

Mental health and Spirituality

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To what extent can spiritual practices help a patient come to terms with visual loss?

Aim: To explore the role of spiritual practice in helping patients cope with the loss of vision.

Background: In an ageing population, helping patients cope with sight loss is increasingly important. It has been proposed that the biopsychosocial model of health should be expanded to account for the spiritual needs of patients coping with chronic, long term disease. By incorporating spirituality into the biopsychosocial model, it embraces the holistic and compassionate approach to care and can transform the way healthcare practitioners approach the concepts of health and disease.

Methods: A structured scoping literature review and thematic analysis of the themes surrounding the role of spiritual practices in coming to terms with vision loss and other life changing disease

Findings: Religious and non-religious practices positively and negatively impact adaptive outcomes to vision loss and mental health. Spirituality is associated with physical, mental and vision domains of health related quality of life with the greatest impact on mental health. Clinician education is not well provided.

Implication for practice: Understanding a patient's spiritual needs and beliefs can facilitate the rehabilitation process after vision loss. However, there is a strong association between spirituality, anxiety, and depression, so introducing mindfulness and positive coping strategies as a concept for strengthening mental wellbeing will support rehabilitation services. Clinicians need appropriate training to deliver this effectively.

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A structured literature review exploring eating disorder patient experiences within primary care settings

Background: Eating disorders (ED's) are complex mental illnesses that are increasing in prevalence, cause a variety of health complications, are associated with increasing healthcare costs and various help seeking barriers exist. Primary care services are frequently the initial point of contact for help seeking and is therefore a prime setting for ensuring patients with ED's have a positive experience.

Aims: To conduct a structured literature review exploring ED patient experiences when presenting to primary care.

Methods : A structured literature review method was adopted to examine the existing literature. Six databases were searched, exclusion and inclusion criteria applied resulting in ten qualitative studies being included. All studies were critically examined using CASP tools and a simplified thematic analysis process was utilised to extract the data and generate themes.

Findings: Five key themes were found with examples of positive and negative patient experiences within each theme. Clinicians' knowledge, barriers to specialist treatment, holistic care, practitioner qualities and patient disclosure were the main themes identified. Men, Eastern cultures and BAME communities were largely underrepresented in the literature, and various confounding variables were uncontrolled which may have impacted on the results.

Conclusion/implications for practice: The findings mirror historical systematic reviews of this genre and some new insights not previously established were found. The findings indicate that clinical guidelines require adjustment to account for patient preferences and to enable the help seeking process which many ED patients find difficult.

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Spirituality and Mental Health Practice - A Literature Review

Background: Historically mental health services have been influenced by the biomedical model of care, overlooking the spiritual dimension. However, spirituality has increasingly been recognised as a vital component of holistic mental health care, contributing to a patients sense of hope, meaning and purpose for patients.

Aim: The purpose of this literature review was to explore and evaluate if mental health professionals integrate spirituality into patient care within mental health practice.

Methods: A structured literature review was undertaken using a systematic approach, to critically appraise and evaluate whether mental health professionals integrate spirituality into patient care within mental health practice. Three electronic databases were searched with 9 studies identified.

Findings: The review identified 5 key themes influencing mental health professionals' delivery of spirituality in practice: a lack of education and training emerged as a significant barrier with many professionals feeling ill equipped to address patients' spiritual needs; the organisational position on spirituality played a crucial role in the delivery of spiritual care; the absence of a clear interpretation of spirituality contributed to confusion and inconsistent approaches amongst professionals; years of experience influenced confidence in engaging in spiritual care, with experienced staff generally being more at ease in the delivery. Finally, personality types were found to shape individual attitudes and openness towards spirituality.

Implications for practice: The findings identified that whilst mental health professionals are willing to provide spiritual care, only a small minority do due to a critical need for them to acquire targeted input to integrate spirituality into patient care. Tailored training is required to allow mental health professionals to develop competencies in spirituality and understand the role and definition within holistic treatment of patients. Additionally organisational support is essential to the integration of spirituality in everyday practice.

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