‘Faith and Spirituality in Patient Care’

A Conference organised to promote awareness of the importance of faith and spiritual support in the treatment of service users, and examples of ‘good practice’ within CNWL.

4th November 2010

“the issue of faith and spirituality sits right at the heart of what gives us hope”

Claire Murdoch, Chief Executive Officer

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Key Learning

- Faith and Spirituality are important areas of human experience for many people.
- Undertaking spiritual assessments, developing a dialogue addressing faith and spirituality with service users and listening to what their needs are make important contributions to effective care planning.
- A sense of connectedness is an important aspect of spirituality and the spiritual experience.
- Faith and spiritual support is more than responding to dietary needs and access to faith rooms. It is also about the caring quality of the relationship between professional and service user.
- The provision of faith visitors and faith and spiritual events on wards support can contribute positively to recovery and to the service user experience.
- Faith, culture and belief need to be respected within therapeutic work.
- A number of positive results can develop as a result of engaging with service users in relation to their faith and spiritual beliefs:
  - Improved support and understanding of service users’ distress
  - Comprehensive and culturally sensitive treatment
  - Enhanced service user engagement with treatment
  - Collaborative working with carers and relatives
  - Improved risk assessment, management and diagnostic processes
  - Reduced effect of maladaptive beliefs/practices.

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Faith and Spirituality in Patient Care

Introduction

The importance and value of faith and spiritual support has been recognised for some time.

‘There has been increasing recognition recently of the importance and the potential relevance of service user spirituality or religion in mental health care, an often neglected issue in practice. There is also a growing body of research on how a personal sense of meaning and identity keep people healthy and help them to recover their health.’

The view expressed above was repeated in the Chief Nursing Officer Review of Mental Health Nursing in 2006 and, in addition, it was recommended that:

‘All Mental Health Nurses to recognise and respond to the spiritual and religious needs of service users.
Service providers to ensure all Mental Health Nurses have accessible sources of information/advice regarding religious/spiritual issues, for example information directories and access to experts and/or faith community representatives.’

A further recommendation was made that was drawn from NICE guidance:

‘Appropriate quiet space in inpatient settings for people who wish to pray or to quietly reflect’.

It was therefore within this context that over 90 CNWL staff attended the Trust’s first Conference addressing Faith and Spirituality in Patient Care at London Lighthouse on 4\textsuperscript{th} November 2010.

The morning had been organised by Sue Vahid, Faith and Spiritual Support Co-ordinator at CNWL, and was opened by Claire Murdoch, CNWL Chief Executive. Claire expressed her pleasure in being able to open the Conference, the first run by the Trust addressing this theme, and endorsed the importance of faith and spiritual support for service users. She told those present that in her view, “the issue of faith and spirituality sits right at the heart of what gives us hope”.

There was then music, a beautiful rendition of ‘Comfort Ye’, from Handel’s Messiah, with CNWL staff Mario Eugster (music therapist) playing the piano and Mark Draper (finance officer) singing.

Mark Draper and Mario Eugster perform ‘Comfort Ye’

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2 DofH (2006) From values to action: The Chief Nursing Officer’s review of mental health nursing
This was followed by a poem entitled ‘Hotel Gordon’, and written by a service user from the Gordon Hospital. It was the first of two read by Kathy Swanzy-Asante (nursing awareness lead) during the course of the morning.

Hotel Gordon

An Irishman with holes in his boots,  
fresh from the soup kitchen and Victoria station  
a South African, sleeping in night buses.  

visitors, not even speaking the language  
of the country, let alone the sense of sanity,  
owners with histories of sad adoptions,  

a man from Eton, addicted to drink and crack,  
a black man, knifed, and abused as a child,  
yet gentle as the father he became at sixteen,  

an Italian who lost her mother aged four:  
all these I mean, people lost in the in between  
of life, as some make good and others fall back

The Role of Spirituality in Psychiatry

This was followed by a presentation by Dr Sarah Eagger entitled: The Role of Spirituality in Psychiatry. Dr Eagger explored the issue of ‘what is a human being, what is the self?’ And provided a model showing the interlinking of body-mind-spirit. She outlined the challenge that this presented, particularly to professionals for whom the body was their focus of treatment. She described particular areas of human experience that had a common thread of spirituality: Mission-Purpose, Identity, Beliefs and Values, Capability, Behaviour and Environment. (Philip Harland. Supermodel: A contextual metaphor for NLP language models. Rapport magazine, Issue 41, Autumn 1998)

She provided us with a definition of spirit: ‘the essential life force that underpins, motivates and vitalises human existence’. Dr Eagger addressed the issue of staff reluctance to engage with service users on the topic of spirituality was addressed, highlighting the nervousness that many staff had stemming from boundary issues such as feeling they were being intrusive or at risk of imposing their faith on others.

