



# Mental Health Day

**SAT 10<sup>TH</sup> OCT 2015**

# The Church and the NHS

**Dr Rob Waller - @robwaller**

Director, Mind and Soul - @mindandsouluk

Consultant Psychiatrist, NHS Scotland

# Overview

- 0 Who are we and who is here
- 10 What's the national plan?
- 20 What should we do?
- 30 How can we make this work?
- 40 What are the boundaries?
- 50 Where next?

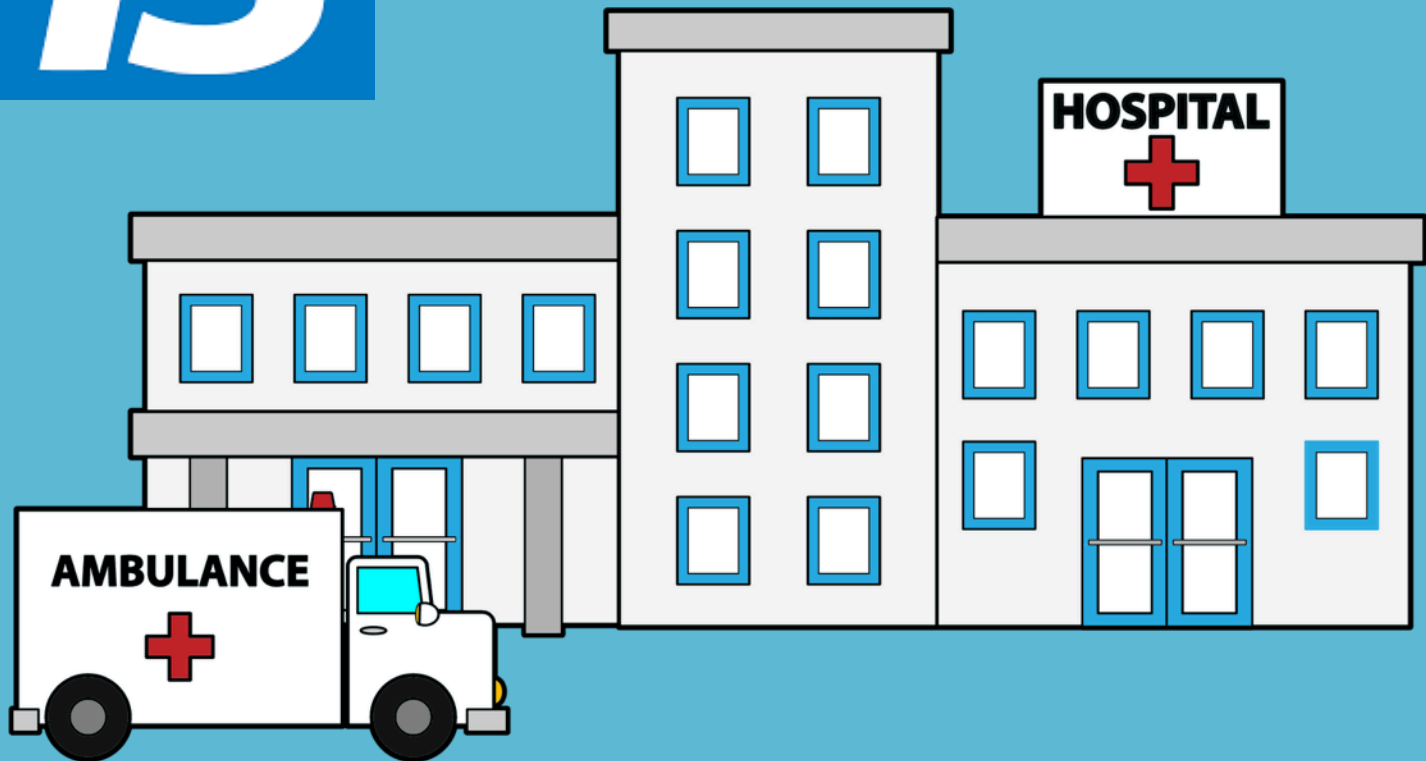
# Who is here?



- **Small Groups**

- What is your interest in the church and the NHS?
- What has your experience been?
- What do you hope to get out of today?

