work with the whole person, in the context of their whole life and what is most important to them, we are likely to promote a real discovery and recovery.

Suggested Reading

Spirituality and humanistic approaches:

- *Care Services Improvement Partnership: National Institute for Mental Health in England (due 2008).* Whole Life Programme Workbook, edited by Tanya Kennard
- *Cook, C., Sims, A. and Powell, A. ed (2008, forthcoming)* Spirituality and Psychiatry, London: Gaskells
- *Cox, J, Campbell, A. and Fulford, KWM. (2007).* Medicine of the Person, London: Jessica Kingsley Publishers
- *Coyte, M.E., Gilbert, P. and Nicholls, V .(2007).* Spirituality, Values and Mental Health: Jewels for the Journey, London: Jessica Kingsley Publishers
- *Gilbert, P. and Nicholls, V. (2003).* Inspiring Hope: Recognising the importance of spirituality in a whole person approach to mental health, Leeds: National Institute for Mental Health in England and Mental Health Foundation
- *Mental Health Foundation (2007).* Keeping the Faith: Spirituality and Recovery from mental health problems. London
- *Mental Health Foundation (2007).* Making Space for Spirituality: How to support service users, London
- A series of short articles appeared in Nursing Standard, 31.10 to 5.12.07 inclusive, introduced by Professor Stephen Wright.
- *Swinton, J. (2001).* Spirituality and Mental Health: Rediscovering the forgotten dimension, London: Jessica Kingsley Publishers

Assessing Spiritual Needs:

- *Barker, P. and Buchanan-Barker, P. (2004).* Spirituality and Mental Health Breakthrough, London: Whurr
- *Eagger, S and Culliford, L, chapter on assessment in Cook, C. et al ed (2008, forthcoming).* Spirituality and Psychiatry, London: Gaskells
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- *Robinson, S., Kendrick, K and Brown, A. (2003).* Spirituality and the Practice of Healthcare, Basingstoke: Palgrave Macmillan