Dr Eagger talked about her the work of the Royal College of Psychiatry’s Special Interest Group in Faith and Spirituality (which she chaired ’05-’09), and how, when it was created, the number of psychiatrists in support of it far exceeded expectations. The Group has produced a great deal of useful material

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which can be accessed at:
http://www.rcpsych.ac.uk/college/specialinterestgroups/spirituality.aspx  Dr Eagger is
also co-chair of the National Forum for Spirituality and Mental Health
http://www.mhspirituality.

She referred to a number of publications and evidence to support the view that tapping
into people’s spirituality and what gives them hope is psychologically beneficial and
good for their mental health, and that religious involvement correlates with, for instance,
purpose and meaning in life, higher self-esteem, less anxiety, less psychosis and
psychotic tendencies. However, the reality that there could be negative effects from
faiths was also mentioned: for instance oppressive and patriarchal influences, the stigma
of mental health linked to some religious beliefs and the resulting isolation, rejection and
inappropriate ways of curing people that can and do occur.

Dr Eagger contrasted the meanings of religion
and spirituality and stressed the importance of
connectedness as an important aspect of
spirituality and the spiritual experience. She
shared the following definitions:

‘Spirituality is a state or experience that can provide individuals with direction or
meaning, or provide feelings of understanding, support, inner wholeness or
connectedness. Connectedness can be to themselves, other people, nature, the
universe, a god, or some other supernatural power.

Religion is a state, experience or approach that can provide individuals with the
same things as spirituality, but adopts a more formal, institutional approach. It
focuses on some form of god and emphasises the importance of prescribed
rituals, dogma or communal services.’

She commented that ‘In healthcare, spirituality is identified with experiencing a deep-
seated sense of meaning and purpose in life, together with a sense of belonging. It is
about acceptance, integration and wholeness.’

Dr Eagger finished with a focus on recovery, viewing this in terms of the development of
new meaning and purpose in life, and drew attention to the HOPE questionnaire which is
a framework and series of questions/themes designed to help the health professional
understand the sources of hope, meaning and support that are important to someone. It
is available on Trustnet and can be used by anyone to help guide enquiry with service
users as to what, in their lives, gives them hope, strength and meaning.

‘Much Madness is Divinest Sense’, a poem by Emily Dickinson (1830-1886) was recited.

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5 John Rayment, Dr Jonathan Smith, Ashcroft International Business School, Anglia Ruskin University,
Cambridge and Chelmsford
6 Royal College of Psychiatrists. 2006. Spirituality and Mental Health-Help is at Hand Series leaflet.
7 http://trustnet/CNWL/trustwide/6513.htm
Much Madness is Divinest Sense

Much Madness in divinest Sense –
To a discerning Eye –
Much sense – the starkest madness –
‘Tis the majority
In this, as all, prevail –
Assent – and you are sane –
Demur – and you’re straight away dangerous –
And handled with a Chain –

Faith and Spiritual Initiatives within CNWL

Sue Vahid then provided us with an overview of faith and spirituality initiatives in CNWL. Sue was recruited towards the end of 2009 to take forward a 1 year project to review faith and spiritual support provision within the Trust and to initiate developments to extend and improve provision. She began by pointing out that we work primarily within a secular environment with professionals feeling that they need to leave their faith and spirituality at the door, so to speak. And where there is an element of faith or spirituality it tends to have the emphasis of a Christian ethos. She spoke of how she saw CNWL as not so much having an overall plan related to faith and spiritual support, but rather pockets of good practice largely built on the passion and enthusiasm of particular individuals.

Sue described and contrasted the two models that are in existence within the Trust:
• the Chaplaincy model within K&C
• the Faith Links (Faith Visiting) model in Brent.

She described the work that had been done to develop the Chaplaincy work at St Charles so that there was greater governance in place: clarity as to the names of Chaplains and when they would visit, monitoring systems and regular supervision, which built on negotiations that had taken place to develop a Service Level Agreement for the service.

The Brent Faith Links model had been developed and sustained through the passion and enthusiasm of CNWL staff: Judy Jones, Melissa Lyall and Sarah Johnson. Over 50 people from the community come into Park Royal each month to deliver a range of services and support, both one-to-one and group.

