



Spiritual Health  
Association

## **Productivity Commission Submission from Spiritual Health Association**

**August 2019**

*An improvement in an individual's mental health can provide **flow on benefits in terms of increased social and economic participation, engagement and connectedness, and productivity in employment. This can in turn enhance the wellbeing of the wider community, including more rewarding relationships for family and friends; a lower burden on informal carers; a greater contribution to society through volunteering and working in community groups; increased output for the community from a more productive workforce; and an associated expansion in natural income and living standards.***

*These raise the capacity of the community to invest in interventions to improve mental health, thereby completing a positive reinforcing loop.*

(page 2, The Social and Economic Benefits of Improving Mental Health, Productivity Commission Issues Paper, January 2019)

### **Spirituality**

Spirituality is recognized as a factor that contributes to health and wellbeing in many persons. The concept of spirituality is found in all cultures and societies. It is a dynamic and intrinsic aspect of humanity through which people seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred.

Spirituality is individual, subjective and can be expressed in different ways. Some people choose to express their spirituality through religion or religious practice, while others may not. It is important to note that spirituality and religion are not necessarily synonymous. Spirituality can also be described as the search for answers to life's big questions, such as: Why is this happening to me? What does it all mean? What gives me comfort and hope? Does my life have meaning? What happens after we die? Many of these questions surface for people when ill health is a reality. Mental illness is no exception, and perhaps some of these questions and struggles are even more pronounced in a person with lived experience.

In short, spirituality can be distilled down to three words; meaning, purpose and connection. And when a person feels a presence of these elements in their life, they are most likely feeling balanced, content and resilient in the face of the things that life may present them.

### **Supporting evidence**

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*Spirituality and religion are fundamental to many people's lives, health and wellbeing and are crucial for the effective delivery of holistic and person-centred care because they address issues of hope, meaning and purpose. (Swinton, 2001)*

*There has been a growing interest in spirituality within the healthcare practice, research and policy, viewed now as an ethical obligation of professional care. (Vermandere et al., 2011)*

*Within Psychiatry, attitudes have changed as the profession has become more accepting of the spiritual and religious concerns of patients. (Sims and Cook, 2009)*

*In 2015, the Executive Committee of the World Psychiatric Association accepted a position statement that the consideration of a patients' spirituality, religious beliefs and practices and their relationship to the diagnosis and treatment of psychiatric disorders should be considered as essential components of psychiatric history taking, training and professional development. (Moreira-Almeida et al., 2016; Verhagen, 2017)*

### **Spiritual Care**

Spiritual Care is the provision of assessment, counselling, support and ritual in matters of a person's beliefs, traditions, values and practices enabling the person to access their own spiritual resources. (Spiritual Health Victoria, 2018)

In essence it is meeting people where they are at and assisting them to connect or reconnect to things, ideas, values and principles that are at the core of their being. It covers the breadth of their life. Spiritual care is an essential component of person-centred care.

### **Jo's Story – a case study**

Up until 2015 Jo would have regular admissions to a psychiatric inpatient unit. These admissions sometimes coincided with the anniversaries of the deaths of her two daughters; Sunshine in December 1974 and Becky in April 1998. In addition to the experience of severe and debilitating grief and loss, Jo has a long-standing diagnosis of bi-polar.

In April 2015 Jo met up with the Spiritual Care Practitioner (SCP) in hospital and engaged in some grief counselling work. A spiritual assessment was undertaken and a suggestion made that creating a ritual in the form of a memorial service to acknowledge, honour and celebrate the lives of her daughters may support her healing process. A referral was made to a private SCP and Celebrant.

Jo worked with the SCP/Celebrant to co-create a memorial service that was deeply personal and reflective of her story and the lost hopes and dreams for her deceased daughters. The memorial took place at Jo's home with 12 close family and friends present in May 2016.

Three weeks after the memorial service Jo reported that it 'felt powerful to welcome change into my life, I was able to speak from the heart and my story was listened to. I felt seen and heard and safe to be able to trust the process. Everyday is a gift now.'

By early December 2016, Jo was volunteering at the local U3A and had secured a part time volunteer art teaching role at a Community Centre in her local area.



Towards the end of 2017 Jo said she was 'well and optimistic after a good year with little sadness and much joy. Having moved homes, I now have the space to paint and I love the freedom to express myself.'

Late in 2018 Jo reported that she is enjoying better relationships with her family members. One family member now routinely ends telephone conversations with, 'I love you'. She reflected that 'being able to declare her role as an aggrieved mother was soothing' and 'being heard and believed dissolved my shame and humiliation. Any PTSD, fear, trauma, tragedy and all the other negatives are gone'. She noted that she able to bounce back from setbacks more easily. Jo offered the example of breaking her elbow earlier that year and reflected she was now able to take events like this in her stride. Jo has confidently stated she has 'never looked back since the memorial, I am finally off the treadmill that I couldn't get off'.

