

PRiSM.

Perspectives on Religion and Spirituality in
coping with Mental health (PRiSM)

**PRiSM event: Faith and mental health
in South-East London: why 'one size'
does not fit all**

Friday 4 November 2022

3pm - 5pm



Economic
and Social
Research Council



CSMH Special S006

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Affiliations

Centre for Society and Mental Health and the Institute of Psychiatry, Psychology & Neuroscience, King's College London.

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Event panel speakers

PRiSM researchers – community
partnership

Denise Richards

Rev. Gail Thompson

Winston Webber

Event chair

Senior Lecturer & Consultant Clinical
Psychologist

Dr Juliana Onwumere

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Sanchika Campbell

PRiSM project lead &
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Reflections on the PRiSM project:

Spirituality, religious belief and inclusive faith communities are important for mental well-being but mental health practitioners have few guidelines for acknowledging these issues when working with service users. Spirituality, values, policy-making and research has gathered together and explored the place of spirituality in mental health, teasing out its implications for good practice.

REVD. GAIL THOMPSON
(PRiSM Researcher)

INTRODUCTION

Our intention is to challenge traditional knowledge production through a participatory research approach, where we aim to inspire how mental health support can be improved in Black Majority Churches, and how healthcare providers consider and include religious beliefs in healthcare services.

Background

Religion is often neglected by mainstream psychology, although approximately 90% of the world's population take part in some form of religious or spiritual practice. South East London is home to a multicultural population, where less privileged individuals and communities are affected by ongoing health and social inequalities.

Faith is an important part of life for many racialised minority groups. Religious coping and religious advisors are important in supporting the mental health needs of faith communities, particularly in Black Majority Churches. There has been a notable rise in the number of Black Majority Churches in London over recent years. Projects such as ON TRAC, led by Dr Louisa Codjoe, are inspiring dialogues between Black faith communities and mental health services to provide holistic and culturally accessible care (Codjoe et al., 2019).

At present, we still have limited understanding of why faith and involvement in Black Majority Church activity is such an important part of life among heterogenous Black ethnic groups, and how this is related to mental health and help-seeking.

Full ethical approval for the project has been received from the KCL, Psychiatry, Nursing and Midwifery Research Ethics Subcommittee, Reference Number: HR-19/20-17473.



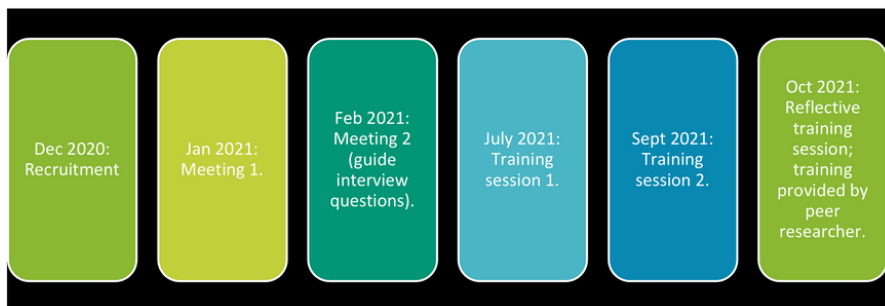
The purpose of this project is to understand the role of religion and spirituality in coping with adversity, and its relationship to mental health and help-seeking among members from Black Majority Churches in South-East London using a participatory research approach.

Project aims:

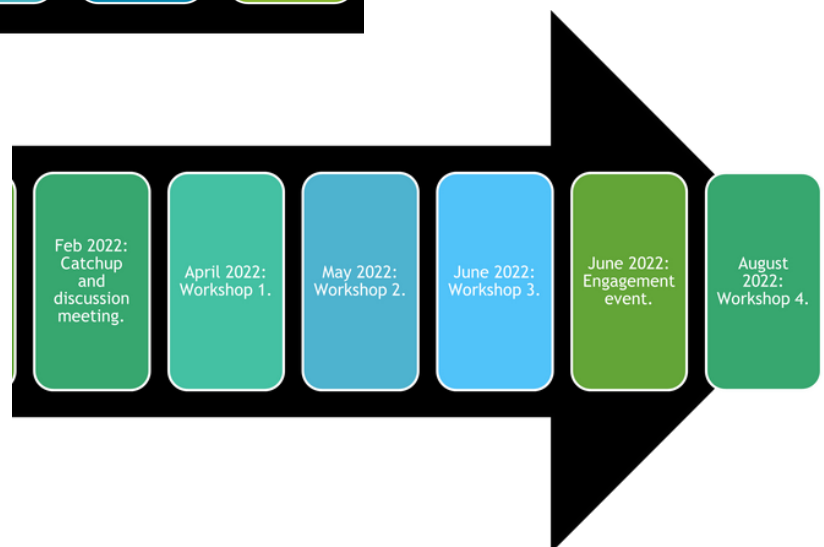
1. To explore Black Majority Church membership, religious identity, religious coping, cultural concepts of mental health, and help-seeking among clergy and congregants within two Black Majority Churches in South-East London, through semi-structured interviews.
2. To look at the association between religiosity and religious coping with mental health and health service use using data from the South East London Community Health (SELCoH) study.
3. To work with community co-researchers to co-produce key messages for Black Majority Churches, faith communities and healthcare providers.

Our PARTNERSHIP

Co-researchers and colleagues, identifying as Christian and from Black ethnic backgrounds, have contributed their lived knowledge, expertise and viewpoints around faith and mental health to guide interview questions, deepen understanding and interpretation of interview findings, and engaged in profound discussions around faith and Black mental health, inspiring our co-produced key messages for Black Majority Churches, faith communities and healthcare services.



Our project involves community members as Co-researchers as part of a participatory research approach. This means that community members and researchers work together to explore a topic or issue, and together seek solutions. Understanding of a community's experience should come from the community itself. This approach is committed to meaningfully involve and empower the voices of marginalised or less often heard communities.



Community co-researchers are people who steer and conduct research through their lived experience of the issue/topic being studied. Co-researchers were recruited between November 2020 to December 2020, by circulating a blurb, recruitment leaflet, and an interest form via email to organisations focused on Black and racialised minority mental health. We have met twelve times as part of the co-production process (January 2021 to August 2022), with two colleagues joining the PRISM team discussions from October 2021, to add younger perspectives to our dialogues, as requested by co-researchers.

Our project research team discussions have ranged across distinctions between religion and spirituality, institutional racism within mental health services, and the misunderstanding of cultural and religious expressions, as well as how mental health awareness and support can be improved in Black Majority Churches. Through profound discussions and integrating findings from interviews, we have teased apart 'root causes' and 'consequences' of (1) racism and religious stigma in healthcare services; (2) issues with mental health support in Black Majority Churches, and (3) how Black Majority Churches serve as spaces for mental health support. Using these, and revisiting key points from our meetings, as well as incorporating attendee feedback from our engagement event, we have co-produced actionable insights for faith communities and healthcare services.

"One size does not fit all" - a key point from our discussions.

Actionable insights for faith communities



Get together to speak about mental health with love, empathy and acceptance

Get together within groups where people can speak openly about their mental health and be listened to without judgement. Show love, empathy and acceptance. Mental health problems can isolate people, trigger shame and stigma. Talking helps. Seeking mental healthcare does not reflect poor faith. Create spaces to speak about race-based trauma.

One size does not fit all – the need for mental health education, intergenerational dialogues and bespoke support

Mental health support needs of each person will be different, e.g., across age, gender etc. Education around mental health, mental health language sensitivity and knowing your rights (mental health act and equality acts) are important. Pastoral/group leaders and 'prayer warriors' could be trained and empowered to be 'mental health champions'.



Nurture collective fellowship, spirituality and spaces of belonging

Young people especially would benefit from collective fellowship, feelings of belonging and opportunities to be in leadership positions – to have a say in what faith communities need to consider and do, especially for mental health. Integrating cultural values and inspiring spaces for creative expression e.g., music, can be therapeutic.