However, Sue explained how difficulties do arise, for instance when staff are not aware of an event, or unaware of which patients have expressed an interest in seeing a faith visitor or attending a service or rituals, and that staff can feel unclear of their roles. She noticed how

‘…extremely inspirational. The emphasis that spirituality was everybody’s role and should be incorporated into the care process was particularly useful’

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whilst faith needs were assessed, there was a sense that this focused more on the ‘mundane’ aspects: what a person’s dietary needs are, whether they want access to space for prayer.

Sue contrasted this with what she termed as the more ‘profound’ aspects of faith and spiritual support, which was more about how services users were related to, cared for and cared about. She described one service user commented ‘I wanted to see myself in the faces of the staff’, and ‘because I did not see that, I felt more alone’. What the service user was saying was the need to feel that she was alive and visible to staff, her needs and uniqueness were heard and responded to. Sue made the point that in order to do the mundane effectively and with any true value we also have to be able to do the profound.

Sue then described her work in Harrow, at Northwick Park, where developments have been taking place informed by what she had learned from the Brent model of faith support. Firstly, she set up a Working Party, drawing from a range of professionals, to build a group of champions to take the agenda forward. They brought in an outside facilitator to help them develop their own understanding of spirituality. The realization was there that the spiritual needs of staff needed to be supported as part of the process of enabling staff to support the spiritual needs of patients.

In parallel to this, work had already begun in Harrow in reaching out to Faith Communities, initiated by Dominic Joannou, and a pool of faith representatives had come forward expressing an interest in becoming faith visitors for CNWL service users. However, before bringing in the faith visitors it was clearly necessary to develop an ethos of spirituality on the wards so that they were brought into a supportive environment with systems and structures in place.

Sue described how, at present, training modules are being developed for ward staff on faith and spirituality which will be initiated early in 2011. Training in mental health awareness is also being developed for the faith visitors. A service user survey is to be undertaken pre- and post- training to ascertain the impact it has had on patient’s experience. Surveys to ascertain staff understanding of faith and spirituality will also be undertaken pre- and post-training. There will also be audits of how CPAs are completed.

Following feedback from the workshops in the main hall, verses from John Clare’s (1793-1864) poem, ‘I am’, written in the Asylum in Northampton, were read:

I am

I am; yet what I am none cares or knows;
My friends forsake me like a memory lost;
I am the self-consumer of my woes;
    They rise and vanish in oblivious host,
Like shades in love and death’s oblivion lost;
And yet I am, and live with shadows tost.

Into the nothingness of scorn and noise,
    Into the living sea of waking dreams
Where there is neither sense of life or joys,
But the vast shipwreck of my life’s esteems.
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Claire Murdoch thanked Sue for her presentation and her work with the Trust, and then invited Melissa Lyall to the stage to thank her for her work. Melissa has been the Faith and Spiritual Co-ordinator at Park Royal Centre for Mental Health and is retiring later in the year.

A coffee break followed, giving participants an opportunity for networking and further discussion.

Workshops

There then followed three parallel workshops addressing themes related to faith and spiritual support.

Nurses’ perspective on the faith and spiritual needs of patients

Facilitated by Kingsley Akuffo and Abbey Akinoshun who are both Modern Matrons within in-patient services in Kensington and Chelsea, this workshop had two main themes: connecting with patients and the danger of making assumptions. If we fully connect with the patients we can properly assess their needs.

Kingsley explained that he had become interested in faith and spirituality in nursing whilst he was a student nurse and he became aware of the need for nurses to share and demonstrate their faith but he saw how challenging, difficult and sometimes frightening this could be. He gave us examples of times when he had used his faith to connect with patients and talked about his experiences working with patients with dementia and how simply praying over the food with them helped them to settle and to eat the food. He also talked about a male patient who had been admitted and was very unwell and aggressive. He was a Muslim and the staff wanted to support him to practice his faith and so problem solved to enable him to visit the mosque. Kingsley said how peaceful and sane this gentleman was on his to the mosque and whilst there, he was fully grounded in the moment.

He advised nurses to just be with patients and to listen. To look behind the diagnosis and find out what helps them. We always feel we have to act but just being there is often enough.

Getting to meet and network with other people who have a drive and passion in this area and knowing that the Trust is really taking this issue seriously. Until now I kind of had that feeling “it was just me” who felt that faith and spirituality could be beneficial in the recovery of people suffering with mental disorder’.  

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Just right – the facilitators gave examples of how faith has aided their roles but also we explored the real ambivalence regarding faith in the workplace, really important to hear. People made points, asked searching questions which the panellists were able to answer, so I learnt something.’
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Abbey further emphasised this and described how patients he spoke to often felt that nurses made assumptions about patients’ spiritual needs and didn’t bother to return to the patient and find out more if they hadn’t succeeded the first time. Nurses must really make an effort to connect and to engage and a proper assessment of all needs will enable a comprehensive care plan to be devised. He gave an example of a patient admitted in an acute phase of his illness who observed prayer times, despite being unwell. Staff, however, did not understand his faith and thought he was expressing delusional religious ideation. It was only on talking to the family staff realised that he was expressing his faith.

