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Faith in one city: exploring religion, spirituality and mental wellbeing in urban UK

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Abstract

Purpose – *There are intense current debates about the place of belief systems in a secular society, and also whether the mechanistic approach to mental health care is sufficient for human beings. This paper aims to describe the Birmingham and Solihull Mental Health Foundation NHS Trust (BSMHFT) spirituality and mental health research programme within that context.*

Design/methodology/approach – *The research studies are placed within a discourse of current debates, but also within the specific context of the city of Birmingham. Birmingham is England's second city to London, and is an increasingly multi-ethnic and multi-cultural environment.*

Findings – *Those who use mental health services increasingly state that they wish to have the spiritual dimension of their lives attended to by professionals. The BSMHFT project reinforces this message and demonstrates the merits of close working with faith communities and engaging with staff in their understanding of spirituality.*

Originality/value – *The research by Professor Koenig* et al. *in the USA has demonstrated the physical and mental health benefits of belonging to a supportive faith community. The BSMHFT project is a rare UK example of research in this area and comes at a time of intense debate in England over the nature of society.*

Keywords *Society, Secularity, Faith, City, Spirituality, Culture (sociology)*

Paper type *Research paper*

A secular society?

At the time of writing, this paper there have been concerns in a number of European countries, notably the UK, Holland and Germany, about issues of multiculturalism and multi-belief systems. But talking about a predominantly secular society in Europe is problematic in many ways. Sociologist, Grace Davie (2002) points out that Europe appears to have a different perspective on secularism than other continents. Europe has also always been an entrepot because of its trading past and present, and its colonial history. Many of Peter's family were administrators, doctors, soldiers and engineers in the Indian subcontinent. The ethnic and faith diversity in the UK is not some strange phenomenon, it is a natural consequence of our history. Religious diversity is also not a post Second World War phenomenon. Another historian, Penelope Corfield, in her overview of Christianity in Georgian England (Corfield, 1995) describes a country where religious diversity was already well developed at an early stage; and in the twenty-first century, with the patterns of immigration since 1945, religious diversity is now established to a marked degree.

Working in Birmingham, England's second city, with a diverse population of one million and where many of the electoral wards have a majority commitment to religious faith, provides a radically different perspective to the incantation that England is a ''secular society''. A main road into the city of Birmingham hosts a huge range of religious buildings – multiple gurdwaras, churches of different denominations, mosques and temples. These buildings are often not only places of worship, but also foci of community activity and social action,

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with many of these religious buildings providing community services such as health drop-ins, lunch clubs for people in the local community and a base for small, often faith-based, charities who work with young people, elderly people and those with disabilities. In August of 2011 riots broke out in many of England's major cities, and three young men, of Islamic faith, were killed whilst out peacefully guarding their business in the Winson Green area of Birmingham. Tariq Jahan, the father of one of the murdered lads, was instrumental in preventing any retaliation through his dignified and faith-based public message of forgiveness and reconciliation. His message was supported by the empathy and solidarity of other faith communities in the city. Commenting on the riots, city firm, Tullet Prebon, points to the yawning spiritual void at the heart of liberal market capitalism:

> The consumerist ethos, in which a materialist ethos is both peddled and, for the vast majority, simultaneously ruled out by exclusion, has extremely damaging consequences, both social and economic.
>
> We conclude that the rioting reflects a deeply flawed economic and social ethos [...] the breakdown [...] of trust [...] (Hawkes, 2011).

Sociologist, Professor Zygmunt Bauman, warns that a world without identified ''social anchors'', what Bauman calls *Liquid Life,* leads to a restless atomisation and loss of solidarity with other human beings: ''Liquid life feeds on the self's dissatisfaction with itself'' (Bauman, 2005, p. 11) and so increases the desire to find individuals and groups to discriminate against.

As an historian by background, Peter was interested to see that Simon Schama (Schama, 2010), appointed by the Government as an adviser to the history curriculum, picked out the confrontation between King Henry II of England and Thomas a Beckett, Archbishop of Canterbury, as his first perspective through which to view English history because:

> This could hardly be more relevant in our contemporary world [...] most of the mediaeval centuries, in which the relationship between church and state, a topic of compelling contemporary significance – seldom gets class time (Schama, 2010, p. 8).

