

2018 Ageing and Spirituality Conference



01

Mihi and Waiata

Kahu Pou

The Selwyn Foundation

02

Karakia

The Reverend Lucy
Nguyen
Chaplain,
The Selwyn Foundation

Welcome

Perspectives on Belonging

We're hardwired for connection—it's what gives purpose and meaning to our lives.

The absence of love, belonging, and connection always leads to suffering.

- Brené Brown







On the Road - Morning Blessing Joy Cowley

*Please, slow down
And walk with me.*

*Be my companion
for a mile or two
and tell me your story,
for I have much to learn
and every pilgrim's story
enhances my own.*

Haere mai te Wairua Tapu
Aio ki te whenua
Come Holy Spirit.
Deep peace to the earth.



On the Road - Morning Blessing Joy Cowley

*Speak to me of yearnings
beyond people and things
and show me the learning
of your heart like a compass
towards true north.*

Haere mai te Wairua Tapu.
Aio ki te moana.
**Come Holy Spirit.
Deep peace to the sea.**



On the Road - Morning Blessing Joy Cowley

It does not matter
that we borrow
from different books
or use different words
to describe the journey.

Haere mai te Wairua Tapu.
Aio ki nga tangata.
Come Holy Spirit.
Deep peace to the people



On the Road - Morning Blessing Joy Cowley

We are on
the same path
whatever
shoes we wear.

Hare mai
te Wairua Tapu.
Aio ki ahau.
Come Holy Spirit.
Deep peace to me.





Sometimes its about finding our way back to each other – for we all belong



03

Opening address

Hilda Johnson-Bogaerts

Director, The Selwyn Institute

The Selwyn Foundation

Are we longing
for belonging?





The Selwyn Institute

01

The Looming Loneliness Crisis,
what we learned so far

Research

- Loneliness is on the increase in NZ
- 20% older adults experience loneliness
- Associated with reduction in lifespan similar to that caused by smoking 15 cigarettes a day
- UK appointed world's first Loneliness Minister, Tracey Couch

Research

- Loneliness is on the increase in NZ
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Charitable Mission

To deliver quality services that are responsive to the ageing person and their family, ensuring that our charitable outreach supports those who are vulnerable or in need.

Three Key Priorities

Loneliness and Social Isolation | Hardship Support | Affordable Housing

Community	Villages	Learning
Community services	Integrated villages providing continuum of care	The Selwyn Institute

Goals to care for older people

- To grow our capability and capacity to positively impact the lives of older people in their community.
- To create thriving village communities that meet the changing needs of older people.
- To foster partnerships, facilitate education, and be acknowledged as an advocate and reference point for the wellbeing and the care of older people through The Selwyn Institute.

Strategic Goals

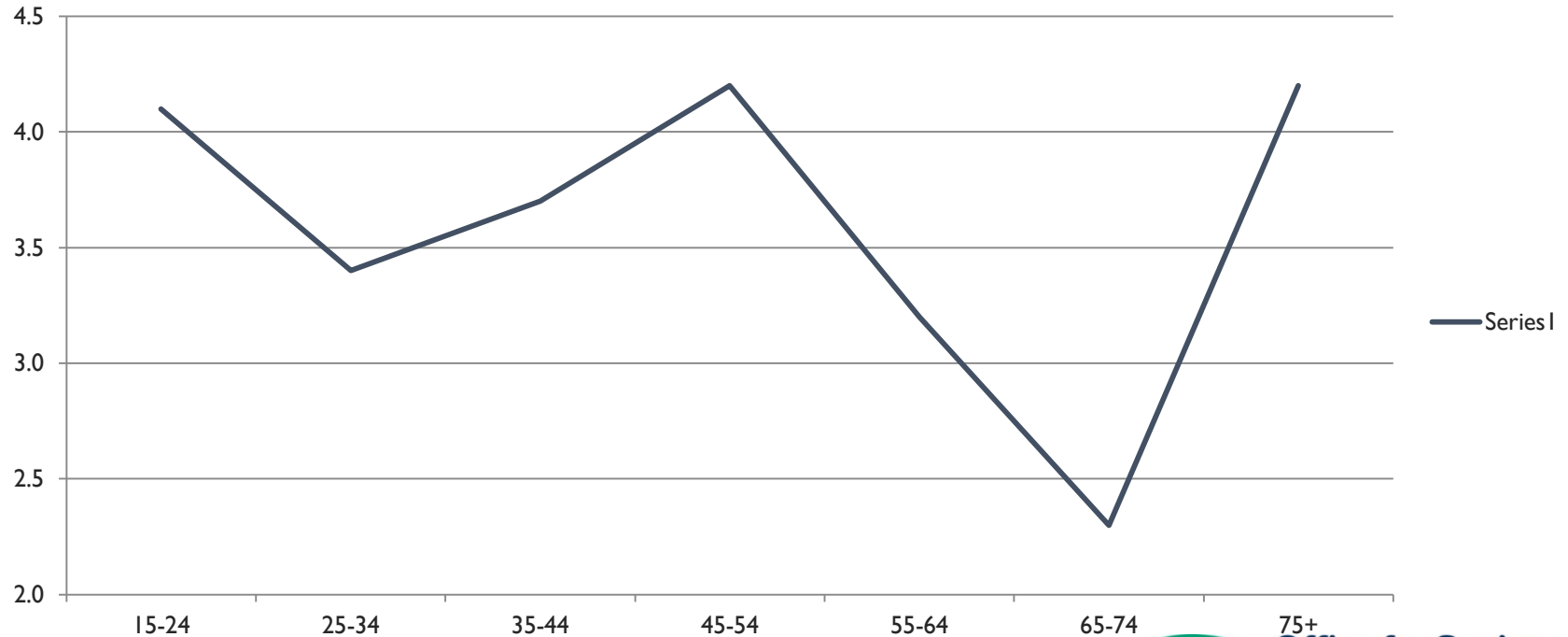
- To invest in our people to deliver better outcomes for older people.
- To be known as an innovative and agile organisation with a focus on responding to the evolving needs of the older person.
- To establish a range of sustainable and growing revenue streams that will support the implementation of Selwyn's charitable mission.
- To work towards self- and environmentally- sustainable practices, services, facilities and sites.

Selwyn Centres

- Social Connection
 - Cup of tea
 - Shared activity
 - Inspiring speech
 - A meal together
 - Smile

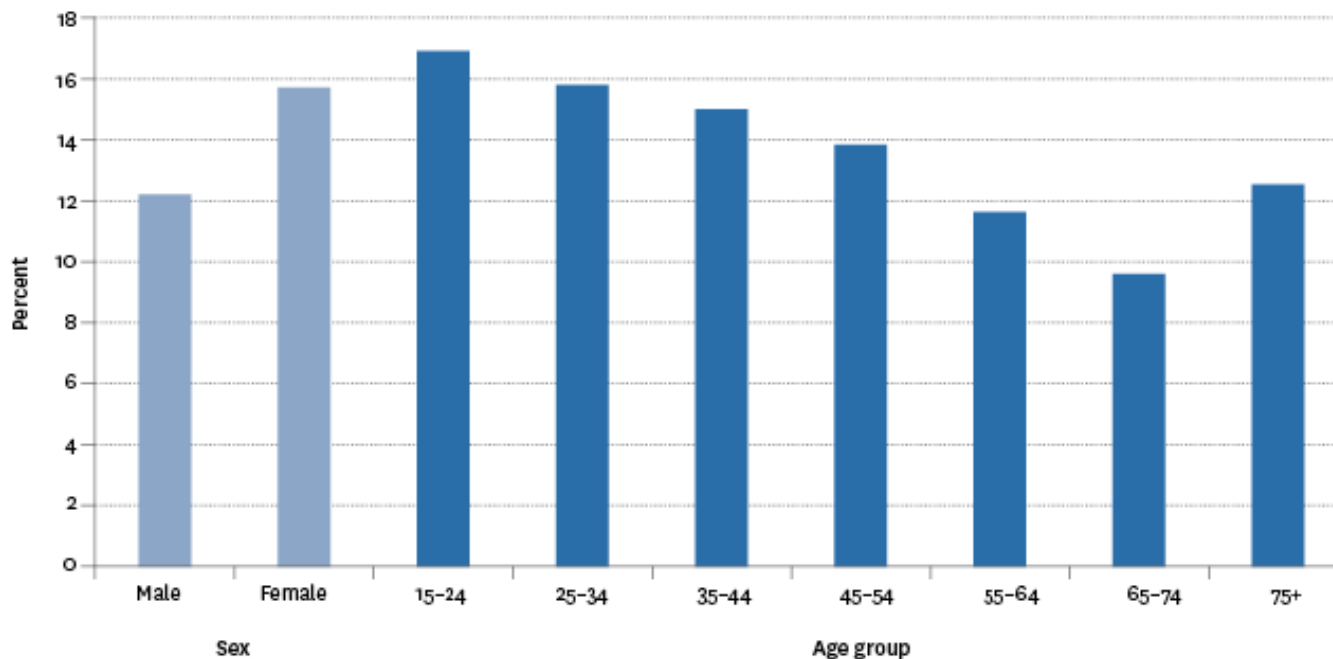


Proportion of people who felt lonely in the last 4 weeks by age group (2014)



Loneliness: The Social Report 2016

Proportion of population who reported feeling lonely all, most or some of the time during the last four weeks, 2014