The audience responded with their experiences of the importance of exploring patients’ behaviour to understand faith and spiritual needs. The importance of non verbal communication was also highlighted. There was a plea to consider why we don’t assess faith and spiritual needs; is it our ignorance or is it not embedded in training, but it must be addressed so we know how to have those challenging conversations. The audience also wanted to know how far do we go, if we pray do we get the sack? Kingsley and Abbey advised staff to be self aware and to be led by the patients’ needs and that will always constitute good practice. Staff must be aware of their own intentions so if praying with a patient must consider is this what the patient wants or what the staff member wants?

The workshop highlighted that demonstrating our own faith and spirituality will help us connect with patients, will assist the building of trust and enable engagement. But we have to be willing to develop these skills and to remind our managers about the importance of addressing the faith and spiritual needs of patients.

The faith calendar: a chore or a blessing?

Melissa Lyall and Sarah Johnson from Brent Mental Health Services talked about the need for and purpose of a Multifaith calendar and stressed the importance of checking and rechecking to ensure all events and festivals (either highlighted in poster form or the subject of a special event) were given on the correct dates. Calendars used should include the twelve major faiths as well as secular events such as Mothers and Fathers Day and Remembrance Sunday. The twelve classical world religions—those religions most often included in history of world religion surveys and studied in world religion classes are: Baha’i, Buddhism, Christianity, Confucianism, Hinduism, Islam, Jainism, Judaism, Shinto, Sikhism, Taoism, and Zoroastrianism.

They ably provided attendees with insight into the Faith Links initiative in Brent which offers links between the inpatients and faith visitors from the community. They described the range of services and support being offered, how the work is organised and coordinated, and the value that it has for service users, particularly in terms of social inclusion. There were many challenges involved in choosing which festivals to highlight and which to avoid; and in making arrangements for an event and ensuring the attendance of inpatients and / or staff. Challenges such as unwell patients wishing to attend; nobody at all attending or those requesting to attend with no Section 17 leave were covered in the workshop.

‘... very enlightening and offered lots of thinking and tools to set up similar initiatives in other settings’. 
As well as providing a range of faith visitors from different faiths, all of whom attend mental health awareness training prior to attending; the initiative also arranges for services and religious rituals and celebrations at Park Royal Centre for Mental Health in partnership with local faith organisations. They stressed that all faith events are open to both service users and staff, regardless of their particular faith. Clear governance principles are in place and it is made clear that what they termed the ‘four E’s’ are unacceptable: evangelism, exorcism, extremism and exclusivity. In terms of one-to-one ward visiting, there are Honorary Faith Volunteer contracts available where potential faith visitors can apply for a 12 months (renewable) contract with CNWL subject to CRB checks and provision of suitable CV’s and references. Any ward visits by other faith visitors requires a staff member to accompany the person or persons on the wards for health and safety and other reasons.

Publicity and posters are produced regularly to draw attention to religious festivals and factsheets and other information is produced and distributed. They also outlined the process of deciding on which events to hold to best meet the faith needs of service users.

Special arrangements are coordinated for particular religious requirements, for instance during Ramadan where service users are provided with early calls for prayer times and early or late meals to fit with the daily prayer requirements followed by the celebration of Eid which denotes the end of the fasting period. Spiritual Needs Assessments are scheduled to be done within two weeks of admission and provide guidelines for special meals to be provided such as Jewish or Muslim food requirements.

**Supporting the Muslim Community in North Kensington.**

Facilitated by Fatima El-Guenuni from the Arabic–speaking service in CAMHS, this workshop provided all participants with some fascinating and highly pertinent insights into providing support for Muslim patients. She described the history and development of the service, pointing out that when it began some 7 or 8 years ago, over 80% of school children in the North Kensington spoke Arabic. The service includes 3 Arabic speaking professionals together with a range of other non-Arabic speaking professionals. The service attracts service users from a range of communities, from North Africa, the Arabian peninsular and Europe. Most of the service users are Muslim, however, Fatima stressed that responding to their needs is not simply a matter of language, but also responding to the cultural needs in the context of faith and belief.

