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FOREWORD

There have been major developments over recent years in the understanding of Pastoral and Spiritual Care within the NHS. We live in a multicultural world where religious labels can all too often be sources of tension and division. Within healthcare communities, as within the wider society, our differences can be and should be seen as part of an enriching human diversity. We are now more aware of ethics and ideals generally understood as 'humanistic'. Many people have a rich array of beliefs but would not describe themselves as belonging to any one particular group or faith community. Many others however do profess strong religious beliefs and identity. Pastoral and Spiritual Care in the NHS must be inclusive, accepting of human difference and based on mutual respect. As we learn to listen better to the particular needs of different people in order to provide genuine patient-centred care and so enhance the patient experience, so in turn we better equip ourselves for care which is both effective and fulfilling. The provision of spiritual care by NHS staff should not be seen as another add-on to their hard-pressed time. It is rather the essence of their work, the core of providing holistic care. It enables and promotes recovery and wellbeing in the fullest sense.

"No Health without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages" published by DOH in February 2011 has clear guidelines about the requirement to embed pastoral and spiritual care into service delivery:

It suggests that inequalities arise in mental health services, in relation to religion or belief in four main ways:

- The relationship with other aspects of identity (for some cultures ethnicity and religion are virtually inseparable.) Service data shows that more people from BME backgrounds identify themselves as religious. By failing to address religion, services disproportionately affect people from BME backgrounds.

- Potential for people who hold religious or other beliefs to have poorer experiences of services because core aspects of their identity are overlooked or they have no means of religious expression (for example the provision of prayer rooms). This may cause anxiety and prove detrimental to their recovery.

- Evidence indicates that religion belief or belonging may be protective, particularly in relation to suicide.

- The role of religion or belief in people's explanations for their mental health problems – different conceptualisations and language between an individual and services - will affect engagement and success of treatment and care.

- If positive outcomes are to be consistently achieved, services must engage with religion, spirituality and belief in the assessment of individual need.

- Local services will achieve better outcomes if they make resources and facilities available for people to express their religion or belief.

  Section 6.36 and 37
  No Health without Mental Health
  HM Government Feb (2011)

"The development and implementation of a Pastoral and Spiritual Care Strategic framework will enable the Trust to deliver on fulfilling its promise to serve "with all of us in mind", and will support the maintenance and development of the Trust's culture so that it reflects our values and helps us provide services that are sensitive to the needs of a diverse population.

SWYPFT recognises that a person centred holistic approach to recovery and wellbeing must engage deeply with spiritual issues and so respond effectively to the spiritual needs of service users, carers and staff."

Steven Michael, Chief Executive

1 Aim of this Strategy Framework

1.1 This strategic framework has as its primary aim the promotion of a culture in which spiritual values and spiritual care are at the heart of service planning and delivery within the organisation.

1.2 Overarching objectives of the strategy: It will ensure that spiritual care is an integral part of a whole person centred approach to care and as such fully supports and influences key agendas around Wellbeing, Recovery, Creative Minds, Sustainability, Inclusion and Diversity, Thinking with your Heart.

1.3 It will be the driver for the promotion of a spiritually aware and skilled workforce achieved through a staff training and development programme relating to spiritual care and spiritual values. Such a programme is the key to ensuring that service user's religious and spiritual needs are fully taken into consideration in assessment and care pathway planning and delivery.

1.4 The Process of Engagement and Consultation in developing this strategy

This strategic framework has been developed in consultation with service user and staff groups with representation from Kirklees, Calderdale and Wakefield. Work undertaken within the Barnsley BDU in relation to a separate spiritual policy initiative prior to merger has also informed the development of the strategy.

1.5 Legislative Framework

Over recent years in the UK levels of awareness of different religions and beliefs have grown – and, in the main, equitable treatment of individuals and inter-faith relations have improved. But, in spite of this, discrimination on the grounds of religion or belief, religious intolerance and prejudice still exist in certain areas.

The European Council Directive of 2000 established a general framework for equal treatment in employment and occupation came into force in the UK in December 2003 through the **Employment Equality (Religion or Belief) Regulations.**

These regulations make it unlawful to discriminate against people on the grounds of their religion or belief. The regulations apply to vocational training and all aspects of employment.

Since 2003 two more pieces of legislation have been introduced:

Part 2 of The Equality Act 2006 (Discrimination on the Grounds of Religion or Belief) came into force on 30 April 2007. The Act defines 'religion' as "any religion" and 'belief' as "any religion or religious or philosophical belief" as opposed to "any religion, religious belief or *similar* philosophical belief" as defined in the original Act. Reference to 'religion' or 'belief' in this context also refers to lack of religion or lack of belief.