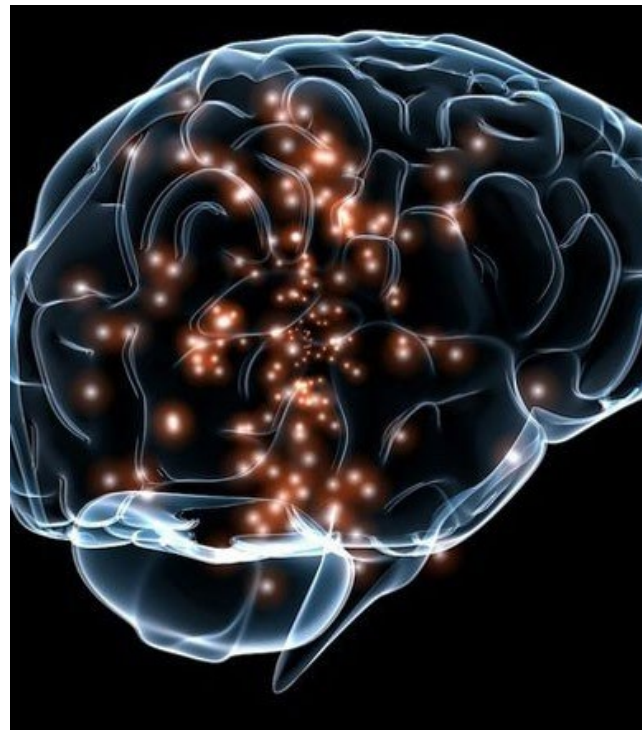
Review loneliness for older people

- International trends regarding loneliness were showing similar trends.
- Self reported Loneliness is a major issue for younger people.
- The health impacts of loneliness on older people was more profound.
- Research showed that the likelihood for admission in residential aged care almost doubled for older people experiencing loneliness.
- Older people more likely to experience ‘Social loneliness’ as well as ‘Emotional loneliness’

What we learned at the Gerontology Nurses Conference

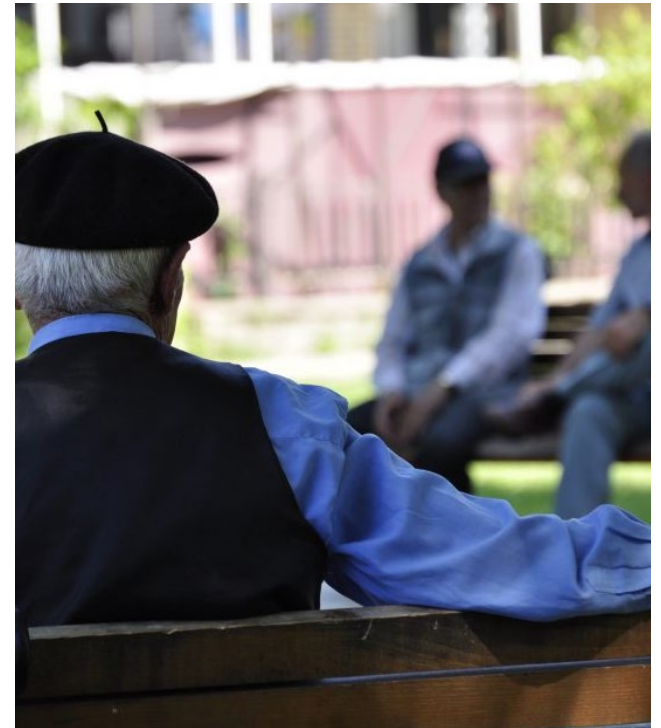
Neuroscience

- Our brains encourage us to seek out others
- We are wired towards being social and have a preference towards others that show social behaviour
- When we are lonely we experience pain in the same way as we experience physical pain



What we learned at the Gerontology Nurses Conference

- Loneliness is a subjective and negative state
- Quality of relationships is more important than quantity
- It can be stigmatising
- Downward spiralling effect





The Selwyn Institute

02

Belonging, antidote to loneliness and spiritual practice

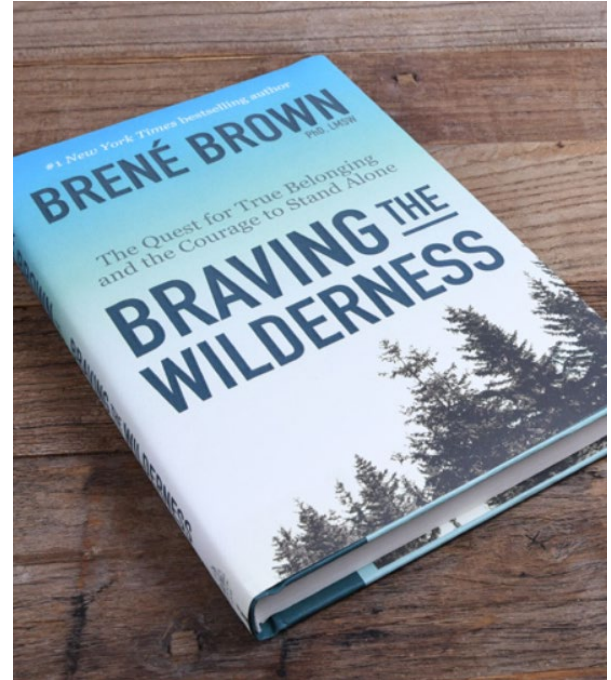
True Belonging, a spiritual practice

Research

- Being part of something bigger than yourself
- Connection to self, to others, to the land, to the transcendental

Definition

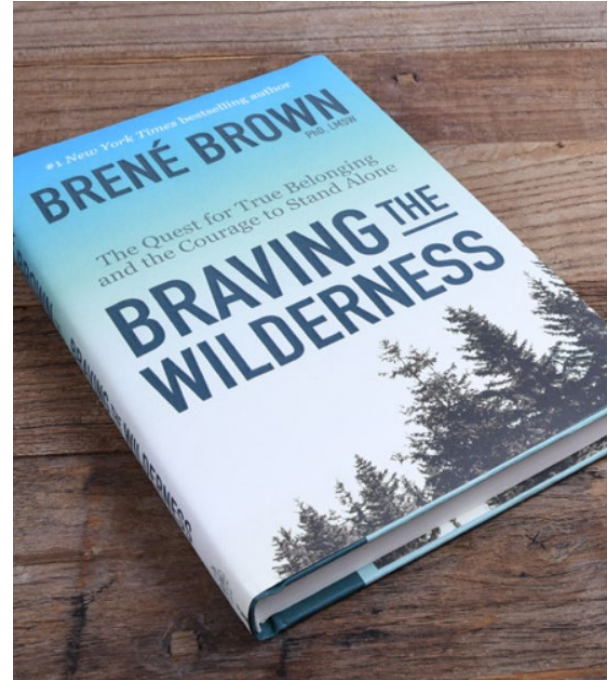
“True belonging is the spiritual practice of believing in and belonging to yourself so deeply, that you can share your most authentic self with the world, and find sacredness in both, being part of something and, stand-alone if you are called to do so. True belonging doesn’t require you to change who you are; it requires you to be who you are.”



True Belonging, a spiritual practice

The challenge - authenticity

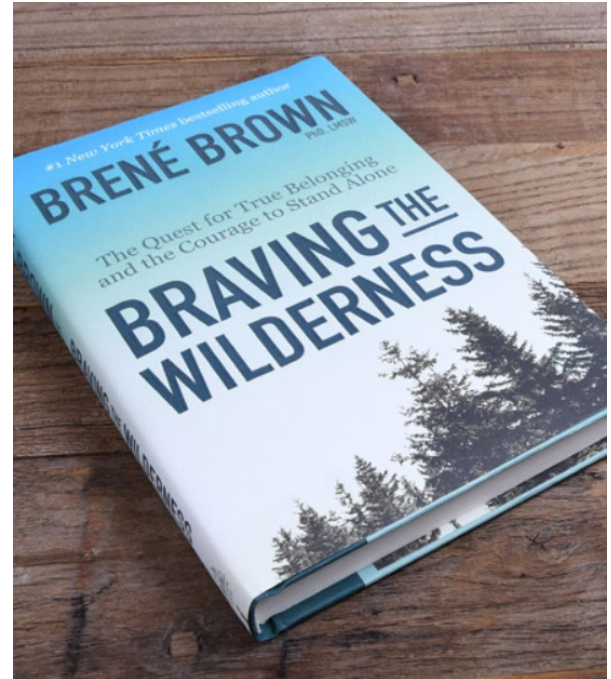
“A culture obsessed with perfectionism and pleasing and being popular, it is just often easier to stay quite, hide in our ideology bunkers, or fit in rather than show up as our true selves and brave uncertain criticism”



True Belonging, a spiritual practice

The challenge – be with people that are different

- Actively reaching out to each other
- Seek out moments of togetherness
- Learn to listen and have conversations,
- look for joy, share pain
- Be more curious than defensive
- Show up for each other – create trust
- Stop dehumanising comments in their tracks



To sum up

STRONG BACK

SOFT FRONT

Wild heart

Brené Brown

BE HERE.

BE YOU.

BELONG.

04

Is there a link between loneliness and suicide in late life?

Dr Gary Cheung

Old age Psychiatrist and researcher,
University of Auckland

Is there a link between loneliness and suicide in late life?