Faith leaders should show vulnerability, be teachable and be transparent about their own struggles

Faith leaders showing vulnerability and being open about own struggles is important. Acknowledge learning from others in your faith community.

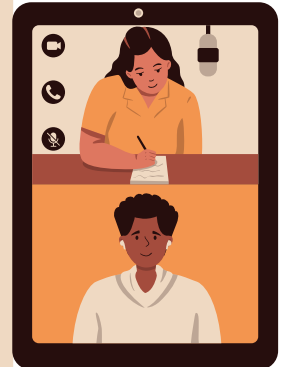
Reflection, flexibility and adapting methods of fellowship may better engage young people. Faith leaders should receive support for their own mental health. They should say what their capacity to provide mental health support is, and build partnerships to support this.



Actionable insights for faith communities

Team up with clinically trained mental health professionals for mental health awareness and care

Partnerships with mental health professionals can encourage faith members to share struggles, as well as be educated on what they can do for prevention and to maintain good mental health. Hold group discussions during periods of gathering for worship. Education around mental health, mental health language sensitivity and knowing individual rights (mental health act and equality acts) are important. Encourage mental health support to be part of social care activities in the faith community, where faith leaders are also engaged.



Consider alternative resources within faith communities e.g. sharing personal experiences



Sharing personal experiences as a resource can be a meaningful way to connect and challenge stigma. Testimonies can give hope. Consider retreats as spaces for well-being. Faith phone support lines and peer support systems can reduce isolation. Use technology as a tool e.g., online services, to increase outreach, engagement and connect people.



Ask for support and build relevant partnerships

Ask for the support and resources you need as spaces to offer mental health support e.g. partnerships with external mental health professionals to offer mental health support in churches. Build links with other churches to share resources and new partnerships.



Actionable insights for healthcare services

Challenge racist assumptions and religious stigma



Spirituality which is not understood can be labelled as mental health problems. Have unapologetic conversations where Black communities feel listened to and understood. Consider how global south religious traditions and spirituality may be stigmatised and discriminated against compared to global north traditions. Engage in anti-racism work as standard practice and training.



Truly listen, humanise and understand

Truly listen to understand the root causes of suffering and trauma - without judgement, racist stereotypes and immediate prescription of medication. Acknowledge that mistrust of services stems from experiences of institutional racism and impacts on how racialised minorities seek help and cope. Create opportunities for mental health professionals to have meaningful engagement with local communities outside of work, to increase cultural awareness and respect.



One size does not fit all – the need for intersectionality and bespoke support

Mental health support needs will differ across gender, age and other intersectional identities. Understand the impact of a lifetime of racist experiences on mental health, how this affect people's worldview and ways in which Black communities cope. Integrate awareness and acceptance of spirituality as ways of coping, and Afrocentric approaches within mental healthcare.



Actionable insights for healthcare services

Engage with Black community networks to co-develop culturally appropriate policies and practices



Create spaces for members from Black faith communities to have a seat at the table (policy and clinical practice) to make decisions and co-develop culturally appropriate policies and practices. Reciprocity is important - communities should see benefit from their involvement. There should be accountability by including actions and outcomes within policy frameworks. Funding and collaboration needs to be there for the longer term.

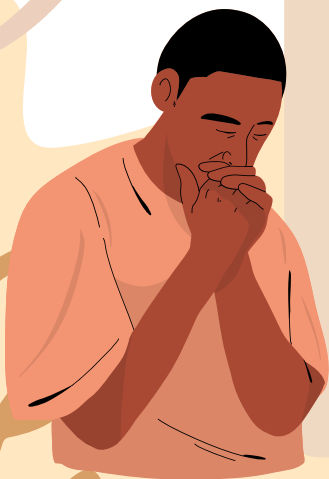


Break cycles of reinforcing inequalities

Inequalities are reinforced by expecting Black people and Black communities to provide Black mental health support. Responsibility for providing culturally sensitive mental healthcare is ultimately with trained mental healthcare providers. Engaging with Black communities should not be gestures but meaningful. Create opportunities for mental health advocacy. Engage with groups leading on inequalities work - [NHS RHO](#), [Black Thrive Global](#), [HIRG](#), [TIDES study](#), [MCPG](#).

