Spirituality and Recovery Strategy

2009 – 2014

Embracing and nurturing the human spirit
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1. Purpose

- To improve the delivery of spiritual, religious and pastoral care to service users, staff and carers as part of the Recovery and Social Inclusion Programme.

- To ensure that spirituality is considered as part of the whole person approach to care and treatment in mental health and that service users’ religious and spiritual needs are addressed as part of assessment and care planning.

- To develop the role of chaplaincy across CPFT so that it influences the Recovery and Social Inclusion Programme and plays a central role in the support, training and development of staff in matters of pastoral care, religion, spirituality and diversity.

2. Introduction

The strategy for spirituality and recovery in mental health is central to the Recovery and Social Inclusion agenda.

The Spiritual and Recovery Strategy is also a vehicle to support CPFT in achieving its vision for 2020.

“People will enjoy improved health that the promotion of better mental health and treatment of mental illness is integral to mainstream health and social care; and that nobody will be ashamed, stigmatised or disadvantaged because of mental health problems”. (Trust Strategy 2009-12 and Annual Plan 2009/10)

In delivering its Spirituality and Recovery Strategy, CPFT will ensure that spirituality is embedded in all its care pathways and that the spirituality strategy’s objectives and action plans meet the needs of service users, carers and all staff.

3. What is spirituality?

“Spirituality is not confined to the followers of a particular religion, or of all religions. It can be described as “breath”, the essence of human beings or what brings them to life and provides hopefulness, energy, direction and motivation in their lives. The identification of spirituality is, therefore part of the process of seeing and understanding people holistically, and plays an essential role in an individual's recovery”. (W Beeson, The Newsletter Aug 06).

Recognising a person’s spiritual dimension is one of the most vital aspects of care and recovery in mental health. People who use services wish those services to view them as whole people in the context of their lives, spirituality and faith is vital to that.
How do we differentiate between religious care and spiritual care?

- **Religious care** is given in the context of the shared religious beliefs, values, liturgies, rituals and life style of a faith community.

- **Spiritual care** is usually given in a one-to-one relationship, is completely person-centred and makes no assumptions about personal conviction or life orientation.

- Spiritual care is not necessarily religious. Religious care, at its best, should always be spiritual (Spiritual Care in NHS Scotland. HDL, 2002).

4. **Why does CPFT need a Spirituality Strategy?**

Spirituality and the role of chaplaincy is not well understood across CPFT and spirituality can be a neglected area in mental health service delivery. A Spirituality and Recovery Strategy supported by clear objectives and deliverable action plans will help ensure that spirituality is a meaningful concept for service users and staff and that there are tangible and measurable service improvements as a result of implementing the strategy. There are also ethical, legal, financial and clinical incentives for CPFT to promote the spirituality agenda in the workplace.

- **Ethical** – because it is the right thing to do, to treat people well and appropriately whatever their faith or situation.
• **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.

• **Clinical** – because there is clear evidence that when the spiritual or religious needs of people are met they have faster recovery time from mental illness and protective factors against mental ill health. *(Spiritual Care Matters NHS Education for Scotland, 2009)*

5. **Spirituality and its relationship to recovery**

Spirituality is a key work stream in CPFT’s Recovery and Social Inclusion Strategy alongside care pathways, employment and education and challenging stigma.

It is central to the recovery approach to mental health service delivery that the spiritual and religious needs of service users are taken into account as a core component of assessment and care delivery. Understanding the importance of spirituality in an individual’s life is a key in ensuring that the services we deliver are person centred and equitable. If people are treated, valued and regarded as a whole, they are better equipped to cope with illness and recovery time is quicker.
Peter Gilbert’s slide ‘Creating Humane and Inspiring Services’ illustrates the centrality of spirituality in a recovery approach to mental health.

6. National context

Current government policy acknowledges the importance of spirituality with its emphasis on the personalisation agenda encouraging health and well being and reducing stigma and social exclusion. (Lord Darzi review “Towards the Best Together” 2008).

Also within the Care Services Improvement Partnership (CSIP) The National Institute of Mental Health England (NIMHE) employed a national director to lead on spirituality in mental health care in recognition of the importance of spirituality and religion in aiding well being and recovery in mental health. (This project is being carried forward by the National Spirituality and Mental Health Forum from 2009).

7. Values and ethos

CPFT is committed to providing a caring and supportive environment for people who use its services, those who provide informal care to others who experience mental distress and also for its own staff. CPFT recognises the need to increase its
knowledge and understanding of the impact that mental distress causes to individuals and communities, so that its services develop into welcoming environments which offer understanding, tolerance, respect and hope.