Part 2 also makes it unlawful to discriminate in the area of goods, facilities and services on the grounds of religion or belief. The exercise of any public function by a public authority must be free from discrimination on the grounds of religion or belief. This includes the provision of goods, facilities and services by a person exercising a public function.

The Racial and Religious Hatred Act 2006 came into force on 1 October 2007. It gives protection to people against hatred because of their religious beliefs or lack of religious beliefs, and prohibits the stirring up of hatred against persons on racial or religious grounds.

Whilst the legislation aims to protect people against discrimination on the grounds of their religion or belief (or lack of religion or belief), it should be remembered that, conversely, the law does not entitle people to apply such beliefs in a way which impinges upon other people – even if they claim that their religion or belief requires them to act in this way. The legislation is not intended to hinder people in the expression of their own religion or belief, but everyone has the right to be treated with respect whatever their views or beliefs and nobody should try to harass others because they do not agree with certain religious convictions.

In addition Article 9 of the European Convention on Human Rights (Freedom of thought, conscience and religion) as given effect by the Human Rights Act 1998 states that:

"Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance."

"Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others."

2 Context

2.1 The field of spirituality

Spirituality in the 21st century may best be thought of as a spectrum. At one end is a radical secularism firmly set against the dogmas of religion. At the other end are those who see a return to religious beliefs and practice as the only antidote to crude materialism and the accompanying break up of morality, family and society.

Most people, however, are between these extremes and recent research confirms the trend of a decline in regular church going yet an increase in people's desire to talk about spiritual things.

Many find themselves somewhere in between the religious certainties of a bygone age and the vague uncertainties of contemporary rational humanism.

Pastoral and Spiritual Care in its broad and inclusive sense is that care that responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support, perhaps for rites of prayer or sacrament or simply for a sensitive listener. Pastoral and Spiritual Care begins with encouraging human contact in compassionate relationship and moves in whatever direction need requires.

2.2 Definitions

> "Health is not just the absence of disease; it is a state of physical, psychological, social and spiritual well being". (World Health Organisation 1998)

> "Spirituality provides the higher level intelligence and wisdom which integrates the emotional with the moral. It acts as a guide in integrating different aspects of personality and ways of being and living. It is found in the integration of several deep connections: the connection with one's true and higher self; the connection with society and especially with the poor, the deprived and underprivileged; the connection with the world of nature and other life forms; and for some, a connectedness with the transcendent". (Spiritual Care Matters NHS Scotland 2009).

> "A person's spirituality is not separate from the body, the mind or material reality for it is their inner life. It is the practice of living kindness, empathy and tolerance in daily life. It is a feeling of solidarity with our fellow humans while helping to alleviate their suffering. It brings a sense of peace, harmony and conviviality with all. It is the essence and significance behind all moral values and virtues such as benevolence, compassion, honesty, integrity, loving kindness towards strangers and respect or nature". (Spiritual Care Matters NHS Scotland 2009)

2.3 Quotations

> "Traditional spiritual practices such as the development of empathy and compassion are being shown to be vital active ingredients, even prerequisites in effective healthcare – in the carer and cared for they build wellness and happiness. Effective and efficient healthcare must now retake into account these core values". (Reilly D. in Wright SG (2005) Reflections on Spirituality and Health. Whurr London)

3 What are spiritual practices?

The Royal College of Psychiatrists defines spiritual practice as encompassing a wide range of activities, from religiously-orientated to secular spiritual:

- Belonging to a faith tradition, participation in associated community based activities.
- Ritual and sacramental practices and other forms of worship.
- Pilgrimage and retreats.
- Meditation and prayer.
- Reading sacred texts.
- Sacred music (listening to, singing or chanting and playing).
- Acts of compassion.
- Deep reflection or contemplation.
- Yoga, tai chi and similar practices.
- Engage with and enjoying nature.
- Contemplative reading of literature, poetry etc.
- Engaging in creative activities including art, cookery, gardening etc.
- Maintaining stable family relationships and friendships (especially those involving high levels of trust and intimacy).
- Groups of team sports and recreational activity.

4 Spiritual Values and Spiritual Skills

4.1 The Royal College of Psychiatrists identifies a set of core spiritual values that support good mental health. These are compassion, creativity, equanimity, honesty, hope, joy, patience and perseverance. The expression of these values is in a set of spiritual skills of mutual benefit to both the service user and provider.

5 Spiritual Care in Practice

5.1 SWYPFT believes that people who use its services and their carers should expect to:

- Have a holistic assessment and care plan that recognises and responds to the significance of spiritual needs in mental distress and crisis.
- Have their spiritual and/or religious views and identified practices treated with respect.
- Have access to a faith leader from their own religious community when requested.
- Feel comfortable in talking to staff about their spiritual and/or religious needs and expect staff to make reasonable provision to meet those needs.

