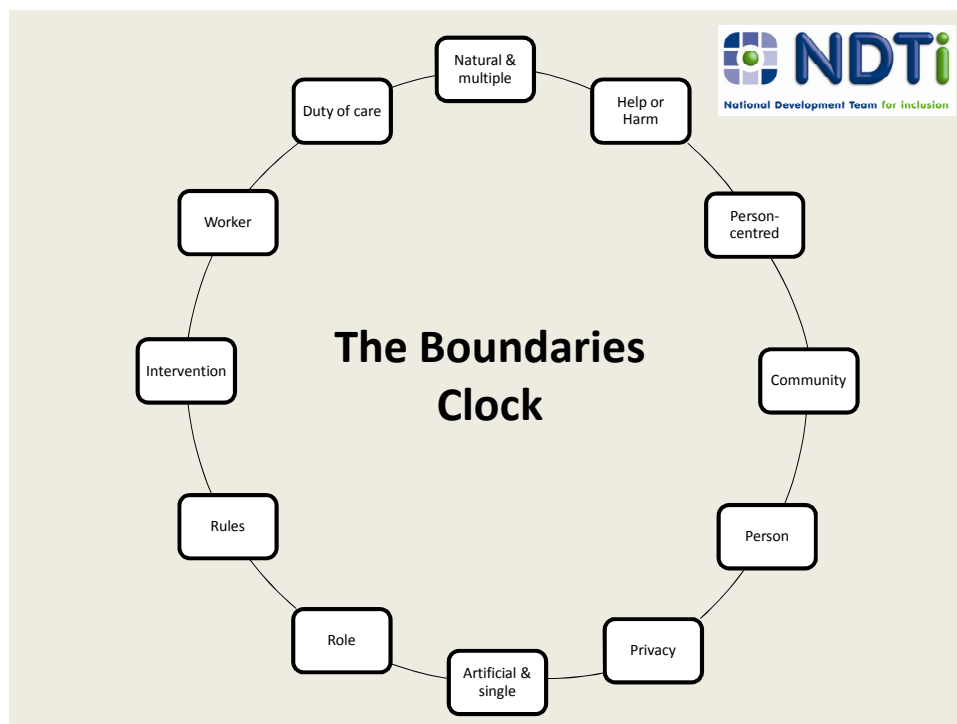


The *Boundaries Clock* and Mental Health Chaplaincy

Qaisra Khan¹ with Peter Bates²

Overview

The *Boundaries Clock* was introduced in a previous paper³ to bring together the triple imperative to safeguard vulnerable people, maintain professional boundaries and advance social inclusion. It does not provide easy answers, but rather provides a systematic way to consider the issues and arrive at a defensible position. The initial paper is here followed up with a series of short papers⁴ that apply the *Boundaries Clock* in given situations, thus demonstrating its utility, and assisting readers to develop sufficient fluency to apply the approach to a variety of settings.



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³ Bates P. 'Thinking about professional boundaries in an inclusive society', chapter 2 in Gilbert P (ed) (2010) *The Value of Everything* Lyme Regis: Russell House Publishing.

⁴ Other 'The *Boundaries Clock* and....' papers that are available include Timebanks, L'Arche and a Community Circle.

The Oxleas Spiritual Care Service

Chaplaincy, spiritual and pastoral care can mean many different things to people but in essence these words refer to a service that helps people explore:

- a deep-seated sense of meaning and purpose in life
- a sense of belonging
- a sense of connection of 'the deeply personal with the universal'
- acceptance, integration and a sense of wholeness

These experiences are part of the daily reality of being human but spirituality often becomes more important in times of distress, emotional stress, physical and mental illness, loss, bereavement and the approach of death.

All health care tries to relieve pain and to cure - but good health care tries to do more. Spirituality emphasises the healing of the person, not just the disease. It views life as a journey through which good and bad experiences can help us all to learn, develop and mature.

