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Incorporating the principles of Spiritually Competent Practice in mental healthcare: A qualitative exploration with service users

Abstract:

Though service users may view them as an important aspect of care, spiritual issues are often neglected by mental health professionals. This study explored the experiences and perceptions of mental health service users in the United Kingdom around the integration of spirituality in their care. Two new concepts which support the implementation of spirituality into clinical practice; “Spiritually Competent Practice” and “Availability and Vulnerability”, were also examined.
Qualitative data were obtained via a web-based survey (n=170) and semi-structured interviews (n=6) carried out during 2021. The data were analysed thematically and organised into four overarching themes: Spirituality and mental health care, Perceptions of spirituality, Spiritually Competent Practice and Availability and Vulnerability.

Findings in this study showed that service users valued the integration of spirituality into mental healthcare and saw the recognition of individuals’ spiritual needs as important, but reported this was lacking in their experience. Participants provided rich and nuanced reflections on the concepts of “Spiritually Competent Practice” and “Availability and Vulnerability” as a means to address this gap. Findings pointed to the need for adequate training to ensure the implementation of these concepts into practice is both evidence-informed and resonant with the service user.

Introduction:

Spirituality has been described as the forgotten dimension of mental health (Swinton 2001). Yet evidence detailing its' inclusion into mental health services is now gathering. There are many definitions of spirituality, some linked with religion (Koenig 2000; 2001; 2004; 2009, Narayanasamy 2004, Curlin et al 2007), whilst others embrace more secular and humanistic views (Narayanasamy 2002; 2004, Pesut & Reimer-Kirkman 2009). Rogers (2016) emphasised that spirituality is universal, and concerned with hope, meaning and purpose. Thus, utilising Cook's definition (2004: p548):

> *"Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective experience of individuals and within communities, social groups and traditions. It may be experienced as a relationship with that which is intimately 'inner', immanent and personal within the self and others, and/or a relationship with that which is wholly 'other,' transcendent and beyond the self".*

Koenig (2012) states the positive impact of spirituality in mental health care, whilst Lucchetti et al (2021) summarises how levels of spirituality (and religiousness) benefit specific mental health conditions. These include higher levels of spirituality usually being linked to fewer depressive symptoms (Lucchetti et al 2021). Milner et al (2019) identified that service users are aware of their spiritual needs and evidence suggest they use spirituality to aid their mental health recovery (He & Petrakis, 2023).

Lucchetti et al (2021) stresses mental health professionals should ask service users about their spirituality, yet Carlisle (2023) finds this does not always occur. Spirituality remains largely unexplored within mental health services, despite the expectation from service users that it should be discussed (Yamada et al, 2019). Possible reasons include mental health professionals failing to appreciate the value service users place upon spirituality (Milner et al, 2019), or the mental health professional's perceived attitude toward spirituality (and consequently the service user's willingness to discuss their spiritual needs) (Yamada et al, 2019, Raffay at al, 2016). Also, a lack of education results in mental health professionals struggling to conceptualise spirituality (Prentis et al 2014, Ali et al 2018) and therefore confidence when trying to practically integrate it clinically (McSherry & Jamieson 2011, Rogers et al 2019; 2020). Ultimately, the lack of spirituality being integrated into care limits the provision of truly holistic care (Awara & Fasey 2008, Fitchett et al, 1997, Holm et al, 2023). To overcome these barriers, Balboni et al (2022) identifies the need for further staff training, and whilst Vieten et al (2023) find increased levels of training are happening (particularly with mental health professionals who personally value spirituality), more resources are required.