Consider how spirituality can be part of interventions

Spirituality can bring calmness and peace, helping with stress and anxiety. Develop spaces for medical and spiritual views to meet in the same room. Respect individuals' faith beliefs and understand the role of spirituality in how they cope. Training from faith members on spirituality and religion can help to build understanding. Offer mental health support to mental health champions from faith communities.



EVENT CONTRIBUTORS

DENISE RICHARDS

Researcher - community partnership

Denise Richards is an independent community researcher, with 15 years of experience. She joined the PRiSM project as she feels mental health, trauma and the root causes of behaviours need to be fully understood and better recognised across healthcare services and churches. Over the past 18 months, Denise has continued to work behind the scenes and with various organisations and projects. Her vast lived experience and interactions within the community has now positioned her as an Advocate for those under the Mental Health system, within her local hospital. Not only is this a great achievement, but also acknowledges the voice of the community, to which she has always been so passionate and committed. Her devoted faith has also made an impact on being able to have conversations with church leaders around Mental Health issues within the community and even within their establishments. Denise found this the most challenging aspect, as the stigma and limited understanding/acceptance, was always dismissed.

REV. GAIL THOMPSON

Researcher - community partnership

Revd. Gail Thompson is the founder and CEO of Millennium Community Solution CIC. She is committed to serve her community, including running many community projects in Lambeth. She joined the PRiSM project as she felt the aim to move away from the extractive model of social research, and the empowering of the community approach to affect positive change by participation and lived experience, was a great opportunity. She is now studying for her PhD and will be releasing her autobiography Black Foot Forward in late 2022.

WINSTON WEBBER

Researcher - community partnership

Evangelist Winston C Webber is a Theologian, a Development Economist, an Accredited Preacher at South London Mission Bermondsey and a Community Worker. As an Evangelist, Winston supports people with mental health issues but does not always feel well equipped to support them. Winston's involvement with the PRISM project is to see how churches could be enabled to assist members of their congregation with mental health issues. Winston suffered from depression and anxiety during the Rebel War in Sierra Leone and when he first arrived in the UK as a Political Refugee and Asylum Seeker in 1998. Diagnosed with Prostate Cancer in 2011, Winston has survived it after successful robotic surgery in 2012. He is developing a Men's Awareness Programs especially for those with mental health issues after being diagnosed with prostate cancer.

EVENT CONTRIBUTORS

DR JULIANA ONWUMERE

Senior Lecturer and Consultant Clinical Psychologist – university partnership

Dr Juliana Onwumere is a Senior Lecturer in the Department of Psychology at the Institute of Psychiatry, Psychology and Neuroscience King's College London. She is also a Consultant Clinical Psychologist in the South London & Maudsley NHS Foundation Trust, London, UK. Her complementary research and clinical interests focus on the intersectionality of mental health problems, family relationships, and health across the lifespan. She is interested in caregiving relationships affected by violence and the interface between mental and physical health. Juliana has a growing interest in health inequalities particularly in racial and ethnic minority groups. Her work includes the development of evidence-based psycho-social interventions and workforce training and supervision initiatives to support their increased access by underserved groups.

NATHAN STANLEY

Health Inequalities Research Group Policy Lead – university partnership

Nathan Stanley is a Research Assistant at KCL for the TIDES study, which aims to understand how discrimination contributes to inequalities in health and health services. He is also a core team member of the Health and Social Equity Collective and a volunteer with Reach Society, a social enterprise that aims to inspire and encourage young people, especially Black boys to realise their potential. Nathan joined PRiSM because as a young Black person of faith, he feels there is great benefit in investigating the role faith and faith-based organisations have in coping with mental illness, given the clinical misinterpretations of what spirituality and religion mean for members of the Black community. He hopes PRiSM sparks conversations within Black Majority Churches, and the wider community when it comes to mental health. He also hopes for the recognition of the impact structural racism has in mental health support.

