Spirituality and Mental Health:
an audit of a mental health service for older people

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Summary

- Policies
- Demographics
- Defining spirituality?
- Mental health and spirituality
- Audit
- Asking about spirituality

Discussion

- Do we do it?
- Should we?

Relevant NZ policies and strategies

Health of Older People Strategy: (2002)
Principle: "Holistic care, promoting wellness"

Positive Ageing Strategy: (2001)
2.Health 2.1: "Promotion of holistic-based wellness throughout the life cycle"

NZ Palliative Care Strategy: (2001)
(Summary) "Palliative care embraces the physical, social, emotional and spiritual elements of wellbeing– tinana, whanau, hinengaro and wairua– and embraces a person's quality of life while they are dying."

Relevant NZ policies and strategies

NZ Health Strategy (2000)

Principle: "good health and wellbeing for all New Zealanders, throughout their lives"

NZ Disability Strategy: (2001)

7.7.3 "development of a holistic approach to assessment and service provision…"

- Restraint policy
- Residential care agreements
- Reflected in Standards NZ Documents (Audit)

Definitions

- " a *holistic* approach to care and support-including consideration of physical and mental health, social, emotional and spiritual needs of older people." (HOOPS):
- "*Wellbeing":* " A dimension of health beyond the absence of disease or infirmity including social, emotional and spiritual aspects of health" (HOOPS)
- *Positive ageing* includes "spiritual, intellectual, emotional and spiritual wellbeing." (Pos. Ageing Strat.)
- Whare tapa wha: *Taha wairua* = " the most essential requirement for health." (Durie 1998 p.70)

The Recovery Model…

Recovery is seen as a journey requiring hope, a secure base, supportive relationships, empowerment, social inclusion, coping skills and finding meaning. The latter, finding overall purpose, is seen to be the most important for sustaining the recovery process. This philosophy of life is often encompassed by an individual's sense of spirituality.

(J.Casey)

Recovery Competencies for Mental Health Workers

understanding the importance of spirituality is noted in a sub-category under the second competency –

- "recognizing and supporting the resourcefulness of people with mental illness".

It is referred to again in the third competency in the requirement to have knowledge of a spiritual concept of mental illness.

- "A competent mental health worker understands and accommodates the diverse views on mental illnesses, treatments services and recovery".

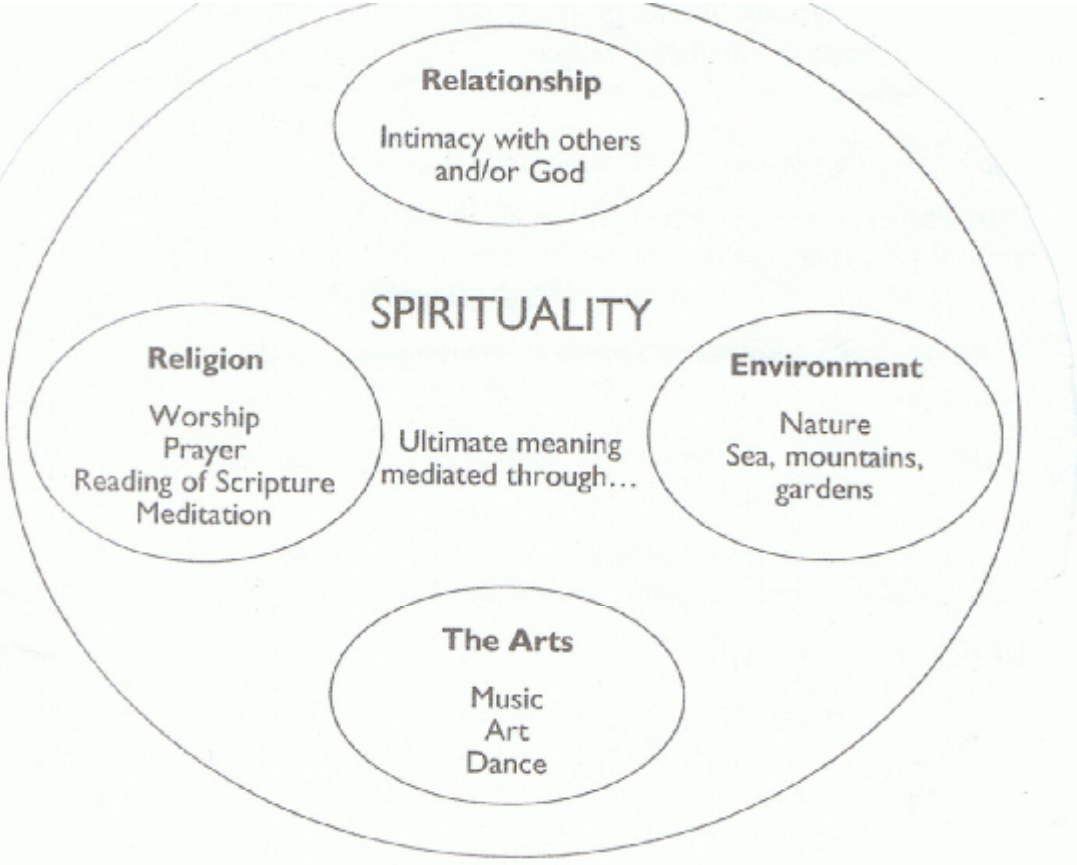
(Mental Health Commission in 2001)

