2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

Spiritual Health Association

Name

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"The system has traditionally stigmatized people whose religious and spiritual beliefs don't make sense to or are at odds with the prevailing medical model view. People have experienced discrimination in all levels of care owing to staff not being adequately trained to respond to people in appropriate ways. There has been and continues to be a lot of misunderstanding and misinformation around how a person's spiritual beliefs can support recovery. Spirituality covers that aspect of a person's life that has to do with meaning, purpose and connectedness. It has to do with identity and a sense of belonging. Depending on individual preference it may or may not have any direct correlation to institutional religion. A knowledgeable, well trained and confidant mental health workforce with competencies in how to respond to spiritual health needs will go a long way in supporting the universal aspirations for a stigma free person-centred care health system. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"In small pockets of the existing mental health system, Spiritual Care Practitioners (SCP) sometimes known as Chaplains, work alongside other members of the multi-disciplinary care team. They specifically work with and respond to an individual's search to manage the complexities of life events. Generally speaking, the interventions that SCP offer to their patients closely correlate with patient experience. This is true person-centred care, and not every healthcare profession can boast this degree of coherence. The work undertaken by SCP's covers the following important themes. The correlating feeling states as noted by patients are listed in the second column. Comfort->I was able to talk about what was on my mind Hope ->everything will be ok Control -> I am in control of my situation Being listened to ->I was listened to Involved in decisions ->I was involved in decisions about my care Being understood ->my situation was acknowledged and understood Being valued ->my faith, spirituality and or beliefs were valued Coping ->things seems manageable again Relevant information ->I found I was able to gain a better perspective in my illness Distress relief ->my levels of anxiety have lessened Honesty ->I could be honest with myself about how I was feeling Peace ->I found a sense of peace that had previously not been there God, prayers, spiritual beliefs -> knowing I'm not alone and not judged Additionally, people who have been the recipients of spiritual care report the absence of power differential/ imbalance that is sometimes present between other health professionals and their patients. Some lived experience voices have noted the following: the system is based upon flawed assumptions and a kind of arrogance. It assumes practitioners know better than us who come in manifesting the difficulties. (CP) spiritual care is listening with deeper ears. Spiritual Care workers have time to explore the real meaning of what's going on for you' (MJ) the medical model fails to find meaning in the experience. Spiritual care never questioned my guilt just pragmatically supported me to explore it. Most of the patients I observed are just going through the motions, not hitting the spot' (DY) looking back on the experience very few people

amongst the staff were there to connect. They needed the power position and just did their job at a distance. Spiritual care and the peer workers were the exceptions to the rule they wanted to connect. You came into your body with this kind of fresh air about. These people represent the normal that you want to achieve. When someone really sees you, you develop a better mirror for yourself' (RB) most staff on the inpatient unit have the professional agenda only. So, when the opportunity arises to have a spiritual conversation with depth it's like you are bringing me back to life, it's a form of spiritual resuscitation. You are the actually offering me another pathway which is pursuing life over suicide' (MJ) "

What is already working well and what can be done better to prevent suicide?

"People need a means of making sense of their life experiences, and then to be supported to integrate these experiences into their life as they move forward. People who have contemplated or attempted suicide commonly report that the system failed to see and hear them, in other words the supports around them failed to connect on a deeper level. When someone is contemplating suicide, they are experiencing a crisis of meaning sometimes referred to as an existential crisis where there is an overwhelming sense of hopelessness and despair. Spiritual distress can be defined as the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself. These people have lost their connection to their purpose in life. Very often unaddressed trauma sits beneath this fragile state of being/mind. Three lived experience voices express the following: trauma needs a holistic approach trauma and spiritual care are the perfect partners' (DY has contemplated suicide) spiritual care is true trauma work, especially with the focus on the grief and loss process. It is offered with time and non-judgemental ears' (MJ has attempted suicide) there are three standard questions asked of you each day in a psychiatric impatient unit 1. How's your mood? 2. Any suicidal thoughts? 3. What are your plans for the day? It's not so much about wanting to die, it's about needing to know how to live. Spiritual care work supports a rebuilding process of healing and this is life affirming' (RB) Presently there are very few amongst the mental health workforce who are equipped to sit with and support people who are immersed in this degree of tension. The prevailing treatment model with its sole focus on diagnosis and biology misses the mark. Human beings exist within a social world of interactions that are informed by beliefs, orientation and values. Many of those who come into contact with mental health services have, somewhere in their life, been treated with a lack of dignity and respect. When we begin to treat people with genuine dignity and respect powerful things can begin to happen and healing becomes a possibility. Our humanity can never be captured within a purely scientific medical model view of the world alone. Grave cracks have appeared in the system attempting just this. When we consciously move our care systems to focus on human relationships, meanings and finding things that help people move on from being stuck in their lives, real and lasting change is possible for people. it's our nature as human beings, we start out wanting to be connected, to be friendly and warm, loving, not mistrusting each other. System change is inevitable' (CP) "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