Therefore, to aid the integration of spirituality into clinical practice: Spiritually Competent Practice (SCP) (see table 1) and Availability and Vulnerability (AV) (see figure 1) are suggested ways to help professionals integrate spirituality into practice . SCP facilitates the organisation of spirituality into health care practice. It recognises the need for spiritual competencies (which can be taught), motivation and commitment in the practitioner, alongside a working environment that enables these elements (Wattis et al 2017, p3)

Initially designed to support nurse practitioners (and more recently mental health professionals), AV describes the personal characteristics and provides a framework that are needed to embed spirituality into holistic care (Rogers 2016, Rogers et al 2020). Availability includes being available to oneself and others, by “welcoming” service users with care and concern. It also includes being responsive to the needs of the community in which one practices. Vulnerability is being vulnerable to self and others. Vulnerability is viewed positively (rather than being viewed as a weakness), allowing mental health professionals to be teachable, accountable, and authentic in the way they work, always advocating for those in their care (Rogers et al 2019). Service users’ voices and opinions are often not sought in research and there is a risk service users are viewed only as needing help, rather than their ability to contribute to future service development (Johnstone, 2021), thus the need for mental health service user’s insights into spirituality research remains (Raffay et al, 2016).

Aim:

To qualitatively explore service users’ perceptions of spirituality and the application of the concepts of SCP and AV in mental healthcare. The study built upon previously reported quantitative work exploring the same concepts with mental health professionals and service users (Rogers et al 2023).

Method:

Ethical approval was obtained from the University of Huddersfield. Participants were recruited using on-line convenience sampling method through mental health forums and charities, social media and organisational contacts. The advertisement targeted

people who had received mental health support, or treatment, with a view to understanding how mental health services can meet people's spiritual needs.

Data collection - survey

A web-based survey was conducted across the United Kingdom on the Qualtrics platform. Once participants had read the study details and provided informed consent, the web-based survey became available to them. Demographic information recorded gender, age and ethnicity. Types of mental health services used, the mental health diagnosis and precipitating cause were also recorded. Quantitative aspects of the survey have previously been reported elsewhere (Rogers et al 2023). The survey provided participants with a description of "Spiritually Competent Practice" (table 1), followed by four questions;

1. How would you define spirituality?
2. What are your views on the definition of spiritually competent practice?
3. Does spiritually competent practice relate to the care you have received, or are receiving?
4. Do you have any concerns about spiritually competent practice as an approach to integrating spirituality into mental health care?

Finally, survey respondents were offered an opportunity to be participate in a semi-structured interviewed at a later stage.

Table 1: Spiritually Competent Practice definition

Spiritually Competent Practice definition:

Spiritually competent practice (SCP) involves compassionate engagement with the whole person as a unique human being, in ways which will provide them with a sense of meaning and purpose, where appropriate connecting or reconnecting with a community where they experience a sense of wellbeing, addressing suffering and developing coping strategies to improve their quality of life. This includes the practitioner accepting a person's beliefs and values, whether they are religious in foundation or not, and practising with cultural competency.

There are three components of SCP:

1. *Spiritual Competencies*
2. *Personal qualities of the mental health worker/compassionate engagement*
3. *A workplace that is organised in a way to give opportunities for SCP*

(Rogers et al., 2017 p3)

Data collection – semi-structured interviews

Survey respondents who volunteered to participate in a semi-structured interview received a participant information sheet, a reminder of SCP (see table 1), the AV framework (see figure 1) and a consent form. Initially 28 survey participants were willing to be interviewed, but only 6 consequently consented to a semi-structured interview. Interviews of up to 1 hour were conducted virtually by MS, an experienced research assistant. Informed consent was obtained prior to starting the interview and participants were reminded of the concepts of SCP and AV. An interview schedule was used (please see supplementary data), interviews were audio-recorded, transcribed, and anonymised.

The following definition of Availability and Vulnerability was provided to interview participants.

Availability:

- To be available to ourselves; continuing as a practitioner to be self-reflective and self-accepting, embracing spirituality (broadly defined as understanding of one's meaning, purpose and direction in life) as key to our inner journey.
- To be welcoming to those in our care, offering time, acceptance and understanding whilst being truly present and listening attentively.
- To offer care and concern for those in our care through active participation creating a safe place to tell their story as it is.
- To be available to develop professional practice in response to the needs of the community and those in our care.

