Practical Aspects of Theological and Spiritual Challenges in Healthcare: Mental Health Issues

Faith in Health conference – 4th July 2008

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It's a real pleasure to be here. I've been talking to psychiatrists all week at the annual conference of the Royal College of Psychiatrists and they're an interesting group of people to talk to. Actually we didn't just stick to the topic of mental health from the perspective of psychiatrists or indeed from the perspective of service users and carers. We also had Abbot Christopher Jameson from Worth Abbey yesterday talking about Monastic perspectives on mental health, which was extremely well attended. One thing I thought you might be interested in is that we have a number of special interest groups in our college. We've got 13 500 members, about 11 000 of whom work in the United Kingdom and 2 000 people belong to our special interest group on spirituality and psychiatry. I'm sure that it will surprise some of you to know that it's the second largest special interest group although moving towards becoming the largest.

Now on Sunday Catholics going to church will be given the Day for Life leaflet or if you're like me and I was visiting another church in Norfolk last week and was given one because the priest was about to go to Australia for World Youth Day so he said "we'll get the Day for Life leaflet out early". It will be really interesting to know what your parish priest says about the Day for Life leaflet. Whether they'll say as the priest did last week, "we've got the Day for Life leaflet, and last year we collected for LIFE and to support pregnant women". He didn't mention that it's actually about mental health this year and that's part of what I'm going to talk to you about. . I'm also going to talk to you a bit about my profession of psychiatry.

So this year, the Day for Life leaflet has some messages for all health and social care professionals and I think we, as health professionals and I'm including myself, here need to understand that there can be no full health without a persons mental and spiritual health being fully cared for alongside their physical health and it's a message for us both in our working lives and at home and in our parish communities.

I was talking to some medical students at St George's 2 or 3 weeks ago. The new principal at St George's had arranged a "meet the presidents" session. This is because we've currently got 3 presidents of medical royal colleges at my medical school and so we met the students and we had a very nice time at a reception afterwards. I said to them something which they must have found rather surprising, I said "I know that you'll have studied anatomy rather more recently than I have but did you notice that the heart and the brain are in the same body?" and I think it's actually quite interesting because they were actually quite taken with this. They'd forgotten it as I think most health professionals have, but then when you start thinking about heart, and I discussed this with Father Christopher yesterday because he spoke about

heart as if heart was spirit or soul, and I was thinking about the heart, the machine that powers our bodies, pumps blood around our bodies and so on – I was thinking about the fact that if you're depressed, you're 5 times more likely to have a heart attack than if you aren't. I was thinking about the fact that there's a physiological interaction between heart and brain, but that sometimes people say "It's definitely mental, it's definitely physical" as if some how there is a difference – OK – and that's part of what I want to explore with you. And so when you start thinking about the words that we use – heart and brain and mind and soul – they're all part of who we are – then you will remember that whole person medicine requires us to attend to all aspects of a person's well being, both interior parts of the person and the way that they relate to the outside world.

So this can be quite a challenge because few of us have had the breadth of training that allows us to feel confident and competent about supporting mental, physical and spiritual health. We know when and how to update our medical knowledge but do we take time to update our knowledge and competence about our own and other people's faith and it's relevance to health and that's what we're doing here today, isn't it?

But perhaps also, we need to be seeking, and we are doing that, joint learning with faith leaders such as chaplains in our places of work to share our expertise and reduce the false barriers between physical, mental and spiritual aspects of health. I said this to some colleagues recently and they said "but we no longer have chaplains in our hospital" and I've also been asked "well, is the care of the spirit and soul part of our responsibility anyway?" It's questionable.

I went to New Zealand last year. When I go to a conference a long way away I usually try to visit a mental health§ service and the Regional Director of Mental Health Services in Auckland hosted me. He took me to a rehabilitation centre for men who had a forensic history, so basically these were men with a psychiatric illness who had broken the law in some way. He said, "in New Zealand, 16% of the population come from the Maori community and in the forensic services, Maori people are over represented. He said, "We conducted a kind of experiment. We began to think about how it would be possible for us to see these people differently and help them to see themselves as whole people by attending to their cultural and religious history" and so they set up a rehabilitation centre specifically for people from a Maori background. Every day starts with prayer and every day starts with reminding them of who they are and their history and so on. So when I arrived I was welcomed into the morning ritual and we left our shoes at the door, and – as a woman, I couldn't sit on the front row for the visitors although I was the senior visitor. I had to sit behind. My husband was allowed to sit in front of me! And so the visitors sat on one side of this community hall, which had been decorated in Maori style. The patients and staff stood on the other side. I didn't know who were patients and who was staff. The leader started to sing and then after his song he told us the story about who his grand parents and his great grand parents and his great, great, great grand parents were and where they had come from, their history and how they had arrived in New Zealand and how they had welcomed