- Have access to an environment that allows them to express their spirituality and any religious needs.
- Be cared for in a manner that is courteous, warm, tolerant and well informed.
- Have access as inpatients to a chapel, sanctuary or faith room for prayer and reflection.
- Have ready access to up to date information on spiritual care and chaplaincy services.

An example of care which was less than spiritual:

> I asked the psychiatrist I was working with, "What's wrong with me?" He said, "You have a disease called chronic schizophrenia. It is a disease that is like diabetes. If you take medications for the rest of your life and avoid stress, then maybe you can cope." And as he spoke these words I could feel the weight of them crushing my already fragile hopes and dreams and aspirations for my life. Today I understand why this experience was so damaging to me. In essence the psychiatrist was telling me that my life, by virtue of being labelled with schizophrenia, was already a closed book. He did not see me. He saw an illness. We must urge our students to seek wisdom, to move beyond mere recognition of illness and to whole-heartedly encounter the human being who comes for help.
>
> (Deegan P (1966) Recovery as a journey of the heart. Psychiatric Rehabilitation Journal 19 (3) PP 91-97)

5.2 SWYPFT believes that its staff should expect to:

- Have their spiritual and/or religious views and practices treated with respect.
- Have the opportunity to reflect on their spirituality and/or religious beliefs
- Have training to assist in providing an assessment and support of the spiritual and/or religious needs of service users
- Have access to training and reading material or the cultural, spiritual and religious needs of a diverse mental health and learning disability service user group.
- Be encouraged to be involved in inter-disciplinary work with Pastoral and Spiritual Care staff to provide the highest quality care and support to service users and carers.

5.3 If staff are to be encouraged to develop special skills in caring for patients, then the organisation itself must reflect those same core spiritual values and attitudes towards it staff. Organisational spirituality can be defined as:

> "Enabling each employee to be able to realise their highest human potential by embodying spiritual values and attitudes within the workplace such as meaning, love, compassion, acceptance, forgiveness, value and integrity". Alfred R (2002), Spirituality of Work University of Surry 2002).

Where staff are valued and find meaning in their daily work there are a number of discernible benefits:

- Release of human potential, such that staff bring their 'whole person' to work, using their innate strengths of creativity and empathy in their working relationships.
- Enhancement of a culture of 'service' to other staff and the organisation, rather than competition or undermining. This can only happen if staff personal values resonate with those of the organisation.
- Staff find meaning in the workplace situation which leads to improved personal job satisfaction, lower rates of workplace stress and absenteeism.
- Improved performance of the organisation follows from the above, with lower staff turnover and improved recruitment rates.

> "It is now widely accepted that those organisations which have a 'spiritually-friendly" culture, show universally lower than average rates of absenteeism, workplace stress and staff turnover". (Spiritual Care Matters NHS Scotland (2009)

5.4 It is the responsibility of the Trustwide Pastoral and Spiritual Care Team to:

- Take the lead in encouraging and promoting a confident approach to spiritual care and facilitation of relevant staff training and developmental needs.

- To provide generic pastoral and spiritual care as requested by service users, carers and staff.

- To provide religious and spiritual care to service users, carers and staff sensitive to particular faith backgrounds and cultures.

- To advise the Trust and support it in providing appropriate responses in matters of spiritual, pastoral and religious care.

- To help promote a healthy, strongly motivated and spiritually aware workforce by providing effective support, mentoring, coaching and personal development opportunities to members of all staff groups.

6 Where are we now?

6.1 Overview

The Pastoral & Spiritual Care team comprises:
1 WTE Head of Service and Lead Chaplain
0.75 Admin/secretarial (2 posts)
0.60 WTE Pastoral Counsellors (2 posts)
0.80 WTE Befriender Co-ordinator (1 post)
1.80 WTE Sessional Chaplains (12 posts)

The service provides pastoral and spiritual care to service users, carers and staff on hospital units and in the community. The Pastoral counselling service based at Fieldhead receives referrals from mainly community based services and provides short term counselling and brief psychotherapy especially in relation to loss and bereavement and for patients wishing to explore spiritual and religious issues within a counselling context.

