



Spirituality, the heart of caring

Martin Aaron

'We are all born into a particular tribal culture. Beginning life as part of a tribe, we become connected to our tribal consciousness and collective willpower by absorbing its strengths and weaknesses, beliefs, superstitions and fears. Through our interactions with family and other groups, we learn the power of sharing with other people. We learn how painful it can be to be excluded from a group and its energy. We also learn the power of sharing a moral and ethical code handed down from generation to generation.'
(Myss, 1997)

We are all aware that, since time immemorial, there has been world-wide stigma and discrimination against those unfortunate enough to suffer from mental ill health. Governments, as well as their electorates, have stigmatised and discriminated against those who suffer most.

Many of those who have been entrusted with the care and support of mentally ill people have all too often taken a discriminatory line in their approach, which has not aided patients' recovery. Clergy of all faiths and beliefs have very often been at the forefront, receiving calls for help from families in despair, unable to cope with a son, daughter, husband or wife suffering from a mental illness. Yet they are often ill-equipped and untrained in how to respond appropriately.

Key words: Spirituality forum; Mental illness; Religion; NIMHE; Holistic approach

It was from the firm belief that something constructive had to be done to redress this unacceptable situation that the concept of a spirituality forum emerged in the first half of the 1990s. The idea grew out of the former Health Education Authority (HEA), which brought together a working party to look at how religion viewed mental ill health and how clergy reacted within their own communities. As a representative of the Jewish community and its mental health, I was a member of that initial working party and have continued to be involved in its development ever since.

Following a short survey carried out during 1996/1997, it was proved beyond doubt that there was a need to educate clergy, and a guide *Promoting Mental Health – The role of faith communities Jewish and Christian perspectives* (Health Education Authority, 1999) was

produced. This was the first time that a government agency had worked together with two faith communities (Christianity and Judaism) and funded a publication concerned with mental health. The guide was launched at St Paul's Cathedral on World Mental Health Day in autumn 1999. The following year the HEA was dissolved and the National Institute for Clinical Excellence (NICE) and National Institute for Mental Health in England (NIMHE) were established. With the closure of the HEA, our working party of 12 people continued to meet as a forum every three months under the auspices of Mentality at the offices of the Sainsbury Centre for Mental Health, which acted as its secretariat.

The group's concern was that in present day secular society and among mental health professionals in particular, people do not always appreciate the importance of spirituality and that it does not necessarily



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relate to any particular religion. It was understood that responsibility was the pre-condition of humanity, and humanity an expression of our spirituality.

Professor John Swinton of the University of Aberdeen states that:

‘spirituality is the essential life-force that underpins, motivates and vitalises human existence’ (Swinton, 2001).

Due to our conviction that spirituality is such an important component of our lives and essential to a person’s recovery – whether from a mental or physical illness – we decided that the forum should be known in the future as the Spirituality and Mental Health Forum. It was to be increasingly concerned with the holistic and spiritual dimension to mental well-being, and the attitudes of mental health professionals and others engaged in supporting and caring for individuals of whatever faith or belief.

It is interesting to note that Lord Robert Winston, one of the best-known scientists and Professor of Fertility Studies at Imperial College, London, conveyed his belief in spirituality in his book *The Story of God*. He stated that spirituality and a belief in God may have been a result of evolutionary pressure. Man, he stated, was a deeply threatened species, and having a feeling that there was something above people may have been a powerful help to survival. The belief in some form of spirituality led, in time, to the development of organised religions, such as Judaism, Christianity and Islam. He further states that according to scientific evidence *‘Humans almost certainly believed themselves to be in a spiritual relationship with nature 15,000 years ago’* (Winston, 2005).

Influencing practice

The 1999 report by the HEA working party revealed a lack of understanding among clergy about mental illness, let alone the importance of spirituality as potentially an important element in a person’s recovery. Cultural misunderstandings between patients, their families, clergy, chaplains and clinicians were causing and continued to cause frustration in the provision of caring services. Professional bias, combined with the fragmentation of mental health services in certain areas, continued to deter many from accessing appropriate care. This is mainly due to the fact that ignorance is prevalent throughout many areas of the NHS, which causes a tremendous amount of frustration to staff. Consequently, those on the receiving end are either inadequately dealt with, or completely deterred from obtaining the very services they need most.