Dr Gary Cheung
Old Age Psychiatrist & Senior Lecturer
Department of Psychological Medicine

2018 Ageing and Spirituality Conference



THE UNIVERSITY OF
AUCKLAND
Te Whare Wananga o Tamaki Makaurau
NEW ZEALAND

**MEDICAL AND
HEALTH SCIENCES**

Outline

- Late-life suicide in NZ
- Factors of loneliness and social health in late-life suicide
- Late-life suicide prevention focusing on social relationships
- Suicide in older adults with terminal cancer

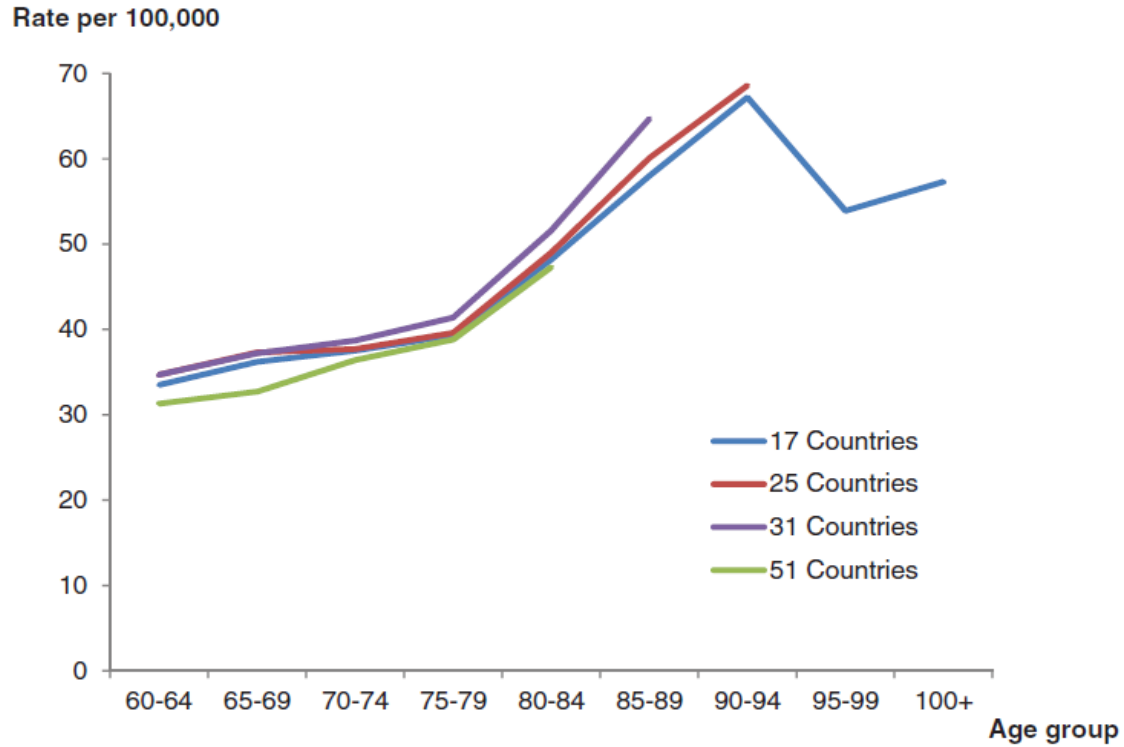
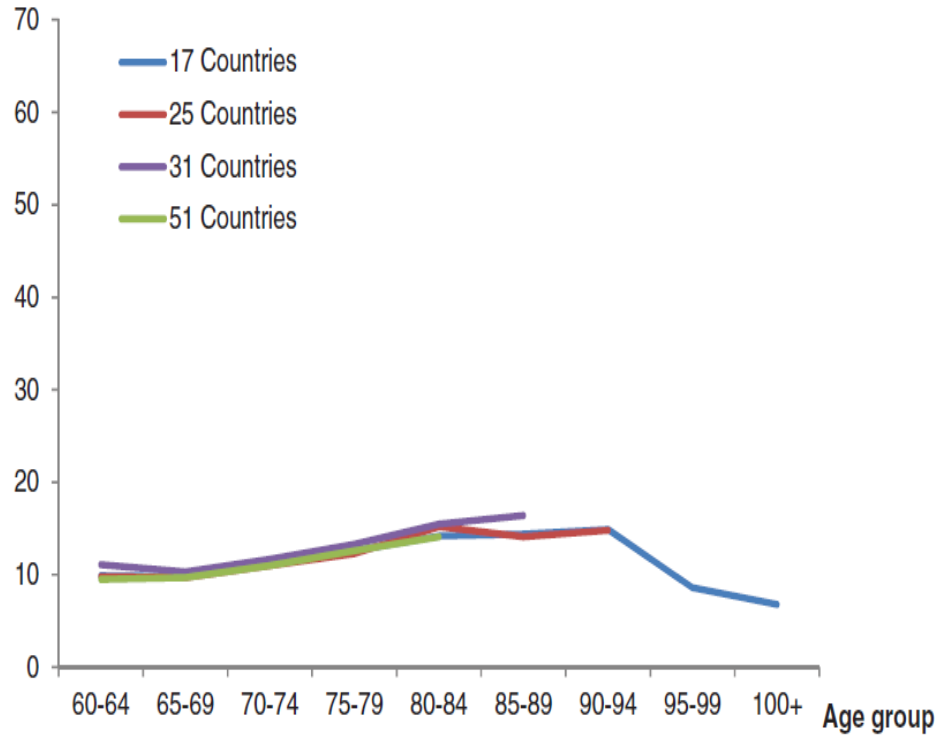


Figure 1. Suicide rates for older males.

Rate per 100,000

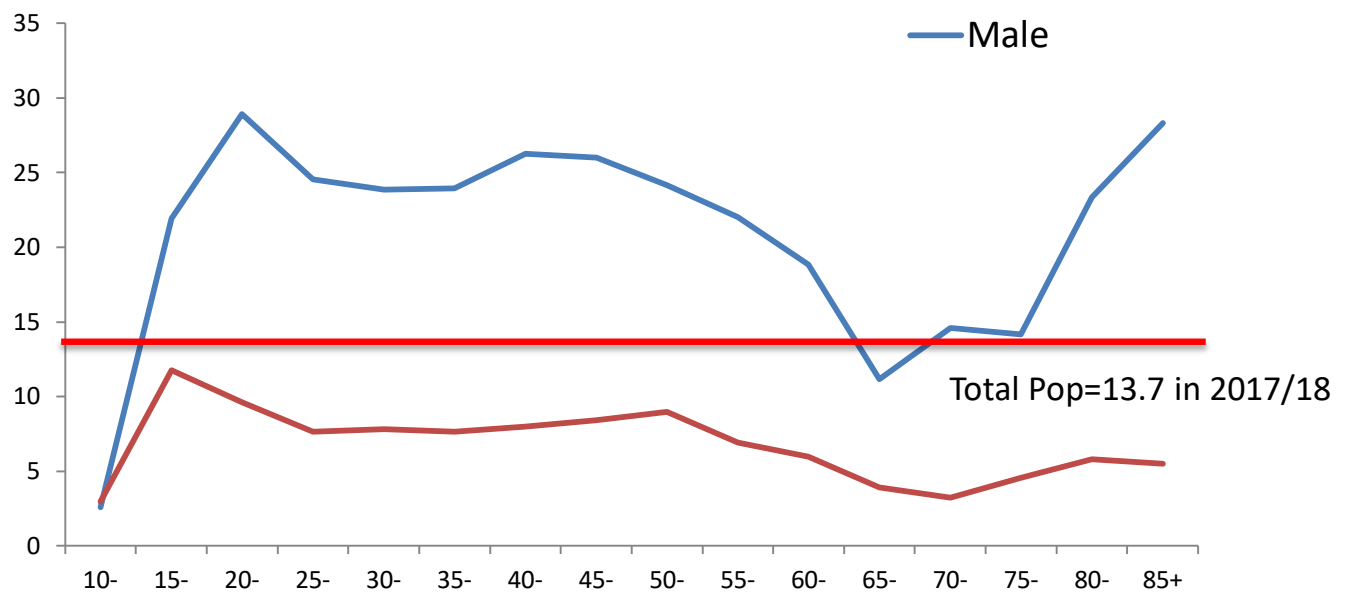


ND
IENCES

2015

Figure 2. Suicide rates for older females.

Mean age-specific rates by 5-year age group 2009 – 2018 (deaths per 100,000)



*2009-2013 Ministry of Health Figures; 2014-2018 Coroner Provisional Figures

Late-life Suicide: 25 international studies

- (1) depression is the most common psychiatric illness
- (2) 55% physical illnesses
- (3) 6.2% terminal illness
- (4) more likely to have contact with primary care than mental health services in the 3 months prior to suicide

JOINER'S THEORY OF SUICIDE



Loneliness

- “the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively” (Perlman & Peplau, 1981, p. 31)
- includes situations, in which the number of existing relationships is smaller than is considered desirable as well as situations where the quality or intimacy one desires has not been realized.

Social health

- The influence of social and environmental resources in finding a balance between capacities and limitations
- Domains
 - Capacity of people to fulfil potential and obligations
 - Ability to manage their life with some degree of independence despite a medical condition
 - Ability to participate in social activities

Strongest predictors of how long you live

- Social integration: how much you interact with people as you move through the date
 - Close relationships
-
- Quit smoking
 - Exercise
 - Overweight

Suicidality: A continuum



**Death
wish**

Suicidal ideation

**Suicide
Plan**

**Suicide
attempt**

**Completed
suicide**

Death wishes among older people assessed for home support and long-term aged residential care

Gary Cheung¹, Siobhan Edwards² and Frederick Sundram¹

¹Department of Psychological Medicine, University of Auckland, Auckland, New Zealand

²School of Medicine, University of Auckland, Auckland, New Zealand

Correspondence to: Dr Gary Cheung, E-mail: g.cheung@auckland.ac.nz

interRAI item on “Made negative statements”

e.g. “Nothing matters”, “Would rather be dead”,
“What’s the use”, “Regret having lived so long”,
“Let me die”

Depression	OR=2.5
Poor self-rated health	OR=2.4
Loneliness	OR=2.4



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Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



A meta-analytic review on social relationships and suicidal ideation among older adults



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ABSTRACT

Social relationships play an important role in mental health as well as suicidal ideation in later life. In contrast with the other well-established risk factors, despite an increasing number of related studies, no meta-analyses focusing on social relationships and late-life suicidal ideation have been published. Synthesis of data across the studies using different measurements of social relationships would allow for comparison of the effects on late-life suicidal ideation that have not been studied before. Therefore, we conducted a meta-analysis on the studies published between January 1, 2000 and November 31, 2016

Table 1


Structural measurements of social relationships on elderly suicidal ideation.