Vulnerability:

- To be teachable; accepting the vulnerability of our role and the reality that within our work we will never 'know all'.
- To be willing to embrace accountability, engaging in supervision, and reflection. Being willing to admit mistakes and being receptive to constructive criticism. To be willing to share uncertainty with those in our care and act in a way which is open, honest and transparent working within personal and professional limitations.
- To be willing to be an advocate for those in our care. If necessary questioning authority, being honest and truthful with the best interests of those in our care at heart.
- To be vulnerable and authentic in the approach to those in our care.
- To be willing to be challenged and questioned without defensiveness (Rogers 2016)

Figure 1. Information provided to interview participants about AV framework.

Analysis

The survey responses and interview transcripts were coded based on a preliminary analysis by SB (agreed by MR and JW). As both the survey and interviews explored spiritually competent practice and contained similar themes, the data was combined for analysis. AV was explored in the semi-structured interviews only.

Template Analysis, a flexible style of thematic analysis, was used to facilitate inductive reasoning and exploration of *a priori* themes (Brooks et al 2015). The *a-priori* themes were generated from the interview schedule and previous research. This was appropriate to the study's philosophical stance, combining realist ontology, with constructivist epistemology to build upon previously collected data in an emerging field (King & Brooks 2017).

Data were analysed in accordance with published procedural steps (King & Horrocks 2010) with emergent themes organised as sub-themes of the *a-priori* (overarching) themes. SB, MR & JW discussed and agreed the final template. Quotations that best illustrated the themes and sub-themes were selected and are presented below, using pseudonyms for interview participants or 'SR' for survey respondents. COREQ guidelines (Tong et al 2007) were utilised to aid data reporting.

Results:

Respondent characteristics

There were 170 respondents to the survey, with 158 reporting their gender (122 female, 34 male and 2 other). 77% of the participants were 55 years or under, (mean age 45 years range 19 to 77 years). Most participants (67.3%) identified as White English, Asian and Black participants were also represented (Census 2021). The 6 participants who were interviewed were aged between 33 and 68, 4 were female and 2 males. 83.33% were white.

The most accessed service was counselling, followed by primary care and psychology (see table 2).

Table 2: Mental Health Services Accessed by Participants:

Mental health service	Frequency	Percentage of response
Counselling	54	31.8
Primary care/ GP	42	24.7
Psychology or Improving Access to Psychological Therapies	39	22.9
Outpatient/ community	24	14.1
Voluntary sector	15	8.8
Pastoral and spiritual care	11	6.5
Recovery colleges	7	4.1
Inpatient/ Hospital	6	3.5
Others (Private counselling mostly)	6	3.5

The most common reasons for accessing mental health services were anxiety, depression, post-traumatic stress disorder, stress and thoughts of self-harm. Reported precipitants to seeking mental health services were grief, work issues, trauma, abuse, failing relationships, loss of confidence and addiction. Contact with mental health services varied from 'a couple of months' to over 40 years.

The study was interrupted by the COVID-19 pandemic resulting in a much lower recruitment to interviews than anticipated, with 6 survey participants consenting to interview. Two interviewees also identified themselves as MH service providers.

Themes and sub-themes from the survey and interviews are summarised in Table 3. Interview participants only were used to develop the sub-themes surrounding AV.

Table 3: Themes & sub-themes

Theme	**Sub-themes**
1. Spirituality in mental health care	*1.1 Mental health journey* *1.2 Presencing*
2. Perceptions of spirituality	*2.1 Spirituality and religion* *2.2 Cognitive and affective perceptions* *2.3 Interconnectedness* *2.4 Scepticism*
3. Spiritually Competent Practice	*3.1 Perceptions of Spiritually Competent Practice* *3.2 Reservations* *3.3 Adequate training* *3.4 Systemic obstacles*
4. A&V Framework (interview participants only)	*4.1 Availability* *4.2 Vulnerability*

1. Spirituality and mental health care

This theme explored the general relationship between spirituality and mental health care and its evolution over time.