One of the questions we debated was: How could the Forum successfully challenge existing traditional medical, psychological and psychiatric approaches to mental illness? How could we influence NHS mental health service providers towards better practice and bring about change? In the early part of 2001, some voluntary sector providers had also come to recognise that there was a great need to develop mental health services that understood and respected religious and cultural differences.

Later that same year brought the horrors of 9/11, which increased the need to do something positively constructive, in addition to meetings of the Forum. The fallout from this catastrophic event – internationally as well as in the USA – was an increased concern about racial, ethnic and cultural divides, and the stress disorders caused by trauma. Mental illness in general, and attitudes within the NHS and the caring community, were brought into sharp focus. This was accentuated by the subsequent suicide bombing tragedies in London.

Independently from the Forum, Professor Antony Sheehan (then Chief Executive of NIMHE) and Professor Peter Gilbert (NIMHE Fellow) initiated the NIMHE National Project on Spirituality and Mental Health. This education and training programme has been delivered to pilot sites at almost half of the mental health trusts in England over the period of the last six years. In 2003, the Mental Health Foundation – equally committed to the promotion of spirituality in mental health care – joined NIMHE and Care Services Improvement Partnership in a continuing three-year partnership programme running through to 2006.

The areas covered by the training programme have clearly met many of the major policy imperatives set by government, and people who use mental health services. Issues covered include:

- personalisation through the white paper *Our Health Our Care, Our Say* (2006) and the 2007 Commissioning Framework for Health and Well-being
- the need to create greater social cohesion and community well-being as set out in *Our Shared Future* (2007)
- the importance of promoting a healthier social and economic community as promoted by Lord Layard
- the need to meet the aspirations recorded by service users and carers in surveys and through inspection reports
- compliance with the revised Patient’s Charter (2001) *Your guide to the NHS: Getting the most from your National Health service*, which states on page 29 that: *‘NHS staff will respect your privacy and dignity, and that they will be sensitive to and respect all patients’ religious, spiritual and cultural needs at all times’*
- the clear evidence from research that membership of faith communities can improve physical and mental health
- the importance of ethnicity and of faith in individual and group identity
- the increased cost benefit analysis achieved through working with the motivations of individual service users, carers and community groups
- the essential inclusion agenda in which spirituality has such an important part to play.

However, in March 2008, the Department of Health ceased funding the Project, with only about half of all mental health trusts having received the highly successful education and training programmes. This decision to terminate what was

quite meagre funding (£50k per year) has, however, caused considerable frustration and disillusionment in the NHS. Anyone with experience in corporate or charitable management will be well aware that, without national leadership and co-ordination, the excellent work already carried out could well peter out. Every effort is, however, being taken by the National Spirituality and Mental Health Forum to raise the necessary funding to ensure that the Project will continue in the future.

It was somewhat ironic to hear that Health Secretary Alan Johnson was reported in June 2008 as stating that all nursing staff, including the mental health nursing teams in the NHS, were to be scored on the level of 'compassion' they show towards patients as part of new plans to improve the NHS. It is difficult to reconcile how, on the one hand the Department of Health can cut funding for the training of staff in compassion, which is at the heart of the of the National Spirituality and Mental Health Project, and on the other insist that they should learn to be more sensitive to the emotions of patients in their care.

A growing membership

In the meantime, progress did not remain static at the Forum. In December 2003, membership of the Forum stood at 50. The secretariat was relinquished by the Sainsbury Centre and taken over by JAMI – the Jewish Association for Mental Illness. The ever-increasing membership brought about the need for incorporation and a move to independent charitable status, which took place in May 2006. We now have a board of trustees made up of representatives of each of the government-recognised religions, mental health voluntary agencies, royal colleges, chaplains, service users, carers and others.

Since the start of the NHS/NIMHE National Spirituality and Mental Health Project in 2001, the Forum has worked in close association with Professor Peter Gilbert, the Project Lead, and Care Services Improvement Partnership (CSIP). This has benefited all concerned and the Forum meetings have been a very useful conduit for exchanges of views in education, training and practice. As a consequence, the members/participants in the Forum have increased enormously.

