# Chaplaincy (& Counselling) in General Practice

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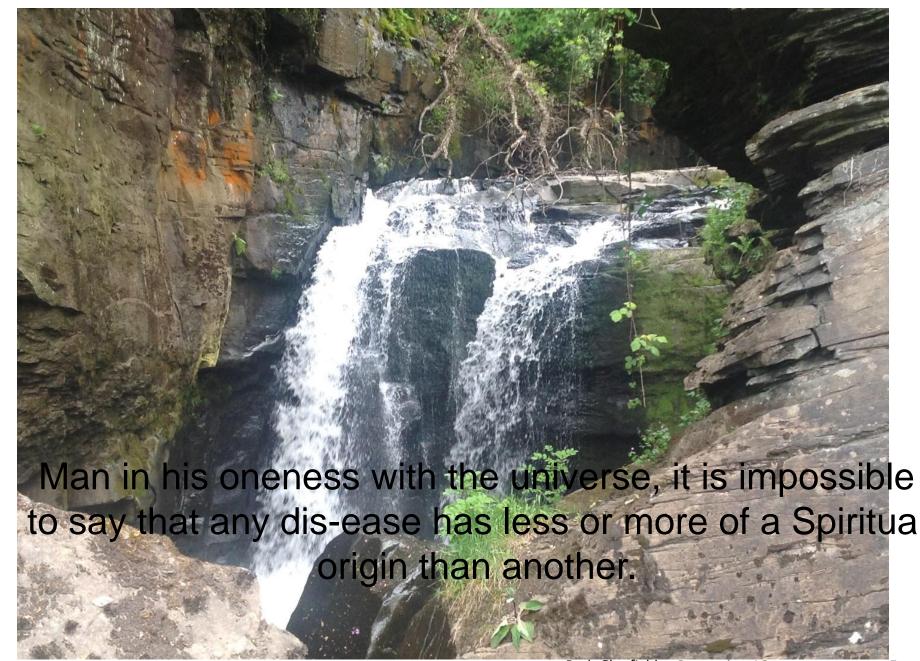
## Some things to consider...

- How many of you have been to the doctor's surgery in the last 12 months?
- Were other health-care practitioners involved? Or referrals made?
- Do you know approximately what percentage of GP visits have a psychological component?...

## Chaplaincy vs Counselling

- Chaplaincy is a flexible and overtly spiritual encounter
- Counselling (in the GP setting) is a contractually agreed number of sessions (approx. weekly sessions up to six weeks) working towards specific goals





## My Background

- Nursing seeing physical ailments treated but little opportunity given for patients to talk about concerns e.g.
  - Diagnosis
  - Prognosis of their illness
  - Pain
  - Unexplained symptoms and side effects of medicine
  - End of life questions
  - Situations and worries at home

- Oncology: Family care
- Support networks and key relationships— (inhibit or enhance recovery in physical and mental health)
- People struggle to talk about these problems to their friends or families
- Chaplaincy can provide the space and freedom for them to talk

#### Spiritual direction

- Pastoral care
- Bigger picture... more questions, fewer answers

#### Counselling training:

 A way of giving people the opportunity to work through issues in a non-jugdemental environment giving unconditional positive regard

#### Chaplain

- NHS experience, awareness of physical as well as mental ailments
- Not ordained, but lay pastoral worker
- Drawing on all aspects of my training so far

## What Do The GPs Say?

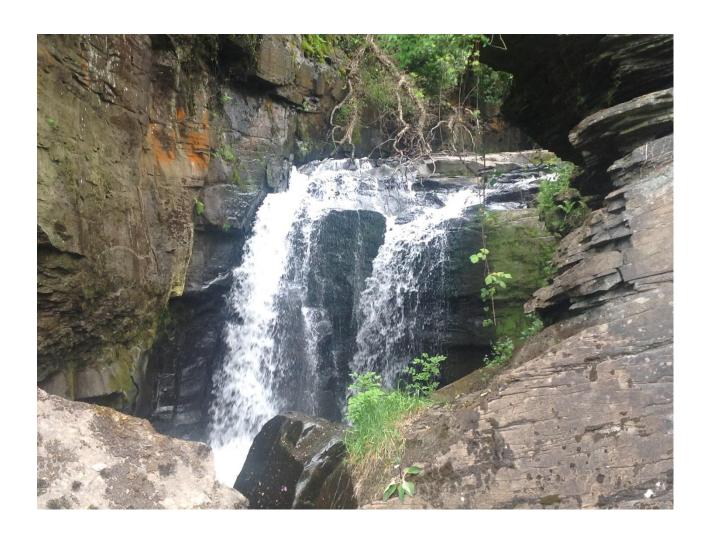
- When physical symptoms have been investigated – what more can I do for this patient?
- GP colleague: "we know what's going on but we can't do anything about it, CBT and drugs won't help what else can we do?"
- People who are suffering emotional and spiritual pain often present with vague symptoms, without the presence of physical disease, this is known as 'Medically Unexplained Symptoms'. (MUS)

- Patients come with uncertainty and fear
- They want clarity and answers
- Sometimes a medical diagnosis is given which can lead to unending investigations and more fear and uncertainty
- What else in the patient's life might be bringing about these feelings/symptoms?