# NHS

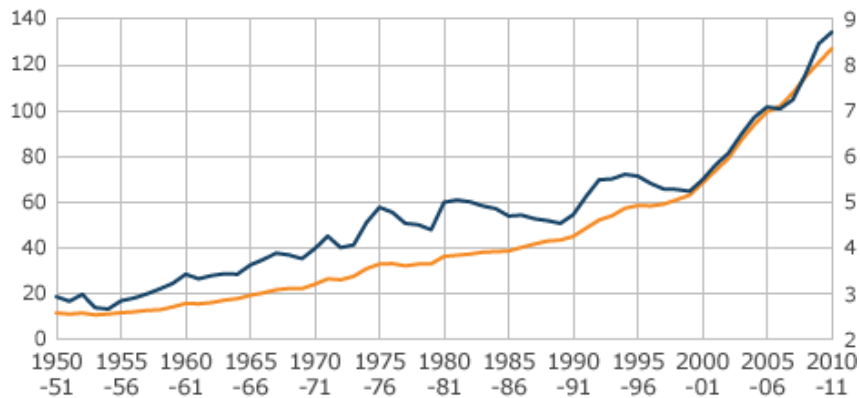


# The Opportunity

## Spending on the NHS

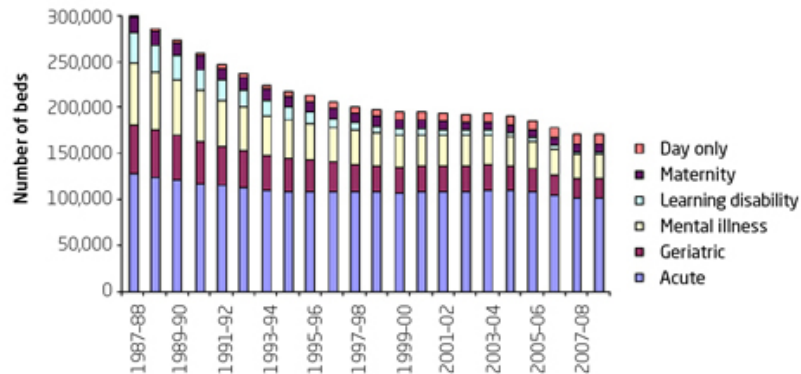
Real net spending at 2010/11 prices  
£ billion —

As % of GDP —



Source: King's Fund

## Average daily number of available, by sector, England, 1987-88 to 2008-09

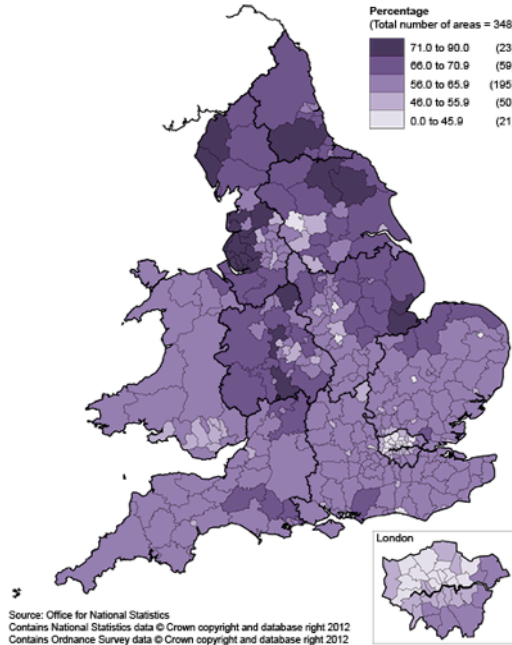








# A Christian Country?



- British Social Attitudes Survey 2009
  - 49% practice ‘some religion’
- National Census 2011
  - 33.2 million identified as Christian
- Why Church Survey 2012
  - 6% attend church weekly
- British Social Attitudes Survey 2015
  - Christian identified as 42%

# Behind the Data

- 55% believe in a ‘patterning’ to life
- 67% believe in a Supernatural Force
- 69% believe in a Soul
- 76% admit to a ‘Religious/Spiritual’ experience

“CHRISTIAN ROOTS, CONTEMPORARY SOCIETY” - Lynda Barley (2006)

# Holistic Definition of Health

- A complete sense of physical, mental, social and **spiritual** wellbeing
  - WHO-QOL, 1998
- Patients want their healthcare professionals to address this...