How is spirituality different from religion?

Religious traditions certainly include individual spirituality, which is universal, while each religion has its own distinct community-based worship, beliefs, sacred texts and traditions.

Spirituality is not tied to any particular religious belief or tradition. Although culture and beliefs can play a part in spirituality, every person has their own unique experience of spirituality - it can be a personal experience for anyone, with or without a religious belief. It's there for anyone. We are all on a journey and our position on the spectrum of spirituality may differ from one year to the next. Spirituality also highlights how connected we are to the world and other people and it has been shown that a positive connection with the world and those around us can be very helpful in regards to our mental well being.⁵

Hospital chaplaincy now involves clergy and others from many faiths, denominations and humanist organisations. Chaplains (also called spiritual advisors) are increasingly part of the teams that provide care both in and outside hospital. A modern mental health chaplaincy or pastoral care department should:

- work closely with the mental health team so that spiritual needs can be recognised and helped
- Have links with local clergy and faith communities
- provide information about local religious groups, their traditions and practices
- be aware that, sometimes, an individual's engagement with religious beliefs and activities can be unhelpful and even damaging
- be able to give advice on difficult issues, such as paranormal influences, spirit possession and the ministry of deliverance

⁵ <http://www.foresight.gov.uk>

- have access to a sacred space⁶

At Oxleas the Spiritual Care Service is multi-faith with an interfaith approach.

The *Boundaries Clock*

Six pairs of competing priorities are set in opposition to one another to form the twelve-point *Boundary Clock*⁷. Individual case studies or service arrangements can then be placed on the clockface and the twelve vantage points used in turn to generate ideas for shaping practice in an individual situation. As each of the twelve viewpoints is merely an entry point to the clockface area, the issues that arise inevitably overlap here and there, but the twelve points frame a systematic discussion.

The following pages present the issues in turn. Each section begins with a one-sentence summary⁸ of the general viewpoint. Then an indented paragraph offers a set of expansive questions that apply this general viewpoint to the context of mental health chaplaincy. Finally, we offer some ideas about how a mental health chaplain might resolve these matters into guidance.

Applying the *Boundaries Clock* to Mental Health Chaplaincy



Help or Harm. Consider the actual or potential benefit to, or abuse of, people in the here and now.

What are the benefits of linking mental health service users with chaplains and with faith communities? What has actually gone wrong and led to people getting hurt, upset, unwell, abused or excluded? Are there ways in which short term help can lead to long term harm? How do you safeguard people?

All faith communities and cultural traditions can provide a great deal of support and comfort to people in distress. At a basic level they can provide a deep connection to a community and a sense of hope but within each tradition there are a variety of different beliefs and practices that can be the cause of distress. Individual believers do not always act according to their highest values or principles. When this occurs, the faith group may condemn the person and/or the person may feel criticised, as if the community is denying them any hope of 'salvation' because of their life choices or experiences.

⁶Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/mentalhealthinfo/treatments/spirituality.aspx>

⁷ All metaphors have limited value and can carry unwanted freight. This clock is inanimate, has no hands, no power source, no machinery – it is simply a face with 12 observation points. The image of a 12-person jury might work just as well, although it suggests crime and punishment.

⁸ The one sentence summary can also be opened out into a wide range of issues that are broadly associated with each viewpoint. These are available through workshops facilitated by the first author – contact peter.bates@ndti.org.uk for further information.

Issues regarding faith, belief and religion can run deep and the person representing it – the chaplain - can have a lot of power. Safeguards therefore needs to be put in to ensure that everyone working in a mental health service adheres to common principles and understands their environment. In all healthcare settings, activities should be underpinned by respect for human rights and equality. Fair recruitment procedures, clear contracts, confidentiality and supervision⁹ arrangements help to keep everyone safe. In addition, chaplains adhere to a specific Code of Conduct¹⁰ and respect diversity within their own and others' tradition. This document adheres to the principles found in good equality and human rights policies and seeks to translate them into the context of chaplaincy.