"Good mental health and wellbeing is about achieving a state of balance or alignment in body, mind and soul. Illness, transition and loss are some of the experiences we encounter that can affect how we are in the world; and can impact our ability to connect to ourselves and others. It is at these times our identity, how we derive meaning and purpose, and the things we hold close -

our very core values - can change, can feel different and can create uncertainty. This may translate to feeling lost, depressed, lonely, worthless or insignificant. It is at these times of vulnerability that additional support and care are so important. Spiritual care attends to the assessment, counselling, support and ritual in matters of a person's beliefs, traditions, values and practices enabling the person to access their spiritual resources. Self- knowledge and drawing upon the inherent resources within support the person to bring into alignment aspects of self that go beyond the physical to bridge the emotional, psychological and spiritual needs of a person. Spending time with people and investing in them so that they feel seen, heard and valued is key to the experience of good mental health. This requires a paradigm shift in how we view health and healthcare. It's not so much what is done for a person, but how people and the system work together. Spiritual care has the capacity to contribute much to good mental health and wellbeing. We experience wellbeing when we feel balanced; when our mind, body and soul are in alignment. In this state we feel content, connected to purpose, people and community; peaceful and energised; resilient and safe. In other words, we are flourishing and able to live in the moment! "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this? $N\!/\!A$

What are the needs of family members and carers and what can be done better to support them? N/Δ

N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers? $N\!/\!A$

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change? "The ideal mental health system would ensure that all treating teams and care units have a specialist spiritual care practitioner who contributes to the holistic wellbeing of those entrusted to their care. The lived experience voices are demanding true person-centred care, research is supporting this shift and more and more health professionals are accepting that spirituality is an important dimension of someone's life and world view. In recent years the World Psychiatric Association (WPA) released a Position Statement on Spirituality and Religion in Psychiatry. And just last year the Royal Australia New Zealand College of Psychiatrists (RANZCP) followed suit. These welcome admissions need the full support of the system, including the training of all mental health sector workers to have a foundational understanding of how a person's spirituality can support health and wellbeing. Currently most undergraduate health degrees completely overlook the spiritual aspect of a person's life. Therefore, it's important that workers are offered ways to bridge this deficit. Spiritual Health Association (formally Spiritual Health Victoria) is well placed to advise and lead in this area. Departmental support both in a financial and recognition sense would

help create a paradigm shift whereby people receiving services feel valued, seen and heard. I attended all the spirituality discussion groups they take you to a deeper level. This isn't offered anywhere else in the system' (MJ) My experience of hospitalisation was one of oscillation. Moving between feeling empowered by virtue of having access to spiritual care and then feeling completely helpless because of the dominant medical model' (RB)

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"Worker safety, burnout and stress also fall within the realm of spiritual care. How do we support the workforce to stay well, safe and motivated to perform their vital roles so that they stay engaged and resilient to their task? Spiritual Care Practitioners in mental health settings not only work to support the needs of individuals and their family/carers but are also available to support staff. Workplace stress in mental health settings is increasing. The complex nature of people's presentations is confronting and places huge demands on all staff. Spiritual Care Practitioners provide an important safeguard and resource to staff and patients alike. "

Is there anything else you would like to share with the Royal Commission? $\ensuremath{\mathsf{N/A}}$