

SPIRITUAL AND RELIGIOUS SUPPORT

This section outlines competences required by professionals to offer appropriate spiritual and religious support to patients. Not all of the competences will be relevant to all professionals and will be dependent on the type of activity or intervention being conducted. Therefore, practitioners should draw upon the competences relevant to the activity or intervention they are delivering, which should be within the boundaries of their professional role.

Knowledge

An ability to draw on knowledge that religious beliefs and spirituality:
can shape the ways that patients make sense of and cope with their crisis
can help patients through crises by acting as a source of hope, meaning, and comfort
An ability to draw on knowledge that staff can invalidate, offend, or contribute to the disengagement of a patient if they do not incorporate the patient's spiritual/religious belief systems and practice into their inpatient care
An ability to draw on knowledge that some patients may experience self-blame, guilt, and a sense of alienation from their religious community if they feel that they are not meeting expected standards due to their current crisis
An ability to draw on knowledge that being admitted to hospital can hinder opportunity to practice religious or spiritual rituals, which can lead to a loss of connection and guilt
An ability to draw on knowledge that in some cases, religious and spiritual beliefs and practice may become altered in a state of crisis and may act to maintain the crisis if they are, for example:
believing that they are being punished by God
believing they are hearing the voice of God/the devil

Integrating religion/spirituality into interventions

An ability to assess the patient's religious or spiritual beliefs and understand how they relate to the current mental health crisis
An ability to integrate the patient's religious or spiritual beliefs into the formulation of their current mental health crisis
An ability to integrate the patient's spiritual and religious practices into interventions, as a means of understanding and coping with their crisis, such as:
prayer
reading religious scripture
religious support groups
chaplaincy
An ability to facilitate access to religious/spiritual practices during an inpatient stay (for example, access to religious scripture, multi-faith prayer/worship room, leave to visit faith services)
An ability to signpost patients to local religious/cultural groups
An ability to deliver an intervention which, when appropriate, is collaboratively delivered with chaplaincy, such as:
psychoeducation and normalisation of religious/spiritual beliefs/practices
prayer and reading of religious scripture