Engaging Mental Health Services in Spirituality Conversations: A Spirituality Poster and Café Spirituality

Sharon Smith
Vancouver Mental Health and Addiction Services, and Sanctuary Mental Health Society

Nancy Clark
University of British Columbia School of Nursing

Andrea Grabovac
University of British Columbia

Eternal Inlakesh
Vancouver Mental Health and Addiction Services

Dipesh Tailor
Vancouver Mental Health and Addiction Services

ABSTRACT

Spirituality can be an important resource for mental health recovery. Yet barriers exist in integrating spirituality into mental health services. This article describes a spirituality quality-improvement project that engaged the system using strategic spirituality dialogue. We formed an advisory committee; developed a spirituality framework/poster; facilitated dialogue among consumers, families, and mental health professionals in focus groups; and hosted a Café Spirituality. The findings highlight the need to create safe places for spirituality dialogue.

Keywords: spirituality, quality-improvement project, World Café

Sharon Smith, spirituality project coordinator, Vancouver Mental Health and Addiction Services, and executive director, Sanctuary Mental Health Society; Nancy Clark, University of British Columbia School of Nursing, and IMPART fellow, British Columbia Centre of Excellence in Women's Health; Andrea Grabovac, Department of Psychiatry, University of British Columbia; Eternal Inlakesh, peer support worker, Vancouver Mental Health and Addiction Services, and Reiki practitioner; Dipesh Tailor, occupational therapist, Kitsilano-Fairview Mental Health Team, Vancouver Mental Health and Addiction Services.

Correspondence concerning this article should be addressed to Sharon Smith, 434 W17th Avenue, Vancouver BC V5Y 2A2. Email: Sharon.Smith2@vch.ca

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RÉSUMÉ

La spiritualité peut être une ressource importante favorisant le rétablissement en santé mentale. Pourtant, il existe des obstacles à l'intégration de la spiritualité dans les services de santé mentale. Cet article décrit un programme d'amélioration de la qualité qui a utilisé le dialogue stratégique axé sur la spiritualité pour interpeller le système. Le programme comprenait l'organisation d'un comité consultatif; l'élaboration d'un cadre / affiche de la spiritualité; l'animation d'un dialogue au moyen des groupes de discussion entre les utilisateurs et utilisatrices des services de santé mentale, les membres de leurs familles et les professionnels et professionnelles; et la présentation d'un « Café spiritualité ». Les résultats mettent en évidence la nécessité de créer des espaces où le dialogue axé sur la spiritualité peut se dérouler en securité.

Mots clés : spiritualité, programme d'amélioration de la qualité, World Café

There is a growing body of evidence on the need to integrate spirituality[1] into the mental health care context (Blazer, 2009). Consumers of the mental health system have expressed a need to include spirituality as part of their process of recovery and well-being within mental health services (Bellamy et al., 2007). This has implications for the role of mental health professionals, requiring their acknowledgement and support of their clients' spirituality and an openness to interact with spiritual services (Plante, 2007). However, multiple barriers exist in addressing spirituality in mainstream community mental health services such as a perceived lack of spirituality knowledge among service providers, definitional concerns, and concerns about maintaining healthy boundaries and misuse of power (Clark, 2005; Griffith, 2010).

In addition, qualitative studies have shown that mental health professionals have concerns about (a) the possible harmful effects of spirituality on mental well-being for vulnerable individuals, and (b) the difficulty in differentiating healthy from potentially harmful spiritual beliefs, experiences, and practices in the health care setting (Clark, 2005; Jackson & Coyle, 2009). Yet consumers view spirituality as a key component for recovery (Schrank & Slade, 2007). At least 79% of consumers in Canada consider themselves spiritual and/or religious and have suggested the need to incorporate their values into their care (Baetz, Griffin, Bowen, & Marcoux, 2004). It is also important to recognize that many newcomers to Canada access their religious and/or spiritual leader as their first line of help-seeking when experiencing mental health problems (Mental Health Commission of Canada, 2009).

