

Royal College of Psychiatrists: *Recommendations for Psychiatrists on Spirituality & Religion*

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SPIRITUALITY
THEOLOGY & HEALTH
at Durham University



Recommendations for psychiatrists on spirituality and religion

Position Statement PS03/2011
August 2011

Royal College of Psychiatrists
London

Approved by Central Policy Coordination Committee: May 2011

Recommendations for Psychiatrists on Spirituality & Religion

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Background

RCPsych: *Recommendations for Psychiatrists on
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American Psychiatric Association

Guidelines Regarding Possible Conflict Between Psychiatrists' Religious Commitments and Psychiatric Practice

1. Psychiatrists should maintain respect for their patients' religious beliefs
2. Psychiatrists should not impose their own religious, antireligious, or ideologic systems of beliefs on their patients, nor should they substitute such beliefs or rituals for accepted diagnostic concepts or therapeutic practice

Am J Psychiat 147, 4, 1990

Editorial

Religion and mental health:
what should psychiatrists do?

Harold G. Koenig

Psychiatric Bulletin, 2008, 32, 201-203

Koenig: Interventions that psychiatrists “should consider”

- Taking a spiritual history
- Supporting healthy religious beliefs
- Challenging unhealthy beliefs
- Praying with patients (in “highly selected cases”)
- Consultation with, referral to, or joint therapy with trained clergy

Response to Koenig

- Interventions breach professional boundaries
- Spiritual history “intrusive”
- Lack of respect for non-believers
- Judgements about which beliefs should be supported and which challenged are value laden
- Opens the door to proselytising
- Risk of harm (eg to deluded patient)
- Praying with patients “highly controversial”
- Spirituality “culture bound” (contrasting with “neutral” secularity)

Good Psychiatric Practice (2009)

A psychiatrist must provide care that does not discriminate and is sensitive to issues of gender, ethnicity, colour, culture, lifestyle, beliefs, sexual orientation, age and disability. (Para 13)

Good Psychiatric Practice (2009)

When negotiating the aims and outcomes of treatment plans, a psychiatrist must recognise and respect the diversity of patients' lifestyles, including cultural issues, religious and spiritual beliefs, ambitions and personal goals. (Para 31)

Definitions

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Definitions: Spirituality

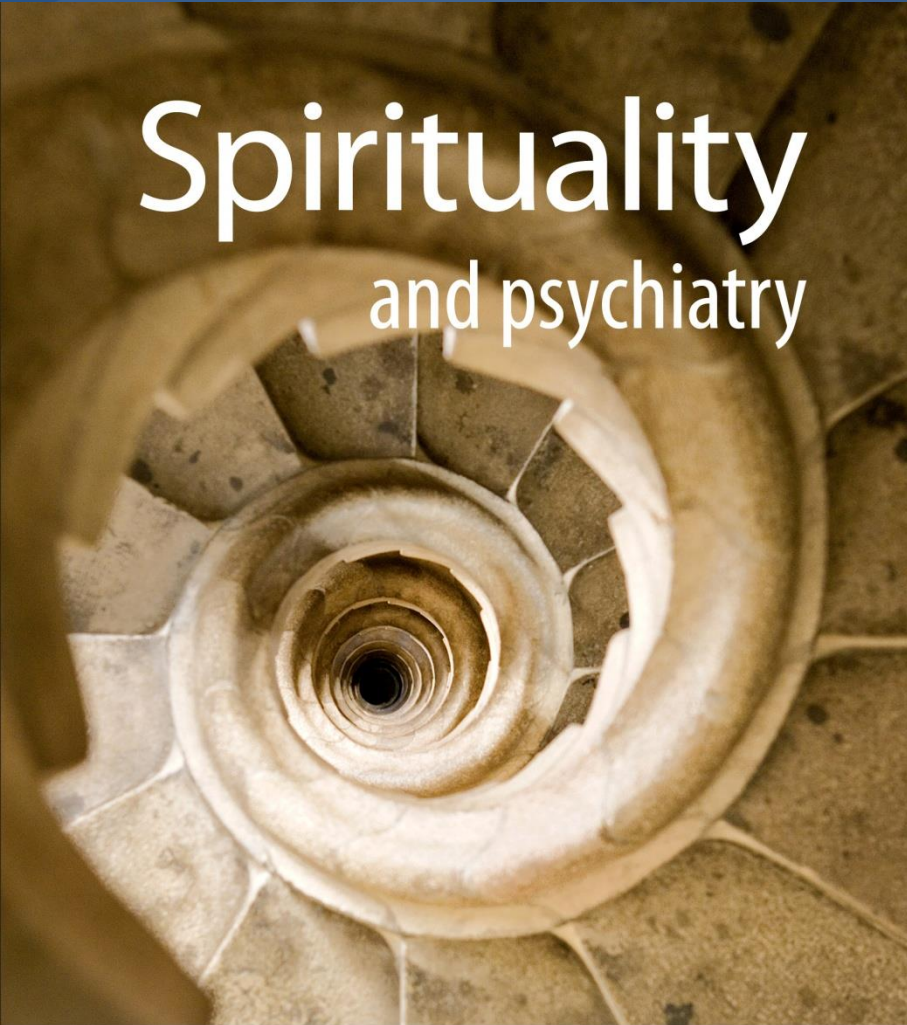
a distinctive, potentially creative, and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as a relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth, and values