Spirituality: what is it?

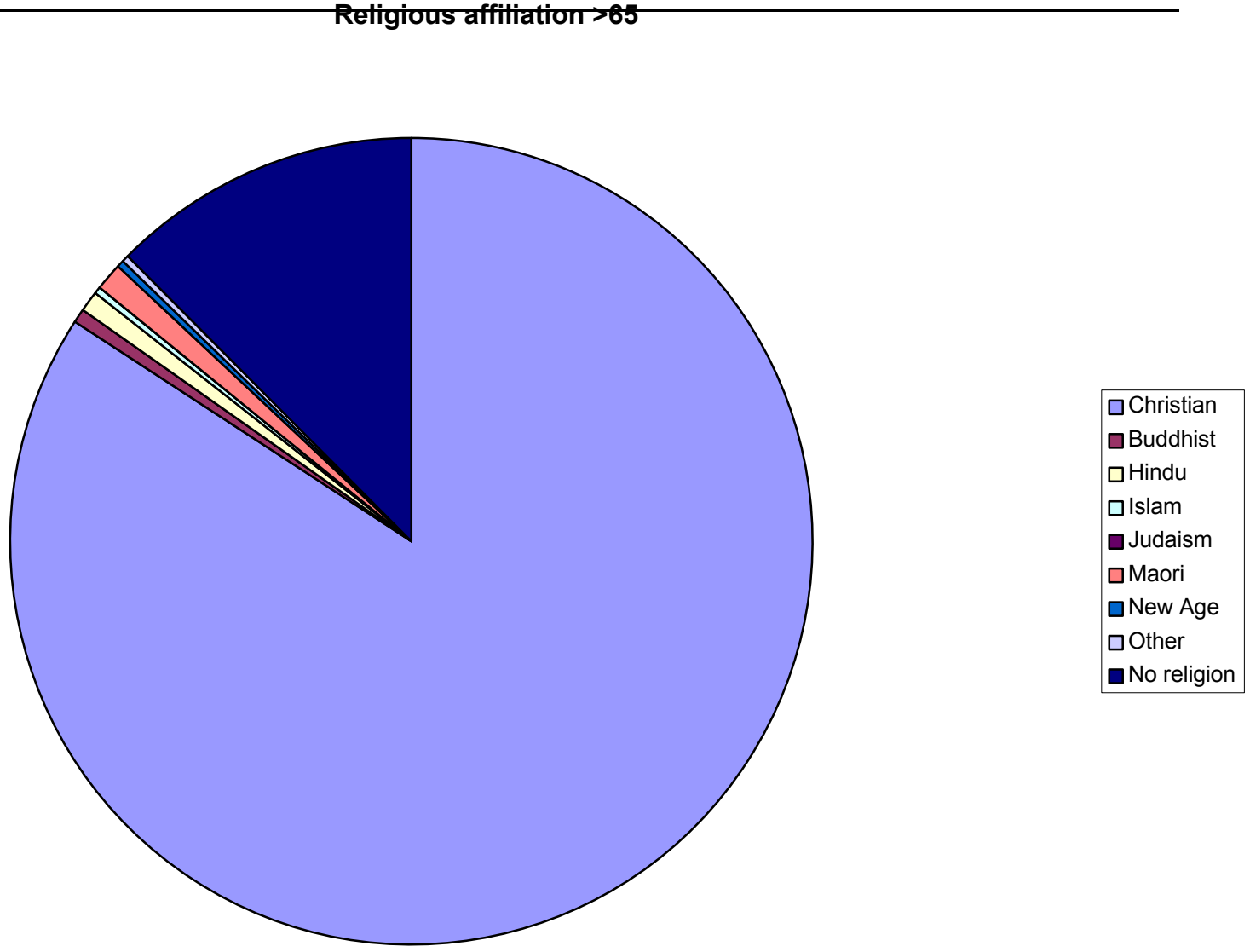
Hard to define (not rational): not only religion …