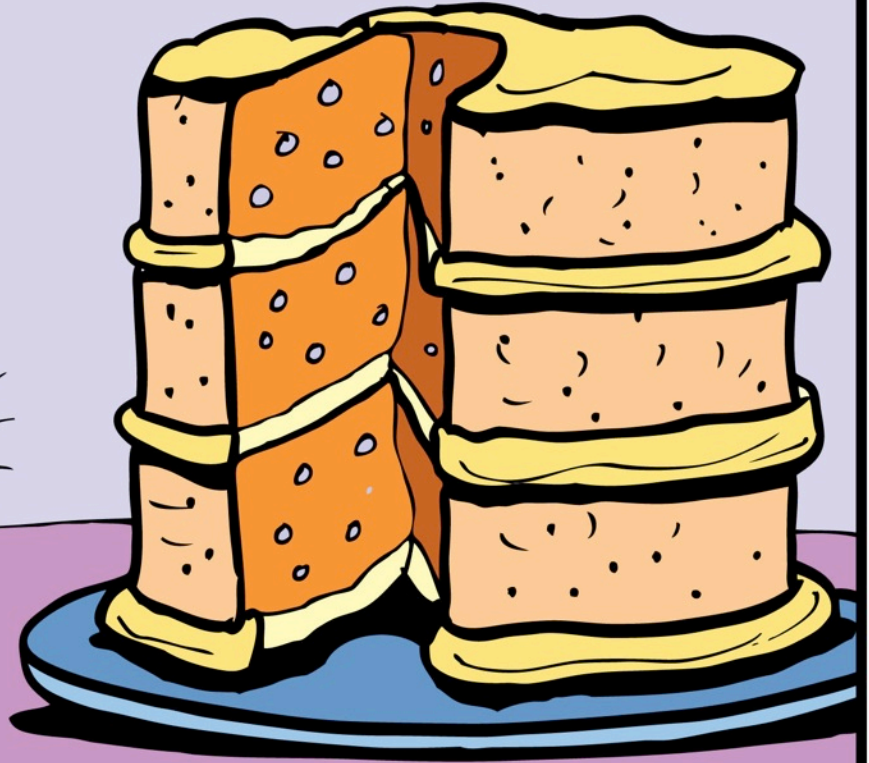


**World Health  
Organization**

Spiritual care is the responsibility of everyone on the healthcare team...

**Spirituality isn't 'the icing on the cake'**

**It should be mixed throughout the whole thing!**



# Spiritual Needs

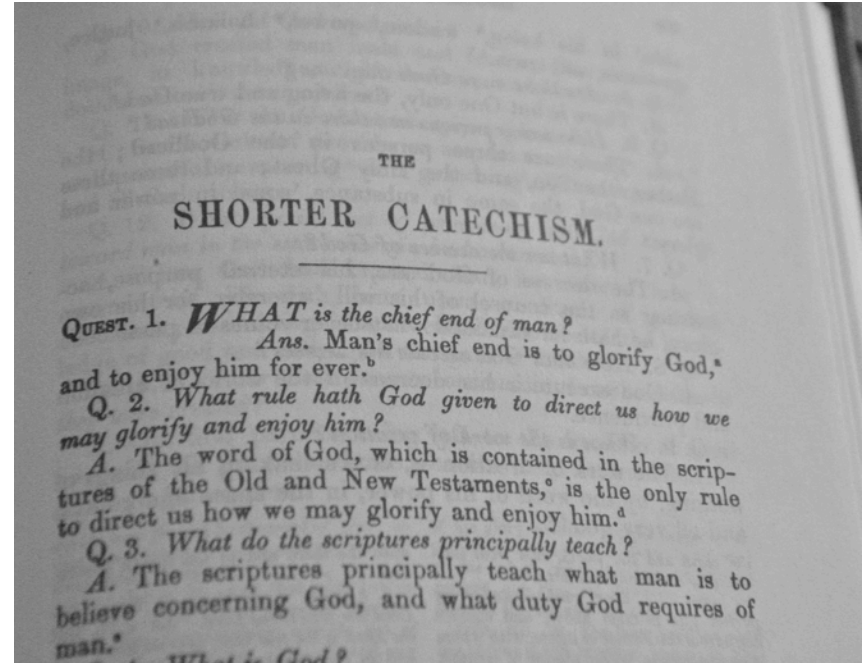
## The need for...