the Christian missionaries and so on. Then I was invited to stand and to introduce myself. So I had to stand and give an account of whom I was and where I had come from. I haven't got time to tell you what I said but I talked a little about the tradition of psychiatry in the UK and about my work with people with learning disabilities and that my son has a learning disability. Since they have started this unit they are absolutely thrilled at the outcome as they've only had one person relapse and I think there's' something to reflect on there.

So I'm very pleased that the Bishops' Conference decided to focus on mental health for the Day for Life this year and the reason for this is that I think life can be diminished by the experience of a mental disorder. The people we care about in our own lives and as Catholics and as anybody working in health care I think we need to be pro life with respect to mental health because we can do so much to bring life back to people in our work and in our own communities by being much more open about these stigmatising and yet very common conditions.

Well, how common are mental disorders? 1 in 4 of us in our life time will have a mental disorder and 1 in 6 of us in any year will experience symptoms of a mental disorder so that means that actually quite a few of us in this room will have had this year, or in our families will have somebody who's experiencing a mental disorder. If you stop and think about it, it may be something that most people you know are not aware of what you and your family are dealing with. They don't know about it, they don't know if you have, as I do a son with a learning disability. They may not know that you have a parent with dementia. They may not know that your wife has an alcohol problem. They may not know about postnatal depression, eating disorders, obsessional compulsive disorders, all the kinds of things that happen in people's lives, in our lives, which we keep quiet about because of stigma and discrimination.

This is I know difficult but some years ago people found cancer very difficult to talk about. There was quite a big taboo about it. That taboo is much less now. People are much more likely to say "I've got cancer" and people are much more likely to know how to talk about it than they are to say 'I have a mental disorder'.

I'm going to just move on to think a little bit about psychiatry and part of what I want to do is to set the context in which psychiatrists work. Most psychiatrists are employed by mental health trusts, not by acute hospitals, and not in primary care. That is one of the challenges, one of the difficulties about bringing mental and physical health together. I wonder if you know that 25% of people in an acute hospital, actually in an acute hospital - have probably got undiagnosed depression and anxiety, or anxiety or an alcohol problem, which is undiagnosed but relevant to the physical condition that they're being treated for. These unrecognised, undiagnosed, untreated conditions probably lead to people staying in hospital longer than they need and delaying their recovery from whatever they're there for. One of the reasons for that is because we don't have an integrated health care system where physical and mental health are both being addressed in health. We've got this continuing separation of mind and body.

And in medical schools a student who has an ambition to be a psychiatrist will probably be told "I'm sure you could do something else, why choose psychiatry?" When I meet new doctors who've chosen psychiatry and ask them "did anybody, when you were in medical school or doing house jobs, did anybody say to you "you'd make a really good psychiatrist" and in 100 doctors, not one will put their hand up and yet when I ask "did anybody discourage you from becoming a psychiatrist?" every hand in the room will go up. OK? And although 10% of doctors need to choose psychiatry to fill the jobs, only 4% actually choose it as a career. More doctors are needed in psychiatry than are needed in surgery so there's something going a little bit wrong here. It's such a fascinating career and this is what I would like student's perceptions of psychiatry to be.

Psychiatry is a bio-psycho social approach; we could call it a bio-psycho socio-spiritual approach. We're concerned not just with medical aspects of healing although we need to be proud of being doctors, but we're committed to inclusion and recovery as well.

Part 2.

Now, I want to just talk to you a little bit about my job as President of the Royal College of Psychiatrists. I did a lot of media work –much of which was related to mental health legislation because we had a very difficult mental health bill going through parliament, which was being argued about for 8 years (Baroness Cumberlege will know all about this). We with 80 other mental health charities felt that people's human rights and the human value of people with mental disorders were not being respected fully in the legislation that was proposed so I did quite a range of media interviews. Sometimes they became very personal because the press were interested in interviewing me only if I was prepared to talk about my family rather than just talking about the circumstance of mental health legislation.

