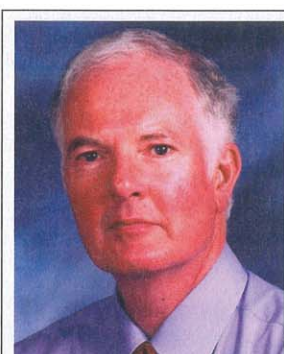


BREATHING SPACE

Despite its religious connotation, spirituality is more closely connected with people's essential humanity, says **Peter Gilbert**, who looks at how it can be applied to mental health casework



PETER GILBERT is project lead on spirituality at the National Institute for Mental Health in England, and visiting professor in health and social care at Staffordshire University. He is the author of *Leadership: Being Effective and Remaining Human*.

Spirituality is a tricky concept to understand. Many people confuse those talking about their spirituality or spiritual needs as a reference to being a member of a religious institution. In fact, spirituality, derived from words in many languages denoting breath and breathing – the essence of life – is to do with the wellspring and mainspring of our lives.

A document produced by mental health organisations and communities in Bradford talks about spirituality as referring to “the essence of human beings as unique individuals: ‘What makes me, me, and you, you?’”¹ It explains: “It is the power, energy and hopefulness in a person. It is life at its best, growth and creativity, freedom and love. It is what is deepest in us – what gives us direction and motivation. It is what enables a person to survive bad times; to be strong; to overcome difficulties; to become themselves.”

Some people find spirituality too broad a term for their taste, but it is a gateway word, allowing people of a humanist or religious framework to focus on people's essential humanity and their need to work together for the common good.

Organised religion is receiving plenty of attention at present. When Pope John Paul II died last April, commentators across the spectrum of belief and non-belief were struck by a phenomenon which seemed to express a human desire to find a deeper meaning in life.

Then there were concerns about some of the new African churches and their views on witchcraft and children and, of course, the suicide bombings in London on 7 July.

All these events bring essential, existential questions into focus. What does it mean to be human? What is our individual and group identity? Is a strong belief in something a source of cohesion or conflict? Is there such a thing as community? What is the value of human life?

The National Institute for Mental Health in England set up a spirituality and mental health project in September 2001. The date is significant in that it was formed partly as a response to 9/11,

and its importance increased after the London attacks. The project's brief was to focus on the importance of the spiritual dimension in people's lives and to construct positive relations with faith communities and faith-based organisations.

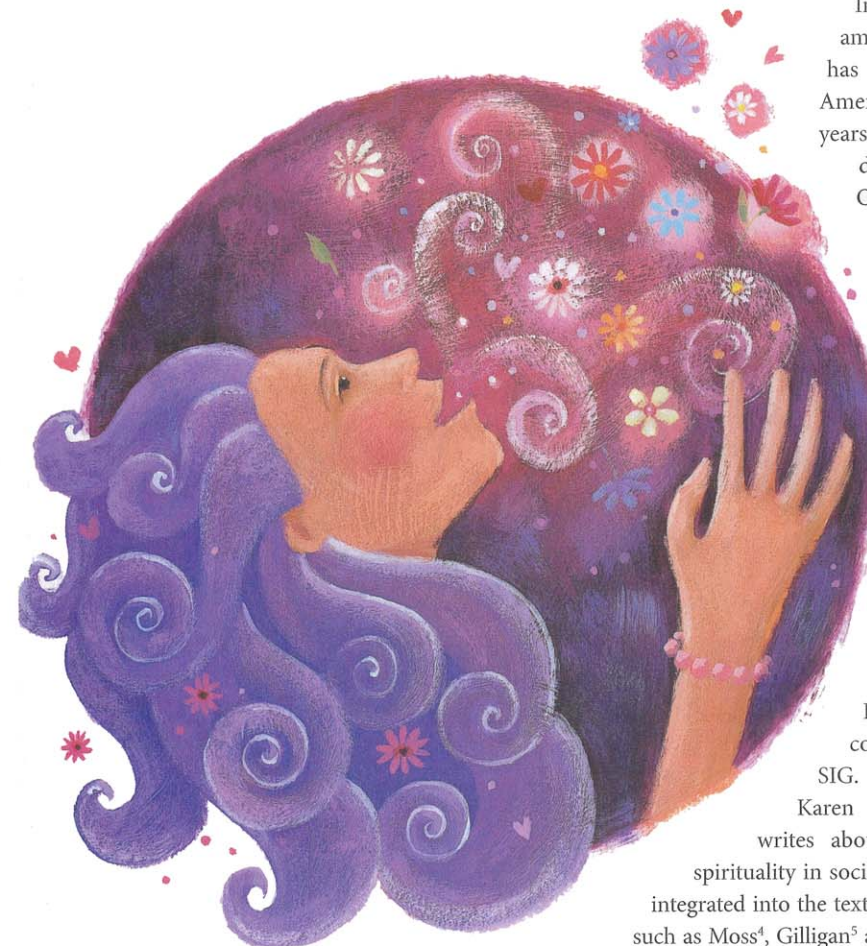
The rationale is that users and carers increasingly say that this is of vital importance in their lives.² Studies indicate that membership of a supportive faith community can have considerable benefits in terms of physical and mental health, and longevity. A multicultural society creates a huge diversity in belief systems. Since 9/11, many people of Asian ethnicity refer to their identity in relation to their faith, rather than their ethnicity.

