

Section A		
Institution: Durham University		
Unit of Assessment: 31, Theology & Religious Studies		
Title of case study: Spirituality and Psychiatric Care – International Policy		
Period when the underpinning research was undertaken: Between 2002 and 2018		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Christopher C.H. Cook	Professor of Spirituality, Theology & Health	2003-2020
Period when the claimed impact occurred: Between August 2013 and December 2020		
Is this case study continued from a case study submitted in 2014? N		
Section B		
1. Summary of the impact		
<p>Professor Christopher Cook's research on spirituality and religion in psychiatry has emphasised that psychiatry should undertake a constructive and nuanced engagement with spirituality, defined broadly, and that this should be reflected in good clinical practice. This has had impact on debate and policy on 4 continents: Africa, Australasia, Europe, and North America. Between August 2013 and December 2020, 5 national psychiatric associations have introduced or are revising their policies, following the lead of the 2011 Royal College of Psychiatrists (RCPsych) policy initiated and drafted by Cook. Recommendations of the World Psychiatric Association (WPA) position statement, introduced in 2015, draw directly upon Cook's work.</p>		
2. Underpinning research		
<p>Psychiatry in the UK no longer relies on a purely bio-medical model. In addition to social and psychological factors, spirituality and religion are increasingly seen as important. Cook has played a large part in this change. A growing evidence base shows that spirituality/religion can influence treatment outcomes and are important for 'whole person' care. However, in the pluralistic and secular context of modern healthcare, 'spirituality' is a controversial topic. Durham University has one of the few centres in the world to have engaged in critical theological contribution to these debates.</p> <p>Cook is both a consultant psychiatrist and an Anglican priest, with research doctorates in medicine and theology, and with extensive pastoral and clinical experience. His research focuses on the relationships between spirituality, theology and health. He became a Professorial Research Fellow at St Chad's College, Durham University, in 2003, and since 2005 has been based in the Department of Theology and Religion. In that year he established the Durham Project (now Centre) for Spirituality, Theology and Health, of which he is Director. Its stated aims are: 1. To promote interdisciplinary and collaborative research and teaching in the subject areas of spirituality, theology and health. 2. To contribute to discussion and policy processes both in churches and other religious communities and also within health and social care services. Since its inception, the Centre has collaborated with local NHS trusts and with relevant professional bodies.</p> <p>Cook's research gave rise to an integrative and inclusive definition of 'spirituality' (R1) which has been widely cited (e.g. van Rensburg et al 2015, E4) and is employed in the RCPsych position statement on spirituality/religion, (R2). The RCPsych (membership approximately 18,800 people) is the professional medical body responsible for setting and raising standards of psychiatry in the UK. RCPsych position statements are concise statements of College policy, providing the benchmark for good practice. The position statement on spirituality/religion was drafted by Cook, presented by him to the RCPsych policy committee, redrafted in the light of peer review, adopted as RCPsych policy in 2011, and updated by him in 2013. It makes recommendations concerning clinical assessment, psychiatric training, respect and sensitivity towards patients and colleagues, prohibition against proselytising, need for organisational policy, and joint working with clergy/chaplains. These</p>		

recommendations draw on a broad evidence base, including Cook's work exploring the implications of spirituality for practice with UK psychiatrists (R5).

In 2006, as a member of the Executive Committee of the Spirituality and Psychiatry Special Interest Group at the RCPsych (SPSIG), Cook drafted a position statement which was submitted to the Chair of the WPA Section on Religion, Spirituality and Psychiatry with a proposal that it might form the basis for WPA policy. In 2015, with a different introduction, but only slightly revised recommendations, this became the Position Statement for the WPA.