I'm going to show you, if it works, an interview that I did with Fern Britten and Phil Schofield on This Morning and the first part of the interview is with a service user who works with me.

"Professor Sheila Hollins who is here actually as the President of the Royal College of Psychiatrists and she also happens to be mum of Abigail Witchallsl and also Jayne Antoniou, a diagnosed schizophrenic. Sheila, before I hear about what you think about the bill, I do want to talk to you Jayne because you have had many experiences of the mental health act as it stands. You were diagnosed with schizophrenia I think in your early 20s?

In my late 20s.

Late 20s and over the last 20 years have been in and out of hospital sometimes having been sectioned. So what does it actually mean? What happens to you at the hands of the current law?

I'm usually very confused when this is going on because I'm really quite ill and one is usually either in hospital or taken to the hospital and are interviewed by a doctor and then another doctor and a social worker and if they all think that you need to be sectioned, they section you and there's a lot of paper they have to fill in and then the person being sectioned – I would get a sheet of paper with my rights on and it says "you are being held in this hospital on the advice of 2 people. You may not leave, you may not do this, and you may not do that". I have to say that I absolutely hate that moment because I know I'm basically being locked up against my will but after a little while, the relief of not having to deal with the way I am is amazing"

OK, so Jayne has had a very successful career which she gave up in part to become a service user and an advocate involved with us at the Royal College of Psychiatrists, she works in other places as well, but helping us with training and with research and is very interested in how psychiatrists in the future can learn from the experiences of somebody who has direct experience of being a service user.

Now the next little clip is about recovery and I'll say a bit more about that later.

"*Recovery is about adjusting to the illness or the condition you've got just like Jayne who is an example of somebody who has made a wonderful recovery from her illness*

The illness is still there but she's in control of her own life and that's what we really want for the mental health bill. We want people to be, whenever they can be, in control of their own life, in control of their own illness, in control of their own treatment and only actually have that control taken away when they don't understand what's happening to them and of course if they're a risk to themselves or to other people"

Thank you both very much indeed, thank you"

Right, so we have in psychiatry at the moment, a recruitment problem and we have a number of other challenges, which face us. Our services are under funded. We don't have parity with physical health services. I think there is a very low expectation of what is acceptable in mental health services compared with what's acceptable in services for people with physical health problems.

The stigma and discrimination we've talked a little bit about. I have been all the way through the Darzi work and leading up to the announcement and the launch of Lord Darzi's report, I've been pushing the "no health without mental health" message and on Monday when Lord Darzi stood up to launch his report he said, "there is no physical health without mental health". I was very pleased. He hasn't actually written it in the report but he did say it when he launched it. We think it is incredibly important that this message gets across.

The reason we're told that medical students do not choose psychiatry in sufficient numbers is because they think it's not scientific. They think – and it's true that there's less research done in mental health and mental disorders than in physical disorders but actually there is some very good science and some very good evidence and in some ways there is better evidence for the treatment of some serious mental illnesses than there is for the treatment of some physical disorders but that's the perception they have. They have a perception that there's a poor prognosis and yet if you have a first diagnosis of schizophrenia a quarter of people will not have a second episode. Early intervention really seems to work. It's a better prognosis than a first diagnosis of diabetes. But perhaps most importantly there is good research evidence now that medical students do not choose psychiatry because other people say, "don't".

So there's something very important here and I moved in to psychiatry from general practice because I realised that my work as a GP was probably 60% or so about people's mental health and I hadn't been trained adequately for it. Now that's a long time ago and I know that things are changing but very few GPs have mental health placements and it's only fairly recently that mental health has become an essential part of the GP curriculum.

The Royal College of Psychiatrists does offer some encouragement to medical students. We're trying to raise awareness of the possibility of a good career in psychiatry and we're trying to involve them in projects to improve the image of psychiatry.

We are trying to explain to young doctors that they can come to psychiatry late, perhaps because they've been a graduate entry student, maybe because they've had a career in something else first. One of the most famous psychiatrists, Henry Maudsley did a placement in psychiatry when he was doing his final exams in surgery and stayed in psychiatry, as do many people who shift from one career to another within medicine.