In his magisterial *A Secular Age* Charles Taylor (Taylor, 2007) speaks poetically of a constant in human little approaches to life in the need to find meaning and purpose (Williams, 2010):

> We all see our lives, and/or the space wherein we live our lives, as having a certain moral/spiritual shape. Somewhere, in some activity, or condition, lies a fullness, a richness; that is, in that place (activity or condition), life is fuller, richer, deeper, more worthwhile, more admirable, more what it should be. This is perhaps a place of power: we often experience this as deeply moving, as inspiring. Perhaps the sense of fullness is something we just kept glimpses of from afar off; we have the powerful intuition of what fullness would be, were we to be in that condition, e.g. of peace or wholeness; or able to act on that level, of integrity or generosity or abandonment or self-forgetfulness (Taylor, 2007, p. 5).

So, the parameters of secularity and the secular state so necessary for civil society, and increasingly so in an age of migration, and diversity, needs to allow for something more than the mere material and to recognise human beings' search for the transcendent.

Culture is the key

The concept of multiculturalism is a fiercely contested one (Modood, 2007). The culture in which a person develops is complex, and can be made up of micro-elements such as one's family, the immediate neighbourhood in which an individual grows up in, the local schools one attends. It is also affected by belief systems, especially if these involve a major religious faith and the cultural area the person originates from. This latter can concern being an arrival from Pakistan; a third generation African-Caribbean, with one's grandparents coming from the West Indies; or indeed someone from Glasgow or Yorkshire moving to Birmingham. Issues of sexual orientation are clearly vital (Carr, 2005, 2011), as are life experiences on the journey we all take. Goffman's concept of ''spoiled identity'' (Goffman, 1963/1990) for people experiencing mental illness, may affect and be affected by all those cultural influences (Figure 1).

Most human beings wish to be a part of something bigger than themselves, though not necessarily to be completely defined by it or overwhelmed by it (Armstrong, 2009; Frankl, 1959).

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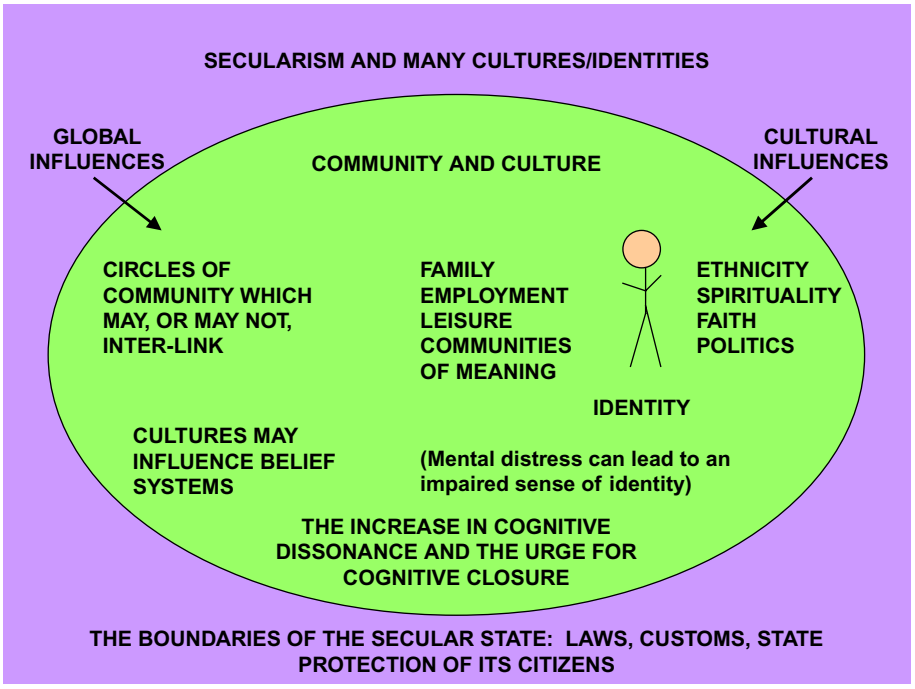
Figure 1 The secular state and many cultures/identities



Source: Gilbert (2009)

In Britain, perhaps our shame at our colonial past, and an innate reticence, has meant that we have had difficulty in defining our national identity in the post Second World War era. Prime Minister Gordon Brown spoke in 2008 of a concept of ''Britishness'', but we are still not really sure what that means.