Measurements	No. of studies	Random effect size	Heterogeneity			
		OR, 95%CI	Q	df	p-value	I ²
Not Being Married	20	1.44[1.30, 1.59]	63.35*	19	0.000	70.00%
Living Alone	8	1.38[1.19, 1.61]	3.64	7	0.820	0.00
Familial Discord	4	1.19[1.02, 1.38]	1.54	3	0.673	0.00
Less Social Contact	6	1.18[1.04, 1.33]	3.98	5	0.552	0.00
Without Community Participation	3	1.18[0.99, 1.40]	19.12*	2	0.000	89.54%
Poor Social Network	5	1.07[0.94, 1.22]	2.64	4	0.619	0.00
Unemployment	6	1.36[1.15, 1.60]	11.59*	5	0.041	56.85%
Without Religious Affiliation	6	1.35[1.13, 1.62]	9.25	5	0.100	45.96%

*p < 0.05.

Table 2

Functional measurements of social relationships on elderly suicidal ideation.

Measurements	No. of studies	Random effect size	Heterogeneity			
		OR, 95%CI	Q	df	p-value	I ²
Perceived Loneliness	3	 2.24[1.73, 2.90]	2.18	2	0.337	8.04%
Poor Perceived Social Support	9	1.59[1.37, 1.83]	203.173*	8	0.000	96.01%
Poor Received Social Support	6	1.04[0.89, 1.21]	12.47*	5	0.029	59.91%
Without Filial Piety (Mistreatment)	5	2.31[1.81, 2.94]	37.13*	4	0.000	89.23%

*p < 0.05.

Suicidality: A continuum



**Death
wish**

Suicidal ideation

**Suicide
Plan**

**Suicide
attempt**

**Completed
suicide**

Review

A Systematic Review of Social Factors and Suicidal Behavior in Older AdulthoodMadeleine Mellqvist Fässberg ^{1,†}, Kimberly A. van Orden ^{2,†}, Paul Duberstein ²,
Annette Erlangsen ³, Sylvie Lapierre ⁴, Ehud Bodner ⁵, Silvia Sara Canetto ⁶, Diego De Leo ⁷,
Katalin Szanto ⁸ and Margda Waern ^{9,*}¹ Department of Psychiatry and Neurochemistry, Neuropsychiatric Epidemiology Unit, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Wallinsgatan 6, 43141 Mölndal, Sweden; E-Mail: madeleine.mellqvist@neuro.gu.se² Department of Psychiatry, University of Rochester Medical Center, 300 Crittenden Boulevard, Rochester, NY 14642, USA; E-Mails: Kimberly_Vanorden@URMC.Rochester.edu (K.A.O.); Paul_Duberstein@URMC.Rochester.edu (P.D.)

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Table 1. Cont.

Social factor	Authors	Study type	Country	Subjects	Outcome	Measure of social factor	Strength of association
Loneliness	Wiktorsson <i>et al.</i> (2010) [39]	Clinical	Sweden	Population 70+ ^B	Suicide attempt	Single question: Do you feel lonely?	Feelings of loneliness vs. not: OR = 2.8 (95% CI = 1.3–6.1) ⁱⁱ
	Rubenowitz <i>et al.</i> (2001) [40] Waern <i>et al.</i> (2003) [42]	Psychological autopsy	Sweden	Community dwellers ^B	Suicide	Recent Life Change Questionnaire [47]	Feelings of loneliness vs. not: men: OR = 6.8 (95% CI = 2.6–18.0), women: OR = 8.4 (95% CI = 3.2–22.3) ⁱⁱⁱ
				Community dwellers 65–75 ^B	Suicide	Recent Life Change Questionnaire	Feelings of loneliness vs. not: OR = 7.6 (95% CI = 2.6–22.3) ^{iv}
				Community dwellers 75+ ^B	Suicide	Recent Life Change Questionnaire	Feelings of loneliness vs. not: OR = 5.6 (95% CI = 2.2–14.5) ^{iv}

Why Do the Very Old Self-Harm? A Qualitative Study

*Anne P.F. Wand, M.Psychiatry, Carmelle Peisab, M.D., Brian Draper, M.D.,
Henry Brodaty, D.Sc.*

Am J Geriatr Psychiatry 2018; 26:862–871

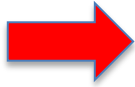
TABLE 2. Summary of Themes Emerging from the Analysis of Interview Transcripts

Reasons for self-harm

- Enough is enough
- Loneliness and not belonging
- Disintegration of self—my aging body is letting me down
- Being a burden
- Cumulative adversity
- Hopelessness and endless suffering
- Helplessness with rejection
- The untenable situation

Consequences of self-harm

- Becoming engaged with or distanced from family
- The problem was solved
- Gaining control



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Wand et al. 2018

Loneliness, isolation, and perceived loss of value to and disconnect from society were prominent:

- “I’m worthless to society.” Male, 84
- “I have no friends. I have nobody.” Female, 102

This sense of alienation was compounded for migrants, especially if their English was poor:

- “I have nobody here [in Australia].” Female, 83



Research report

Late-life suicide: Insight on motives and contributors derived from suicide notes



Gary Cheung^{a,*}, Sally Merry^a, Frederick Sundram^a

^a Department of Psychological Medicine, The University of Auckland, Private Bag 92019, Auckland Mail Centre, Auckland 1142, New Zealand

Theme: Reasons to commit suicide


- Reduced quality of life and life is a struggle
- Physical health problem
- Inability to function independently
- Fear of rest home
- Other stressful life events (legal, financial and relationship issues)

Quotes.....

- *“I decided that the risk of future stroke is too high for me to tolerate so I will use the EXIT bag with helium”*
- *“For many many years I have suffered severe pain in all parts of my body from head to toe.”*
- *“I have decided to take my life because my suffering from nausea, depression, anxiety, prostate, balance, and more, constipation, voice box, sore anus, angina has become unbearable.”*

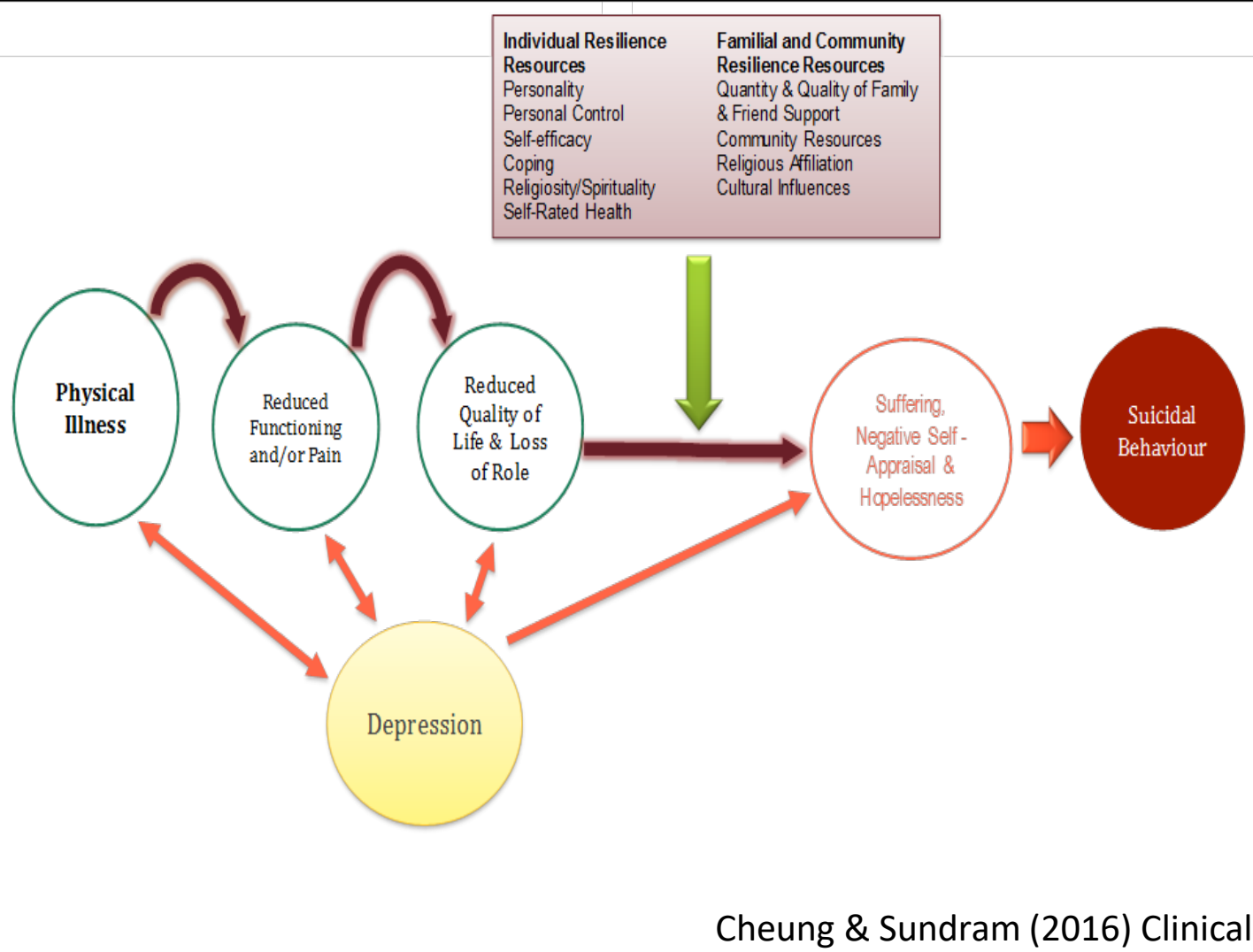
ORIGINAL ARTICLE

Late-life suicide in Asian people living in New Zealand: a qualitative study of coronial records

