
columns

service users and facilitate their recovery from a mental illness. Psychiatry does not hold all the answers and other professions, agencies and individuals have different distinctive roles. Within psychiatry, we have to struggle with the internal threat of crude biological reductionism. Equally, if we break the boundaries of our legitimate expertise and become generic healers, we will have lost all usefulness and legitimacy.

Declaration of interest

The authors have a range of personal convictions including atheist, Buddhist, Methodist, Roman Catholic and non-denominational faith.

HOLLINS, S. (2008) Understanding religious beliefs is our business. Invited commentary on . . . Religion and mental health. *Psychiatric Bulletin*, **32**, 204.

KOENIG, H.G. (2008) Religion and mental health: what should psychiatrists do? *Psychiatric Bulletin*, **32**, 201–203.

POOLE, R. & BHUGRA, D. (2008) Should psychiatry exist? *International Journal of Social Psychiatry*, **54**, 195–196.

POOLE, R. & HIGGO, R. (2006) *Psychiatric Interviewing and Assessment*. Cambridge University Press.

***Rob Poole** Consultant General Adult Psychiatrist, North East Wales NHS Trust, Pwll Glâs Centre, Pwll Glâs Road, Mold, Flintshire CH7 1RA, email: rob.poole@new-tr.wales.nhs.uk, **Robert Higgo** Consultant General Adult Psychiatrist, Merseycare NHS Trust, Liverpool, **Gill Strong** Community Mental Health Team Manager, North East Wales NHS Trust, **Gordon Kennedy** Community Mental Health Team Manager, North East Wales NHS Trust, **Sue Ruben** Consultant General Adult Psychiatrist, North East Wales NHS Trust, Flintshire, **Richard Barnes** Consultant Old Age Psychiatrist, Merseycare NHS Trust, Liverpool, **Peter Lepping** Consultant General Adult Psychiatrist, North East Wales NHS Trust, Wrexham, **Paul Mitchell** Psychotherapist in Private Practice, North Wales.

doi: 10.1192/pb.32.9.356

Koenig (2008) discusses important principles for working therapeutically with the spiritual dimensions for our service users' well-being. However, several points need highlighting.

Of course one should respect religious beliefs. As an old age psychiatrist in London seeing people at home, I have to be aware of what to do if offered coffee in a Muslim home during Ramadan, who looks after the *mandir* in Hindu households and of the dates and social impact of Jewish holidays. I have had to respond to letters from Catholic priests 'she needs a psychiatrist, not an exorcist' and avoid sending Muslims appointments for midday on Friday. In a multi-faith society there is much to learn to avoid pitfalls which could be interpreted as lack of respect.

Most of us have little experience of taking a spiritual history as distinct from asking about religion. Neither Koenig nor Hollins (2008) direct us to Sarah Eagger's guidance on the College website saying just how to do this (www.rcpsych.ac.uk/PDF/DrSEaggeGuide.pdf).

We cannot work with mental health trained chaplains in our area; there aren't any. Recent guidance (Department of Health, 2003) details specific provision for mental health. However, the first stage of implementation is related to numbers of beds. In this age of community care and bed reductions, this is unrealistic. If the first stage has to be implemented before the community-focused second stage, we still have a long wait for an essential service.

DEPARTMENT OF HEALTH (2003) *NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff*. Department of Health (http://www.parliament.uk/deposits/depositedpapers/2008/DEP2008-0777.pdf).

HOLLINS, S. (2008) Understanding religious beliefs is our business. Invited commentary on . . . Religion and mental health. *Psychiatric Bulletin*, **32**, 204.

KOENIG, H.G. (2008) Religion and mental health: what should psychiatrists do? *Psychiatric Bulletin*, **32**, 201–203.

Claire Hilton Consultant Psychiatrist, Mental Health Services for Older Adults, Northwick Park Hospital, Harrow HA1 3UJ, email: claire.hilton@nhs.net

doi: 10.1192/pb.32.9.357

I was amazed and alarmed to read Koenig's article on religion and mental health (Koenig, 2008), and the President's lukewarm support of the article (Hollins, 2008), as it presents no scientific evidence that any of the suggested working practices improve patient care. The few figures it uses are not supported by other studies. Koenig claims that only 1.4% of the British population are atheists. His source is the World Christian Database, hardly an unbiased source of information. This low figure has no face validity to anyone working in this country. A recent study (Huber & Klein, 2008) funded by the conservative Bertelsmann Institute looked at religious beliefs in 18 countries (eight of them European) across both high-income and low- and middle-income countries. It used a very broad definition of religion and spirituality focusing on Pollack's work on the belief in the transcendence as the core of substantial spirituality (Pollack, 2000). In other words, it looks for the belief in something spiritual that may or may not be related to formal religion. They professionally polled tens of thousands of people in the 18 countries making it by far the largest and most comprehensive study into the subject so far.

Their findings confirms Britain to be among the least spiritual countries of the 18 examined, across a wide range of factors including prayer, church attendance, personal religious experience, religious reflection, pantheistic influence, etc. It finds that across European Christians more than 10% of those who formally belong to a church do not believe in anything spiritual at all. This makes census data potentially quite unreliable when it comes to assessing people's real religious believes. In Britain, 19% of those polled were classed to be highly religious, 43% as religious and 38% as non-religious using a broad definition of spirituality; 55% of Britons consider prayer to be non-significant for their lives and only 33% have personal religious experiences.

Far from religion being pervasive throughout the majority of society, in Britain at least the opposite seems to be the case. Moreover, there is already a well-organised provision of support for people who follow organised religion in all hospitals with easy access to religious elders and prayer rooms. However, no provision exists for non-believers who look at questions of meaning of life and morality in a non-spiritual way. It is this group that is disadvantaged rather than those who follow organised religion. It follows that rather than insisting on getting a 'spiritual history' of each service user we should show respect to those who can discuss the meaning of life without spirituality and find a solution to identify and facilitate their needs in an increasingly secular society.

HOLLINS, S. (2008) Understanding religious beliefs is our business. Invited commentary on . . . Religion and mental health. *Psychiatric Bulletin*, **32**, 204.

HUBER, S. & KLEIN, C. (2008) Kurzbericht zu einzelnen Ergebnissen der internationalen Durchführung des Religionsmonitors der Bertelsmann-Stiftung. *Religionsmonitor* (http://www.bertelsmann-stiftung.de/bst/de/media/xcms_bst_dms_23399_23400_2.pdf).

KOENIG, H.G. (2008) Religion and mental health: what should psychiatrists do? *Psychiatric Bulletin*, **32**, 201–203.

POLLACK, D. (2000) What is religion? In *The Religious Dimension in History Lessons in European Schools: an Interdisciplinary Research Project* (ed. W. Schreiber) [*Was ist Religion?* In *Die religioese Dimension im Geschichtsunterricht ans Europas Schulen: Ein interdisziplinaeres Forschungsprojekt* (ed. W. Schreiber)], pp. 55–81. Ars Una.

Peter Lepping Consultant Psychiatrist and Associate Medical Director, North Wales NHS Trust, Technology Park, Croesnewydd Road, Wrexham LL13 7YP, email: peter.lepping@new-tr.wales.nhs.uk

doi: 10.1192/pb.32.9.357a

Koenig's attention to the topic of religion and psychiatry is welcome (Koenig, 2008). That the minority of psychiatrists have a religious affiliation is evidently beyond the scope of any intervention or policy. However, I worry that the studies quoted do not accurately reflect the situation. Although they confirm that religion is