Chief Rabbi, Jonathan Sacks, in his book, *The Home We Build Together: Recreating Society* (Sacks, 2007) sees the analogies of society as ''country house, hotel or a home''. Sacks makes the strong case that: ''For several decades we have adopted a set of cultural habits predicated on the idea that the individual is all that matters'' (Sacks, 2007, p. 6, see also Sennett, 1997/2003; Taylor, 2007; Coyte *et al.*, 2007; Bunting, 2008). He makes the point that: ''If we were completely different we could not communicate. If we were exactly alike we would have nothing to say'' (p. 12), and goes on to argue that ''We need to reinvigorate the concept of the common good. For society is where we come together to achieve collectively what none of us can do alone''. Siddiqui (2009) made a similar point when he argued that: ''systematically we have dismantled the anchors of social cohesion''. Sociologist, Zygmunt Bauman uses a similar metaphor when he speaks of these times as ''liquid modernity'' (Bauman, 2000) where an ''individualized, privatised version of modernity'' leaves the ''burden of pattern-weaving and the responsibility for failure falling primarily on the individual's shoulders'' (pp. 7-8).

In fact, whatever the arguments about the benefits and challenges of ''multiculturalism'' (Modood, 2007) we are *de facto* a society of many cultures and identities, many of them interlocking and even contradictory. The Department of Health (DH)'s Policy document of January 2009: *Religion or Belief: A Practical Guide for the NHS* (DH, 2009, 17) states explicitly that Britain is a multicultural and multi-faith society.

It is increasingly clear that religious belief is a major influence on city life. The recent research by the Mercia Group (originally for the then office of the Deputy Prime Minister when delivered for the Department of Communities and Local Government), states that:

> Over the last 50 years, the discourse in Britain about ''racialised minorities'' has mutated from ''colour'' in the 1950s and 1960s [. . .] to ''race'' in the 1960s, 70s and 80s [. . .] to ''ethnicity'' in the

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> 90s [. . .] and to ''religion'' at the present time. This focus on religion has been driven both by major international events which have highlighted the political demands associated with religious movements, and by an increasing recognition by academics, policy makers and service providers, of the importance of religion in defining identity, particularly among minority communities (Beckford *et al.*, 2006, p. 11).

Community, religion and mental well-being

It is naïve to see the decline of organised religion as taken for granted. As Grace Davie (2002) has pointed out Europe may be the exceptional case in a decline of belief in organised religion, and patterns of immigration are creating a major change there. Now we are seeing an increasing willingness of faith communities to promote civic life and civic development in the context of an ethical framework (Sacks, 2007). In Birmingham, for example, the work of the Sikh Gurdwara in Soho Road, Birmingham, has seen a major increase in the social capital of the area (Gilbert, 2009).

For mental health services to take religion and spirituality on board can be quite complex, especially in light of the impact of scientific reductionism, so ably described by Bracken and Thomas (2005) in their book: *Postpsychiatry.*

Patrick Bracken and Philip Thomas speak of a dominant post-enlightenment discourse of a technological and reductionist approach which tends to relegate issues of context to secondary status and to try and attempt ''to explain aspects of our meaningful reality in terms of non-meaningful entities such as genes and neurotransmitters'', resulting in a threefold approach of:

1. The importance of experts – who hold privileged accounts of what is occurring.
2. The technological framing of problems.
3. Methodological individualism – focusing on decontextualised aspects of a person's behaviour, e.g. symptoms.

This tends to negate vital aspects of human experience, often expressed as a narrative stemming out of life crises and trauma (Coyte *et al.*, 2007). In the last few years, a sea-change has been evident, with John Swinton's seminal work and the publication of *Spirituality and Psychiatry* by the Royal College (Cook *et al.*, 2009).

An increasingly substantial evidence-base that supports the hypothesis that religious belief can sustain health and promote recovery, in both physical and mental health, is emerging. Of particular note, Harold Koenig and colleagues, based at Duke University in North Carolina, USA, have reviewed and collated hundreds of studies that examine the relationship between religious belief and wellbeing – including depression, anxiety and suicide prevention (Koenig *et al.*, 2001) They also commented on evidence that disproves the notion that religious content in psychotic delusions results from patients' being more religiously active (Koenig *et al.*, 2001, p. 160).