1.1 Mental health journey

Participants who had accessed mental health services for many years reflected on how their spiritual experiences had helped them on their journey:

"It was learning about me…what mattered to me…what made me happy… happiness... joy. Somebody who wants to live, as opposed to somebody … being miserable and wanting to die." Diana

"Spiritual values … pulled me through it basically." Clive

Participants noted the importance of holistic care in supporting their journey how they had been helped as mental health services became more holistic.

*"they [*mental health professionals*] treated me like an individual in my circumstances and didn't just expect me to act like a stereotypical depressed person, whatever that is… honestly it was like such a black and white contrast to my previous experience when I was younger, which I think just stopped me getting help for the longest time.". Annabel*

"A mixed bag. A mixed bag. Some services, some people have been very good… it was done over a smartphone… it wasn't ideal…but she was really good. It did help … yes… it did help me". Clive

1.2. Presencing

Participants emphasised the importance of relationship and continuity as mediators of effective treatment. Key to this was the mental health professionals being fully present and engaged:

"my experience of CAT and CBT though was much more positive, but again, partly due to building good personal relationships, the CBT therapist… I worked with him a

few times, and I was able to go back and see him, because we had an established relationship as opposed to jumping on the hamster wheel and waiting to see where you get kicked off again". Bruce

"I went to the appointment and the first thing he said was "I want to apologise for the service that you have received", and then he said something that I had never heard in 40 odd years... He said: "How can I help you?" and I was really suspicious… because nobody had ever asked how they could help me." Diana

Interviewees were asked about the most important qualities of staff. All indicated the importance of feeling accepted and understood:

"something that sounds so small to somebody else, but actually… my pets, to me, are so important to me… [laughs]… just accepting that that might not be important to you, but it is to me" Annabel

"I'd want to see that people were genuinely attempting to understand what was going on with me…." Clive

2. Perceptions of spirituality

Most described spirituality as a benevolent source of support, connecting internal and external realities.

2.1 Spirituality and Religion

Many linked spirituality with religion. For some they were identical; others saw them as overlapping concepts:

"… I don't really have a specific religion… myself… but I do believe that it does link in with religion. There are certain religions out there… and they do hone in on spirituality…" Ellie

"Well, I am a practicing Christian, so obviously spirituality to me… sort of tunes in straight away to my personal faith…" Dee

Some made a distinction between spirituality and religion, seeing the latter as less personal and more cultural:

"I think it is a different thing. I think you can have a religious person who, maybe, isn't that spiritual… um... you can have a person that's perhaps very spiritual, but not very religious. I see it just as a separate thing to religion... personally" Clive

"…when it comes to spirituality, I understand that we are talking about things that aren't necessarily religious" Bruce

2.2 Cognitive and affective perceptions

Spirituality was described as concerned with thoughts, feelings, emotions, personal meaning and a sense of purpose:

"*Um… It's about me. It's all about me and my thoughts, my feelings, my emotions, my reactions, my responses… how I see the world... how I respond to it… and I often… I know it is quite crazy… but I often say that I've got new eyes in my head" Diana*

"An overall feeling of wellbeing from anything that gives meaning, sense of purpose in life, warm, content feelings of understanding one's own purpose on this planet." [SR]

Many likened spirituality to an internal navigation system, helping them transcend and understand mental health issues:

“Having a belief and ethos that helps you deal [with] / cope / manage your life” [SR]

“I feel like I have a sense of purpose… whereas I never felt that before. I was always waiting for the experts… I use that term loosely… to tell me what to do and how to behave and how to respond.” Diana

2.3 Interconnectedness

Participants pointed to the importance of connection - with nature, people and the transcendent. The importance of beauty in nature was highlighted:

“Like the beauty of a flower… you know… the beauty of a landscape… a garden… or beautiful valleys and mountains… these are spiritual experiences…” Clive

“It's that feeling of awe you get when you sit at the top of a big hill, absorbing the landscape, environment, and weather, and how it fills you up” [SR]

Some described a transcendental connection to the cosmos, a higher power or a relationship with the soul and spirit:

“a belief that there are things going on that are more than just the physical stuff that we can see” Annabel

“That there is something more beyond yourself. A connection that is hard to describe” [SR]

““Being connected to the high-power force of life. Spirituality goes beyond our physical body and is more about our connection to our soul and spirit” [SR]

Connection with others defined and enhanced the experience of being human:

"Well… it is a hard thing to define in a way… but I think it goes back to what I was saying earlier… it is about love… it is about compassion... it is about caring and understanding… kindness…. the things that are most important in life…" Clive

"For me it is about the ability to be in the moment and where you are and feeling connected to people" [SR]

2.4 Scepticism

A few were sceptical (or even hostile) concerning the relevance of spirituality to mental healthcare:

"I don't necessarily believe in spirituality. To move forward and improve mental health is about acceptance of yourself and/or changing your behaviours" [SR]

"A load of bollocks used as a crutch by those too fearful, gullible, brainwashed, or stupid to understand that there is no god, no higher power … ultimately no wider meaning to life" [SR]

3. Spiritually Competent Practice

Participants were asked for their views on SCP, whether it aligned with their experiences of care, and how useful it could be as part of routine care.

3.1 Perceptions of SCP:

Most believed SCP would enhance existing care by facilitating mental health professionals understanding of the person as more than a diagnosis:

"Um… this business of … 'involves compassionate engagement with the whole person as a unique human being'…Yeah… I mean that just sums up to me the essence of what spiritually competent health care is about." Clive

"It seems like a very respectful step on from just the simpler form of holistic practice where you consider the mind and the body to be part of the same thing." Bruce

Most reported their experience of mental health services lacked a spiritual dimension and their care had suffered as a result. They viewed SCP as a potential way of ensuring spirituality was integrated into their care:

"The people that … supported me in getting better were the ones that dealt with me at a spiritual level, they also understood my needs. They were very much in the minority". [SR]

"…the reference to compassionate engagement is very important... and again… the reference to the unique human being… are the things and [that help] develop the coping strategy" Dee

"Yes. I like… I like that… because it sort of sums it up… It is about being unique, isn't it? It is about being that individual… looking at the person holistically" Diana

Mental health professionals who practiced components of SCP were seen as offering:

"….. the things that are most important in helping another human being who is in distress" Clive

3.2 Reservations

Some were against the idea of incorporating SCP into care, with general scepticism or concerns about conflation of spirituality and religious beliefs:

"Again, I would just say that … to make me feel more comfortable, then it [the SCP definition] would just need to have "and absence of those beliefs" Bruce

"…I believe in a holistic approach to treatment, but the idea of 'spiritually competent practice' sounds like a huge step backwards toward the Middle Ages, where people would try to exorcise demons, and use leeches. What utter toss". [SR]

When asked how SCP could best be incorporated into practice participants pointed to several reservations. Although most participants thought that SCP should be incorporated into mental health services, further clarification of the concept was needed, enabling spirituality to be incorporated into an initial assessment:

"It does link to my definition of spirituality, but it also overlaps with person centred care and I'm unclear if they are the same or different concepts" [SR]

"I slightly worry that it will be misunderstood and misinterpreted" [SR]

"It is not a phrase people use at the moment - it would need to enter the language with some clear associations" [SR]

Some participants expressed reservations that SCP could be seen as a less robust alternative to usual care, suggesting that mental health professionals would need to address this issue:

"I think spirituality is a personal thing. I want who is treating me to ask about my beliefs, so they get an understanding of who I am, but I want qualified treatment to make me better." [SR]

