

MINDBODY CARE – THE ULTIMATE PATIENT EXPERIENCE?

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Abstract: Spiritual care is no longer an option in the 21st century NHS, with “Spiritual wellbeing” now included in the World Health Organisation’s definition of Health. Within the last 6 years the NHS in Scotland has seen the publication of several key documents to support this concept. There has also been a rapidly accumulating wealth of scientific evidence linking religion and spirituality to both better health and improved healthcare outcomes. One researcher described the link as demonstrating the rediscovered concept of “Mindbody”, illustrating the unity of mind, body, and spirit/soul which the ancient mystical traditions have understood for millennia. The Scottish Government’s recently launched Patient Experience Programme will provide an opportunity for Healthcare Chaplains to demonstrate that care of the spirit is also care of the “Mindbody” - and thus provide patients with the ultimate healthcare experience.

KEYWORDS: *Spiritual Care, Mindbody, Patient Experience Programme.*

Introduction

This paper is based on the author’s two year experience of researching, producing, and then disseminating the “Fair For All” Project document “Religion And Belief Matter – An Information Resource For Healthcare Staff” (Scottish Inter Faith Council, 2007). All Scottish Health Boards were visited at least once with a presentation and discussion in the final dissemination phase.

The aims of the Project were to review the context for responding to Religion and Belief needs in the NHS today, and to review the evidence base for Healthcare Chaplaincy’s role in providing spiritual care to individual patients. It is this latter aim which will be expanded here, whilst reference to the published document *Religion and Belief Matter* will provide the reader with more details of the context, and in particular, the findings of the twelve Religion and Belief Focus Groups of users of the NHS that were held. Some of the increasing evidence linking Religion and Spirituality to improved health and healthcare outcomes through the concept of *psycho-neuroimmunology* will be discussed, as will the rediscovered concept of *Mindbody*.

Thereafter, in the light of the Scottish Government Health Directorate’s “Patient Experience Programme,” (Scottish Government Health Director-

ates, 2008) the theme will be developed that Healthcare Chaplaincy’s care of the spirit will also provide care of the mindbody, and thus give patients the “ultimate healthcare experience.”

Method

The Religion and Belief Project was the final one to be developed under the then Scottish Executive Health Department’s “Fair For All” Initiative (Scottish Executive 2005) in October 2006. This scheme was designed to produce guidance for Health Boards in equalities by basing short term projects within various Non-Government Organisations responsible for a particular equality group. Hence the Religion and Belief project was based in the Scottish Inter Faith Council, Glasgow.

To inform the Project, all 14 Territorial Health Boards were personally visited, meeting with Spiritual Care Team Leads, Healthcare Chaplains, and Equality/Diversity Lead Officers. In addition, twelve Religion and Belief Focus Groups of recent users of the NHS were held, in order to discover what was of importance at the grassroots level when it came to experiencing Chaplaincy Care in hospital.

A literature search of the e-Health library of all articles within the last ten years discussing the link between Religion, Spirituality and Health was carried out, along with a review of The Glasgow Centre For

Population Health's recent publications on Religion, Spirituality and Wellbeing. Reference was also made to the Royal College of Psychiatrist's Special Interest Group in "Spirituality and Mental Health."

Discussion

Documents Supporting Spiritual Care

The most significant document supporting Spiritual care in the NHS was the HDL (2002) 76 "Spiritual Care in NHS Scotland" (Scottish Executive Health Department, 2002) requiring all Health Boards to now provide spiritual care to patients of any faith or none. The establishment of Spiritual Care Committees and Teams was essential. This principle of universal spiritual care for all has been taken further by the convincing statement that will appear in the forthcoming CEL 2008 "Revised Guidance On Spiritual Care To Boards" (forthcoming Scottish Government Health Directorates, 2008):

This report commends NHS Boards on the work done to implement HDL 76 (2002) and affirms the understanding that spiritual care is a necessary and integral part of the whole person care offered by the NHS in Scotland.

The information resource *Religion and Belief Matter* produced in collaboration with the Scottish Inter Faith Council and NHS Education states clearly in the foreword:

Understanding and responding to the Religion and Belief needs of patients as they relate to the use of NHS services is no longer an option, but essential.

The further professionalisation of Healthcare Chaplaincy services has seen the publication of the "Standards For NHS Scotland Healthcare Chaplaincy Services" (NHS Education Scotland, 2007) following the recommendation of an NHS Quality Improvement Scotland Scoping Study. It is expected that Health Boards will follow these standards.

The skills of the Chaplains themselves have been stated in the document "Spiritual and Religious Care Capabilities and Competences For Healthcare Chaplains" (NHS Education For Scotland, 2008). This document emphasises the central role of Chaplains with the following statement:

Spiritual care is a responsibility of the Health Service.....

However, it is also understood that Healthcare Chaplains by themselves cannot deliver all Spiritual Care, and so NHS Education is developing a "Capability and Competency Framework in Spirituality for all NHS staff in Spiritual Care" (Foggie, Levison, Macritchie, Mitchell, 2008, see above).