Professor Andrew Sims, past president of the Royal College of Psychiatrists Special Interest Group in Spirituality, summarises what accounts for the benefits as follows:

- social benefits: a sense of belonging;
- trust in God, a sense of ''rightness'' and the security this gives; and
- internal levels of control –, e.g. the spirit of the divine and/or moral purpose within me helps me to exert my own will and do better (Sims, 2008; Sims, 2009).

Although current research from the USA is encouraging, the recent EMPIRIC survey (King *et al.*, 2006) adds a cautionary word to the growing interest in the field, noting that research in the USA is not directly translatable to the ever-changing multi-faith society that is the UK.

Faith and the city

Aristotle noted that ''A city consists of differing kinds of humans; similar humans do not bring about a city'' (Graham and Lowe, 2009, p. 83; Atherton *et al.*, 2010).

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Francois Hartog remarks that Latin and Greek linguistic models of the city worked in opposite directions:

> Whereas the Latin proceeded from the citizen (*civis*) to the city (*civitas*), the Greek went from the entity, the *polis*, to the citizen (*polites*).

Whatever the model, it is remarkable how interest in ancient civilizations has revived both in literature, and in the more thoughtful television series (e.g. *Ancient Worlds*, BBC2, November 2010/Miles, 2010). Work by historians such as Bethany Hughes, and archaeologists, is now identifying a network of Bronze Age cities on the Russian Steppes, which could be the precursor of western civilization. These cities, in spiral-shaped format, are thought to have been built 3,500 to 4,000 years ago, soon after the great pyramids in Egypt. Their language has been identified as bearing the origins of modern Indo-European tongues, including English, with such resonant terms such as ''brother'' and ''guest'' stemming back to these prototypes. Classicist, Richard Miles (Miles, 2010) states that: ''civilization cannot be separated from the *locus* that created it, the city'' (Miles, 2010, p. xiii). Miles quotes an ancient Babylonian poem describing well-built dwellings, and provisioned warehouses where: ''the people would crowd the places for celebration [. . .]. Foreigners would flock to and fro like exotic birds in the sky, old women with good advice, and old men with good counsel [. . .]. All foreign lands rested content, and their people were happy''. But Miles also quotes the same ancient poet for when a city fell on hard times; when violence ''rode the silent streets [. . .] honest people were confused for traitors [. . .] its young women did not restrain from tearing their hair, its young men did not restrain from sharpening their knives''. We tend to think of migration and diversity as a modern concept, and globalisation certainly has increased its velocity, but archaeology demonstrates how widespread trade groups were in the ancient world and how one culture could talk to another. Recent work on Anglo Saxon tombs demonstrates that grave goods indicate that Anglo Saxons wished to have dual identity with their Roman predecessors, so that civilization was seen to have some continuity. In a multicultural and multi-faith city, there is increasing importance of people who connect faith in a transcendent reality with a civic duty to their fellow citizens. As Graham and Lowe (Graham and Lowe, 2009, p. 158) put it:

> This is faith that is not just about ''religion'' in a narrow sense but about practising the virtues of justice, trust and commitment – or what the apostle Paul might call reaping the fruits of faith, hope and love. It begins with a faith in God, but puts its hope in a positive power of regeneration and renewal for a better future, and in the long-term ''dividend'' from investing resources and pride in the well-being of their communities.

Birmingham is Britain's second city with a diverse ethnic, religious and cultural make up. According to the 2001 Census, 32.8 per cent of Birmingham residents are part of a Black or Minority ethnic community, in addition to 5.8 per cent of Birmingham residents classifying themselves as belonging to one of the White ethnic groups but being born outside the UK With regard to the religious profile of Birmingham, 59.1 per cent of respondents are Christian, with large minorities of Muslims (14.3 per cent) and ''not religious'' (12.4 per cent). However, in different areas of the city, like any big city in the world, diverse concentrations of religious and ethnic groups are present. Along one particular main road leading into the city centre, a church attracting a large African-Caribbean denomination sits within walking distance of two prominent Sikh Gurdwaras, catering for the religious needs of minority ethnic groups that make up 76.2 per cent of the population of this area (www.birmingham.gov.uk). Such a mix of ethnicities and religions is mirrored in the Sparkhill area of the city, where one church that serves the local community notes that its parish has the second largest number of Muslims residents of any parish in the UK (www.stjohnsparkhill.org.uk). Conversely, Kings Heath has a high white, Christian population, whilst neighbouring Selly Oak, with its diverse student population, reports the highest response of ''No Religion'' in the national census.