In November 2006, this co-operation culminated in a very successful conference at Staffordshire University entitled *Nurturing Heart and Spirit* at which every government-recognised religion (including the Humanists) were not only represented, but also presented papers. This was convened jointly by the Staffordshire University, Care Services Improvement Partnership and the National Spirituality and Mental Health Forum. This was repeated this year with a conference on end-of-life issues entitled *From Cradle to Grave*, again with full representation from the faith communities.

What we do

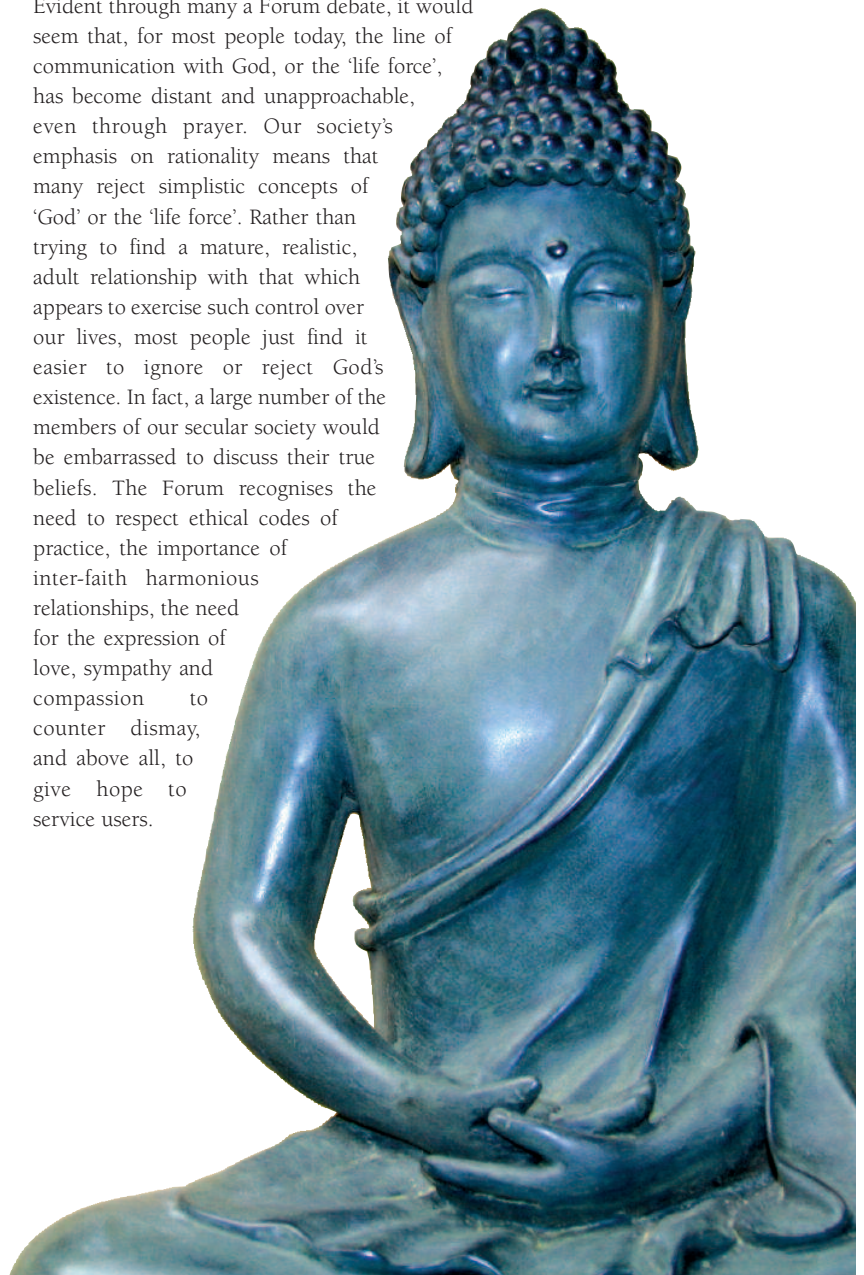
Forum meetings take place every two to three months and are held in different settings – both secular and religious. Presentations are made by mental health professionals,

service providers, carers and users of services. The meetings allow exchanges between representatives of the various faiths and beliefs, and those of no particular religious affiliation, educators and others. People come from all parts of the country. All who participate gain much from their involvement.