Definitions: Religion

- Beliefs and practices
- Relationship to the Divine
- Social Institutions/Communities

Evidence Base

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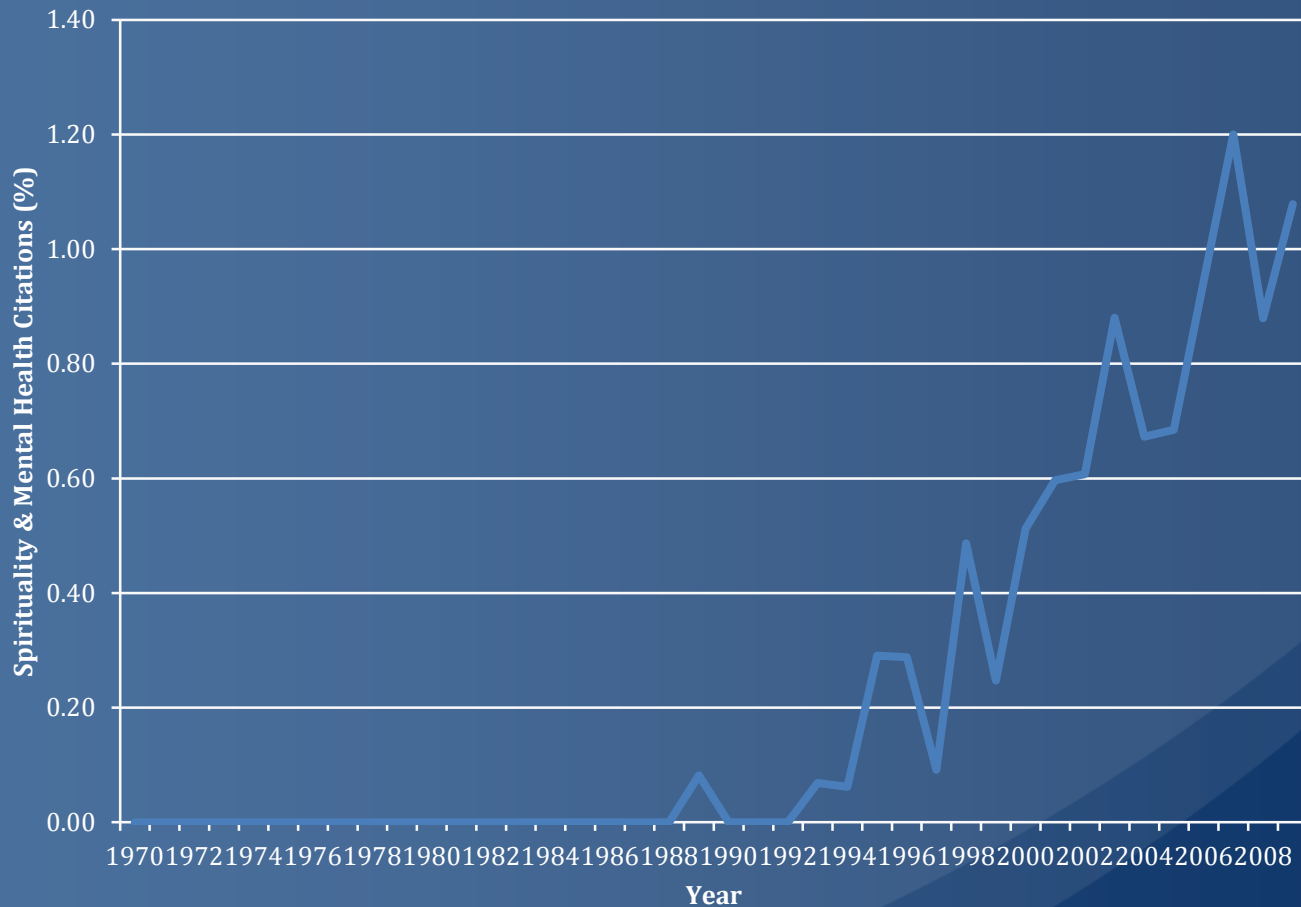
Spirituality and psychiatry