The following values are for people who use our services, those who provide informal care to people known to us, and for our staff.

**CPFT believes that people who use its services and their carers**

- Should have a holistic needs-led assessment and care plan that recognises and responds to the place of spirituality in mental distress and crisis.

- Should have their spiritual and/or religious views and identified practices treated with respect and with minimum interference.

- Should have access to a faith leader from their own religious community.

- Should be comfortable in telling its staff about their spiritual and/or religious needs and expect its staff to make reasonable provision to meet those needs.

- Should be given access to an environment that allows them to express their spirituality and any religious needs.

- Should be cared for in a manner that is warm, tolerant and well informed, and which includes humour and hope.

- Should have access as inpatients to a sanctuary or faith room for prayer and reflection.

- Should have access to information on spiritual care, and chaplaincy as part of a CPA information pack.

**CPFT 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 of the spiritual and/or religious needs of service users.

- Have access to training and reading material on the cultural, spiritual and religious needs of a diverse mental health service user group.

- Be encouraged to seek the involvement of chaplaincy or colleagues with different skills who may be better able to provide the spiritual care and support sought by some service users and carers.
8. **What has been achieved to date?**

- **Spirituality and recovery conference, October 2008.**
  More than 100 staff attended, plus Governors, some carers and users. Feedback from the conference has determined the direction of travel for spirituality within CPFT.

- **Establishing a Spirituality Core Group** with Terms of Reference and objectives. Membership is open to all CPFT staff and currently includes managers, clinicians, administrators, consultant psychiatrists, chaplains and governors and a representative from MIND.

- **Development of the role of chaplaincy**
  A second CPFT chaplain has been appointed to support the development of a spirituality strategy and the delivery of its objectives.

- **Development of a Spirituality Strategy**
  The Spirituality Strategy is central to, and supported by, the Recovery and Social Inclusion Strategy. Spirituality is a key work stream within the recovery and social inclusion agenda.

9. **Proposed action plan**

CPFT Spirituality and Recovery Core Group has set out in its terms of reference its purpose and key objectives to support the Spirituality and Recovery Strategy.

An action plan to meet CPFT’s strategic objectives in the first two years of the term of the strategy has also been developed. (See appendix 1).

The strategy and its objectives and action plan is however a live and dynamic process which will evolve and develop in response to feedback from staff, service users and carers. The strategy will therefore be shared with a broad range of stakeholders including the Recovery and Social Inclusion Board, the divisional teams and the Board of Governors. Feedback from consultation will be reflected in the strategy’s objectives and action plan. Membership of the Spirituality Core Group is likely to expand to ensure there is sufficient capacity and ownership to drive forward implementation. The Spirituality and Recovery Core Group will also develop a clear communication strategy to ensure ownership in all areas of CPFT.

10. **Commitment and conclusion**

This Spirituality and Recovery Strategy is a challenging agenda for CPFT. It provides many opportunities to celebrate the richness that spirituality brings to the lives of those who work for the organisation as well as those who use or are supported by its services and resources. More widely, the strategy confirms the importance that CPFT places on spirituality not only within its own services but also within the wider health and social care community.
CPFT recognises that people who use our services want to be treated with respect, warmth and understanding. In turn, we are committed to providing services that are safe, empathetic and encourage autonomy wherever possible. Successful implementation of this strategy will directly impact on CPFT’s the ability to promote recovery and build sustainable care in the community.
### APPENDIX 1
SPIRITUALITY AND RECOVERY STRATEGY – OBJECTIVES 2009 - 2011

**Purpose**

- To improve the delivery of spiritual, religious and pastoral care to service users, staff and carers as part of the Recovery and Social inclusion programme.

- To ensure that spirituality is considered as part of the whole person approach to care and treatment in mental health and that service users’ religious and spiritual needs are addressed as part of assessment and care planning.

- To develop the role of Chaplaincy so that it influences the Recovery and Social Inclusion Programme and plays a central role in the support, training and development of staff in matters of pastoral care, religion and spirituality.