''Something there''? The emergence of ''spirituality''

Whilst is has been demonstrated that religious community, religious belief and religious practice can have a profound and positive impact on one's mental health and wellbeing,

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there is an increasing trend in the number of people who would not deem themselves to be ''religious'' but still have some sort of spiritual understanding underpinning life. These individuals do not fit neatly into classifications of religious faith, and there is a recognition that the term ''spirituality'' implies something more fluid, personalised and perhaps vague than religion. Questions around the differences between spirituality and religion are extensive, and the contrast and comparisons between these two areas of human experience are focused on in the work undertaken at BSMHFT due to the diverse religious and spiritual beliefs local service users profess in the city.

A call for equal attention to be paid to those who are religious, and those who are more vaguely, but just as importantly ''spiritual'' has arisen out of extensive discussion in health and social care literature, where the use of the term ''spirituality'' as a broad concept, which encompasses but goes beyond religion, is a dominant theme.

David Hay (2006) in his deeply perceptive work, *Something There: The Biology of the Human Spirit*, focuses on what we believe and sense as human beings. Hay speaks of an increasing trend in the general population to become aware that there is something else other than the material world – something there, often undefined, but perceived. Rudolf Otto, the German historian of religion, in his *The Idea of the Holy*, published in 1917, spoke of the sense of the ''numinous'', as preceding any desire to explain the origin of the world or to find a basis and framework for ethical behaviour (Armstrong, 1999, p. 11). Physicists and cosmologists like Paul Davies, in his *The Goldilocks Enigma* (Davies, 2006) considers a number of diverse explanations as to why the Universe is ''just right'' for life. And neuroscientists increasingly identify areas of our frontal lobes, which seem to have specific functions in capturing emotions and a sense of the transcendent (Beaureguard and Paquette, 2006). Dr Peter Fenwick, Neuro-psychiatrist, in his studies on deathbed experiences, demonstrates the frequency of ''visions'' of something other than immediate reality, which often eases a person's passing from this world, a liminal entity which can reassure and heal (Fenwick and Fenwick, 2008).

In mental health care, spirituality can be a part of a holistic approach to care that addresses one's culture, beliefs and values. In many ways, it relates closely to the Recovery approach (Brooker and Repper, 2009; Gilbert *et al.*, 2011). Service users are saying that they desire that their holistic dimension and their whole context should be taken into account when being treated and cared for by mental health services. As one person put it:

> I'm tired of being talked about, treated as a statistic, pushed to the margins of human conversation. I want someone who will have time for me, someone who will listen to me, someone who has not already judged who I am or what I have to offer. I am waiting to be taken seriously (Mental Health Foundation, 2002, p. 11; Gilbert and Nicholls, 2003; Gilbert *et al.*, 2011).

If spirituality, encompassing religion and for many, culture, beliefs, attitudes, values, is addressed in mental health care, service users will receive a holistic and humane approach to care.

The Birmingham experience – preliminary work

Birmingham and Solihull Mental Health Foundation NHS Trust (BSMHFT) has a strong board-level commitment to spiritual care in mental health. An embryonic research programme was established in 2008/2009 following the success of three small pilot studies carried out in 2007. The pilot studies included measuring the effectiveness of integrating a spiritual care advisor/chaplain into a community mental health team, which was perhaps the most interesting and encouraging intervention tested, as qualitative results noted improved staff and service user satisfaction, as well as indicating possible reductions in medication. Furthermore, the integration of a member of the spiritual care team into a multi-disciplinary team meeting proved very feasible, and staff in the team welcomed the addition of a holistic care perspective. The two additional pilot studies included the delivery of a trial training day in spiritual care to a forensic staff team, and the testing of spiritual well-being scales in a local inpatient unit. These pilot studies provide the groundwork for more detailed research studies to be carried out.