Ioanna WANG ¹ Elsie HO,² Patrick AU⁴ and Gary CHEUNG³

Main themes:

1. The role of Family
 - Most people lived with family
 - Suicide occurring in the context of a family
 - Social and cultural isolation
 - Adjustment and Loss
2. Declining physical health
3. Violent method of suicide (80% Hanging)



Intervention for Loneliness

Systematic review (Cattan et al. 2005)

- Group interventions with a focused educational or training and social support activities that targeted specific groups e.g. women, caregiver, the widowed, the physically inactive, people with serious mental health problems
- 1:1 interventions conducted in people's own home not effective

Intervention for Loneliness

- Systematic review (Dickens et al. 2011)
 - Offering social activity and/or support and at a group level
 - Interventions developed within the context of a theoretical basis
 - Older people were active participants

Smart technologies

(Morris et al. 2014)

- Internet-based support group
- Computer use and training
- Web-based discussion group
- Web-based self-help interventions

Effects of Psychosocial Group Rehabilitation on Health, Use of Health Care Services, and Mortality of Older Persons Suffering From Loneliness: A Randomized, Controlled Trial

Kaisu H. Pitkala,^{1,2,3} Pirkko Routasalo,^{1,2,3} Hannu Kautiainen,⁴ and Reijo S. Tilvis⁵

¹The Central Union for the Welfare of the Aged, Helsinki, Finland.

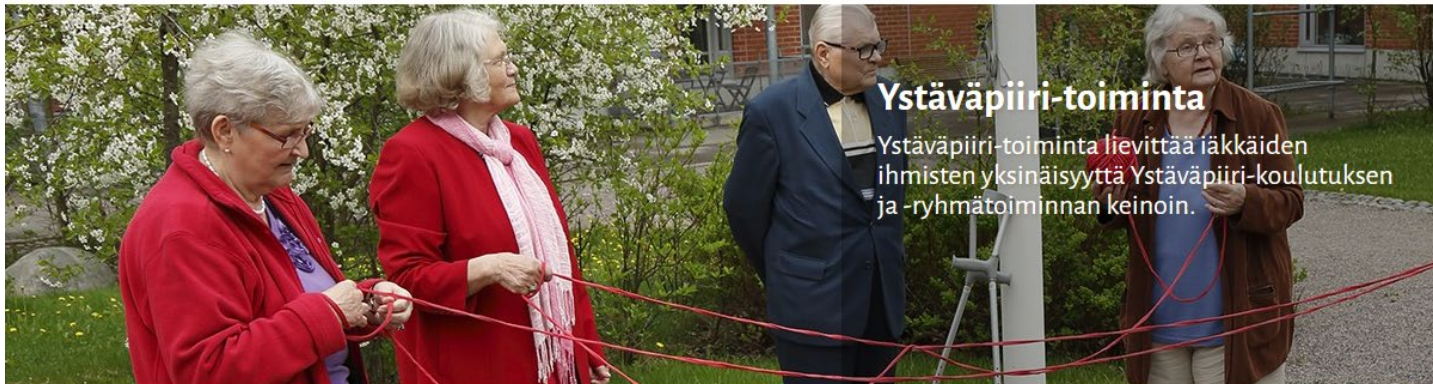
²Department of Primary Health Care and General Practice, Faculty of Medicine.

³Unit of General Practice, and ⁴Clinics of General Internal Medicine and Geriatric, Helsinki University Hospital, Finland.

⁵Rheumatism Foundation Hospital, Heinola, Finland.

Background. Loneliness is a distressing feeling of a lack of satisfying human relationships. It is associated with poor

- This study reported a mean net reduction in health care costs of €943 per person per year, along with lower mortality and less use of health services among older adults who received the psychosocial group intervention.



Ystäväpiiri-toiminta

Ystäväpiiri-toiminta lievittää iäkkäiden ihmisten yksinäisyyttä Ystäväpiiri-koulutuksen ja -ryhmätoiminnan keinoin.

Toimimme

Jäsenoiminta

Korjausneuvonta

Ystäväpiiri-toiminta

Ystäväpiiri-koulutus

Koulutusten ajankohdat

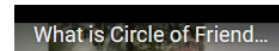
Ystäväpiiri-toiminta - Circle of friends[®] alleviating loneliness among older people

Ystäväpiiri-toiminta - Circle of friends[®] is based on rigorous training of professionals and volunteers.

The Circle of Friends group intervention for lonely older people has been systematically and widely implemented and disseminated in Finland for 12 years. The main idea of the Circle of Friends group is to alleviate and prevent loneliness of



Circle of Friends alleviates loneliness.



Suicide figures raise questions over euthanasia

Published: 5:59AM Tuesday August 27, 2013 Source: Fairfax

Email this article Print this article Text size  

 Like 0  Tweet 3

Elderly men are taking their lives at a high rate, and the chief coroner has raised the possibility of a link with euthanasia.

Suicide figures published yesterday highlighted the lack of information about people who died through euthanasia, which was illegal in New Zealand, chief coroner Judge Neil MacLean said.

"Euthanasia is suicide - we don't go into details about the euthanasia rate."

The figures show that, in the past year, men aged 85 or older were more likely to take their own lives than any other group.



Chief Coroner Judge Neil MacLean - Source: ONE News

Watch Video

<http://tvnz.co.nz/national-news/suicide-figures-raise-questions-over-euthanasia...>

 Should we talk more about suicide? (1:08)

Read Article

Watch Video (1 video)

Advertisement



Original Article

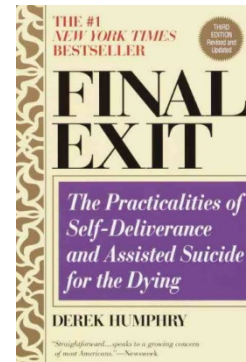
Late-Life Suicide in Terminal Cancer: A Rational Act or Underdiagnosed Depression?

Gary Cheung, FRANZCP, MBChB, Gwendolyn Douwes, and Frederick Sundram, FRCPsych, PhD
Department of Psychological Medicine (G.C., F.S.), The University of Auckland, Auckland, New Zealand; and The Faculty of Medical Sciences (G.D.), The University of Groningen, Groningen, The Netherlands

-
1. 11% had a terminal cancer
 2. Less likely to have depression
 3. Less likely to have previous contact with mental health services
 4. 83% motivational basis understandable to uninvolved observers ? Rational suicide

Steve: 66 years old

- Diagnosed with prostate cancer and had 18 months to live
- Wife had Parkinson's disease
- Decided to form a suicide pact
- Followed the plastic bag method described in Derek Humphrey's book "Final Exit" (Chapter 22)



- Suicide note: decided to die because of their suffering
- Wife died but Steve survived; later charged by the police and appeared in court a year later
- By now he had another 6 months to live
- Physically weak and suffered from a lot of pain
- The media coverage of the court case started to bother him
- Steve decided to hang himself in the garage

- Coroner inquest = suicide verdict
- But debate on.....
 - Right to die
 - Rational suicide
 - Euthanasia
 - Physician-assisted dying

POLITICS

Euthanasia bill passes first reading

11:21 pm on 13 December 2017

Share this



A bill legalising euthanasia has passed its first reading in Parliament.

The vote on sending the bill to the Justice select committee was 76 in favour, 44 against.

The End Of Life Choice Bill has been proposed by the Act MP David Seymour.

Mr Seymour said he was overwhelmed by the number who voted in support.

"I thought that we would have the numbers, I didn't think we would have as many as we did have.

"And now it's up to the public to make their views heard. If they want choice then the justice select committee will soon be seeking the public's views."

Tonight's vote was a conscience vote, meaning MPs did not have to follow a party line.

<https://www.radionz.co.nz/news/political/346131/changes-to-euthanasia-bill-to-court-nz-first-vote>

RELATED STORIES

Changes to euthanasia bill to court NZ First vote

13 Dec 2017

ACT party leader will support a change to his bill on legalising euthanasia in order to get New Zealand First's support for it.



Euthanasia bill campaign launched

12 Dec 2017

The public campaign to legalise euthanasia had a rocky start with a lone protester attempting to derail the launch.



Victoria legalises euthanasia

29 Nov 2017

Victoria has become the first state in Australia to legalise assisted dying for the terminally ill.



Poll: 68% want binding referendum on medical aid in dying

Wednesday, 3 October 2018, 12:18 pm

Press Release: [Horizon Research Limited](#)

New Zealanders want a binding referendum on proposed End of Life Choice law.

A [HorizonPoll](#) finds 68% say yes to having a binding referendum, 33% say no.

The result overwhelmingly supports a New Zealand First proposal to hold a referendum, which will determine if its MPs support the End of Life Choice Bill. The referendum would be held if the bill passes in Parliament but before it is given Royal assent to become law.