- " that which is essential to our humanity, embraces the desire for meaning and purpose, and has personal, social and transcendent dimensions." (Allen & Coleman 2006, 205-206)

Expression of spirituality in older people (MacKinlay 2001)



Religious affiliation of older people (NZ Census 2006)



The new black?

- Increasing interest in spirituality in general and mental health“
- Recognising patients’ spiritual concerns could be seen as an essential part of the patient-centred medicine that is increasingly thought to be crucial for high-quality patient care.” (D’Souza 2007 p. S57)
- CBT and meaning and “Mindfulness”
- Burgeoning literature

“Best-kept epidemiological secret”

1200 outcome studies and 400 critical reviews in *Handbook of Religion and Health* by Koenig et al (2001)

On all of the 13 factors for improved mental health, religious belief proved beneficial in more than 80% of studies, despite very few of these studies having been initially designed to examine the effect of religious involvement on health.

(Sims A 2004 p. 294)

So…

- If the overall effects of our patients' religious beliefs are so beneficial, then we, as psychiatrists, have no business to undermine or ignore them.

(Sims A 2004 p. 294)

- "Patients' spiritual beliefs may be helpful or harmful depending on the nature of the beliefs"

(Pargament et al in Winslow and Winslow 2007)

Mail survey of Faculty of Psychiatry of Old Age (UK)

Lawrence, Head et al (2007)

- 92% recognise importance of spiritual dimensions of care for OP with MH issues
- ¼ consider referral to chaplaincy services
- Integration of spiritual advisors with assessment and management of individual cases is rare

Audit: documenting Spirituality:

CMDHB MHSOP

2 specific places to record

- Spirituality (Comprehensive assessment)
- Spiritual needs (Forms on Line)