We particularly value students who come to medical school with a background in psychology and humanities, something a little broader, not just A grades in science subjects. We need good scientists too and we welcome people who've got PhDs for example in neuro-science as well. There are exciting scientific advances on the horizon.

Genetics and neuro imaging are going to make a huge difference to our diagnoses and will help us to target our treatments much more effectively. We believe that legislation such as the disability discrimination act that we have now could make a huge difference in ensuring that people with mental disorders have equal access and supported access to all health services so that their physical health is not disadvantaged. One of the difficulties about having a mental illness is that it's likely that your physical health will be much worse than the rest of the population too. So if you have a diagnosis of a serious mental illness or if you have a severe learning disability, your life expectancy is greatly reduced and not for very good reason.

There are some projects that we've been doing to try and raise awareness for young people about mental health; schoolteachers learning about mental health so that they can support school children. Or a project in Northern Ireland, which is getting teenagers to debate, issues about mental health in an annual inter-school debate with prizes, which is proving very popular.

Now at the college we're launching our FAIR DEAL campaign and members of the Royal College of psychiatrists identified the 8 priorities and also by the patients, service users and carers who we consulted throughout the last year to find out what they thought the issues were. The fundamental theme running through all of it is the lack of equality that people with mental disorders experience and the lack of value that seems to be attached to their lives and it brings us back to that whole issue that's been discussed so much already today about how the value that we give to human beings and to our patients is really at the heart of what we as Christians and Catholics in health care need to be addressing.

I would like to end by drawing attention to the website of the Royal College of Psychiatrists. We're very proud of our website because we get top ratings for it – the top mental health website for The Sun, for The Times and the BBC is asking us to do their mental health information now as well. We get a huge number of hits on this website and it's very important that public health information is given by an organisation which has the authority to present accurate information. The information is readily accessible and it's available in a readable form for people who are not mental health specialists.

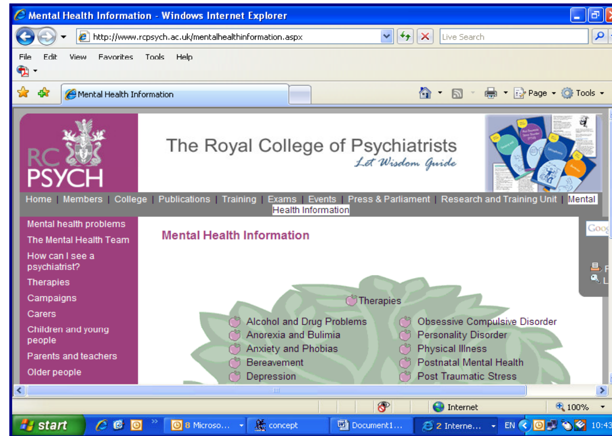
Finally I really want to say that I think one of the challenges that we have is to become much more familiar with mental health and mental ill health. To be comfortable with the language of mental health and mental ill health so that we can talk about it and so that we can support colleagues and patients; family, parishioners, neighbours and really understand how important good mental health is in all of our lives.

Perceptions of Psychiatry now …

- Bio-psychosocial approaches are unusual in the rest of Medicine but essential in psychiatry
- We want to know more about the interaction of heart, brain, mind and spirit
- We are committed to supporting inclusion in society for our patients
- We support their individual journeys towards recovery
- We are proud of our medical roots
- We know we must be advocates for our patients against discrimination

NO HEALTH WITHOUT MENTAL HEALTH

www.rcpsych.ac.uk



NO HEALTH WITHOUT MENTAL HEALTH

Promoting Psychiatry

- Welcome early and late starters
- Value skills in general practice, medicine, neuroscience and / or paediatrics
- Value interest in humanities, social science and psychology
- Exciting scientific advances
- Many psychiatric specialties

NO HEALTH WITHOUT MENTAL HEALTH

Addressing mental and spiritual health

- Heart, Brain, Mind and Soul
- Physiological connection between heart and brain
- Heart as spirit or soul
- Brain or mind for cognition
- Mind, heart and soul for relating
- Being a whole person

NO HEALTH WITHOUT MENTAL HEALTH