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Conclusion

- Late-life suicide is a heterogeneous phenomenon
- Interpersonal theory of suicide provides a framework to link the risk factors of physical illness (“burden”) and loneliness
- Addressing loneliness at a community level could be considered as a late-life suicide prevention strategy
- The ongoing right to die debate

g.cheung@auckland.ac.nz

References

- Wang, J., Ho, E., Au, P., **Cheung, G.** Late life suicide in Asian people living in New Zealand: A qualitative study of coronial records. *Psychogeriatrics*. In press
- **Cheung, G.**, Douwes, G., Sundram, F. (2017). Late-life suicide in terminal cancer: a rational act or under-diagnosed depression? *Journal of Pain and Symptom Management*. In press
- **Cheung, G.**, Merry, S., Sundram, F. (2017). Do suicide characteristics differ by age in older people? *International Psychogeriatrics*. doi:10.1017/S1041610217001223
- **Cheung, G.**, Foster, G., de Beer, W., Gee, S., Hawkes, T., Rimkeit, S, Tan, Y.M., Merry, S., & Sundram, F. (2017). Predictors for repeat self-harm and suicide among older people within 12 months of a self-harm presentation. *International Psychogeriatrics*. doi: 10.1017/S1041610217000308
- **Cheung, G.**, & Sundram, F. (2016). Understanding the progression from physical illness to suicidal behaviour: a case study based on a newly developed conceptual model. *Clinical Gerontologist*. doi:10.1080/07317115.2016.1217962
- Alyami, M., Alyami, H., Sundram, F., **Cheung, G.**, Haarhoff, B. A., Lyndon, M. P., & Hill, A. G. (2016). Enhancing suicide risk assessment: a novel visual metaphor learning tool. *Australasian Psychiatry*, 24(6), 608-614.
- **Cheung, G.**, Edwards, S., & Sundram, F. (2016). Death wishes among older people assessed for home support and long-term aged residential care. *International Journal of Geriatric Psychiatry*. doi:10.1002/gps.4624

- Fässberg, M. M., **Cheung, G.**, Canetto, S. S., Erlangsen, A., Lapierre, S., Lindner, R., . . . Wærn, M. (2016). A systematic review of physical illness, functional disability, and suicidal behaviour among older adults. *Aging & Mental Health*, 20(2), 166-194.
doi:10.1080/13607863.2015.1083945
- **Cheung, G.**, Hatters Friedman, S., & Sundram, F. (2016). Late-life homicide-suicide: a national case series in New Zealand. *Psychogeriatrics*, 16(1), 76-81.
- de Beer, W. A., Murtagh, J., & **Cheung, G.** (2015). Late-life self-harm in the Waikato region. *New Zealand Medical Journal*, 128(1426), 75-82.
- **Cheung, G.**, Merry, S., & Sundram, F. (2015). Late-life suicide: Insight on motives and contributors derived from suicide notes. *Journal of Affective Disorders*, 185, 17-23.
- **Cheung, G.**, Merry, S., & Sundram, F. (2015). Medical examiner and coroner reports: uses and limitations in the epidemiology and prevention of late-life suicide. *International Journal of Geriatric Psychiatry*, 30(8), 781-792.
- **Cheung, G.**, & Casey, J. (2014). Few older people in New Zealand who commit suicide receive specialist psychogeriatric services. *Australasian Psychiatry*, 22(4), 386-389.
doi:10.1177/1039856214537693

Morning tea

05

Perspectives on belonging: Buddhism

Hanya Gallagher

Zen Priest

Auckland Zen Centre

06

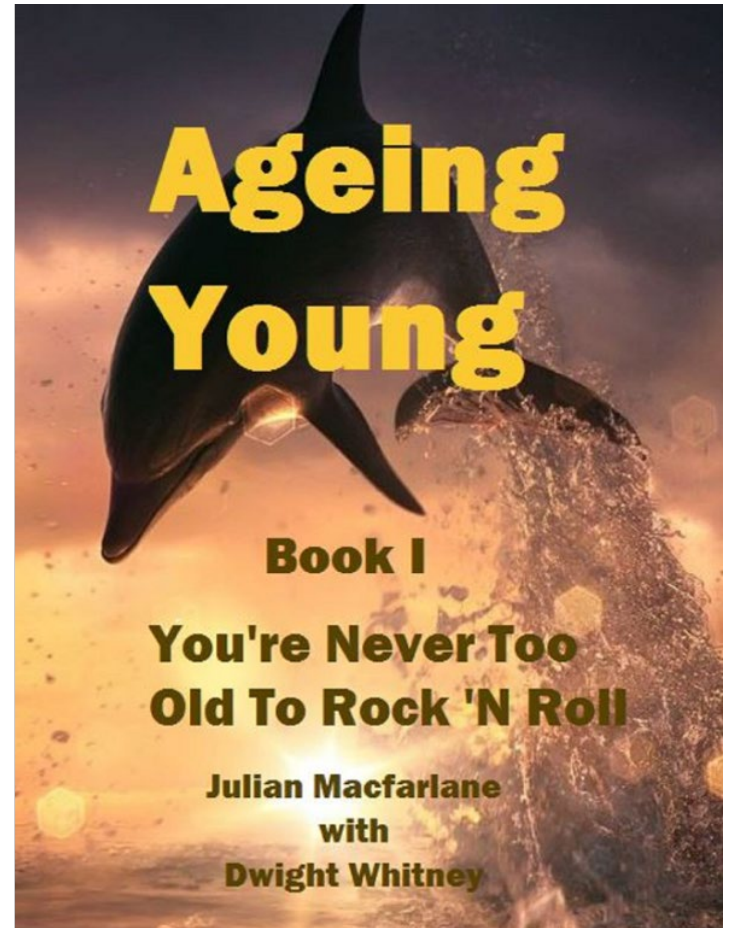
Perspectives on belonging: Agnostic

Dwight Whitney
Author

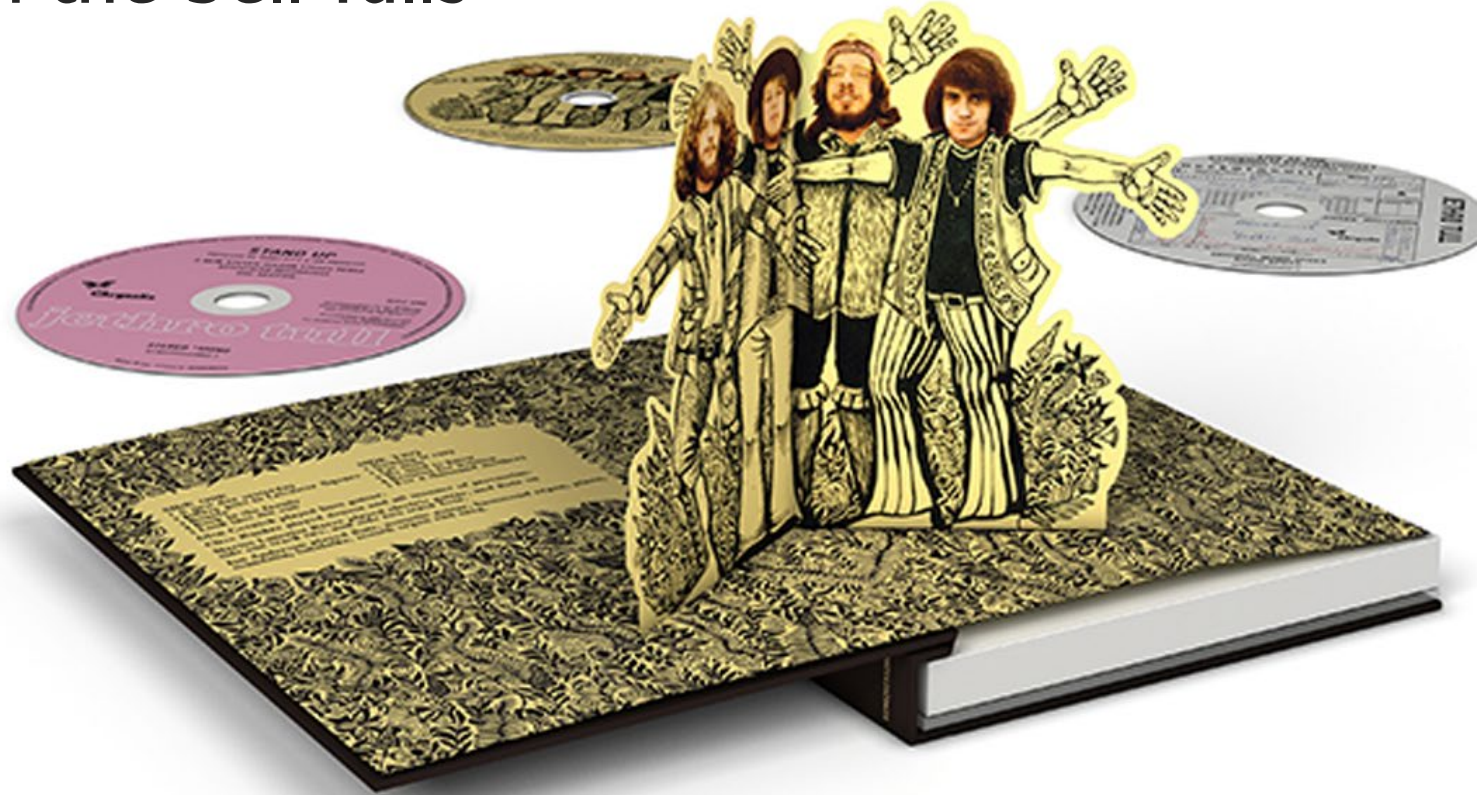
Belonging: It's only natural



Might as well jump



For whom the bell Tulls



Wild ride



Everybody belongs



Is being agnostic merely hedging one's bets?

Does God Exist?

Yes

No

Don't Know

God Only Knows!