Person centred. Adapt your conduct and approach to the people involved and their context.

How flexible is your service? Do you adopt different approaches for people in different faith communities, for better educated or articulate people, very lonely people, people who can't easily get out of their house, people who are untrustworthy, or those with disabilities or mental health problems, detained or voluntary patients, current and ex-service users?

At Oxleas

The approach at Oxleas is that we all share a common humanity that needs to be acknowledged and respected. Out of that common humanity, however, individual needs arise due to particular beliefs and culture. That common humanity is particularly useful when one looks into general spirituality because spirituality from one community can inform or illuminate another. Religious needs such as Holy Communion however can only be delivered by particular people.

A tool that can be adapted by staff at Oxleas asks individuals and groups:

1. What gives you hope?
2. What gives you strength?
3. What gives you joy?
4. What gives you comfort?
5. What are the most positive relationships in your life? If so what are they?
6. Do you feel loved? If so, by whom?
7. Do you love anyone? If so, whom and for what?
8. What opportunities do you have to experience those things that bring you joy and strength?
9. How often do you see the person/people you love?

¹⁰ College of Healthcare Chaplains and UKBHC http://www.dhsspsni.gov.uk/nihca-code_of_conduct.pdf

10. How much support do you require to access these?
11. What is the significance of religious icons?
12. What is your understanding of God?
13. What is the significance of religious practice?
14. Have you attended a place of worship?
15. What contacts were made there? Are contacts still active?
16. Are you able to attend a place of worship?

These questions can lead to a very fulfilling conversation which often gives an individual a number of ideas and avenues they can pursue on their own. It can also ensure that any advice or support offered is person centred.



Community. Make the most of the person's informal community relationships.

How do you support people to engage with and retain their active membership of their faith community? Do your in-house activities (such as discussion groups for people using the mental health service) support or supplant the person's existing networks? Do you do any capacity building work with local faith groups?

At Oxleas

Working with faith communities is essential for a number of reasons. They are a part of the community in which we live and also, in some cases, they give the required authority to the chaplains to perform certain functions. If links exist between a person and a faith community they can be useful in maintaining a much needed connection for people who would be otherwise isolated.

In Oxleas these links are developed and maintained through networks such as the South London Interfaith Group, the Greenwich Multi faith Forum and the Bexley Multi faith Forum. The service worked with *Develop* - the Social Inclusion partnership in Bromley - to set up Bromley FaithNet, which is a network of mental health and faith communities. It has also been useful to build knowledge of local places of worship in order to help facilitate a link between a service user and a faith community if that is what they wish. These links have helped faith communities and mental health services develop a greater understanding of each other's work and priorities.



Person. Focus on the person and their unique resources, relationships

and needs.

How well do you understand the people you support? Do you use spirituality assessments or ask people about their dreams for a better life? How well do you focus on the strengths and resources that the person brings, rather than their problems and difficulties? Are you driven by targets and how to do differentiate between activity and outcomes?

At Oxleas

Focussing on the strengths of an individual or on things that give them strength is vital because it helps people to have faith in themselves and the things they connect with. We can never fully understand another person but being open and person centred enables us all to learn. In practical terms, this means that people are encouraged to pray, rather than just have others pray for them; to get involved in delivering mental health awareness training to community groups and, where possible, to share the leadership of acts of worship.



Privacy. Support the person's right to run their own life, participate in the community and build a home and life free from surveillance or interference.

Do you help people leave your service and transfer their belonging to the local faith community? Do you advise, counsel, or feel that the people you see and their future is somehow your responsibility? Can you let go? How do you feel when your members know better than you do, or do not ask your advice? What do you report back to others or keep confidential?

At Oxleas

One of the aims of the service is to help people to leave it and be included within the local community. The above "assessment tool" can be a great help in opening up a discussion with a service user about how we can help ourselves and others. The five ways to well being are also useful in helping people see how every day activities can help¹¹. We research suitable local places of worship.