Edited by Chris Cook,
Andrew Powell
and Andrew Sims

Handbook of Religion & Health

- Critique of 1200 studies
- Religion associated with better health
- Religion predictive of better health
- Spiritual interventions associated with better outcomes than controls
- Methodological weaknesses acknowledged
- Harmful religious influences acknowledged

Spirituality & Mental Health: Medline Citations



Specific Treatments

- Mindfulness Based Cognitive Therapy
- Twelve Step Facilitation Therapy
- Compassion-Focussed Therapy

What Service Users Want

- Physicians to ask about Spiritual Beliefs (83%)
- Physician Patient Understanding

McCord et al 2004, Annals of Family Medicine

Clinical Practice

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Clinical Encounters

- Identification with a particular social or historical tradition (or traditions)
- Adoption of a personally defined, or personal but undefined, spirituality
- Disinterest
- Antagonism

Good Medical Practice (GMC)

You must not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress. (Para 33)

Personal Beliefs & Medical Practice (GMC)

Trust and good communication are essential components of the doctor-patient relationship. Patients may find it difficult to trust you and talk openly and honestly with you if they feel you are judging them on the basis of their religion, culture, values, political beliefs or other non-medical factors. For some patients, acknowledging their beliefs or religious practices may be an important aspect of a holistic approach to their care. Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular needs. You must respect patients' right to hold religious or other beliefs and should take those beliefs into account where they may be relevant to treatment options. However, if patients do not wish to discuss their personal beliefs with you, you must respect their wishes. (Para 9)

Personal Beliefs & Medical Practice (GMC)

You should not normally discuss your personal beliefs with patients unless those beliefs are directly relevant to the patient's care. You must not impose your beliefs on patients, or cause distress by the inappropriate or insensitive expression of religious, political or other beliefs or views. Equally, you must not put pressure on patients to discuss or justify their beliefs (or the absence of them). (Para 19)

Summary of Recommendations

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Recommendation 1

A tactful and sensitive exploration of patients' religious beliefs and spirituality should routinely be considered and will sometimes be an essential component of clinical assessment.

Recommendation 2

Psychiatrists should be expected always to respect and be sensitive to the spiritual/religious beliefs and practices of their patients or to the lack of them, and of the families and carers of their patients. This should normally include allowing and enabling patients to engage in the practice of their chosen spiritual or religious tradition. Where the psychiatrist has reason to believe that this may be harmful, any advice or intervention offered concerning this should be sensitive to: the patient's right to practice their religion, the influence upon their choice of any illness from which they may be suffering, the views of the family and/or faith community, and advice offered by chaplains or spiritual care advisors.

Recommendation 3

Psychiatrists should not use their professional position for proselytizing or undermining faith and should maintain appropriate professional boundaries in relation to self disclosure of their own spirituality / religion.

Recommendation 4

Psychiatrists should work to develop appropriate organisational policies which promote equality, understanding, respect and good practice in relation to spirituality and religion.

Recommendation 5

Psychiatrists, whatever their personal beliefs, should be willing to work with leaders/members of faith communities, chaplains and pastoral workers in support of the wellbeing of their patients, and should encourage all colleagues in mental health work to do likewise.

Recommendation 6

Psychiatrists should always respect and be sensitive to spiritual and religious beliefs, or lack of them, among their colleagues.

Recommendation 7

Religion and spirituality and their relationship to the diagnosis, aetiology and treatment of psychiatric disorders should be considered as essential components of both psychiatric training and continuing professional development.

MA/MSc

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The Durham Project for Spirituality, Theology & Health is a collaborative venture between the Department of Theology & Religion and the School for Medicine & Health of Durham University

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The End



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