The need to improve understanding and harmony between the different faith communities and those of no faith is now well recognised, and we consider this an important part of the Forum's remit. The Forum facilitates this interaction and dialogue, while at the same time providing material from presentations and debate for further study of spirituality in medical schools, universities and other educational establishments.

Our aims

Evident through many a Forum debate, it would seem that, for most people today, the line of communication with God, or the 'life force', has become distant and unapproachable, even through prayer. Our society's emphasis on rationality means that many reject simplistic concepts of 'God' or the 'life force'. Rather than trying to find a mature, realistic, adult relationship with that which appears to exercise such control over our lives, most people just find it easier to ignore or reject God's existence. In fact, a large number of the members of our secular society would be embarrassed to discuss their true beliefs. The Forum recognises the need to respect ethical codes of practice, the importance of inter-faith harmonious relationships, the need for the expression of love, sympathy and compassion to counter dismay, and above all, to give hope to service users.





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To some extent, spirituality shortens the distance between ourselves and whomsoever or whatsoever created us. It is a form of telecommunication between our minds, bodies and ‘God’ or that ‘life force’. Whatever interpretation one may place on it, spirituality is the breath of life within us. It is life’s energy, which enables us to see and enjoy things, and gives us the strength to overcome life’s difficulties.

The main purpose of the Forum is to benefit users of mental health services in the UK and to promote a more holistic approach to recovery. Alongside this key objective, we also seek to support carers and all engaged in the provision of mental health services.

Chaplains

Religious and lay chaplains have, for decades, worked at the coalface of care in our hospitals and in the community. In recent years they have had to cope with the continuing changes within the NHS. The NHS itself is like a community of people, which should have a comprehensive ethos and values shared by representatives of all faiths and beliefs and those of no specific religion. It should respect chaplains, carers and those who provide support and training on the subject of spirituality.

There is a need for mutual respect between hospital staff and the chaplaincy as they have so much in common, united by a service ethic and availability to everyone in the country, irrespective of race, culture or religious background. Unfortunately, I have been told that many chaplains have lost their self-assurance as neither they nor the NHS itself are any longer so easily defined. Both feel that their services, to some degree are being undermined, both internally and externally, facing endless criticism. Often, chaplains have been attacked as representatives of religion, which some staff feel has no place in a hospital setting. Yet chaplains are and always have been mediators in our multi-faceted, multicultural society. Often they assist NHS staff as well, who at times suffer similar traumas to the patients they serve, and whose lives are equally as fragmented as the patients they attend each day.

All faith communities have their own specific needs, and their chaplains and lay chaplains play a very important role in supporting people through periods of mental distress. The Forum provides them with a mechanism for ongoing debate and an essential exchange

of views. The Mental Health Chaplains Group affords chaplains with further understanding of spirituality and support. The Forum is also a setting where chaplains can hear first-hand accounts and case studies from around the country from service users, carers and mental health professionals, where they can be informed and inform others and where they can develop a better understanding of the important roles that chaplains play in supporting other members of mental health teams.

The future?

The Forum provokes much food for thought, and is a paradigm for the future development and recognition of spirituality as an essential part in the recovery process. It is crucial that the National Project on Spirituality and Mental Health does not lose its momentum, and as the Department of Health has ceased to provide the necessary funds, the Forum is seeking alternative sources of funding to cover the annual cost of the Project for the NHS.

It has been stated recently that we are currently living through an ‘age of anxiety’. At a time of such anxiety and communal unrest between certain faiths and beliefs, the Forum considers it even more important to demonstrate through its actions how well communities from different ethnic, cultural and religious backgrounds can work together in harmony, recognising and respecting our differences while forming bonds of friendship and co-operation between us for the common good.

Finally, I could not end with better words than those of Chief Rabbi Professor Sir Jonathan Sacks (2005):

‘The kind of person we are is testimony to the ideals in which we believe’.

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Readers who are interested in the objectives of the Forum are welcome to contact us at Spirituality4rum@aol.com. Further information is now available on a new website: www.spirituality4rum.org.