

PrISM.

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

Emerging findings

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CSMH Special S005

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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.

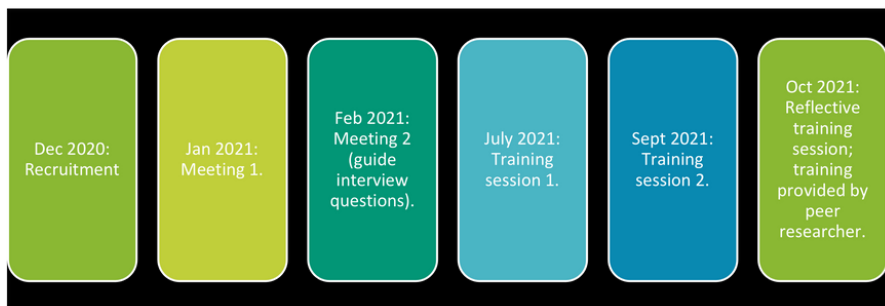
Project aims:

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 Peer Researchers to co-produce key messages for Black Majority Churches, faith communities and healthcare providers.

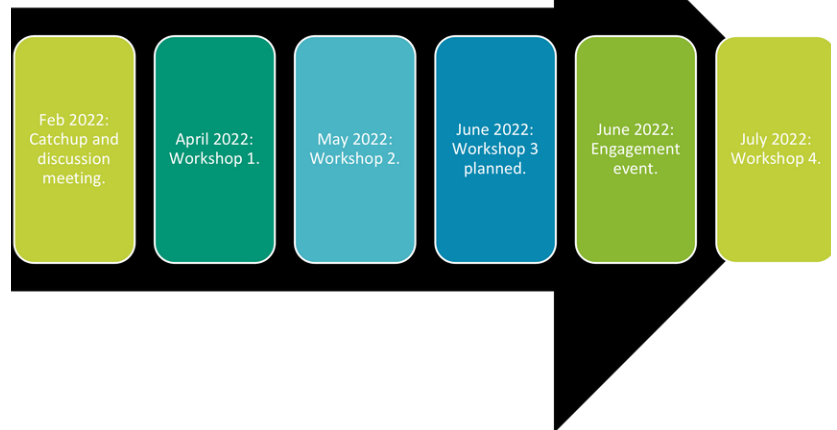
Our

PARTNERSHIP

Peer 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 Peer 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.



Peer Researchers are people who steer and conduct research through their lived experience of the issue/topic being studied. Peer 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 nine times online, since January 2021, with two colleagues joining the PRISM research team in October 2021, to add younger perspectives to our dialogues, as requested by Peer 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 over time, we have co-produced key messages for faith communities and healthcare services.

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

METHODS

The project involves mixed methods. Alongside the participatory research approach, qualitative method includes in-depth interviews with church members and leaders. The quantitative methods involves statistical data analysis using prospective data from the [South-East London Community Health study \(SELCoH\)](#).



Project aim	Research aims	Mixed methods
To understand the role of faith in coping with adversity, and its relationship to mental health and help-seeking among members from Black Majority Churches (BMCs) in south-east London.	Co-produce key messages for healthcare providers and faith communities with Peer Researchers.	(Jan 2021 – July 2022): Meetings, training sessions, participatory workshops and an engagement event.
	Better understand the role and predictors of religiosity and religious coping on mental health and help-seeking.	(May 2021 – ongoing): In-depth interviews with faith leaders and church members (N=18) from two BMCs in south-east London.
	Examine the association between religious involvement and religious coping with common mental disorders and health service use outcomes using data from the SELCoH study.	(Ongoing): Statistical data analysis using prospective data from the South-East London Community Health study (SELCoH).

Our collective definitions in partnership with the PRiSM research team:

Spirituality:

Your personal journey with God and/or the divine; it is felt. In Christianity, Jesus Christ is the Holy Spirit, who wants a relationship with us.

Religion:

An organisation, human-made, made up of denominations. It is where knowledge is taught but is not necessarily Godly.

Religious coping:

We defined religious coping as giving everything to God, experiencing fellowship through collective prayer and having a sense of expectation during times of helplessness.

Faith:

Belief without question. You depend on God's Word, trusting with grace and patience that things will work out in God's time and plan. Having faith changes the nature of coping, and the understanding and experience of the challenges you need to cope with, based on your belief in God's plan for your life.