Further research by Cook has clarified the nature and dynamics of spirituality in different mental disorders and spirituality/religious experiences (R3, R4). Using Cook's definition of spirituality as a starting point, *Spirituality and Psychiatry* (R5), published by RCPsych Press in 2009, was the first critical attempt by a group of British psychiatrists and mental health professionals to address spirituality/religion in clinical practice. The success of this book led to a sequel, *Spirituality and Narrative in Psychiatric Practice* (R6), also published by RCPsych, and more recently to an invitation from Cambridge University Press for an expanded and revised second edition (in preparation). These books, in all of which Cook has taken editorial leadership, demonstrate that a better understanding of the nature and place of spirituality in human wellbeing fosters a better understanding of mental disorder, and better care for patients.

3. References to the research

R1. Cook CCH, 2004: Addiction and spirituality, *Addiction*, 99, pp.539-551.

DOI:10.1111/j.1360-0443.2004.00715.x

R2. Royal College of Psychiatrists, *Recommendations for psychiatrists on spirituality and religion*. London: RCPsych Press, 2013.

R3. Cook, CCH, 2006: *Alcohol, Addiction and Christian Ethics*, Cambridge, Cambridge University Press.

R4. Cook, C.C.H. *Hearing Voices, Demonic and Divine: Scientific and Theological Perspectives*. London: Routledge, 2018.

This book was nominated for the International Society for Science and Religion's (ISSR) 2020 Book Prize.

R5. Cook CCH, Powell A, Sims, ACP (Eds). *Spirituality and Psychiatry*, Royal College of Psychiatrists Press, London, 2009

"This is an exceptional book. I cannot imagine a better overview of the field of spirituality in mental health than the editors provide in the fourteen chapters of this book." – from review by Carson (Consultant Clinical Psychologist) in *Bishop John Robinson Fellowship Newsletter*, 2010, published by South London and Maudsley NHS Foundation Trust.

"The book is a very important addition to the literature on religion and spirituality in clinical practice, useful and interesting to psychiatrists and other mental health professionals, not only in the UK, but the global community. Its practice orientation will make it valuable to all concerned" – from review by Loewenthal in *Transcultural Psychiatry*, 2010.

R6. Cook, C. C. H., Powell, A. & Sims, A. (Eds.) *Spirituality and Narrative in Psychiatric Practice: Stories of Mind and Soul*, RCPsych Press, London, 2016.

Cambridge University Press (R3) peer review all book proposals and require 3 positive reviews to take books forward to contract. All proposals are also considered and approved by the Syndicate of the Press (composed of Cambridge University professors across all academic subject areas) before a contract is issued. CUP is ranked by SENSE, CERES, and others, as one of the leading academic publishers in the world. They were shortlisted by British Book Awards for Academic, Educational and Professional Publisher of the Year 2020.

RCPsych Press (R2, R4, & R5) entered into a publishing partnership with Cambridge University Press in 2018, and are held in similarly high esteem. RCPsych book proposals (as with R4 & R5) have to receive approval from the College Books Committee. College policy documents (R2) are approved initially by the College Policy Committee and are then endorsed by the College Council. This is a rigorous process, not least in the case of R2, which generated considerable controversy at the time.

4. Details of the impact

Cook's research (particularly R2) has had impact on debate, policy and guidance on spirituality/religion in psychiatry internationally, both within the WPA and in national psychiatric associations. The evidence presented here is in respect of psychiatrists as the direct beneficiaries; indirectly the intention is that patients should be the ultimate beneficiaries.

WPA

The WPA is a global association representing 140 psychiatric societies in 120 countries. It brings together approximately 250,000 psychiatrists, works collaboratively with international agencies, NGOs, and research institutions around the world, and shares a joint work program with the World Health Organization's Department of Mental Health. WPA Position Statements present the views of the WPA on public health and social matters relevant to mental health. The *WPA Position Statement on Spirituality and Religion in Psychiatry* (E1) was approved by the WPA Executive Committee in 2015, and published in *World Psychiatry* (Impact Factor 40.595, ranked 1/155 for psychiatric journals) in 2016.

The WPA position statement explicitly acknowledges that it "has drawn on some of the text of recommendations already published [in R2]" (E1). The WPA and RCPsych position statements share common concerns and/or common text in 6 out of 7 of their respective recommendations, all based on Cook's work (E2).