# When is awareness of the Spiritual part of us most recognised?







# Who is a GP Chaplain?

- A person of Faith
- Training and experience
- Some understanding of patients' physical needs and their psychological needs
- A person with whom the patient can build trust
- A position of trust



## GP Chaplaincy can be:

- Open to all
  - Sometimes couples, individuals or families
- A safe space to explore bigger questions
  - End of life, bereavement, crisis, spirituality, faith, guilt, shame, broken family, isolation from personal or religious community, recovering from abusive situations
- Can be a one-off session or over many months
- For those with or without faith
- For staff and for patients

# What I do as a GP Chaplain on a day to day basis?

- Monthly visit to nursing home, to visit registered patients of the surgery
- Case-by case individual care rather than block-booked sessions
- Chaplaincy appointments can be every 4 6 weeks... usually 2 or 3 sessions for an average client

## **PURPOSE**

Bringing Hope

Meaning

Connection (belonging)

Value (unique individuals)

### Referrals

If the patient is seen soon it may reduce the need for long-term counselling and further complications

All of us have moments of loss and crisis (this could be one of us at any given time)

# A sample of patients I have seen in the last 12 months

- Sudden shocking news (unborn child diagnosed with severe disability)
- Death/suicide( of family member)
- Feelings of hopelessness/depression
- Job loss/expectations dashed
- Relationship breakdown
- Concern for family members
- Body image/sexual confusion

- Loss of child
- News of a potential terminal illness i.e. cancer
- Historic Abuse (current court case)
- Domestic abuse
- Chronic pain
- Loneliness
- Health anxiety
- Guilt caused by secret affair with married colleague (looking for relief/confession)
- Refugee/asylum seeker (working through interpreter)
- Mental illness/personality disorders
- Addictions/self loathing

## Measures and Outcomes

- GAD general anxiety disorder
- PHQ patient health questionnaire
- Wemwebs wellbeing scores
- Wellbeing star use of a star diagram to a balanced life
- Research project (Nov 2014)

# "Loneliness and the feeling of being unwanted is truly the most terrible poverty"

Mother (Saint) Teresa

## **SPIRITUALITY**

- Recognised area within NHS? (hospital chaplaincy)
- Training? (now a small part of medical/nursing)
- Physical & psychological issues over time may become spiritual

"Spirituality usually includes reference to a power other than self, often described as 'God', a 'higher power', or 'forces of nature'. This power is generally seen to help a person to transcend immediate experience and to re-establish hope"

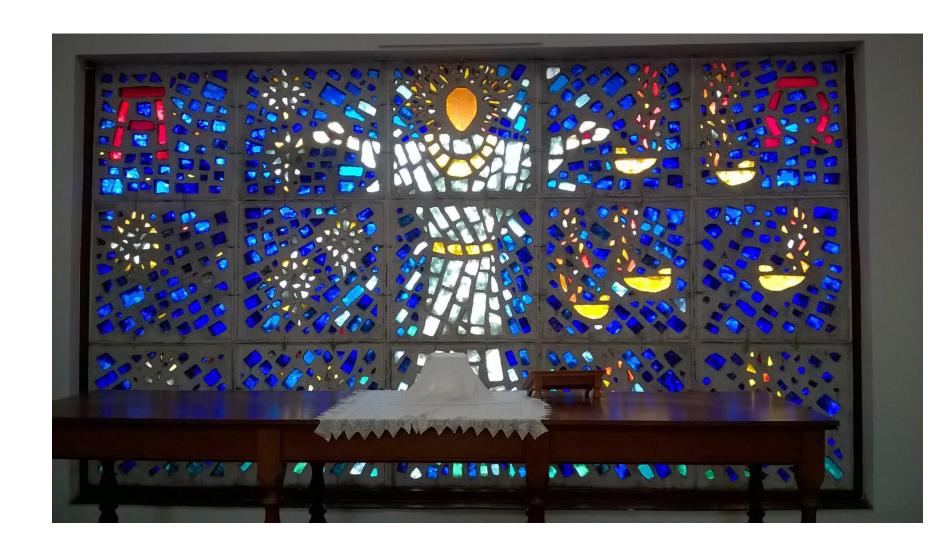
NICE Guidance on Palliative Care 2004 - Spiritual Support Services

### **HOW IS THIS ACHIEVED?**

Active listening

Prayer....

Silence



# Open/Surrender

- Breathing/stillness exercises
- Meditation/mindfulness (Dreams/imagery)

- Belief?
- Resources? (Psalms)
- Setting calm and quiet
- Review of the day (the examen, sifting through the day – helpful? / unhelpful?)

# Prayer

- Encouragement (CBT)
- Contemplation (eg Jesus prayer)
- Physical (exposure)
- Symbols (pictures/wooden cross/stones)
- Touch (hand massage/washing/drinkaromatherapy), passing on of strength
- Silence

"I have seen men after all other therapy has failed, lifted out of disease and melancholy by the serene effort of prayer"

Alexis Carrel (American surgeon / Nobel Prize winner)