In response to similar concerns, the National Institute for Mental Health in England set up a Spirituality and Mental Health Project in 2001. This involved hosting symposia to connect theologians, philosophers, and members of nine different faith communities with mental health professionals and consumers (Gilbert, 2007). One of the outcomes was the development of spirituality guidelines for practitioners working in acute psychiatric settings. Similarly, in the Somerset Project in Scotland, mental health professionals collaborated with a group called Churches Together to produce a leaflet on spirituality for consumers that outlined spiritual resources in the area. Professional guidelines for interprofessional referral and collaboration were also created (Fauskett et al., 2004). To date there is no literature on the effectiveness of these strategies.

In the Canadian context where recovery and well-being are conceptual frameworks that guide community mental health policies and practices, the managers of Vancouver Mental Health and Addiction Services (VMHAS), in collaboration with a consumer advisory group, launched a quality-improvement project focusing on spirituality. The mandate of the spirituality project was to facilitate strategic dialogue and action so that

consumers, based on their free choosing, could be offered a safe place to discuss their use of spirituality as a possible resource for recovery in the context of relationships within the mental health service system. In this paper we delineate and discuss our approach to creating safe spaces for spirituality dialogue.

METHODOLOGY, DESIGN, AND FINDINGS

Informed by appreciative inquiry[2] (Richer, Ritchie, & Marchionni, 2010), VMHAS engaged consumers, family members, and mental health professionals in spirituality dialogue. In this article, we focus on developing a spirituality poster and hosting Café Spirituality.

Developing a Spirituality Poster

A Spirituality Advisory Committee made up of mental health professionals, consumers, and family members (from various cultural and spiritual backgrounds) formed a task force to develop a framework for spiritual conversations within VMHAS. We brainstormed how we could conceptualize spirituality in a poster based on our previous experiences and feedback from others in the mental health system. We wrote out various attributes that we thought were integral to defining spirituality. A fixed definition seemed an unlikely way to open spirituality dialogue (Smith, 2008). Instead, we wanted to create a framework that would allow clients and health care providers to engage in "safe" dialogue; this meant being inclusive of all religious and spiritual practices and paths, and sensitive to individuals who may not view spirituality or religion as part of their identity (i.e., atheist or agnostic). We also acknowledged individuals' experiences of spirituality as unique and meaningful in the context of their recovery.

We categorized the components of spirituality into the following four areas (based on Fallot, 1998): meaning-making, spiritual experiences, community engagement, and spiritual activities. Within these core attributes, we further identified what would constitute each of these areas. We exploded the concept of meaning-making with phrases like "purpose" and "life philosophy." Spiritual experiences were conceptualized to be inclusive of individuals' ethnocultural, personal, and communal experiences. We also considered spiritual activities, whether personal or communal, such as meditation, reading sacred texts, music, art groups, sweat lodge, and church. Once we had explored these attributes, we brainstormed how clinicians could engage clients in dialogue about each of these areas without imposing predetermined language. The aim of the poster was to provide a visible framework identifying the different aspects of spirituality and potential questions that could facilitate conversations.