"Concerns [spirituality] could be too focused on, when mental health care is about retraining and supporting your brain which is more a scientific procedure". [SR]

3.3 Adequate training

Participants thought that training of mental health professionals was necessary for the acceptance and sustainability of SCP:

"I think we need to make sure it is done right from the beginning of training … We also need to work with people [staff] who have been in services for a while" Diana

"Difficult to implement - would need robust training / awareness. Clinical care needs are always considered priority" [SR]

Some proposed training should involve service users sharing their personal stories, including the importance of tapping into peer support, connecting and "re-connecting":

"I've had messages from GPs saying… I will treat people very differently now I have heard your story, and I will work very differently now…" Diana

Some thought that personality traits of mental health professionals and personal development were crucial:

"You can't make somebody spiritually competent and compassionate and caring and kind and empathetic if they are insensitive: they don't have those qualities. Training can help to address and develop the skills, but you can't inculcate that into a person if they are not a sensitive, caring person" Clive

"I think if on the training there was some work done on asking them to explore their own spirituality … what they understand by spirituality... and … reflect on how that spirituality or lack of spirituality impacts their work" Dee

"I don't think it is included in many healthcare settings unless the practitioner has a spiritual side themselves" [SR]

3.4 Systemic obstacles

Some (including those who were also service providers) believed that organisations needed to ensure resources were available to support training and implementation of SCP:

"The workplace really has to be embracing and engaging and organised in a way to give opportunities for SCP. If management don't think it is important, then what is the point?" Ellie

4. AV Framework

All the interview participants responded positively to AV and thought these aspects should be incorporated into mental healthcare:

"Well for the record, it looks awesome to me, and I really hope it does get implemented. I think spirituality is so important to people's mental health. Um… I do think it is so core to a person's… a person… so I really hope it does happen..." Annabel

"… the framework itself… it does… It really does read really well… and to me: as a person and a professional… it ticks most of my boxes to be honest." Ellie

4.1 Availability

Participants added reflections on the availability component of the framework:

". I think that should be a key: 'To be welcoming to those in our care… offering time, acceptance and understanding while being truly present and listening attentively'. … That, to me, is the key thing." Diana

"Available to themselves...reflective and self-accepting...that bit makes sense…embracing personal meaning…. whatever personal meaning they feel." Ellie

4.2 Vulnerability

Participants endorsed the need for mental health professionals to be vulnerable and authentic, seeing it as important in building relationships, but acknowledging the nuance and difficulty:

"If I were getting care off somebody… in mental health… it made me think about… like … how vulnerable… how much would I want them to just be quite stoic... or how much would I want them to show themselves… It looks difficult… like maybe for me as a person who doesn't show much emotion … it looks difficult to be all those things…I think it is important that you are, but it looks hard!" Annabel

"and again to be teachable… accepting the vulnerability of our role and the reality that within our work we will never know everything. And that is another thing… that is a really good point actually" Ellie

Discussion:

The findings in this study add to the existing body of evidence in this under-researched area, with mental health service user's providing rich and nuanced reflections of their spirituality. Many participants acknowledged that spiritualty supported them to find hope, meaning and purpose in their lives. Previous research shows that mental health services have developed to be increasingly person-centred and holistic (Mezzich et al 2016, Boardman & Dave 2020). However, the findings here reflect significant lack of person-centred and holistic approaches to care. The principles espoused by Rogers (1957) of congruence, empathy and unconditional

positive regard, are still central to the therapeutic relationship and as such need to be reflected within care offered to service users.

Most participants described spirituality in positive terms, identifying interconnections with inner and external realities. Spirituality was related to thoughts, emotions, and behaviours, connecting deeply with personal meaning and purpose (Miller & Thoresen 2003, Gall et al 2011Cook 2004, Pesut & Reimer-Kirkman 2009, Milner et al 2019).