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Faith communities and stigma

A dynamic area of work that was undertaken in 2009 involved delivering mental health awareness conferences within local faith communities. Strong links with a local Sikh Gurdwara, as well as connections with a Black-led church organisation in the city centre, has allowed the Trust to raise awareness of mental illness – its symptoms and treatment – through conferences held within the individual faith communities. Alongside raising awareness of mental illness, participants were invited to answers questions about their understanding of mental illness, as part of a research study. The aim was to further enhance religious and cultural understandings of mental illness. Studies have confirmed that assigning a biological, emotional, social or religious cause to an illness affects the way the person who has the illness is viewed (Gureje *et al.*, 2006). Attribution theory attempts to offer explanations for the causes of illness. It is rooted in the assumption that people wish to make sense of their experiences of illness, ''in an attempt to control and predict these events'' (Gureje *et al.*, 2006, p. 104) thus, making it easier to cope with it. Traditionally religious beliefs have provided a framework of interpretation in people's lives that help them understand and cope with illness and this, coupled with other social influences, contributes to what mental illness is attributed to (Hartog and Gow, 2005, p. 265).

Sikhs take a holistic approach to illness, and focus on the idea that an internal balance of their spiritual and secular life needs to be maintained in order to be healthy. Links between mind, body and spirit/soul are strong. The Sikh Religion recognises the human body as the abode of God [. . .] The cleanliness of mind and body takes the individual soul nearer to God (Kohl, 1976, p. 76).

Sikh theology offers several interplaying factors when considering Sikh religious attitudes to mental illness. The concept of *hokum*, or divine will, found in many other religions, is prominent. The attitude that it is part of God's wise will that illness and healing occurs, is coupled for some Sikhs with the notion of karma. This concept of a moral law of causation suggests that ''whatever one did in his previous births, that makes his present life.'' (Kohl, 1976). For some Sikhs, karma is an explanation for the events, they experience in this life. These two religious understandings of health and illness were reported by each of the nine participants surveyed about their beliefs and explanations at the conference, and it was a strong theme of discussion in the conference event itself. Seven of the participants surveyed offered further explanations for the causes of mental illness, including trauma or life events (five participants), genetics (two participants) and drugs or alcohol (four participants). In addition, three participants spoke of ''evil eye'' or ''black magic'' as the cause of illness. This was understood to be a cultural belief, rather than a part of Sikh teaching, as Sikhism has a belief in only one spirit and that is God who is benign.

Treatment for mental illness was approached holistically by all of the participants surveyed. Alternatives to medication were encouraged and enquired about by all of the participants. An interest in complementary and talking therapies that could be used to treat mental illness was expressed in all the participants surveyed, and further information was given to them at the conference event through presentations and practical experiences of massage. All participants agreed that prayer should form a part of the treatment for mental illness. Two participants suggested the use of a spiritual healer. Spiritual healers in this context are people who offer healing services in exchange for payment, and their adverts can be found in local newspapers. Three participants strongly condemned this practice, advising that healing should be free and a gift from God, and should be sought through prayer at the local Gurdwara. Six participants reported that seeking help for mental illness was difficult due to the negative perception of the family and community. This was explored further with three participants in one-to-one discussion.

The results from the survey informed the development of service provision more appropriate to the local-community group. This was particularly useful for the Sikh community group, as the stigma surrounding mental illness prevented many members of the community accessing the help they needed. The trust responded by developing a community-based drop-in service that addressed mental illness in a delicate, culturally sensitive and religiously appropriate way.

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The professional view of spirituality and mental health care

In light of the emerging interest in spirituality and the implications engagement with this topic has for service provision and patient care, a need to examine staff perceptions of spirituality and spiritual care with BSMHFT was identified. As part of an impetus to develop appropriate, useful and efficient staff training in spirituality, and as part of the spirituality research programme within the Trust, a survey was designed that set out to determine how staff felt about spirituality and its role in the services the Trust provides. The survey aimed to generate a picture of the attitudes of different professions in mental health, and sought to determine whether ''spirituality'' was welcome or resisted; seen as a component of holistic care; and whether it is within the remit of staff to address a person's spirituality as part of their job (Parkes and Gilbert, 2011).