VERITY BUCKLEY

Impact Manager, Centre for Society & Mental Health – university partnership

Verity is the Impact Projects Manager for the ESRC Centre for Society & Mental Health, funded by the ESRC. Her main responsibilities include co-ordination of the Centre's impact monitoring and evaluation strategy, as well as oversight of public engagement and communication activities. Prior to working at King's, Verity led a range of social impact and leadership development programmes in the charity sector. She believes that we are all whole human beings, with our well-being influenced by our values, beliefs and lived experiences, as well as medical and social policy. She hopes that PRiSM facilitates meaningful discussion between mental health practitioners and faith communities, that leads to real-world, measurable and evidence-based improvements to mental health support for those that need it the most.

EVENT CONTRIBUTORS

PROF STEPHANI HATCH

PhD primary Supervisor – university partnership

Professor Stephani Hatch leads the Health Inequalities Research Group (HIRG) at King's College London and co-leads the Marginalised Communities programme, including the CONNECT study at the ESRC Centre for Society and Mental Health CSMH, KCL. Stephani has over 25 years of experience across sectors, locally and nationally, delivering interdisciplinary health inequalities research with an emphasis on race at the intersection of other social identities. She is Principal Investigator for the TIDES study and co-leads the development of the Health and Social Equity Collective, funded by King's College London and Impact on Urban Health. Stephani integrates collaborative approaches to knowledge production and dissemination, action and outreach in training and research through HERON, which she founded in 2010. She also leads equality, diversity and inclusion initiatives and has national and international advisory roles in health and volunteer and community sectors, including as a member of the NHS RHO Board. She is Sanchika's primary PhD supervisor.

DR CHARLOTTE WOODHEAD

PhD secondary Supervisor – university partnership

Dr Charlotte Woodhead (she/her) is a Lecturer in Society and Mental Health, within the Marginalised Communities programme at CSMH. She is a co-Principal Investigator for the HSE Collective, leads the STEP study, and also co-leads work within the CONNECT study, TIDES study and the HIRG. As a mixed methods researcher, Charlotte's interests are in understanding social/structural determinants of mental ill health; how and when people's mental health is influenced by the social world; and where intervening might have the most positive influence. Charlotte is also interested in increasing equity of access to mental health support for young adults, LGBTQ+, low income and racial and ethnic minority groups. She is Sanchika's secondary PhD supervisor.

SANCHIKA CAMPBELL

PRiSM Project lead, PhD student – university partnership

Sanchika Campbell is a PhD student within the Marginalised Communities programme at CSMH and a member of HERON and the HIRG since 2013. She is supervised by Professor Stephani Hatch and Dr Charlotte Woodhead. Sanchika is the PRiSM project lead. Within her positionality as a Christian, South Asian migrant in south-east London, she has observed the importance of faith as an integral part of identity and coping with everyday life amongst family and friends who attend Black Majority Churches. Her clinical experience and research experience from SELCoH, alongside her personal and contextual experience of living in south London has channelled her focus within the PRiSM project. She hopes the project catalyses understanding, respect and action around faith, coping and Black mental health. She also hopes shifts in knowledge production mean that racialised minority communities can have a direct say (and be listened to), in what matters most to them for better mental health.



GRATITUDE AND ACKNOWLEDGEMENTS

God.

PRiSM research team.

Interview participants.

Churches and church members involved in supporting the project.

SELCoH participants.

Supervisors.

ESRC Centre for Society and Mental Health (CSMH) colleagues.

Health Inequalities Research Group colleagues.

Federica Ciotti

Ryan Campbell (PRiSM logo).

Our family and friends.

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