Brémault- Phillips (2018) suggested that spirituality could be likened to an internal navigation system, and Lepherd (2015) linked it to peace and contentment. Some participants reported they found this through connection with nature, others, pets something transcendent or “community”, echoing Rogers et al (2017). Tew et al (2012) also identified connection as key to recovery from mental health problems. Some participants saw an overlap between spirituality and religion, whilst some who talked about transcendence connected this to a higher power, the cosmos or God.

Participants reflected deeply on their experiences of mental health services. Many had accessed mental health services over a long period, continuously or intermittently, and considered spirituality an essential factor in their recovery. This is supported by Koenig (2012), Damiano et al’s (2016) and Milner et al (2019) reviews which all recognised the positive impact of spirituality on mental health problems. Participants had mixed experiences of how holistic/person-centred their care had been. Some, who had used mental health services over a considerable period, felt services were increasingly holistic and praised mental health professionals for treating them as unique individuals, rather than as a diagnosis.

Alongside specific mental health treatment, therapeutic relationship and continuity of care were critical factors in recovery. Most participants saw empathy as a crucial attribute for mental health professionals, supporting Ngo et al (2022) who identified empathy as a foundational skill, contributing to good outcomes. Mental health professionals needed to see service users as individuals, and human beings who needed acceptance and consideration of their social context.

Most participants acknowledged that the spiritual dimension of care was important and wanted mental health professionals to recognise this. The fact that spirituality was largely not integrated reflected Swinton's (2001) assertion that it is an often-forgotten dimension of mental health care. Most participants believed the care they had received did not reflect SCP and more emphasis on this aspect of care was needed. A minority of participants did not see the relevance of spirituality to mental health services with some mental health professional participants seeing spirituality as unscientific and not worth addressing (Seager & Bush, 2017). These respondents were concerned that integrating spirituality might not be helpful for "vulnerable" service users. Views included reservations about the conflation of spirituality and religion, and a fear that religious beliefs might be misinterpreted as delusions and evidence of psychosis. There was also the mention of the abuse of religion. This could be a significant barrier and caused these participants to feel fearful.

To implement SCP an understanding of the concept and its components is required. Service user holistic assessment should include enquiry about spirituality, with consideration of cultural and religious needs. Though mental health professionals should differentiate between spirituality and religion, both should be part of holistic assessment. To facilitate integration of SCP into clinical practice, appropriate training is needed. Service users sharing their personal stories during staff training could

help. Specific learned competencies, mental health professionals embracing characteristics of AV (ref) and a corporate's structure to foster good practice are needed, to support the three components of SCP (Rogers et al 2017).

Like mental health professionals in our previous research (Rogers et al 2019), service user participants who were provided with the AV framework were overwhelmingly positive about it, particularly identifying the importance of being welcomed, accepted and attentively listened to by mental health professionals. They supported mental health professionals being reflective, self-accepting and embracing their own personal meaning, as a way of improving care.

Service users highlighted the importance of mental health professionals being authentic and vulnerable in clinical practice. However, there were reservations in that practitioners needed to be self-aware and willing to change. The aspect of vulnerability relating to mental health professionals being teachable, was seen as essential.

Limitations:

This study was interrupted by the pandemic, and the number of participants who completed the survey and then agreed to interview, were fewer than planned. The impact of the small number of interview participants limits the ability to generalise the findings surrounding AV more widely. However, as 170 survey respondents were also used to develop the themes surrounding SCP, these results do provide a generalisable result and a basis for further research. For the service users that did agree to participate with the interviews it facilitated a rich and nuanced reflection of their experiences. Participants were self-selecting, and it is acknowledged that those who agreed to take part may have been more interested in, and positive toward,

spirituality overall. However, because the focus of this study was on the practical application of such concepts, this was seen as beneficial. The mental health service experiences of survey respondents was varied, but with a bias towards primary care. The interview participants were more representative of those seen in secondary mental health services. Unexpectedly, interview participants comprised some of those who were both service users and practitioners, but it was felt this yielded a more detailed and rounded response.