It can be difficult, however, when someone has been in an inpatient unit for some time or they have built a rapport and connection. Levels of confidentiality are very important and some service users check its boundaries before they feel free to talk: we cannot maintain confidentiality if issues of risk or safeguarding become evident, especially in respect of the care of children. Chaplains generally provide information to the team on timesheets and one member of the Chaplaincy team may read and write in the records available to the multi-disciplinary team. The information provided by Chaplains is basic and known within the chaplaincy team (apart from the caveat above regarding safeguarding).

¹¹ <http://www.neweconomics.org>



Artificial and Single. Keep the relationship between the chaplain and the person distinctive by following special rules and inhibiting other contact.

In what way are chaplains different? Do you expect them to maintain some kind of professional distance from the people they support? How is this communicated with people using your service and how is it understood by them? Is it perceived as helpful? How do you get the balance right between over and under-involvement?

At Oxleas

It can be extremely difficult in chaplaincy to maintain the same kind of professional distance that shapes the work of other professions. It is important for Chaplains to remember the purpose of their contact with the person but the ideals of sharing a common humanity and faith can make it difficult. The service user that the Chaplain meets at work may also be the same person she meets in the local supermarket or a place of worship¹².

A chaplain may walk on to a mental health unit and see someone who they taught as a child or went to school with. It is difficult to lay down rules regarding this because the possibilities are limitless particularly when one in four people have mental health issues at some time in life and websites such as Facebook have a high membership¹³. The right balance between over and under-involvement will also change according to the service the person uses and in response to the vulnerability and health and safety needs of the person and the professionals.

Confidentiality is also very important and both ignoring and acknowledging someone in a public place can betray it. How, for instance, do you introduce a service user to your congregation. In that situation you may have the opportunity to discuss it with the person beforehand but this is not usually possible when you casually come across them in the local shopping centre.



Role. Watch out for setting a precedent and keep a consistent sense of what counts as an appropriate working relationship.

Are there occasions when you resist doing something because it might set a precedent? There is often a secret life within organisations, in which people do good things from time to time that they don't tell their colleagues about. Do some chaplains get too involved with people – without actually doing anything wrong? Are there unwritten 'rules' about what is appropriate conduct?

¹² Some professional boundaries literature addresses what to do when you know the person superficially or 'meet them at the supermarket' – but the challenge of faith communities is when we know one another very well as we have worshipped together for years before meeting in the hospital setting.

¹³ 43% of the UK population were active Facebook users in 2010.

At Oxleas

The nature of the relationship between a chaplain and the people they meet differs greatly from one situation to another: whether the Chaplain is encountering someone they know in the supermarket or finding that a former pupil or member of their congregation had been admitted to the ward. This can make it difficult to lay down rules. At Oxleas there is a strict rule forbidding disclosure of chaplain's home numbers and personal mobile numbers but that has been breached at least twice: once by other professionals outside of the spiritual care team and at another time by the chaplain themselves. Indeed, it becomes unworkable for chaplains to maintain that professional distance when the person is part of their own faith community, and others in that community have the information, as when the Chaplain's home address and phone number appears on a notice board at their place of worship.

There are moments for reflection when one is not quite sure what the right thing to do would be but this has never stopped us doing anything just in case it might set a precedent. If it's a good thing to do it is worth doing even if it might not be sustainable in the long term because after all the role of the service is help people discover tools that will help them live a life they wish to lead away from the service.



Rules. Apply law and regulation to all people and all relationships at all times to keep things fair.

What explicit regulations impact you, from your professional and regulatory bodies, funders and local standards of conduct? What about unspoken expectations? What happens when people fail?