All these developments imply a serious commitment from the Scottish Government Health Directorates towards supporting spiritual care within the NHS, as part of the holistic care of patients.

Evidence of the Link between Religion/Spirituality and Health

As evidence supporting the positive link between Religion, Spirituality and Health is now considerable, reference will be confined to meta-analyses and reviews of the literature.

Harold Koenig's (2001) often cited reviews of over 1200 studies examining this link can be criticised for including too many old or poorly designed studies. However, even allowing for this proviso, he concludes:

Nevertheless, in the vast majority of the cross-sectional and prospective cohort studies identified, religious beliefs and practices rooted within established religious traditions were found to be consistently associated with better health and better predicted health over time.

However, Coruh et al (2005) conducted a medline search critical review of all such papers published in English between 1999 and 2003 describing this effect. They found five randomised controlled trials, four clinical trials, and seven faith-based partnerships that described the impact of *religious practice alone* on healthcare outcomes, concluding that:

Religious activity appears to improve physical and mental health.

One clinical trial (Sephton et al, 2001) they reported showed increased numbers of total white blood cells and lymphocytes, as well as more helper or cytotoxic T-cells in a group of 32 out of 112 women with metastatic breast cancer. This group of 32

scored higher than the remaining 80 in a religious rating questionnaire.

Whilst Coruh et al concentrated only on *Religious* practices, Speck (2005) widened his review when he reported on “The Evidence Base For Spiritual Care”, concluding:

A consensus is emerging in the literature that evidence exists to support the provision of spiritual care in healthcare settings.

In this article he reviewed not only studies on the effect of religious belief, but also on the outcome of supporting patients’ spiritual needs, the evidence of unmet spiritual need in some cases, and the positive gains in supporting such needs when patients are dying.

This approach has been taken very seriously by the Royal College of Psychiatrists, with the formation of their Special Interest Group “Spirituality and Mental Health” in 1999. It now has over 1900 members, which is approaching 25% of the total College membership. This marked a sea-change in how the specialty of Psychiatry viewed the relationship of mental health with religion and spirituality. The information booklet about the Group, “Spirituality and Mental Health” (2006) declares the College’s position with respect to Spirituality in the following statement in the introduction:

Spirituality involves a dimension of the human experience that psychiatrists are increasingly interested in, because of its potential benefits to mental health.

As founding member of this group, Powell (2002) describes, some of these benefits are now known to be shorter inpatient stays and fewer relapses with treating depression, higher success rates in treating the addictions, and lower rates of completed suicide.

In the Glasgow Centre For Population Health Study of the “Cultural Influences on Health and Wellbeing,” Carlisle (2006) carried out a literature review entitled “Spirituality and Wellbeing.” Her conclusion was:

Such evidence as we have is strongly suggestive of positive links between religion/spirituality and personal wellbeing.....An increasing number of con-

temporary writers seem ready to challenge current forms of knowledge and thinking as outdated and potentially disastrous for both personal and global wellbeing. A focus on enhancing spiritual awareness may help to bring together responses.

Psychoneuroimmunology

In other words, there needs to be a change in our medical/scientific model of health/healthcare, to the more holistic model, which includes reference to the social and *spiritual* components. In a key review paper by David Reilly (2002) he challenges this traditional health model by highlighting the rapidly developing field of *psychoneuroimmunology* (the study of how psycho-social factors influence wellbeing, and ultimately the body’s immune system, through neural and hormonal pathways from the brain):

The neat flat medical world that used to separate the body from the mind is turning out to be round.....Thinking of the cardiac system and its diseases as unrelated to the emotions, or separate from the individual person, is proving to be unscientific. A new word to describe some aspects of this joined-up-ness is ‘psychoneuroimmunology’, and the world will never be flat again.

Indeed, as the neuropharmacology researcher and popular scientific writer Candace Pert has described in her book “Molecules of Emotion: The Scientific Basis Behind Mindbody Medicine” we should now be using the concept “mindbody” to emphasise that there is no separation of the two.

One example Reilly uses to demonstrate this “mindbody” non-separation and connection is the fact brain cells are now known to produce cytokines (inflammatory mediators normally only produced by the immune system), and immune cells to produce neurotransmitters (specialised biochemicals normally only secreted by brain cells to communicate with each other). As he says,

The brain talks to white cells [of the immune system] and it seems they talk back.

Wellbeing

Looking more closely at this previously mentioned concept of “wellbeing” (see Carlisle above), what exactly is it and how is it related to Holistic Health?

Whilst there are many and complex definitions of this term, Huppert et al (2005) state it simply to be:

.....life going well, characterised by health and vitality, happiness, creativity, and fulfilment.....

Thus it is not only about having good health but, more importantly, happiness and contentment, which ultimately relates to one's experienced relationship with oneself and others in the world.