Mental health:

Our research is focused on common mental disorders such as anxiety and depression. In our discussion around what mental health is, we discussed mental health problems as being unable to cope with 'normal' stressors of life. We also spoke about the language of mental health and the consequences of labels or diagnosis (and misdiagnosis), and a lack of understanding around culture, cultural expressions, and the stigmas Black people face on a day to day basis.

Community:

Our definitions of community includes spaces of love, empathy, equality, and acknowledgement. We also spoke of community as a space where people share the same values and live in the same area, but that community goes beyond that and does not have limits e.g. a global community, a Christian community, an area-based community.

Messages for faith communities



Get together to speak about mental health

Mental health problems can isolate people, trigger shame and stigma. Talking helps. Get together within groups where people can speak openly about their mental health and be listened to without judgement. Create spaces to speak about race-based trauma. Hold groups during periods of worship gathering. Show love, empathy and acceptance.

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

Mental health support needs will differ across age groups, gender etc. – the support needs of each person will be different. Education around mental health, mental health language sensitivity and knowing your rights and entitlement (mental health act and equality acts) are important. Pastoral/group leaders and church members who do outreach work could be trained and empowered to be 'mental health champions'. Outreach, retreats, faith support lines, and support groups can help.



Leaders should show vulnerability and be transparent about their own struggles

Showing vulnerability and openness of struggles from church leaders is important. Reflection, flexibility and adapting methods of fellowship is important, especially to engage young people in the church. Faith leaders should receive support for their own mental health, establish their role capacity to provide mental health support, and build partnerships to support this.



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, where they can have a say in what churches need to consider and do, especially for mental health. Integrating cultural values and inspiring spaces for creative expression e.g. music, can be therapeutic.



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.



Messages for healthcare services



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. Engage in anti-racism work as standard practice and training.

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.



Engage with Black community networks

Create spaces for members from Black faith communities to have a seat at the table in making decisions on policy and clinical practice. Learn how to adapt and provide better mental healthcare by speaking to members from Black communities. Co-develop culturally appropriate policies and practices.



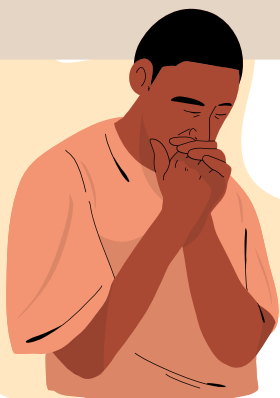
Break cycles of reinforcing inequalities

Inequalities are reinforced by expecting Black people and Black communities to support Black mental health. Responsibility for providing culturally sensitive mental healthcare is ultimately with trained mental healthcare providers. Engage with groups leading on inequalities work - [NHS RHO](#), [Black Thrive Global](#), [HIRG](#), [TIDES study](#), [MCPG](#).



Spirituality has potential to be part of interventions

Spirituality can bring calmness and peace, helping with stress and anxiety. Develop spaces for medical and spiritual discourse to meet in the same room, respect peoples' 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.





Reflections on the PRiSM project:

Without a doubt, I have found involvement with the project quite rewarding. It confirms my desire of the need for Mental Health programs to be an integral part of church programs. My partnership, as an Evangelist, together with professionals in mental health research has been of great value to me. It has reinforced my aspiration to be more knowledgeable and professionally trained in mental health awareness to enhance my Evangelical and Pastoral assistance to parishioners with mental health issues.

As a group, we worked very well together in spite of the rather wide range in age and experience in life and careers. The project confirms my 'suspicion' that even with all the good Will of Church leaders, they need training in Mental Health to better support their parishioners. PRiSM is a step in the right direction towards a coordinated and lasting partnership between Faith and Mental Health. What could be done differently? Organising most sessions in person, i.e. face to face. My hope looking forward beyond this project is for there to be a close collaboration between the NHS/Health professionals and Church faith leaders.