In describing her work as an Islamic therapist, Fatima referred to her use within therapy of the sayings of the Prophet (where these are lots of references to soul-spirit-self). She described therapy as a process of helping people to understand their problems within their own frames of reference, and to therefore discover solutions. Fatima stressed the importance, from an Islamic perspective, of knowing ourselves and commented that, ‘counselling is knowing ourselves in order to nurture ourselves’.

‘A really fascinating and practical approach’

‘Provided important insights into culture, faith and language implications for mental health assessments and treatment.’
Fatima also described how she particularly works with mothers, with their understanding of what is happening to their child, helping to bridge gaps in cultural understanding or religious misunderstanding so that the behavioural or other problems being experienced by their children can be addressed. This often leads to a dialogue in relation to their religious beliefs and how this shapes their interpretation and understanding of what is happening to their child. The challenge often lies in building a bridge between this and therapeutic perspectives on mental health and what can be done to help. An Imam who visits St Charles Hospital who was attending the workshop commented that a lot of his work lies in counseling and advice-giving, and reassuring people that it is acceptable for them to receive treatment, take medication and attend therapy. The issue of Jinn possession was also addressed, and Fatima highlighted how this can be presented by a parent as a barrier to seeking and receiving treatment. She also indicated that patients who are more ill may use religion as a reason not to engage with a service.

Another interesting aspect of working with Arabic-speaking communities was highlighted in relation to language and interpreting. The Arabic word for ‘whisperings’, which generally refers to fantasies, thoughts, our own inner reflections, can get translated as ‘hearing voices’ and therefore, in the mental health context, convey a very different meaning to the one intended. Fatima also referred to the word ‘jihad’, so often publicized in the media as meaning war, when in fact its common usage is in relation to the inner struggle to become a good and pious person.

The importance of offerings services and support groups in non-stigmatised locations was also stressed. Fatima described two socially-based groups that she runs: an antenatal group and a parental group. She stressed the importance of being able to talk in the language of the mother with an ethos that respects the cultural role of motherhood, drawing together mainstream approaches and psychodynamic processes with Islamic belief.

Finally, Fatima mentioned that she offers training in Islamic understanding within CAMHS and it seems clear that this is a resource that needs to be developed further across the Trust, particularly as Fatima’s experience lies not just in working with children, but adults too, in particular mothers.

**Spirituality and the Care of the Psychotic Patient**

Dr Adil Al-Mousawi, Consultant Psychiatrist, presented two case studies to highlight the importance of developing a dialogue addressing faith and spirituality with service users. He described how this could help to enable the health professional to understand what the service user is experiencing and the meaning that they ascribe to it, and also gain an appreciation of how the service user’s beliefs might be shaping their presentation (and response) to services. Actions and beliefs that on the surface appeared to not make sense, could be understood better once the frame of reference of the service user became apparent.
For reasons of confidentiality, we cannot give specific detail of the services users concerned. However, the main themes can be summarized. The first case-study related to a schizophrenia sufferer presenting with agitated and violent behaviour. Careful assessment and sensitive listening revealed specific religious delusions of grandiose identity, which were of “spiritual” significance to the patient and were linked to many aspects of his aggression and threatening behaviour. This helped to improve the patient’s engagement with the treatment and also to fine-tune (individualize) the clinical risk management and relapse prevention strategies.

The second case-study concerned a patient with depressive psychosis resistant to the treatment with the standard medications. The patient was considered at that stage not suitable for psychological therapies and was also engaging poorly with the professionals. Focusing on the patient’s religious beliefs - this until then had not been taken into clinical consideration - led to engagement in therapy and notable clinical improvement.

Dr Al-Mousawi’s presentation illustrated how a number of positive results could develop as a result of engaging with service users in relation to their faith and spiritual beliefs:

- Improved support and understanding of patient’s distress
- Comprehensive and culturally sensitive treatment
- Enhanced patient engagement with treatment
- Collaborative working with carers and relatives
- Improved risk assessment, management and diagnostic processes
- Reduced effect of maladaptive beliefs/practices.

This was the first Faith and Spirituality Conference held by CNWL and it proved to be a very successful event with staff enthusiastically engaging in discussion both within and outside of the different sessions. We need to build on our achievements and develop further both our understanding of faith and spirituality and translate that into effective and sensitive care. Over the coming months the Trust will be looking for more ‘champions’ to take the faith and spiritual support agenda forward across the Trust, will pilot and then extend faith and spirituality awareness training for ward staff and develop extend further the faith visiting that is already being established in some areas of the Trust. And we will be planning a further Conference in 2011!

‘Very good. Very enjoyable and informative, my awareness and knowledge regarding spirituality in mental health has increased by attending the conference.’

‘Well done for a great morning – well organised. Good venue. Please let’s have some more.’