

Chaplaincy (& Counselling) in General Practice

Presented by Ruth Chatfield

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





Man in his oneness with the universe, it is impossible to say that any dis-ease has less or more of a Spiritual origin than another.

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-judgemental 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/drink–aromatherapy), 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)