- meaning and purpose, love and harmonious relationships, a source(s) of hope and strength, trust, the expression of personal beliefs and values, the opportunity to perform spiritual practices, the need for creativity

# Spiritual Needs

## The need for...

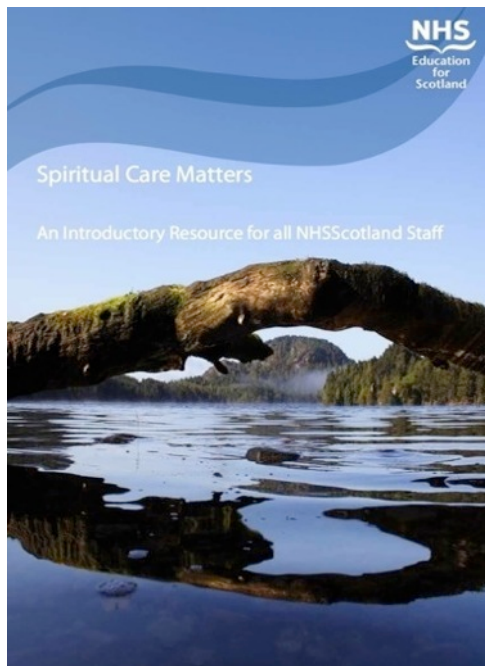
- meaning and purpose, love and harmonious relationships, a source(s) of hope and strength, trust, the expression of personal beliefs and values, the opportunity to perform spiritual practices, the need for creativity



# John Swinton, Aberdeen

- Spirituality is that aspect of human existence that gives it its Humanness. It concerns the structures of significance that give meaning and direction to a person's life and helps them deal with the vicissitudes of existence. As such it includes such vital dimensions as the quest for meaning, purpose, self- transcending knowledge, meaningful relationships, love and commitment...
- ...as well as [for some] a sense of the Holy amongst us.

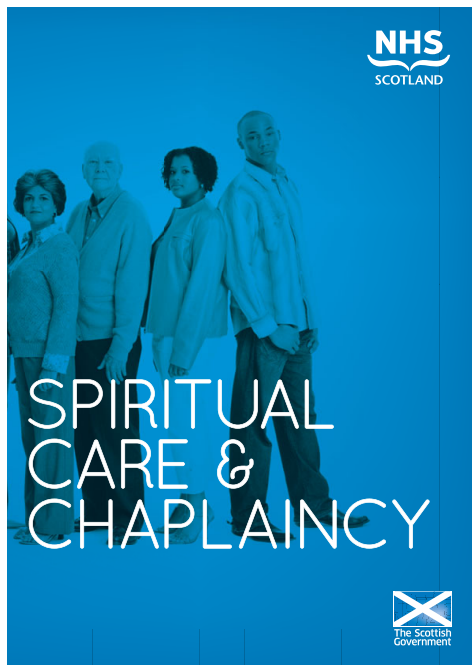
# Spiritual Care Matters



- A learning resource
  - Spiritual care in the NHS must be both inclusive and accepting of human difference.
  - The provision of spiritual care by NHS staff... is the very essence of their work.



# The Chief Executive's Letter



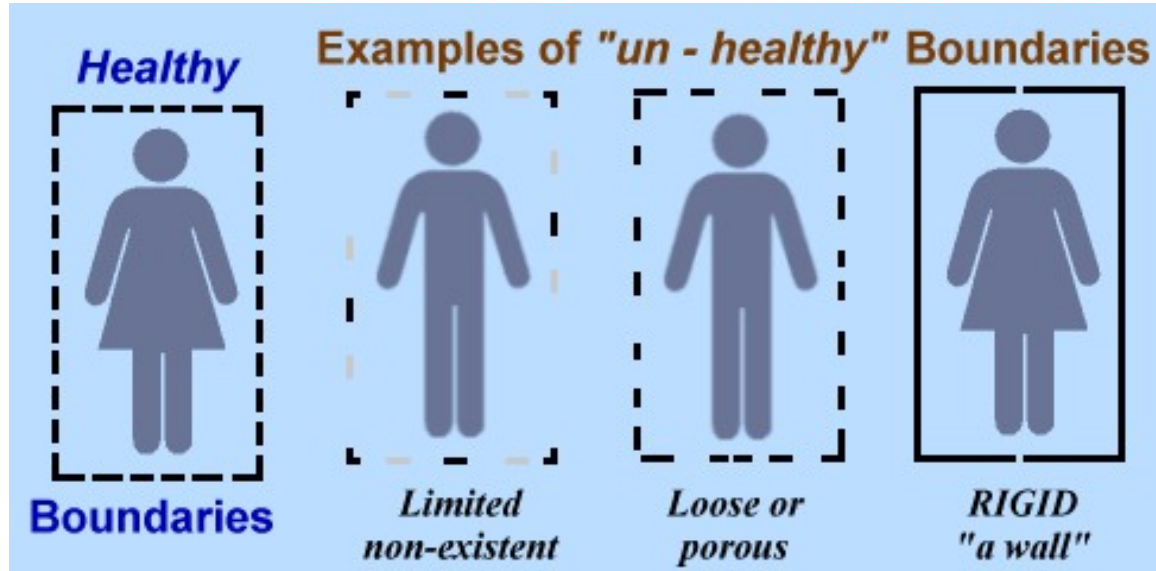
- Health Boards should:
  - Have appointed a senior lead manager for spiritual care
  - Have a spiritual care policy, updated in light of local need
  - Have a spiritual care/chaplaincy service resourced to provide the necessary service throughout the year on a twenty four hour basis