Conclusion:

Thematic analysis found four main themes with the AV framework effectively acting as a framework for the implementation of SCP relating to the personal characteristics of the practitioner.

What is clear from this study and our previous research (Rogers et al 2019), is that most service users saw spirituality as an important aspect of their life, often missed in their personal experience of mental health services.

This study also revealed a gap in training of mental health professionals, with education in SCP and AV being potential remedial measures.

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FIGURES and TABLES:

The following definition of Availability and Vulnerability was provided to interview participants.

Availability:

- To be available to ourselves; continuing as a practitioner to be self-reflective and self-accepting, embracing spirituality (broadly defined as understanding of one's meaning, purpose and direction in life) as key to our inner journey.
- To be welcoming to those in our care, offering time, acceptance and understanding whilst being truly present and listening attentively.
- To offer care and concern for those in our care through active participation creating a safe place to tell their story as it is.
- To be available to develop professional practice in response to the needs of the community and those in our care.

Vulnerability:

- To be teachable; accepting the vulnerability of our role and the reality that within our work we will never 'know all'.
- To be willing to embrace accountability, engaging in supervision, and reflection. Being willing to admit mistakes and being receptive to constructive criticism. To be willing to share uncertainty with those in our care and act in a way which is open, honest and transparent working within personal and professional limitations.
- To be willing to be an advocate for those in our care. If necessary questioning authority, being honest and truthful with the best interests of those in our care at heart.
- To be vulnerable and authentic in the approach to those in our care.
- To be willing to be challenged and questioned without defensiveness (Rogers 2016)

Figure 1. Information provided to participants.

Table 1: Questions relating to Spiritually Competent Practice

You were sent the following description of Spiritually Competent Practice: *Spiritually competent practice (SCP) involves compassionate engagement with the whole person as a unique human being, in ways which will provide them with a sense of meaning and purpose, where appropriate connecting or reconnecting with a community where they experience a sense of wellbeing, addressing suffering and developing coping strategies to improve their quality of life. This includes the practitioner accepting a person's beliefs and values, whether they are religious in foundation or not, and practising with cultural competency.* *There are three components of SCP:* 1. *Spiritual Competencies* 2. *Personal qualities of the mental health worker/compassionate engagement* 3. *A workplace that is organised in a way to give opportunities for SCP* (Rogers et al., 2017 p3)
What do you think of this definition?
How useful do you think it might be in helping staff to provide good care?
Do you think it could be implemented into mental health services? If so in what ways, if not what can be done to change this?
What things might stand in the way of staff working in a 'spiritually competent way' or using the framework in their work?

Table 2: Mental Health Services Accessed by Participants:

Mental health service	**Frequency**	**Percentage of response**
Counselling	54	31.8
Primary care/ GP	42	24.7
Psychology or IAPT	39	22.9
Outpatient/ community	24	14.1
Voluntary sector	15	8.8
Pastoral and spiritual care	11	6.5
Recovery colleges	7	4.1
Inpatient/ Hospital	6	3.5
Others (Private therapist mostly)	6	3.5

Themes and sub-themes from the survey and interviews are summarised in Table 3. Interview participants only were used to developed the sub-themes surrounding AV.

Table 3: Themes & sub-themes

Theme	Sub-themes
1. Spirituality in mental health care	*1.1 Mental health journey* *1.2 Presencing*
2. Perceptions of spirituality	*2.1 Spirituality and religion* *2.2 Cognitive and affective perceptions* *2.3 Interconnectedness* *2.4 Scepticism*
3. Spiritually Competent Practice	*3.1 Perceptions of Spiritually Competent Practice* *3.2 Reservations* *3.3 Adequate training* *3.4 Systemic obstacles*
4. A&V Framework (interview participants only)	*4.1 Availability* *4.2 Vulnerability*