Market Research

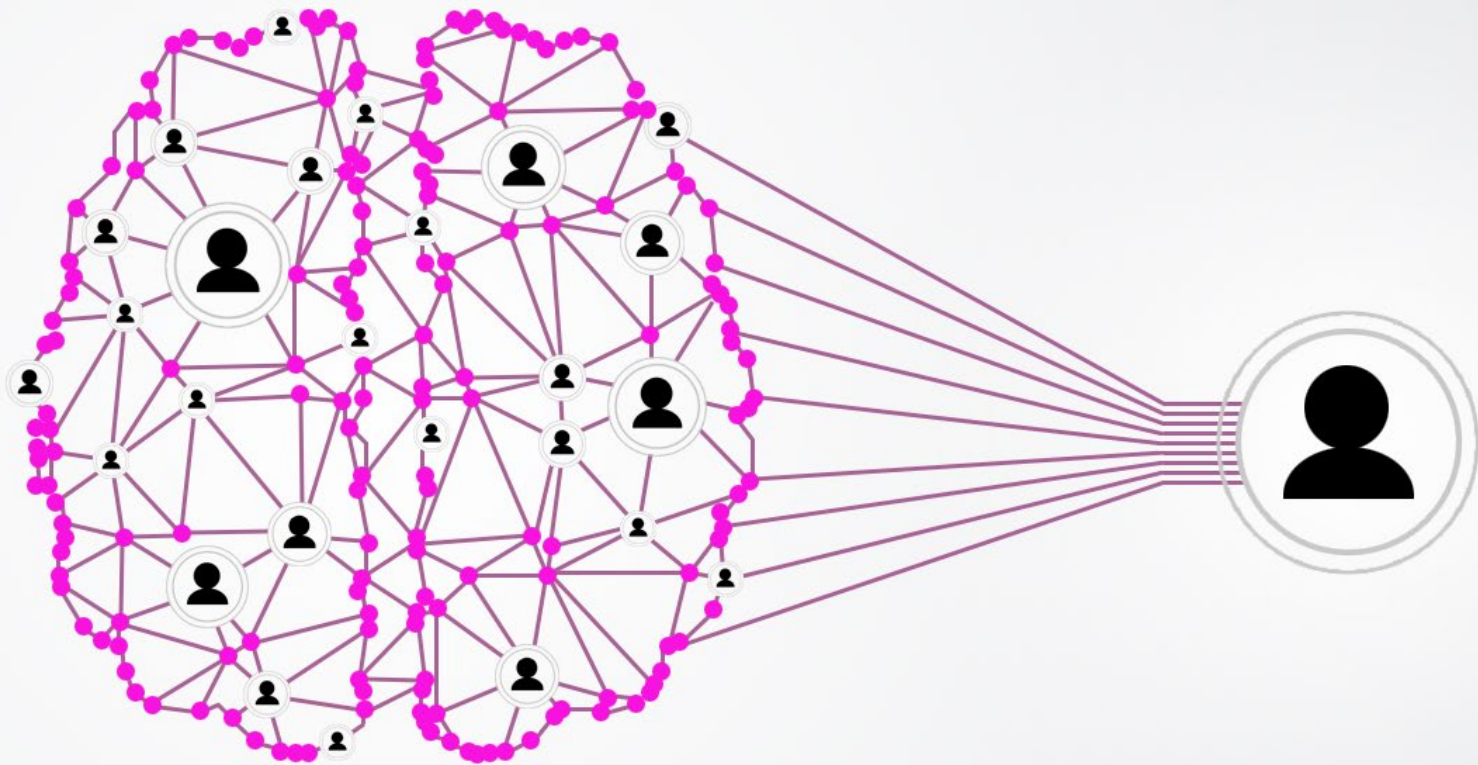
A feast of moving experiences



Belonging is the default
position



Born to be wired



Rootless or Belonging?



Open for options in belonging



**WHO ARE
YOU?**



BORN IN THE USA

They call the Rising Sun





Paradise lost?



The time bomb stops ticking

Worst case



Rebuilding and belonging



A long and winding road



The essence of belonging

- You have to 'belong' with yourself as the first point of connection. We all are works in progress that need grounding on OUR terms rather than necessarily others. After all this is what is connecting with the world.
- From there it is belonging with the people who mean the most for you and with you. Family, close friends...or people with shared loves, passions and interests. Communities of passion and connection.
- If you can find kindred spirits, and souls, you are truly blessed.
- Have purpose. What the Japanese call Ikigai.
- Be open to ideas and not reduce everything to your terms. Having your own 'ism' doesn't mean this must fight with others.
- Resilience is vital. As is love...for yourself and for others.





belonging

Remembering Ourselves Home

A place to belong



belonging

Remembering Ourselves Home

Thank you

07

Perspectives on belonging: Chaplain

The Reverend Lucy
Nguyen
Chaplain, The Selwyn Foundation

08

Perspectives on belonging: Muslim

Imam Mohammad
Seleh Almodarresi

Lunch

09

Perspectives on belonging: Tangata Whenua

The Venerable Lloyd
Nau Popata.
Archdeacon of Tamaki Makaurau,
Pou Tikanga

Te oranga wairua o te kaumatua- The spiritual wellbeing of elders : A Maori perspective



He inoi: A prayer

Kia whakapaingia a te Karaiti,
Mō ngā tūpuna, mātua, mō te hunga tapu.
Ngā tōtara Whakamarumarū, ngā Toka Tūmoana,
Ngā Kākā Wahanui, ngā Puna Roimata.
Kia tīaho te māramatanga ki a rātou,
Kia au tā rātou moe.
Korōria ki te Atua.
Amine
Source: He Karakia Mihinare o Aotearoa, pg 478



E te Matua e Ross, noho wairua atu ra: A tribute to Matua Ross Gregory.



E te Matua e Ross, kua tata pahure nei te waru tau i muri mai i to wehenga. Noho wairua atu ra koe i te ki roto i Kiingitanga o te Kororia.

Matua Ross was a Kaumatua advisor and former resident of Selwyn Village.

In early March this year, the tribes of the far north lost a teacher, artist, historian and quiet leader with the death on Saturday of Ross Gregory at the age of 78.

Te Rarawa chair Haami Piripi says Mr Gregory, the brother of former Northern Maori MP the late Bruce Gregory, had a long career in education.

While he was an orator of note, he preferred to lead by example, with his many achievements including the establishment of marae and kura as well as the Muriwhenua kapa haka. He famously performed in the three part taki (challenge) to HM Queen Elizabeth II during a visit to Waitangi in the 1970s

"He was an excellent carver, a songwriter, kapa haka exponent, acknowledged as our local Maori historian, the go to person for geneology and history. His passing has left not just a gap in our knowledge and in our skill base but a whole genre of leadership that has gone. You don't get that sort of leadership any more. He was a fantastic guy," Mr Piripi said.

The tangihanga for Ross Stirling Gregory was at Te Rarawa Marae in Pukepoto.

Matua Ross Gregory passed away 10th
March 2018 aged 78



He mihi, he tangi, he poroporoaki:

E koropiko ana ki te Atua,

E tangi ana ki ngā mate.

Ka mihi ki a Ranginui i runga nei, ki a Papa-Tūānuku e takoto nei.

Ki ngā Maunga whakahī, mō ngā Puke-kōrero

Ki ngā Tai-mihi-tāngata, mō ngā Moana e hora nei.

Ki ngā manawhenua o Tamaki e hōrapa nei.

Te Whare o Herewini e whakahuihui nei a tatou, tēnā koe.

E te Pihopa e Ross, tēnā rawa koe.

E nga mana e tau nei, tēnā tātou, tēnā tātou, tēnā tātou katoa

2018 The Selwyn Institute, Ageing and Spirituality Conference

- ▶ Etahi kaupapa, hei wānanga mā tātou/ themes which I'd like to reflect upon:
- ▶ Mana Atua (God as ultimate source of mana)
- ▶ Mana Tupuna (mana derived from ancestors)
- ▶ Mana Whenua (mana providing oneness with the natural environment)
- ▶ Mana Tangata (the mana of the person and others)
- ▶ Kaumatuatanga me ōna āhuatanga o mua, o ināianei (The Kaumatua identity in former and current times)

Themes continued....

- ▶ Oranga Wairua (Spiritual health) of Kaumatua
- ▶ Barriers to oranga wairua for kaumatua
- ▶ Opportunities of enhance oranga wairua of kaumatua
- ▶ Kaumatua me te whakapono/ kaumatua and the church

The four kinds of Mana, and their relevance to Kaumatua

- ▶ Each of these kinds of mana impact the spiritual and physical wellbeing of kaumatua on a daily basis.
- ▶ **Mana Atua (God as ultimate source of mana)**
- ▶ The ultimate source of mana is Atua and mana is viewed as their strength given to mankind. It is the link between human beings and Atua that bring order out of chaos, light out of darkness (Shirres, 1997). Mana enhancing practice ensures the relationship between the divine origin, self and others is transparent, this is demonstrated through reciprocal relationships with people and the environment (Marsden, 2003). This is an absolute reminder that wairua is a normal part of the world in which we live and reinforces the 'wrongness' of a physical and spiritual split when considering health and wellbeing.
 - ▶ Most Māori aged 60+ will tend to have been raised in one of the mainstream denominations or Māori religious movements, or at least within a household where there will have been regular karakia and possibly church attendance. Church attendance may have tapered off during early adulthood and parenthood, but most will have maintained a practice of karakia and church attendance at tangi. Many Kaumatua will return to church and karakia once their children have grown up and mokopuna eventually arrive. Maori exhibit an innate belief in the divine. A belief that God has created them. The need for spiritual nourishment remains throughout the life of any Māori person. Even among those who have grown up separated from their roots. Spiritual nourishment is essential for orange wairua of Kaumatua.

