

Handbook of spiritual care in mental illness (Birmingham and Solihull Mental Health NHS Foundation Trust)

Why I wrote the Handbook by Jo Barber

I have been a mental health service user for 25 years. I am also a qualified doctor though I have not been able to work for many years. Although I feel I have wasted many of these years, I am now leading a very full life. This for me has been primarily due to the spiritual care that I have been fortunate enough to receive.

I used to think of spiritual care as being concerned only about religion. Indeed, my religion has always been very important to me, although for a long time it was a source of distress, confusion and fear. I have often tried to puzzle out the relationship between religion and mental illness, just because of my own experiences and those of others I know. I have concluded that there must be a spiritual/religious dimension to mental health, which can be anything from helpful and healthy to destructive and definitely unhealthy, and this will interact with the bio-psycho-social dimensions of illness. All these dimensions are independent to some extent, uniquely for each individual. Helping people find solace in their religion is what I had always thought of as the work of the Chaplaincy team. I was fortunate to have help from a mental health chaplain, and this was crucial for my recovery.

However, I was soon to learn a broader approach. My chaplain suggested that I come to the Mental Health Trust's Spiritual Care Team meeting, thinking it might help me. At this meeting, the meaning of the term 'spirituality' was explored. I rapidly realized that the most important thing for me in my recovery was indeed to find spiritual well-being. This included help with problems I had with my religion, but also with finding meaning, purpose and hope in life in other ways. Although for some people religion is of paramount importance, for others, inspiration for life may come from a different source. This is the existential component of spirituality. I have become fascinated about how the existential and the religious relate to each other and how you separate one from the other.

My meeting with the Spiritual Care Team had long lasting repercussions. I got to know the then Head of Spiritual Care, Sandra Thomas, and the Medical Director, Neil Deuchar. Both were supportive and I found myself involved in research aimed at raising the profile of spiritual care. Although both these people have moved on, I am still committed to this project. From my own experience, I am passionate about the potential value of spiritual care. To generalize this to other service users, our recent research has confirmed the importance of religion or spiritual belief to many different service users. Even those with no formal belief very often relate to the term 'spiritual'.

We can now confidently assert that spiritual/religious care is important for the vast majority of service users, even if it encompasses issues that may not be religious.

In our multi-cultural city of Birmingham, there are people with a wide variety of different faiths or none at all. This means that each individual will have different spiritual needs. We therefore need a very diverse team, including chaplains of many different faiths and spiritual care advisors who will aim to be as inclusive as possible. This is why we use the term *Spiritual care team*. We expect that the majority of service users will have spiritual needs of some sort that they would like help with.

Sandra Thomas realized that the Spiritual Care Team was far too small to provide spiritual care to all service users. She thought that all staff in the Trust should understand about the importance and process of spiritual care, and be able to assist in its delivery. In addition, due to the requirement of spiritual care for those with no formal faith or spiritual belief, members of the Spiritual Care Team needed to change the way in which they worked. A training package for all staff was therefore put together. Because of my lived experience of spiritual care, my experiences working with service users in the Trust as a volunteer and my medical understanding (even though I have forgotten most of it!), Sandra asked me to write this handbook. Although primarily written for training clinical staff, it may appeal to lay people in general, especially carers and service users.

In writing the handbook, I used not only my own experiences but also those of many other service users who I have met along the way. I performed a thorough literature search and sought the views of others in the Spiritual Care Team. I have also included my own ideas of how the religious and the existential relate to mental illness and the consequences of this for spiritual care.

The first edition of this handbook was written in 2009. This second edition includes up-to-date research in the field and incorporates lessons learned from the practice of spiritual care in our Trust. My special thanks go to Carol Wilson, the current Head of Spiritual Care, who has helped prepare and edit the second edition and advised on formatting.

I believe that the desire for spiritual well-being in its broadest sense is something that unites the vast majority of service users. In our roles as helpers, we have a duty to facilitate spiritual well-being for all our service users.

Jo Barber.

Carol Wilson adds:

Throughout my training as a therapeutic radiographer in the early 1980's, and subsequently in my clinical practice, my curiosity was sparked by noticing that the well-being of patients did not necessarily correlate to their physical condition. After leaving the NHS to start a family (in the days when cobalt machines and radium pellet Selectrons made combining the two a challenge), I worked for a faith community

offering support to those who would historically have been residents of a mental healthcare institution, as part of Care in the Community.

In both roles, it was obvious that being well was not necessarily the opposite of being ill. You may think it impossible to walk on water but I have seen it done by those with enough pain, whether physical, psychological, emotional or spiritual, to sink them beneath the waves. Not all of those who were managing to walk on the water rather than sink beneath the waves were people of faith; others spoke of their faith being a hindrance to them rather than the help that they might have expected.

In 2008, I was recruited to Birmingham and Solihull Mental Health NHS Foundation Trust as a Spiritual Care Advisor, the first of a new style of post in the Trust and part of Sandra Thomas' and Neil Deuchar's vision for widening the understanding and provision of spiritual care in mental healthcare. My first encounter with Jo was when I happened upon one of her music sessions in an in-patient unit; an accomplished violinist, she visits a number of wards on a weekly basis. As I listened to her music, I saw how naturally themes of hope, belief and connection to recovery arose in the conversations that were sparked – it was spiritual care in action.

At that time Jo and Maddy Parkes, the then Research Assistant with the team, were working on the first edition of the handbook. When I had sight of an early draft, I saw in writing what I had been sensing for many years; spiritual care certainly encompassed faith but included much more and was something that was everyone's business. In late 2009, I had the opportunity to take up leadership of the team, albeit in the shadow of the sudden illness and subsequent early retirement of Sandra. From the outset I determined to extend our research programme despite the challenge of funding. As part of this, we prioritised updating the handbook to take into account current work in the field. It has been an honour and privilege to be part of this co-production with Jo, supported by many senior colleagues from clinical, research and management perspectives both within the Trust and from external organisations.

We recognize that there are many spiritual care colleagues and others who share our vision for spiritual care. We offer the Handbook of Spiritual Care in Mental Illness as a resource in support of the delivery of training and the promotion of spiritual care services. We trust it will also be of value to those who have lived experience of mental illness and those who seek to offer them holistic care in their journey of recovery.

Finally, I would like to add my tribute to Jo's courage, her determination and her outstanding abilities, not least in living out the true meaning of a recovery journey. I have learnt so much from her and look forward to pressing ahead with her as we continue to develop our understanding of, and evidence for, the provision of high quality spiritual care in mental healthcare.