# What should we do?



- What should the relationship between the NHS and Churches be?
  - More?
  - Less
  - How?

# What are the Boundaries?



- Boundary
  - A line that cannot be crossed
  - A perspective that has to be respected
- Law
- Guidance
- Relationship

# Law: The Range of Equality

## 2006 Act

- Diversity Strands
- Vulnerable Groups

## Followed by Policy

- Healthcare Commission
- Review of Inpatient Services

## 2010 Equality Act

- Single Equality Approach
- Protected Characteristics

Protected, Required, Person-Centred

# Guidance: What Doctors must do

- General Medical Council [GMC]  
*Personal Beliefs and Medical Practice*
  - Affirm the role of personal beliefs
  - Respect and good practice key
  - Do not impose
    - In ways that cause distress
    - In ways not directly relevant to patient care

You can find the latest version of this guidance on our website at [www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance)  
Published 25 March 2013 | Comes into effect 22 April 2013

General Medical Council

## Personal beliefs and medical practice

1 In Good medical practice<sup>1</sup> we say:

- 15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
  - adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient
  - promptly provide or arrange suitable advice, investigations or treatment where necessary
  - refer a patient to another practitioner when this serves the patient's needs.
- 48 You must treat patients fairly and with respect whatever their life choices and beliefs.
- 52 You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.
- 54 You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.
- 57 The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions or lifestyle have contributed to their condition.
- 59 You must not unfairly discriminate against patients or colleagues by allowing your personal views<sup>2</sup> to affect your professional relationships or the treatment you provide or arrange.

<sup>1</sup> Good Medical Practice (GMP) is the General Medical Council's (GMC) Code of Conduct for doctors.  
<sup>2</sup> This includes your views about a patient's or colleague's lifestyle, culture or their sexual orientation, as well as the characteristics protected by legislation, such as gender, gender reassignment, race, age, age and sex, pregnancy or maternity, religion or belief, sex and sexual orientation.

Working with doctors Working for patients 01

# Relationship: Royal College of Psychiatrists

The screenshot displays the website for the Spirituality and Psychiatry Special Interest Group (SPSIG). The top navigation bar includes sections for Discover Psychiatry, Train in Psychiatry, Work in Psychiatry, Useful Resources, and Health Advice. The main content area features a large image of hands holding a glowing orb, with text explaining the group's mission: to provide a forum for psychiatrists to explore the influence of major religions and cultural values on mental health. It also mentions the group's founding in 1999 and its aim to contribute to a framework of ideas for mental health care. A sidebar on the left lists various services and support options, while the right sidebar includes a login section, a donation prompt, and information about the 2016 International Congress.

- Spirituality Special Interest Group
  - >3000 psychiatrist members
- MRCPsych Curriculum
  - Spiritual crises, near-death experiences, role of guilt and shame, culture vs belief
- Koenig/Hollins Editorial
  - Raising matters of faith with significant profile

# How to RAISE matters of faith

- Secularisation
  - I feel like I am talking to a machine...
- CSA and Suicide
  - We know how to ask funnel questions about potentially difficult topics...

# How to RAISE matters of faith

- Secularisation
  - I feel like I am talking to a machine...
- CSA and Suicide
  - We know how to ask funnel questions about potentially difficult topics...
- *Christian Medical Fellowship*
  - *Do you have a faith that helps you at a time like this?*
- *Mental Health Foundation*
  - *What gives you hope/meaning?*
  - *How can we help you feel connected to this while you are with us?*



# How to HEAR matters of faith

- **Making the professional feel comfortable!**
- Challenging for both therapist and client
- The advantage of an agnostic position?

# How to HEAR matters of faith

- **Making the professional feel comfortable!**
- Challenging for both therapist and client
- The advantage of an agnostic position?