Mana Tupuna (mana derived from ancestors)

▶ Mana Tupuna

- ▶ Each person is born with mana derived from their parents, whānau, hapū and Iwi which in turn is derived from the relationship between Atua and human beings (Barlow, 1991). This domain is a reminder that consideration of an individual requires consideration of their 'systems', particularly whānau.
- ▶ When a person becomes kaumatua, they also become tupuna. They may not have any children of their own, but will be loved and respected by nieces and nephews. They will endow mana, knowledge, tikanga (etiquette) important information such as whakapapa (genealogy) through the narrative of korero/story telling. Through receiving mana tupuna, so too they have the responsibility to pass it on. Kaumatua require regular contact with their tamariki (children) mokopuna (grandchildren), uri (descendants) nieces and nephews, otherwise they become mokemoke (lovely) and their spiritual, mental and physical health will decline.

Mana Tupuna (mana derived from ancestors)

- ▶ **Mana Whenua**
- ▶ The land is linked to the spiritual powers, and to the ancestors, best expressed by statements used by Māori to identify a person's oneness with the land, to their mountain, river, waka, Marae and iwi (Shirres, 1997). This domain acknowledges a sense of identity and connectedness through time and space. Readers are recommended to consider the concept of Ūkaipo to broaden ones' understanding of Mana Whenua.
- ▶ Most elder Maori live away outside of their tribal rohe (area). Yet throughout their lives they will commonly make regular visits for hui (events) and tangi (funerals). Being able to visit, see and touch their mountain, river, body of water, land, marae and home people they are able to reconnect and recharge spiritual and emotionally. As Kaumatua become less able to travel, return trips home may be less difficult. Visits by whanau and tribal kinspeople provide a substitute for such return visits as they will embody the same links and history. They will be able to share stories with incapacitated kaumatua who are unable to travel. During the twilight years of a kaumatua's life, tribal homeland's become important, as the commonly will return home after passing away.

Mana Tangata ((the mana of the person and others)

- ▶ **Mana Tangata**
- ▶ Mana tangata refers to the authority which comes from their people (Durie, 2001) If a person does things so their people prosper they then gain mana. Mana can also be acquired by a person according to their ability, their efforts to develop skills, knowledge and achievements. Yet, it is generosity, cooperation and taking responsibility that are aspects that enhance the mana of others as well as enhancing one's own mana. It is outside the scope of this document to define in any depth of these concepts however readers are encouraged to research further some of the resources listed in the reference section.
- ▶ **Source: Te Rau Matatini.** The National Centre for Māori Health, Māori Workforce Development and Excellence.

Mana Tangata continued

- ▶ Mana Tangata
- ▶ When a person becomes kaumatua, they will have possibly raised a family, or been involved in the care and nurturing of younger people. They will have established whanau, hapu, iwi and social networks, and notoriety amongst them. They will have accumulated much mana, unless, by their own actions, they have acted in ways which have resulted in violation and the loss of mana. They will be loved and respected. Kaumatua Maori will commonly have lived lives guided by tikanga Maori. They will ideally be enabled to continue living this way even though life circumstance may change as they age. As with all elder people, kaumatua ought to be treated with the greatest care and respect. They are tapu, sacred. They are treasured taonga.

Oranga Wairua of Kaumatua (The spiritual wellbeing of Kaumatua)

“ We are not merely physical beings, having spiritual experiences, rather we spiritual beings, having physical experiences” Queen Te Atairangikaahu, The Maori Queen at her coronation anniversary, the year 2000.

“Mana is tapu centered. In every case the mana deriving from tapu acts to manifest, address, enhance, sustain and restore its own tapu and the tapu of other beings, until the goal of possessing tapu is its fullness is reached”

The Rev Dr Pa Henare Tate- He Puna Iti i te Ao Marama 2012



Barriers to oranga wairua for kaumatua

- ▶ **Mate Mokemoke (Loneliness) , Koingo (Yearning)**
- ▶ Whether living alone, with whanau, or in care, kaumatua may experience loneliness, a sense of pining or a yearning for a number of things:
- ▶ For loved ones who have passed away, particularly a spouse or close friends
- ▶ For their Ukaipo (their traditional homelands), their marae and iwi
- ▶ For traditional foods they collected, harvested and ate in an earlier life.
- ▶ **He noho kore tikanga (life without cultural protocols and etiquette)**
- ▶ It is important observance of tikanga is made possible for kaumatua, and observed by others in their presence.
- ▶ A lack of tikanga observance may diminish the mana and tapu of kaumatua, thus causing a diminishment of oranga wairua

Opportunities of enhance oranga wairua of kaumatua

- ▶ Karakia
- ▶ Regular visits by whanau, hapu and iwi
- ▶ Observance of tikanga
- ▶ Were possible, visits to ukaipo, marae, tupuna whenua
- ▶ Pastoral care by other kaumatua, chaplains, pastoral carer
- ▶ Opportunities to socialise and interact with kaumatua who have had similar life experiences
- ▶ The protection of Mana and Tapu of kaumatua and the absence of factors, behaviours and occurrences which might diminish, compromise or violate their mana and tapu.

Kaumatua me te whakapono:kaumatua and the church/faith

- ▶ Many kaumatua will have been raised in one or other of the following faith traditions:
- ▶ Mihinare (Anglican), Katorika (Catholic), Ratana, Weteriana (Methodist), Perehepeteriana (Presbyterian), Momona (Mormon), Ringatu, Pai Marire, and others.
- ▶ Freedom to pray, people to pray with, access to prayer resources, sacraments and pastoral care is essential to oranga wairua of kaumatua
- ▶ Karakia, Himene, Kai Hapa, Hakarameta nourish the orange wairua of kaumatua

Nga Kaumatua Rongonui o te Haahi



10

Perspectives on belonging: Pasifika

The Reverend Dr Frank
Smith

11

Questions and summary

Hilda Johnson-Bogaerts
Director, The Selwyn Institute

1. In terms of interacting with older people what are you adding to your tool belt and why?
2. What new connections in your thinking have you made? What have been your “Aha” moments?
3. What is your definition of true belonging?
4. How do we facilitate true belonging when working with vulnerable older people?
5. How can we cultivate a culture of true belonging?
6. What happens when you are not true to yourself?
7. How will you live the message of belonging

12

The council's work relating to investing in Aucklanders

Teena Abbey
Auckland Council



Investing in Aucklanders – WHO Age-friendly Cities

Ageing and Spirituality | November 2018

Investing in Aucklanders

Auckland Council asked staff to investigate how Auckland could become a friendlier and more inclusive city.

The 'Investing in Aucklanders' project is designed to help us find out what this means to Aucklanders and explore what could be done to help.

Staff conducted community engagement with 650 Aucklanders.

Key findings

Simple acts of kindness, events and whānau gatherings help create a sense of belonging.

Community places, activities, social networks and connections enable inclusion.

Feeling unsafe, discrimination, physical, health and economic conditions are barriers to inclusion.

Participants expressed their care for each other and their concern about inequality. They also want to see inclusion activities as an everyday rather than occasional experience.

We are now exploring what types of activities could be done to test what helps build inclusion, belonging and participation.

World Health Organisation Global Network of Age-friendly Cities and Communities



MISSION



To stimulate and enable cities and communities around the world to become increasingly age-friendly

AUCKLAND COUNCIL'S ROLE

Lead the plan development and application to the WHO Age-friendly Network

PROCESS

Start the age-friendly journey

Engage with communities and stakeholders to develop Auckland's age-friendly action plan

To make our communities a great place to grow old in

Activity 1: Example

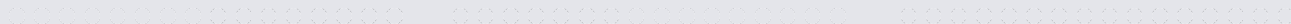
If I/we could work with: *XYZ school*

I/we could get: *older people to form a relationship with the school*

In order to get: *older people connected with younger people and share their skills and knowledge*



What could your **sector** do that would have the biggest impact on making Auckland more inclusive and age-friendly?



13

The Art of belonging

Mallika Krishnamurthy
Selwyn Centre Community Liaison



The Art of Belonging

A collaboration between The Selwyn Centres and Whitecliffe College of Art and Design art therapy students



Whangaparoa











Many hands with many smiles.
Each hand has a history.
I imagined the hand touched
a friend's shoulder gently
and conveyed warmth.
The hands became feathers
on a "KOROWAI"
This korowai contains us
and will welcome new people.
We are here together.
21.8.2018

SELWYN
CENTRE @
ROYAL OAK

Royal Oak



Unscramble these Herbs and Spices

- 1 NREADIORCR
- 2 GRINGE
- 3 TINMI
- 4 LIDL
- 5 MANNICON
- 6 YELSARP
- 7 NENELF
- 8 VOGLS
- 9 ZAILB
- 10 MERITUC
- 11 RAMSEYR
- 12 MYTHE
- 13 VALRENDE
- 14 FROMOYE
- 15 ANEOR
- 16 YENNAE PREE
- 17 JAMMORAR
- 18 GESA
- 19 NAIGRATOR
- 20 DARTSUM
- 21 LIMONKAGE
- 22 AYB VASELE
- 23 RADLACELIN
- 24 MONEL LAM
- 25 SEVOH
- 26 MVALCUM
- 27 TONACORRA
- 28 DRAKNE
- 29 TONACORRA
- 30







Our thanks to the wonderful guests, volunteers and coordinators of Waiuku, Royal Oak and Whangaparoa Selwyn Centres and to the students of Whitecliffe College of Art and Design

Afternoon tea

Conference Survey: <http://pgpoc.com/Spiritualconf>

14

The household of faith Christian Spirituality in the formation of community

The Right Reverend
Ross Bay
Bishop of Auckland, Diocese of
Auckland)





Please fill in the conference
evaluation:

<http://pgpoc.com/Spiritualconf>

11

Closing address

Dr. Peter Huggard
Deputy Chair, The Selwyn Foundation

Thank you

<http://pgpoc.com/Spiritualconf>