Portuguese, Spanish, French, Dutch, Arabic, traditional and simplified Chinese translations of the WPA position statement are available on the WPA website (E1). Russian and Hindi translations have been prepared and will soon also be available.

Presentations on the WPA Position Statement, by Cook and others, have been made at many subsequent international conferences (e.g. 2017 WPA Conference in Berlin, 2018 American Psychiatric Association (APA) conference in New York, 2019 conference of the WPA Section on Religion, Spirituality and Psychiatry in Jerusalem). A special issue of *Mental Health, Religion and Culture* (No. 6, 2017) was devoted to the WPA Position Statement.

Writing to Cook, the President of the WPA says:

The Position Statement is a landmark in the field as we discussed at the Congress [in Jerusalem]. Your role as a leader and co-author in that project was critical to its success, and required much dedication to achieving consensus in a field that has been sorely neglected. Thank you for your invaluable contribution to WPA and your colleagues in the Section, and hence to world psychiatry, though your commitment to the work. (E3)

National psychiatric associations

Following the example of the RCPsych Position Statement (R2), four other national psychiatric associations published guidelines and policies on spirituality/religion:

- The South African Society of Psychiatrists (SASOP): *Guidelines for the integration of spirituality in the approach to psychiatric practice* (2014, E4)
- The Canadian Psychiatric Association (approximately 2,200 members) Position Paper: *Freedom of and From Religion* (2014)
- The Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde (DGPPN, 9,400 members) Position Paper: *Dealing with Religiosity and Spirituality in Psychiatry and Psychotherapy* (2017, E5)
- The Royal Australian and New Zealand College of Psychiatrists (membership of approximately 6,700 people) PS: *The Relevance of Religion and Spirituality to Psychiatric Practice* (2018, E6)

In all of these documents the RCPsych Position Statement (R2), and/or the WPA Position Statement (E1), is cited as context to the need for national policy/guidance. Even where the

content of policy/guidance differs, there is evidence that the RCPsych/WPA position statements provided the stimulus to develop policy/guidance. For example, in the background to the SASOP guidelines, it is stated that:

It was important to develop South African guidelines in view of [...] guidelines provided by other associations (e.g. Royal College of Psychiatrists) [...]. (E4)

In the DGPPN position paper a whole paragraph is devoted to the RCPsych and its Position Statement (E5). The Chair of DGPPN writes:

The British position paper mainly written by Dr. Cook (2013) was our inspiration to formulate a similar statement for Germany. (E7)

Cook's work has also had impact on the APA. The APA is the largest national psychiatric association in the world, with approximately 38,000 members practising in over 100 countries. The mission of the APA includes promotion of high-quality care for people suffering from mental illness, advancement of psychiatric education, and research. In 1990, the Committee on Religion and Psychiatry of the APA published the first ever national guidelines on religion and psychiatry. These were last updated, as a *Resource Document on Religious/Spiritual Commitments and Psychiatric Practice*, in 2006. Cook's work has provided the stimulus to drafting (for the first time) a Position Statement (a more formal and authoritative policy) on religion/spirituality in psychiatry and revising the Resource Document. The Position Statement is currently working its way through the relevant committees of the APA (the next stage being early in 2021). The Chair of the APA Caucus on Religion, Spirituality & Psychiatry writing to Cook, says:

Your leadership of the Royal College's SIG has been an important inspiration to us in the APA's Caucus on Religion, Spirituality and Psychiatry, and to me as its chair until this year. More specifically, your contribution to the RCPsych and WPA position statements on spirituality/religion have stimulated us to recently draft our own statement for the APA, and to consider updating its Resource Document in this area. The opportunity to discuss these issues on your visit to our 2018 meeting in the U.S., your invitation to me to participate in your meeting last November in London, and your active encouragement of international scholarship in spirituality/religion and psychiatry at global meetings such as the 2019 conference in Jerusalem have had a significant impact on my thinking and recommendations to our Caucus. (E8)