2 places where comment would be useful

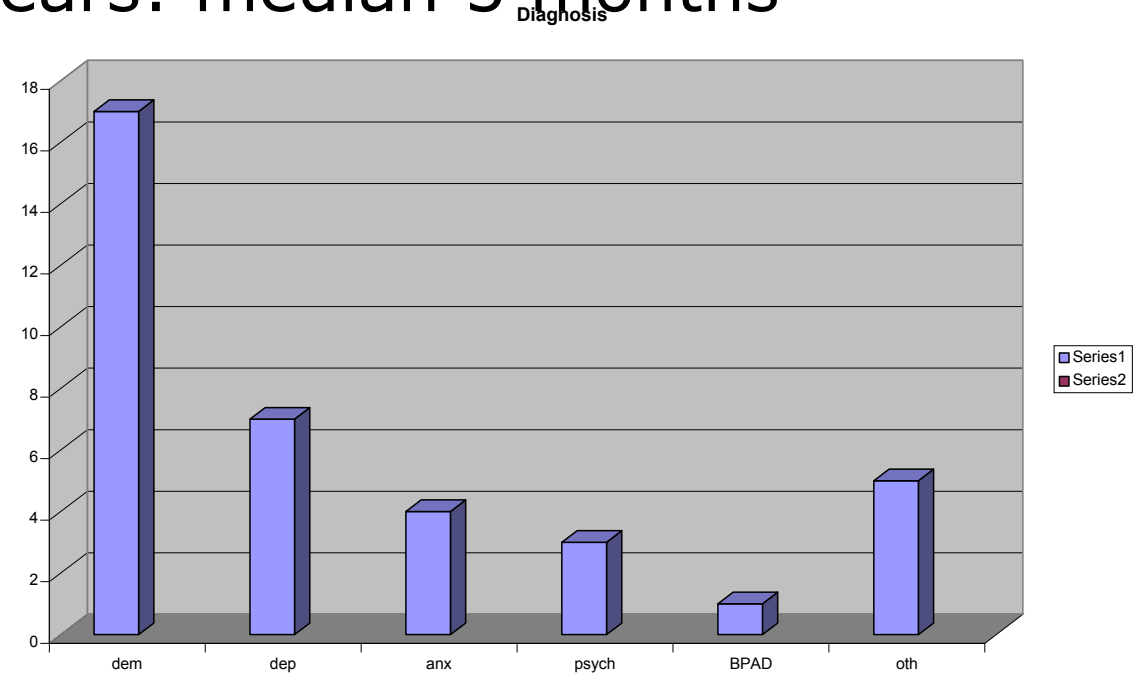
- Care plan
- Wellness plan

Other

- Body of notes
- Letter to GP

30 current files reviewed

- All currently outpatients: 4 had previously been inpatients
- Range of time in service: 1 month to 10 years: median 5 months



Audit: 30 current OP files

FOL: Spirituality recorded: 4

Not recorded: 20

FOL not done: 6

Spiritual issues mentioned in comprehensive assessment, body of notes or GP letter: 8

Elsewhere?

Care Plan:

- Spirituality recorded 0
- No mention 23
- Care plan not done 7

- Referrals for spiritual support 1

Total recorded religion=13

Includes 1x note from referring agency
(Alzheimer's Soc. "attended church regularly")

- Christian N/S 3
- Anglican 2
- Catholic 1
- Jehovah's witness 1
- Brethren 1
- Hindu 1
- Kurdish sect 1
- None 3

Comments

- Only religion recorded (not other aspects of spirituality)
- Sometimes a box-filling exercise?
- If recorded: not acted upon e.g. “church is a major support system but can’t go.”
- Many people in dire straits: serious physical illness, dementia, depression, bereaved… spiritual issues likely to be important
- 2x with religious delusions ? Relevance
- “ Feels presence of God with her” “saw two guardian angels”-- described as “unusual thinking” (in religious patient)

Limitations…

- Most patients a short time in service
- Staff might talk to patients about spirituality but not record it
- Differentiating things spiritual from psychological and social
- Only 30 charts

Staff comments: definitions

- Feeling connected to something else, higher or equal
- One step deeper than values or beliefs
- Belief in non-physical or higher power
- What they believe in trying to protect
- Gives them hope that they'll get through… comfort and guidance
- Not confined to church or formalized religion
- Jungian idea of collective consciousness
- Can draw on other beings around you

Staff comments: religion as madness

- Re charismatic movement of 1980's " he's gone mad", "we don't want to be involved in this sort of religion…it will make you mad"
- Religion is very contextual… "is it psychotic or is it normal?"
- Cultural factors… "what is their regular belief?"

Staff comments: Importance of knowing about spirituality

- Catholics won't commit suicide
- Negative effects: " God thinks I'm a bad person."
- Existential issues need to be discussed
- Nature as spiritual nourishment
- Importance of respecting rituals: people will feel sinful if eat wrong food, not able to pray regularly
- With ageing, people regain interest in spirituality…and may want to discuss

How to ask?