'I have a renewed sense of purpose'. Jo is maintaining her private art practice along with teaching and community work. She is more able to fully enjoy her son, daughter-in-law and their children. Additionally, Jo was able to reconcile a relationship with her sister 'who had kept me from seeing Becky before she died, and I found I had no forgiveness in my heart for her. It was not long after the memorial that I found forgiveness for her and she responded positively by becoming a close friend to me and seeming to make amends for what happened.'

During the process of capturing her story in early 2019 on film, Jo casually remarked that she is 'less of a burden on her husband these days', explaining there are no disruptions to their lives anymore with regular hospital admissions. Jo has recently added volunteer hours at an opportunity shop in her local area to her list of community interests and participation.

*Jo's story touches upon many of the categories of mental health improvement as noted and highlighted at the beginning of this submission that is under review by Productivity Commission into mental health services.*

*They include for the individual:*

- *increased social and economic participation*
- *engagement and connectedness*
- *productivity in employment*

*and for the wider community:*

- *more rewarding relationships with family and friends*
- *lower burden on carers*
- *greater contribution to society through volunteering and working in community groups*

### **This is Jo's Story**

In her own words, Jo presents the transition her life has undergone following the memorial service that offered her both completion and renewal. The video is 6 minutes long.

<https://www.youtube.com/watch?v=n3XYebnuw28&t=79s>



## **Holistic Care Models**

True person-centred care models must consider the spiritual and religious dimension of each patient. When health care professionals consider this multidimensional aspect of a person, they send an important message to the patient that they are genuinely concerned about the whole person. Holistic person-centred care means that a patient's spirituality and or religion needs to be an active part of the clinical record, unless otherwise stated. For too long the system has fixed its gaze exclusively on the bio-medical model, which primarily focuses on the human body and its human physiological needs. In doing so we have neglected our inherent psychosocial, existential and spiritual needs. For people with a lived experience of mental ill health the psychosocial, existential and spiritual can become quite urgent. When these needs are heard and acknowledged as basic to our very existence and identity, we reinforce to ourselves and others the value of our own self-authority, knowledge and inner resources that are vital to our own self-care. In the mental health context, this is based on ideas of building on personal strengths and aspirations and not individual pathologies, clinical 'deficits' or symptoms.

## **Recovery**

The concept of recovery emphasizes a person's capacity to have hope and lead a meaningful life that involves a shift from a primary focus of pathology, illness and symptoms to one of health, strengths and wellness. Hope is of central significance, and the recovery of hope, arising from many sources, including being believed and believed in is crucial. Spirituality provides a natural place where people look to for answers, seek refuge, comfort and a way forward. The adoption of the recovery model in the mental health sector is undoubtedly one of the major advances in genuine person-centred work. A simple means of value adding to the great work that is already being undertaken in many sectors is to further embed spirituality and spiritual care into how mental health services do business. Being aware of where recovery and spiritual care principles intersect is an important step toward fully integrated outcomes for people.

As Jo's story illustrates, the source of her distress could never have been resolved by the medical model alone. Spiritual care represents the paradigm shift that our existing service models are in desperate need of. This model of care is person-centred, compassionate and fully responsive to the complex and yet subtle nuances of people's lived experiences and their trauma.

## **Spiritual Health Association**

Spiritual Health Association has a proven record in the provision of leadership, advocacy, research, education, training and support to the mental health sector over many years. In support of the mental health workforce through training options we have enabled service users, across a range of services the ability to express themselves fully and authentically. Many people with a lived experience of mental illness wish to explore and develop their spiritual experience and sense of spiritual connectedness. At the same time people have reported a sense of isolation and anxiety about encountering a hostile reaction from mental health professionals who may not be sufficiently trained or are not comfortable discussing these experiences which are of a highly personal and sensitive spiritual nature. Some people prefer not to talk of their spiritual concerns for fear that they will be pathologized. When people feel they have to censor themselves, our systems have failed these people and nor are we working in a genuine person-centred way. I expect that Jo would still be caught in the



admission re-admission loop had she not been fortunate to meet up and work with a spiritual care practitioner who was able to understand her needs.

Spiritual Health Association has strong links to multi-faith groups, education facilities and other national and international expert resources in the provision of spiritual care in modern health care settings. We lead with best practice guidelines and capability frameworks for the professional spiritual care workforce both in Victoria and beyond. Spirituality and religion for the most part are non-tangible entities. Talking about them requires some abstract ideas and conceptual leaps, especially when dealing with diverse beliefs and practices. Language is a powerful tool and is used by different people at different times in their lives to convey different values, personal meanings and cultural nuances. The same term can be used or seen by one person as inclusive and open to multiple meanings, but to the next person as excluding, oppressive and alienating. Staff training and ongoing education is essential to equip the mental health workforce to meet the whole needs of people. Inherent in this task is assisting staff to understand their own values and biases so that they remain patient centred and non-judgmental when supporting the spiritual concerns of people with a lived experience.

Spiritual Health Association would be pleased to assist with any further information as required.

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