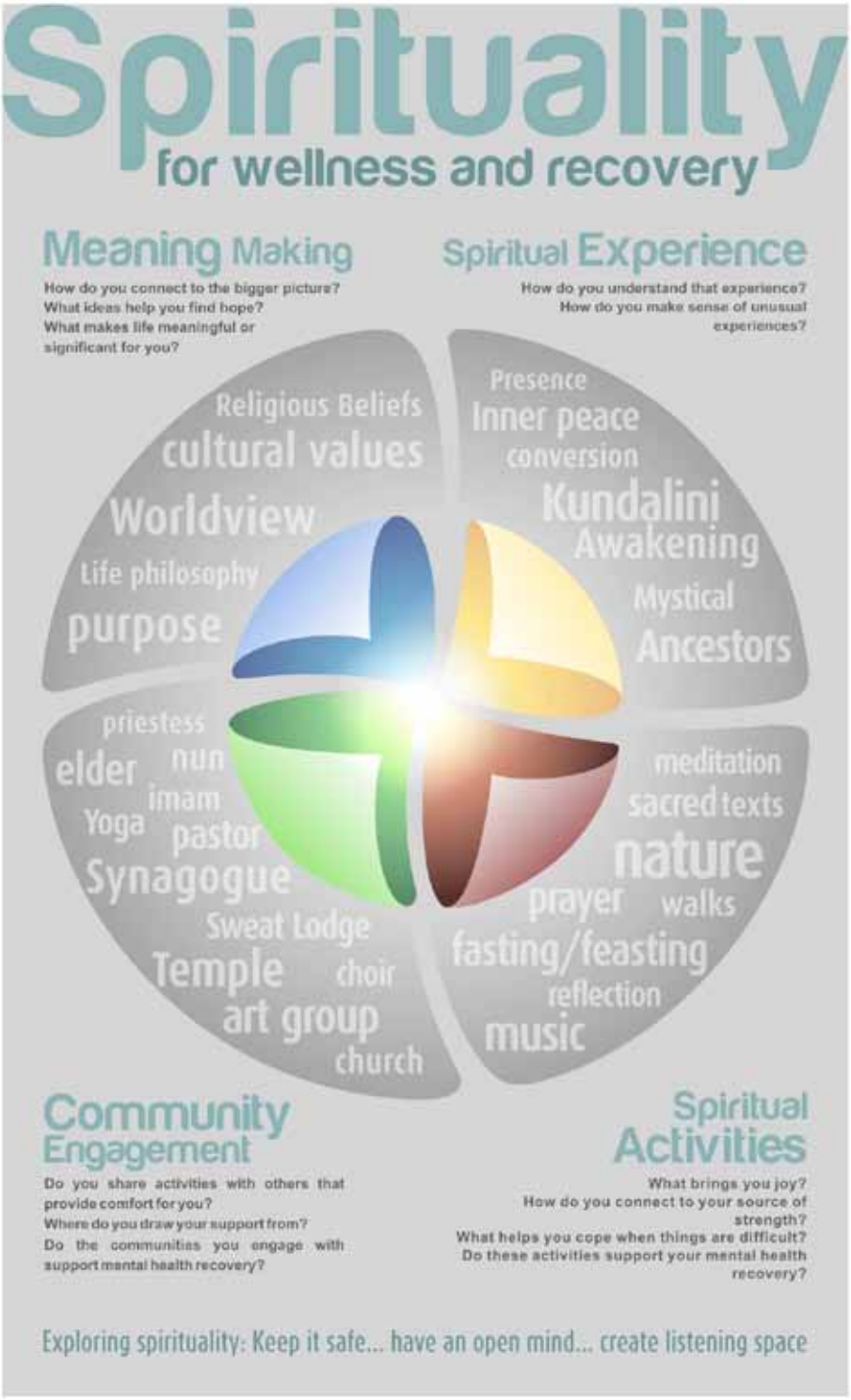
The poster became a symbolic representation of our ideas and our process, and a potential tool for engaging in conversations about spirituality (see Figure 1).

Facilitating Dialogue: Café Spirituality

Over the course of a year, members of the Spirituality Advisory Committee facilitated dialogues, giving mental health professionals, consumers, and family members the opportunity to reflect on their experiences of spirituality within VMHAS. The spirituality poster was used to provide a framework for these conversations. The dialogues culminated in Café Spirituality, an event that was open to all VMHAS staff, consumers, and family members.