In this project, the focus on ''spirituality'' as a broad and encompassing term was explored. Providing religious and culturally appropriate care is included in mandatory diversity training for all staff. Literature on spirituality and its role in mental health goes beyond religious and cultural care, and focuses more on meaning making (religious or otherwise), meaning, purpose and hope for the future. ''Spirituality'' in reference to mental health has often been referred to as a ''slippery term'', which holds multiple meanings for people and is difficult to define (Swinton, 2001, p. 12). In response to this, a secondary aim of the study was to develop a working definition of spirituality, as well as to see the diverse meaning it can have for people. The question ''what is spirituality?'' was asked, in reference to both the participant's understanding of its relationship to recovery from mental illness, and the participant's personal understanding.

In total, 194 members of staff responded to the survey. Results from the survey have demonstrated that staff are interested in the definition of spirituality and in general can see that it is an encompassing and individual term. Most are open to a holistic approach to care, including addressing the spiritual needs of service users, if the service user wishes. About 61 per cent (116) of those surveyed felt that spirituality, however it was defined by the service user, was ''very important'' in one's life, with a further 20.5 per cent (39) agreeing it was ''quite important''.

Some staff were anxious about introducing formal spiritual care interventions as part of the service they offer for fear of enforcing their own views onto vulnerable service users, as well as the potential damaging effect of misguided spiritual care. However, even those staff who held negative personal views of religion and spirituality noted that if the service user wanted to address their spirituality at some point during their care, the staff member would attempt to implement this. The extensive qualitative responses to the survey highlighted the need to address fears about boundaries and addressing spiritual care needs in a professional way.

In terms of the word ''spirituality'', the survey found that 37 per cent of staff are uncertain about what ''spirituality'' can mean and look like, and would not be able to address it in a person's care. A further 38 per cent would ''have some idea'' how to address spirituality in care. Of the staff working in clinical and patient care roles, 41 per cent were not sure if it was part of their job role to address spirituality in care. As a result of this survey, a comprehensive package of staff training has been designed and developed in order to ensure staff are comfortable, competent and confident in recognising the spiritual needs of service users, and can deliver basic spiritual care. Clearly-explained leaflets for both service users and professionals have been produced, as well as a handbook, written by a service user and developed by the research team, addressing the complexities of spiritual care and the role staff play in its provision (BSMHFT (Barber), 2009).

Spirituality, religion and mental well-being – the UK context

As overviewed above, projects in Birmingham have to address diverse communities, from faith groups, who by their very existence have religion as a central part of their understandings of wellbeing, to those who have no religious faith and little understanding of what ''spirituality'' could mean for mental health service users.

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It is well recognised that professionals in the USA and Canada take spirituality and religious faith into account more than in the UK, though there have been profound changes in the UK in recent years. Professionals in North America say that the educational approach for doctors, nurses, psychologists, social workers, OT's, etc. had to change when staff went out to practise and were challenged as to why their training did not equip them to respond to their patients'/users' profound belief systems. The extent to which spirituality and religion are now embedded in health and social care, in North America is demonstrated by a large section of the recent issue of the journal *Time* being devoted to this area of work (Kluger, 2009). In Britain, the Royal College of Psychiatrists Special Interest Group was founded in 1999, and is now the fastest growing Special Interest Group in the College (Cook *et al.*, 2009).

In 2001, Professor John Swinton, from a nursing and chaplaincy background, published the seminal text for the UK: *Spirituality and Mental Health Care: Rediscovering a ''Forgotten'' Dimension* (Swinton, 2001). Swinton (2007) termed spirituality ''the forgotten dimension in mental health care''. In a further text in 2007, he set out the quite distinct differences between North American and UK research on the subject.

The National Institute for Mental Health in England (NIMHE) was set up in the summer of 2002. NIMHE's role was to connect local implementation, regional strategy and national policy and strategy so as to create a unified developmental approach. Eight regional centres were set up, and achievements included developing specific policy initiatives around black and minority ethnic groups, the creation of new community teams (crisis resolution [home treatment], assertive outreach, early intervention), and the encouragement of user and carer involvement at all levels. In September 2001, the core group setting up NIMHE, under the auspices of Professor Antony Sheehan, inaugurated a specific project to consider aspects of spirituality in mental health care and work with faith communities. This project was to run alongside other NIMHE programmes such as delivering race equality, values, acute care, etc. (Gilbert and Nicholls, 2003).