Rather than aiming to directly change services on the ground the open-ended project is facilitative. Mental health trusts and local authorities can approach the project to organise symposiums of users, carers and staff to talk about spirituality and ways in which it can be included in the assessment, treatment and care of people with mental health problems. The aim is to encourage local services to see people as whole people by addressing their spiritual as well as their health needs. Services are then encouraged to include spirituality in assessment, treatment and care and include faith communities.

In April 2005, 26 pilot sites were set up in England with the Nimhe regional leads on spirituality. These are looking at how organisations serve people's spiritual needs, work constructively with faith and spiritual communities and look after the spiritual and religious needs of their staff as their “internal customers”, as well as users and carers.

We are already seeing changes to practice. With a spiritual adviser and a network of user-led groups, the Somerset Mental Health Partnership Trust is running a spiritual assessment trial. And the Bradford Care Trust is looking at alternative forms of spiritual care which meet people's religious and cultural needs more fully than conventional western methods.

With the pilot sites, the project spread its



Interest in the subject among professional groups has been evident in North America and Australasia for years but interest here has developed more slowly. One challenge for social work and social care is

that, in the field of mental health, psychiatrists and nurses have been more active in this area than social work, which still views the subject with suspicion.

The special interest group (SIG) in spirituality and psychiatry at the Royal College of Psychiatrists is now the college's fastest-growing SIG. In social work, while

Karen Healy³ from Australia writes about the importance of spirituality in social work in a way that is integrated into the text, social work academics such as Moss⁴, Gilligan⁵ and Holloway⁶ have had to battle to promote the subject through a user and practitioner level.

There are many facets to the project, and it is encouraging to see that the most dynamic chief executives in mental health trusts are keen to see this agenda moved forward.

Many commentators are now questioning what kind of society we have built – have we sacrificed a community and cultural identity for one which is purely consumerist? It is telling that an economist such as Richard Layard should be questioning why, if we are more prosperous, are we not happier?⁷

Layard argues that we should be investing more in creating a society that is mentally healthy. Jonathan Sacks regards the dissatisfaction as pointing to a desire for “needs that cannot be met in the marketplace, not least the most fundamental human need of all, the need for meaning.”⁸ **CC**

TRAINING AND LEARNING

The author has provided questions about this article to guide discussion in teams. These can be viewed at www.communitycare.co.uk/prtl and individuals' learning from the discussion can be registered on a free, password-protected training log held on the site. This is a service from Community Care for all GSCC-registered professionals.

ABSTRACT

People with mental health problems often find that spirituality is important in their lives and can benefit their physical and mental health. So the National Institute for Mental Health in England set up a spirituality and mental health project and this article discusses its work.

REFERENCES

- ¹ Bradford Community Health, *Spiritual Well-being: Policy and Practice*, 2001
- ² P Gilbert, V Nicholls, *Inspiring Hope*, Nimhe, 2003
- ³ K Healy, *Social Work Theories in Context*, Palgrave/Macmillan, 2005
- ⁴ B Moss, *Religion and Spirituality*, Russell House Publishing, 2005
- ⁵ P A Gilligan, “It isn't discussed. Religion, belief and practice teaching: Missing components of cultural competence in social work education”, *Journal of Practice Teaching in Health and Social Work*, 5(1), pp75-95, 2003
- ⁶ M Holloway, “Dying and bereavement, spirituality and social work in a market economy of welfare”, *British Journal of Social Work*, 27:2, pp175-190, 1997
- ⁷ R Layard, *Happiness: Lessons from a New Science*, Allen Lane, 2005
- ⁸ J Sacks, *Celebrating Life*, Harper Collins, 2000

FURTHER INFORMATION

• A spirituality and mental health forum meets bi-monthly. E-mail mentalhealthsmh@aol.com.

CONTACT THE AUTHOR

pgilbert@gilbert88.fsbusiness.co.uk