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| 1. Provide training and development in spirituality and religion for CPFT staff | - Conduct a training needs analysis  
- Develop a training programme for staff to develop capabilities in working with spirituality. | Spirituality Core Group  
Training Dep’t Chaplaincy CDW | Oct 2010  
Oct 2010 |
| 2. Address the spiritual needs of staff | - Provide reflective forums for staff to address their own spiritual needs  
- Provide information and reading material | Chaplaincy | Oct 2010  
Oct 2010 |
| 3. Support CPA development and audit to ensure spiritual and religious needs are met | - CPA documentation to record spiritual, religious and faith needs  
- CPA training to include spirituality and religion  
- CPA audits to include spirituality and religion | CPA Development Group  
CPA champions  
Team Managers | Oct 2009  
Oct 2010  
Oct 2010 |
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| 4. Support the role of community development workers to improve access to mental health services for black and ethnic minority groups | - Links are developed with BME community and faith leaders and needs assessed  
- Information on dietary, religious and cultural needs of BME communities is disseminated across CPFT  
- Service shortfalls in meeting BME needs are identified | CDW/Senior Manager  
CDW/Senior Manager/Team Manager  
CDW/Senior Manager/Team Manager | April 2010  
April 2010 |
| 5. Provide support to staff in the voluntary sector to meet the needs of mental health service users in relation to Spirituality and Religion | - Ensure voluntary sector representation on core group  
- Extend training opportunities to representation of voluntary organisations  
- Provide information and leaflets to voluntary sector organisations. | Spirituality Core Group  
Training Dept  
Communications Dept | Oct 2009  
April 2010 |
| 6. Support chaplaincy in developing links with faith groups and communities | - Seek through contact with local faith leads to develop ‘honorary’ chaplains  
- Provide training and information on mental health to faith leaders and communities | Chaplaincy CDW  
Chaplaincy/Spirituality Core Group | April 2010  
April 2010 |
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| 7. Review the role of chaplaincy to ensure that it is enabled and empowered to influence staff training and development programmes and the Recovery and Social Inclusion Programme | • Review job description to reflect Spirituality and Recovery Core Group objectives and work programmes.  
• Chaplains to join Recovery and Social Inclusion work stream sub groups                                                      | Director of Psychological Therapies  
Annette Newton  
Recovery and Social Inclusion Project Board | Oct 2009  
July 2009 |
| 8. Develop a range of spiritual resources for service users which are meaningful and appropriate | • Develop group activities that encourage dialogue about issues that give life meaning, significance and purpose  
• Ensure patient information on spiritual care and chaplaincy is included in CPA information packs and is widely available on wards, waiting areas and notice boards | Chaplaincy/Spirituality Core Group  
CPA Lead/Team Managers/Care Coordinators | Oct 2010 |
| 9. Ensure inpatient and community facilities support service users in religious practices | • Review buildings to ensure that patients have access to sacred space for quiet prayer and reflection  
• Ensure that facilities for washing before prayer are available in close proximity to sacred space  
• Ensure private rooms are made available where service users can discuss spiritual/and/or religious issues  
• Ensure care plans for service users/patients include access to own faith centres | Senior Managers/Team Managers  
Senior Managers/Team Managers  
Senior Managers/Team Managers  
Team Managers/care coordinators | April 2010 |
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| 10. Improve availability of information relating to spirituality and religion for service users, carers and staff | • Develop patient information leaflet on spiritual care and chaplaincy, to be included in CPA packs and made widely available in inpatient and community areas  
• Establish chaplaincy referral pathways for service users, carers and staff  
• Develop the website to include a section on  
  - Spirituality  
  - Chaplaincy | Chaplaincy/spirituality Core Group/Team Managers  
Chaplaincy Communications Dept | April 2010  
April 2010 Oct 2010 |
| 11. Monitor and report research on spirituality and mental health and undertake own research if appropriate | • Share knowledge and experience through membership of Spiritual Healthcare Network in the East of England  
• Links to Royal College of Psychiatry Spirituality Group  
• Research and Development section | Spirituality Core Group/Chaplaincy  
Spirituality Core Group  
R&D Dept | Current and ongoing  
Ongoing  
Ongoing |
| 12. Carry out an annual evaluation of the Trust’s work in relation to spirituality | • Collate and analyse data relating to faith needs  
• Review previous year’s objectives and revise objectives for the following year.  
• Present a report to the Recovery and Social Inclusion Project Board and the divisional management teams | Chair of Spirituality Core Group/Senior Chaplain | Jan 2011 |
11. References and sources of further information

- Spiritual Care Matters (2009) NHS Education for Scotland
- Chris Cook, Andrew Powell and Andrew Sims (2009) Spirituality and Psychiatry
12. Welcoming your comments on the strategy

Please tell us your views on the following proposals set out in this document:

- A culture which values and respects spirituality and/or religious beliefs
- Our suggested priorities
- Our suggested objectives and action plan
- Engaging staff in developing and implementing a Spirituality Strategy

Is there anything specific you would like to comment on?

Are there any issues about spirituality and/or religious beliefs which you feel the Trust needs to consider in implementing its Strategy?

Are you interested in becoming a member of the Spirituality Core Group? (Meetings in Huntingdon)

Please send the completed form (with any request for further information) to:

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consultation closes on ..........