Figure 1

Spirituality Conversational Poster



In total, 72 participants attended the café. Five to seven participants sat at each table with at least one representative from each of the consumer, family, and staff groups in order to balance the discussion. The café was structured according to world café guidelines, especially the importance of asking good questions (Brown, 2005). The committee used themes from the previous dialogues to develop the following questions for Café Spirituality:

Given your role as consumer, family member, or mental health professional,

1. What will increase comfort to include spirituality into relationships at VMHAS?
2. How could you "go there"?
3. How can spirituality dialogue at VMHAS best support recovery?

Participants were initially assigned to one of three tables representing the three questions. A note taker was elected for each table. After 20 minutes of discussion, participants rotated to a different table. Each table was hosted by a facilitator who provided summaries of the prior conversations and invited participants to build on or disagree with these ideas. The facilitators remained at their table, introduced the question and gave a brief overview of the previous group's discussion. Participants were invited to engage with the prior conversation. Following the table discussions, participants reviewed the café, and table facilitators provided a summary of the discussions that had taken place.

The notes from the tables were collected and transcribed. These notes were coded separately by three members of the Spirituality Advisory Committee. Key ideas and insights that would assist VMHAS to systematically address the integration of spirituality into services were tabulated and disseminated to all café participants and key leaders in the organisation via email (see Table 1). These themes formed the basis of the next phase of the project.

Table 1
Summary of Café Spirituality

1. Actions to make spiritual conversations more comfortable:	• enhance familiarity with spirituality in the context of recovery: reflective team/unit rounds, workshop series • develop MHP spirituality guidelines: ways to address boundaries, handle conflict of belief systems
2. Actions to help consumers, family members, and MHP engage in spiritual conversations:	• provide visible permission for conversation: spirituality posters/signs • develop MHP tools that provide questions for spirituality dialogue
3. Actions to elicit goal directed spiritual conversations:	• create ways for MHP to engage with community spiritual resources • create systems of referral to community-based spiritual resources

Note. MHP = mental health professionals.

CONCLUSION

Mental health professionals are committed to supporting individuals in their recovery process. Consumers have voiced their need for spirituality to be included more explicitly into the mental health system as a resource for recovery. The development of the poster and the dialogue process at VMHAS, specifically the café, highlighted some strategies to this end. Mental health professionals, consumers, and family members voiced a need for

- visible signs in order to know that spiritual conversations are encouraged in mental health services;
- a systemwide framework for conversation that is open, not determined by their spiritual preferences, and that creates safety for all;
- professional guidelines for practice, including ways to determine healthy from unhealthy spirituality; and
- ways to network with and make referrals to a variety of spiritual services in the community.

The diversity, honesty, and commitment of members of the Spirituality Advisory Committee were a key strength for the spirituality project at VMHAS. Yet the project was limited by systemic challenges. Mental health team/unit managers were conscious of time constraints, which limited the amount of time allocated for spirituality dialogue. In addition, budget constraints, inadequate staffing, and stringent delineation of roles contribute to a system that is not set up for mental health professionals to explore issues of spirituality in depth. These systemic factors pose limitations for the ongoing integration of spirituality into VMHAS.

Incorporating spirituality into mental health services begins with the inclusion of different perspectives—consumer groups, family members, and mental health professionals. It involves the creation of safe spaces to talk about concerns, experiences, and future visions as to how spirituality can facilitate recovery.

Spirituality…

A place where I can go
Something I carry between times
A connection that walks with me
In the direction of Recovery

Feeling supported with every step
Accessing resources
Makes solid, what is ethereal
Expanding the points of reference
To community integration

Feeling hope, faith and strength
Through even the darkest times
Becoming a better Self
With the courage inspired from action

Feeling the emergence of a wholeness
That lay the ground, for dreams to take root
Dreams that need a spark
To Light their path

NOTES

1. In this paper we use the term *spirituality* to refer to a range of beliefs, practices, and experiences, some of which may be expressed in religious language.
2. An appreciative inquiry methodology directs the researcher to first affirm what is working in a system before highlighting gaps in services.

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