- Develop rapport … comes up over time
- Just ask directly (not difficult as part of assessment) " describe your spiritual life to me…"
- Easy on home visit if you see religious symbols
- Some people close down when topic raised "religion never did a thing for me…" (useful information)
- Need to be comfortable in yourself… and to accept even unusual beliefs in others

Why don't we ask?

- Time / busyness
- Not emphasised as important part of assessment (like culture).
- Not talked about in MDT: focus on safety and progress (but not *process* of recovery)
- "Medical model": science elbows out religion
- NZ=secular society… religion ignored (not so in other countries e.g. South Africa, Philippines record religion on admission)
- Ask but don't always record in file (depends how relevant)

Chaplains' comments

Staff should be able to

- Talk to patients about spiritual matters
- Know when to refer on
- Do prayers for blessing rooms after death (especially at night)

Difficulties…

- No time
- Crossing boundaries?
- Need to be empowered
- Language difficulties (staff = recent immigrants)

Some staff (including doctors) are spiritually-minded, others not

Do patients want to talk to health staff about spiritual matters?

- Patients express conviction that carers should be aware of their beliefs

(D'Souza 2002)

- Mental Health Foundation (UK) survey: "Over 50% of service users hold religious or spiritual beliefs that they see as important in helping them cope with mental illness, (Faulkner 1997)

- …yet do not feel free, as they would wish, to discuss these beliefs with the psychiatrist” (Faulkner 1997)

- In Lindgren & Coursey's (1995) study, 38% of patients expressed discomfort with mentioning their spiritual or religious concerns to their therapist, (In Culliford 2002)

Nursing

- identify spiritual care as the exclusive realm of chaplains or religious agents';
- steer clear of spiritual material for fear they are unqualified, ill-equipped, or
- not part of their job description’.

(Narayanasamy 1993)

Only (11%of 176 nurses) felt able to provide spiritual care for their patients

(Nolan & Crawford (1997)

Psychiatry

- Psychiatrists' attitudes to spirituality have tended to be negative (Culliford 2007)
- Freud: religion = neurosis
- Psychiatry / science underpinned by rational values: but rationality and conventional standards of 'proof' irrelevant in spirituality

- 55% UK old age psychiatrists had a religious affiliation Lawrence and Head (2007)

Psychiatry tries to be “scientific, evidence-based ”…

- **Spirituality** does not fit easily with our understanding of science and what constitutes the scientific truth and there has been a tendency for psychiatry to exclude the significance of **spirituality**, other than as a form of pathology or pathological response. (Culliford 2002)

Alfred Whitehead logician / mathematician, then theologian 1929 noted that there is an

" inverse relationship between that which is most amenable to measurement or quantification and that which is most meaningful or valuable to humans."

(in Benning and Khokhar 2007)

Summary

- Attention to spiritual needs is an important part of holistic care for older people
- Attention to spirituality contributes to wellbeing
- We struggle to include spirituality in the mental health care of older people
- However, perhaps things are changing

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4 simple questions

- Is faith (religion, spirituality) important to you?
- Has faith been important to you at other times in your life?
- Do you have someone to talk to about religious matters?
- Would you like to explore religious, spiritual matters with someone?

(American College of Physicians in D'Souza 2007)

Another tool…

- Do you consider yourself spiritual or religious?
- How important are these beliefs to you and do they influence the way you care for yourself?
- Do you belong to a spiritual community?
- How might health care providers address any needs in this area?

(Puchalski et al in Winslow & Whetje-Winslow 2007)

Paradigm shift

" Western culture is undergoing a significant paradigm shift – from a materialist view, based on the assumptions of dualism, rationalism, positivism and empiricism, towards a naturalistic understanding that acknowledges the significance of such things as personal stories, emotions and experiences that cannot be explained purely in terms of science."

Culliford 2002