## A Professional Model

Behavioural

*'Religion' - Church, Mosque, Temple, Ritual - We can all encourage this*

Cognitive

*'Belief' and 'Faith' - Identity perspectives and negative emotions*

Existential

*'Spirituality' - What my faith adds to my life*

# Where Next



- What does this mean for you?
  - In your church?
  - In your place of work?
  - In your interaction with the NHS?
- What will you take away from today?
  - Something encouraging
  - Something challenging

# Joint Working

- Most faith groups are clinically out of their depth...
- Most professionals are spiritually out of their depth...
- Makes sense to work together !!

# Joint Working

- Most faith groups are clinically out of their depth...
  - Most professionals are spiritually out of their depth...
  - **Makes sense to work together !!**
- **Questions**
    - Are a person's beliefs typical, idiosyncratic or illness driven?
  - **Resources**
    - There is more than chaplains can do, especially in the community
    - Some people prefer/require their own faith leader
  - **Process**
    - 'Recognised' as safe
    - Ongoing relationships
    - Attend CPA / Reviews

# Spirituality on Mind and Soul

## Some resources you might find helpful

- Royal College of Psychiatrists **factsheet on Spirituality**
- NHS Scotland resource: '**Religion and Belief Matter**'
- NHS England [CSIP/NIMHE] resource: **Guidance on Spirituality for staff in acute care services**
  - accompanying **patient leaflet** and **poster**
  - the **Research Evidence Summary** that lies behind the resource
- **Spirituality and Mental Health**: a recent book summarising the research
- **Project for Spirituality, Theology and Health** at Durham University
- **Centre for Spirituality, Health and Disability** at Aberdeen University
- **Search for Spirituality** on this website
- **Evidence base for chaplaincy** - major new review, PDF

## Some relevant talks from our conferences

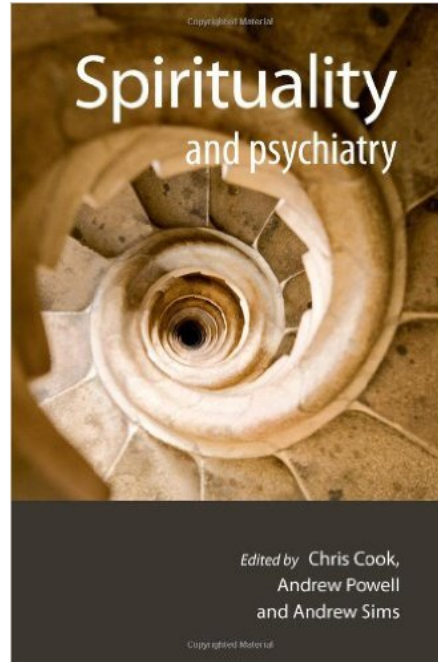
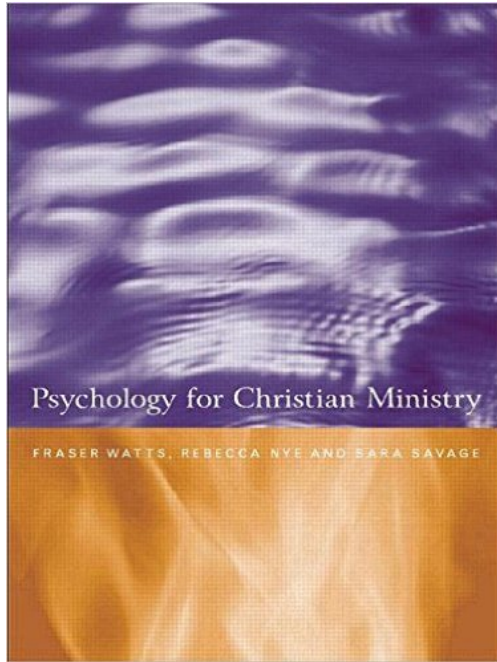
- **Spirituality and Mental Health** [keynote overview]
- **Spirituality in the NHS** [seminar]

## Some talks from other conferences by us

- **Spirituality in CBT** [Given for **Ethnic Health Initiative** in London]

- [www.mindandsoul.info](http://www.mindandsoul.info)
  - Resources
  - Topics
  - Spirituality in the NHS

# Further Reading



- Psychology for Christian Ministry
  - Fraser Watts, Rebecca Nye and Sara Savage
- Spirituality and Psychiatry
  - Chris Cook, Andrew Powell and Andrew Sims

# The Church and the NHS

**Dr Rob Waller - @robwaller**

Director, Mind and Soul - @mindandsouluk

Consultant Psychiatrist, NHS Scotland