At Oxleas

All healthcare principles and guidelines apply alongside the Code of Conduct for healthcare chaplains referred to above. The unspoken expectations of Chaplains can be quite high because they can be seen as representatives of God who never sleeps and never fails. People deal with these expectations in a number of ways and sometimes it depends on their role within their Church but emphasising one's humanity can help. People are different so it is difficult to follow rigid rules but principles of Human rights, equality and diversity should be equally applicable to all.

Failure is a difficult thing to measure because, as people who have not done things in the exact way you thought they would have not failed. But if they failed to get the desired outcome and made themselves or others vulnerable, then the issue needs to be addressed as soon as possible. To my knowledge this has not happened. Supervision is a great way of learning through discussing issues and many people involved in Chaplaincy will attach a high value to honest exploration and reflective practice, but the same pressures that affect other teams apply here too – busyness,

preoccupation with other priorities, low morale, isolation and defensive or private personalities all threaten effective supervision¹⁴.



Intervention. Make the most of the relationship between the worker and the person.

When the chaplain and the person being supported are both long term members of the same faith community, are there occasions when you suspend or limit your membership of that community in order to protect the distinctive therapeutic relationship with this person at this time?

At Oxleas

This has not happened at Oxleas and would be impossible when the faith community is small and there is only one place of worship in the area. Members of the chaplaincy team would try to negotiate with the person so that they can continue both relationships – their connection in the community and in the mental health service – whilst recognising and managing any conflicts of interest or risks that confidentiality is compromised. This captures the very strong commitment of chaplaincy staff to never ‘give up’ on anyone.



Worker. Value the worker and their unique resources, relationships and needs.

What needs do chaplains have and are they being met in their work? What gifts do they bring and are they being harnessed? Are there things that they cannot do or places they cannot go because of their role? How does the chaplain use their power and their preference for spending time with one person rather than another?

At Oxleas

A Chaplain does not necessarily have the opportunity to decide who they will spend time with, as much of their work relies upon referrals and need. For example, an in-patient can demand so much attention on their ward that it is difficult for the Chaplain to spend time with others in that unit. Support from the nursing team can help this to be managed so that everyone who wants to see a chaplain can do so. Like all other staff groups, Chaplains have a need for acknowledgement of their contribution and access to support and training.

¹⁴ The College of Healthcare Chaplains and the UKBHC encourage supervision – see <http://www.ukbhc.org.uk/chaplains/supervision>



Duty of Care. Take action, and sometimes even over-ride the person's preferences in order to keep everyone safe.

Under what circumstances would you report something to others? When would you refuse to work with someone? Under what circumstances would someone be denied contact with a chaplain?

At Oxleas

The Chaplain's confidentiality policy states that everything is confidential except when it relates to risk to an individual or group's safety, especially that of children. Chaplains at Oxleas once had to stop seeing a service user because they found it difficult to know how to help: he had taken up a lot of time and, whoever he was with, he always insisted that perhaps another Chaplain would be more appropriate to his needs. The decision to stop seeing him was made after several discussions with the multi disciplinary team and only after ensuring he had the relevant information to be able to contact the appropriate services if his mental health state deteriorated.



Natural and Multiple. Use the worker's ordinary humanity, citizenship and experience of life to engage with the person.

To what extent do chaplains and the people they support have multiple overlapping roles with one another, and how is this managed? To what extent do chaplains bring their own experiences into their relationship with the people they support?

At Oxleas

When connecting with other people it is inevitable that Chaplains will occasionally come across boundaries and situations they are not clear about. It's part of life and learning. Success rests on the ability to have an honest conversation with all those involved, focussing on our purpose and preferred outcome.

Conclusion

Mental health Chaplains have a remarkable opportunity to form a bridge between the health service and the informal community. In doing so, they engage with people as employees, citizens, members of faith communities, and from time to time find that these roles overlap with one another. It is helpful to adopt a flexible and reflective approach to the issues that

arise from this, and the *Boundaries Clock* offers a systematic way to consider many of the issues that should shape actions and outcomes.