EVANGELIST WINSTON WEBBER

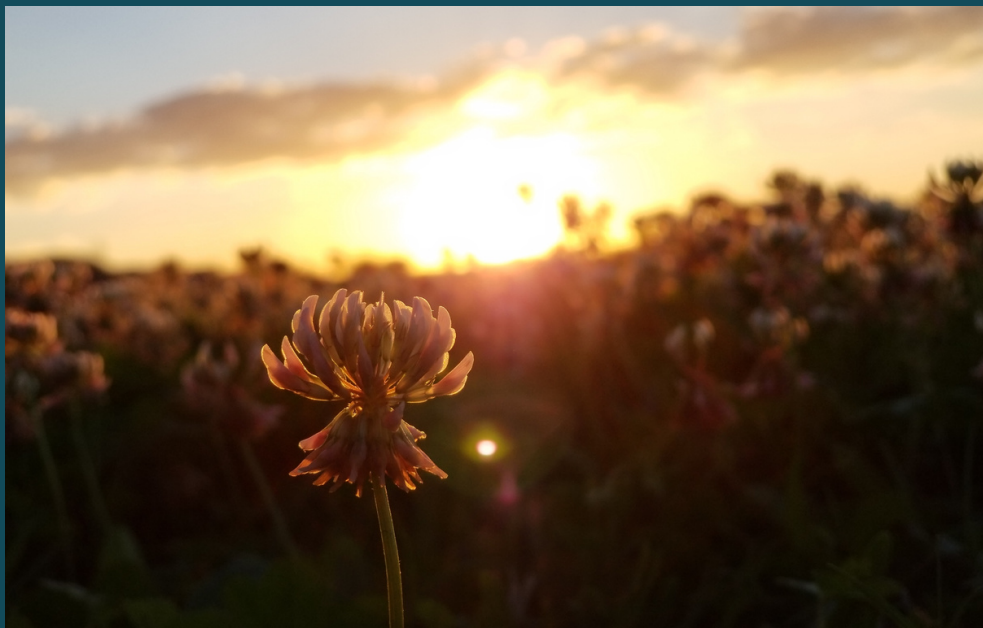
(PRiSM Researcher)

Learning from partnerships within the PRiSM project:

I've realised that there's not much dialogue between generations in Black Majority Churches (BMCs), with many not knowing what other age groups want in terms of support or fellowship. My hopes have changed whilst engaging with this project, as interacting and having complex conversations with older generations has allowed me to realise that my observations as a younger person in church, are recognised by those that would be considered as older leaders. We as a group have worked with honesty and openness, we've all got to see each other's viewpoints and experiences with a level of vulnerability.

NATHAN STANLEY

(PRiSM Researcher)



Views and hopes for the PRiSM project:

My views have not changed, but I have become aware of how others perceive services and why they may or may not utilise them if they are from a Christian background.

I hope the project starts conversations and establishes links between clinicians, church leaders and policymakers so religion and religious/spiritual coping might be considered in mental health practice.

ANNA-THERESA JIEMAN

(PRiSM Researcher and participatory workshop co-facilitator)

OUR RESEARCH TEAM

DENISE RICHARDS

Researcher - community partnership

Denise Richards is an independent community researcher, with 15 years of experience. Her work in the community extends across the prison service, as a motivational speaker and mentoring young people who have experienced trauma and mental health problems. 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.

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.

OUR RESEARCH TEAM

ANNA-THERESA JIEMAN

PhD student and researcher - university partnership

Anna-Theresa Jieman is a PhD candidate at QMUL. Her collaborating partners are Black Thrive Lambeth and Catalyst 4 Change Birmingham, and the NIHR Applied Research collaboration, North Thames, has adopted the project. Drawing on the framework of intersectionality in general and the Strong Black woman schema, Anna's PhD project (Black Women's Identity and Depression study (BWID)) investigates how and why gender and race might work together to shape the experience, treatment and outcomes associated with depression among Black women. The project is guided by an advisory group of Black women with lived experiences of depression and practitioners that have worked with Black women. Anna joined PRiSM for its community engagement approach and to collaborate with like-minded researchers. She hopes the project starts partnerships between clinicians, church leaders and policymakers so religious/spiritual coping might be considered in mental health practice.

NATHAN STANLEY

Inequalities Researcher - 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.

DR CHANELLE MYRIE

Clinical Psychologist and Inequalities Researcher - university partnership

Dr Chanelle Myrie is the lead psychologist at STEP, a service which supports people experiencing their first episode of psychosis in Southwark. She has previously led a range of psychological services, including a service facilitating access to psychological support for people from ethnically marginalised communities. Chanelle has previously worked as an Academic Tutor on a Clinical Psychology Doctoral training course, supervising theses on first episode psychosis and Black mental health. Chanelle is particularly interested in facilitating access to therapeutic interventions for those that are ethnically marginalised, and rectifying barriers to meaningful interventions. Chanelle is involved in analysing interviews within the PRiSM project.

OUR RESEARCH TEAM

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.

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SELCoH participants.

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Health Inequalities Research Group colleagues.

Ryan Campbell (PRiSM logo).

Our family and friends.

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