Its relationship to health can be seen very clearly in the meta-analysis of 150 papers reporting the impact of wellbeing on objective health outcomes by Ryan et al. (2007). He concludes:

Wellbeing positively impacts both short and long term health outcomes, and disease or symptom control.....These findings point to potential biological pathways, such that wellbeing can directly bolster immune functioning and buffer the effect of stress.

When the influences on wellbeing itself are analysed (relationship with oneself and the world) it can be seen that meeting of Spiritual needs is of paramount importance in promoting positive wellbeing, i.e. the need to be loved, valued, feel self esteem, to be accepted / forgiven, etc, as so clearly expressed by Narayanasamy (1991). For if these basic spiritual needs are *not* met, it will obviously be more difficult to have this sense of positive wellbeing with vitality, happiness, contentment, etc.

As Carlisle states in the conclusion of her previously quoted review article,

The literature scanned in this paper also suggests there are discernible links between some contemporary forms of spirituality and potential responses to crises in other dimensions of wellbeing – social and global.....A focus on enhancing spiritual awareness may help to bring together such responses to the crises of wellbeing from the psychological, ecological, and social domains.

In other words, spirituality and the meeting of spiritual need has a significant role to play in influencing our positive wellbeing. As we have noted from our brief description of psychoneuroimmunology, wellbeing influences the immune system. Therefore, we

can now understand why spirituality (and hence religion, if this is how someone understands their spirituality) has such a profound relationship to health.

To quote again from the Royal College of Psychiatrists' booklet, "Spirituality and Mental Health,"

In healthcare Spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration, and wholeness.

Thus having a sense of belonging and feeling connected to life is the driving force behind our wellbeing. A certain minimum of material provision is obviously necessary, but by itself it cannot provide positive wellbeing.

The Patient Experience Programme

Retaining this review of the link between mindbody, spirituality, and health it is interesting to reflect on the Scottish Government Health Directorates' new initiative "Better Together – Scotland's Patient Experience Programme." This is clearly aimed at ensuring the views of patients about their experience of using the NHS are listened to as service improvements are introduced. In defining this *Patient Experience* Lunday (Scottish Government Health Directorates, 2008) describes it in a presentation to the NHS and patient groups:

*It is how the patient journey (and the **dynamic, associated human interactions and emotional response**) is experienced and interpreted by an individual.*

The bold-type words imply a sense of the need to support patients' spirituality whilst on their journey in the NHS, thus enhancing the quality of their health outcome as well as influencing the outcome itself. This should ensure positive experiences such as "being treated with respect and dignity, feeling valued, feeling loved, etc." so that their state of wellbeing is enhanced on their journey.

Thus Healthcare Chaplaincy is now finding itself in a crucial supporting role in patient care: "care of the spirit", as a vital part of the holistic care of the patient, and a resulting "care of the mindbody". This will ensure not only a better patient outcome, but also a better "Patient Experience." Taken together,

this will provide patients with the ultimate healthcare experience: if they *feel* good during their NHS journey they will enhance their wellbeing, and thus this should provide a positive stimulus to the immune system. This, in turn, should increase the likelihood of a better healthcare outcome.

With this understanding and approach the need for the Healthcare Chaplain to be accepted as part of the multi-disciplinary healthcare team now becomes even more significant.

Conclusion

This paper has attempted to show that in the 21st century Scottish NHS, spiritual care is no longer an option, but is in fact central to, and an integral part of, the holistic care offered to patients. Many documents have been published in the last six years to support this approach and increase the professionalisation of Healthcare Chaplaincy. These will not only enhance their case for Allied Health Profession recognition, but also, more crucially to become members of the multi-disciplinary healthcare team.

The evidence supporting the positive link between religion, spirituality and health has also been briefly reviewed, with the key role that wellbeing plays being described. The actual mechanism for this positive link has been shown to be described in terms of psychoneuroimmunology, with the “rediscovered” concept of *mindbody* being a useful unifying approach. It is interesting to reflect that the traditional Eastern Religions and Medical systems, e.g. *Advaita*, traditionally functioned with this whole or unified approach, not separating mind, body, and spirit.

The Scottish Government Health Directorates’ new initiative “Better Together: Scotland’s Patient Experience Programme” has deliberately set out to try to enhance the positive experience of the patients’ journey through the NHS. Meeting their Spiritual needs is going to be key to this programme.

Healthcare Chaplaincy is crucially placed to not only enhance the quality of the patient’s experience on this journey, but also their wellbeing, such that their chance of a better health outcome is also increased.

As Wright (2005) so aptly states:

When care is not spiritual, it is dis-spirited. It contains the head, but not the heart of caring and fails as a result. The outer manifestations of caring may be taking place, but something seems to be missing. Patients are especially sensitive to it, although may be difficult to articulate or make explicit. People can feel cared for, but not cared about. Carers go through the motions of caring, giving the injections, the sound advice, the hot bath; but some other dimension – conveying that the person is valued, loved even, is left out.

He continues that ...*What we may be doing is re-discovering an ancient model, to which modern science is now lending credibility, in an increasingly secular world.*

We now understand this “ancient model” to be the *mindbody* concept.

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