From the first of April 2009, the DH has funded the National Spirituality and Mental Health Forum (a registered charity; Co-Chairs: Venerable Arthur Hawes and Dr Sarah Eagger) for a three-year programme, which will carry forward the main strands of work from the NIMHE project, but will concentrate particularly on supporting a spiritual and pastoral care presence in each mental health trust. Currently, it is disseminating good practice and supporting regional development networks as are already operating in the North East, East Midlands and West Midlands (Eagger *et al.*, 2009). The Forum also works in partnership with faith communities and a number of the statutory and voluntary bodies to support further elucidation of the issues around spirituality and mental health (Aaron, 2008). The forum worked in partnership with the British Association for the Study of Spirituality at their first international conference in May 2010. The work around spirituality, religion and mental health in the UK is certainly developing fast.

If you don't know who I am [. . .]

Speaking at the launch of the *Count Me In* Census, Professor Kamlesh Patel, then Chair of the Mental Health Act Commission, stated cogently that:

> If you don't know who I am, how are you going to provide a package of care for me to deliver something? When you do not know how important my religion is to me, what language I speak, where I am coming from, how are you going to help me cope with my mental illness? And that is what I am trying to get over to people; the first step is about *identity.* It is absolutely fundamental to the package of care we offer an individual (Mulholland, 2005, p. 5, our emphasis).

We may tend to think when we read a personal testimony, such as Jean Davison's (2009) moving autobiography *The Dark Threads* that the treatment she endured (not really for any diagnosed mental illness, but for teenage angst) in one of the old psychiatric hospitals, High Royds near Bradford, a system of mental health care that is well behind us. Unfortunately whilst human beings do need systems to provide a framework for health and social care, we have a tendency to turn a system into ''The System'', therefore undermining our whole approach. For many people, their inner spirituality is what makes them tick, keeps them

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going and what helps them to return to a sense of who they are (see Repper and Perkins, 2009 in Brooker and Repper, 2009). Listening to the personal testimonies of people who use services (Stickley and Basset, 2010), we are struck by how a person's inner spirit, whether deeply personal, or part of a wider faith context – or an interaction of both – is what makes life meaningful and bearable.

As Lord Layard makes clear, the promotion of sound mental health is a vital element in civic society (Atherton *et al.*, 2010). Cities have an ethical duty, but also a social and economic incentive, to promote the physical and mental health of their citizens. It was Birmingham, which led the way in the Victorian era in promoting public utilities such as clean water, street lighting, etc. so as to attend to the health of all its citizens, because these farsighted city gurus realised that poor health is not just an individual tragedy but is one that affects and infects us all. As historian and archaeologist, Richard Miles puts it: ''Civilisation has transformed us into a species that, for better or worse, chooses to live alongside strangers'' (Miles, 2010, p. 284), and that can create a richness in diversity and creativity that tribalism cannot do.

The recovery approach in mental health is placing an increasing emphasis on user-control and the role of hope in people's lives. This links strongly with spirituality, which is our inner sense of hope with a transcendent ''other''; God or other cosmic forces, in family and friends, with communities including faith communities and in trusted professionals. We all struggle to know who we are, and in that journey we need others sometimes to hold that candle of hope for us – and sometimes we need to hold it for them.

Implications for practice

- As the UK becomes increasingly a multi-cultural and multi-belief society, it is imperative for statutory services to create positive relationships with faith communities.
- The credit crisis, and recent social disturbances in the cities, demonstrate a loss of values and increased anomie. Public services have a duty to help recreate a sense of meaning and purpose in communities.
- Faith communities have a great deal to contribute to social cohesion, but problems of stigma still need to be addressed, in partnership with public services.
- Service users in mental health are clear that they desire an holistic rather than reductionist approach to care and recovery. Spirituality is an essential element of holistic care.
- Staff recognise the importance of spiritual care, but need support and training to assist them in delivering this.

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