Cook is the 2021 recipient of the Oskar Pfister Award, given by the APA for outstanding contributions in the field of psychiatry and religion. [REDACTED]

UK psychiatry

Cook continues to play an important part in the debate amongst UK psychiatrists, as evidenced by a recent editorial in the *British Journal of Psychiatry*, written jointly with two psychiatrists who hold views differing from his. (E9)

In September 2018, the RCPsych published *Person-Centred Care: Implications for Training in Psychiatry*, which identified spirituality as one of the key elements of person-centred care. Cook served as a member of the Scoping Group that produced the report. The report states:

Spirituality is concerned with human experiences of relatedness, meaning and purpose in life (Cook, 2004)...In clinical practice, it is important to show sensitivity and respect for the spiritual/religious beliefs and practices of people who use services as well as their families and carers. [RCPsych position statement cited here] (E10)

5. Sources to corroborate the impact

E1. Moreira-Almeida, A., Sharma, A., Van Rensburg, B. J., Verhagen, P. J. & Cook, C. C. H. (2016) WPA Position Statement on Spirituality and Religion in Psychiatry. *World Psychiatry*, 15, 87-88. DOI: 10.1002/wps.20304

Translated into Portuguese:

Moreira-Almeida, A., Sharma, A., Van Rensburg, B. J., Verhagen, P. J. & Cook, C. C. H. (2018) WPA Position Statement on Spirituality and Religion in Psychiatry. *Revista Debates em Psiquiatria*, 15, 6-8.

Spanish:

Moreira-Almeida, A., et al. (2018). "Declaración de la posición de la WPA sobre la espiritualidad y la religión en la psiquiatría." *Actas Esp Psiquiatr* 46, 246-248.

Dutch:

Verhagen, P.J. Psychiatry and Religion: Controversies and Consensus: A Matter of Attitude. Duren: Shaker Verlag, 2019, 237-240

French and Arabic translations also included – from WPA section website

E2. Comparison of recommendations made in the Royal College of Psychiatrists Position Statement and subsequent national & international policies/guidelines

E3. Email from the President of the World Psychiatric Association, dated 11 March 2020

E4. Janse van Rensburg, A. B. R. (2014) South African Society of Psychiatrists Guidelines for the Integration of Spirituality in the Approach to Psychiatric Practice. *South African Journal of Psychiatry*, 20, 133-139. DOI: 10.7196/sajp.593; and Gary Chaimowitz et al. (2014) Freedom of and from Religion, Position Paper for the Canadian Psychiatric Association.

E5. Utsch, M., Anderssen-Reuster, U., Frick, E., Gross, W., Murken, S., Schouler-Ocak, M. & Stotz-Ingenlath, G. (2017) Empfehlungen Zum Umgang Mit Religiosität Und Spiritualität In Psychiatrie Und Psychotherapie. *Spiritual Care*, 6, 141-146. DOI: 10.1515/spircare-2016-0220 (together with English translation provided by the first author)

E6. The Royal Australian & New Zealand College of Psychiatrists (2018). The Relevance of Religion and Spirituality to Psychiatric Practice. Position Statement 96, *The Royal Australian & New Zealand College of Psychiatrists*, 5.

E7. Testimonial from the Head of the DGPPN Section on Religiosity and Spirituality, dated 25 February 2020

E8. Emails from the Chair of the APA Caucus on Spirituality, Religion & Psychiatry, dated 14 July 2017 and 17 March 2020, and letter from the Vice-Chair of the Caucus, dated 20 July 2020.

E9. Poole, R., C.C.H. Cook, and R. Higgs, "Psychiatrists, spirituality and religion." *Br J Psychiatry* 214 (2019), 181-82, DOI:10.1192/bjp.2018.241.

E10. Person-Centred Training and Curriculum (PCTC) Scoping Group and Special Committee on Professional Practice and Ethics (2018). *Person-centred care: implications for training in psychiatry*. College Report. London, Royal College of Psychiatrists: 50.