6.2 Recent Developments

- Provision of multifaith rooms on most clinical areas.
- Collaboration with The Janki Foundation in piloting the VIHASA (Values in Healthcare a Spiritual Approach) training for SWYPFT staff.
- Establishment of an 0.8 WTE Befriender Co-ordinator post to take forward development of a volunteer based support 'Befriending Service' for service users in the Wakefield Community and Forensic Unit localities.
- Regular meditation sessions for staff.
- Facilitation of regular wellbeing retreats for carers and for service users.
- Establishment of staff wellbeing retreats providing places for up to 60 staff a year on 2 or 3 day residential events. Excellence award 2010 for 'Making a Difference – Non Clinical Support Services.
- Roll out of training days for staff on Spirituality, Wellbeing and Resilience.
- Hosting major conference February 2011 on Spirituality and Mental Health. Planning in advanced stage for follow up conference 2012.
- Presentations at a number of national and international conferences of the VIHASA programme and retreats.
- Development of woodland walk and quiet spaces on Fieldhead Site.

7 Implementation

7.1 Key Objectives 2012-2014

- Roll out of increased access to staff of a mentorship and training programme aimed at developing spiritual awareness and competency in spiritual skills. This will include the facilitation of training in mindfulness based approaches to stress management and training sessions in spiritual values and wellbeing leading to the development of a skilled workforce highly responsive to patients spiritual and religious needs.
- Expansion of a befriending service providing one to one community based support to service users with volunteers trained to the Mentoring and

Befriending Foundation Accreditation standard. This will provide a recognised qualification and may, therefore, provide a route into paid employment. For service users the befriending relationship fills a gap in service provision and compliments input from other community services.

- Promoting staff wellbeing and reducing burnout by increasing capacity on staff retreats and provision of regular meditation sessions and other opportunities for spiritual reflection and practice.

- Increasing opportunity for service users and carers to participate in spirituality awareness and training programmes and so develop greater resilience and better coping strategies in relation to stress.

- Raise the profile of the spiritual care strategy framework throughout the organisation through new publicity material and a regular newsletter and training events including familiarisation with a spiritual needs assessment tool.

- Further development of the Bereavement Counselling Service to provide mentorship and training for community based loss and bereavement support groups and networks.

7.2 SWOT Analysis

Strengths:	Based on existing good practice models. Excellent feedback for existing retreats/training programme.
Opportunities:	Lots of interest. FT Status opens up possibilities re developing specialist services. Supported by recent NHS policy documents.
Weaknesses:	Capacity issues (manpower and premises). Already stretched service.
Threats:	Other providers (re Bereavement Counselling).

8 Conclusion

In fulfilling its promise to serve “with all of us in mind” SWYPFT recognises that a person centred holistic approach to recovery and wellbeing must engage deeply with spiritual issues and so respond effectively to the spiritual needs of service users carers and staff. It is not acceptable to engage with people with anything less than a complete respect which honours their individuality and uniqueness, recognising that each possesses particular resources of belief, belonging, values, relationships and life

context which will make a crucial difference to their ability to recover from illness or to maintain wellbeing.

A recent NHS Scotland publication builds on these ethical and moral imperatives of providing spiritual care. It suggests altogether four broad headings in summarizing the clinical and organisational benefits of adopting a strategy for promoting spiritual care:

- Ethical – because it is the right thing to do, to treat people well and appropriately whatever their faith, belief, gender, age, ability/disability or sexual orientation.

- Clinical – because there is a level of evidence that when people are well cared for they have greater opportunities for recovery and for the maintenance of wellbeing.

- Legal – because there is now a regulatory framework which forbids discrimination and therefore encourages the equal and fair treatment of all from any culture or background.

- Financial – because there will be greater satisfaction and better outcomes among patients and less stress and absenteeism among staff.

Source Religion and Belief Matters NHS Scotland (2008)

Acknowledgements

This strategy framework document draws on a number of key reports relating to Pastoral & Spiritual Care published by the DOH and other MH organisations:

1. Service User Experience in Adult Mental Health.
   Improving the experience of care for people using adult NHS MH Services.
   Consultation Draft.
   National Institute for Health & Clinical Excellence (June 2011)

2. No Health without Mental Health. A cross government mental health outcomes strategy for people of all ages. HM Government (Feb 2011)

3. Report on the place of Spirituality in Mental Health. The National Spirituality and Mental Health Forum (Feb 2011)

4. Spiritual Care Matters. NHS Scotland (2009)

5. Religion or Belief – A practical guide for the NHS. DOH (Jan 2009)

6. Religion and Belief Making. NHS Scotland (2008)

7. Making Space for Spirituality – How to support service users.
   Mental Health Foundation (2007)

8. Keeping the Faith: Spirituality and Recovery from Mental Health Problems. Mental Health Foundation (2007)

9. The Impact of Spirituality on Mental Health.
   A review of the literature. MH Foundation (2006)

10. Promoting Mental Health
    A resource for spiritual and pastoral care.
    National Institute for Mental Health in England (2004)

11. Caring for the Spirit
    A strategy for the chaplaincy and spiritual healthcare workforce.
    NHS South Yorkshire Workforce Development Confederation (2003)