Improving Spiritual Care for patients with Learning Disabilities

Multi-Disciplinary Academic Meeting

@ King’s College (University of London)
Tuesday 19th Jan 2016

Revd Nana Kyei-Baffour - GSTT
Definition of Spirituality:
“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature and to the significant or sacred”
Christina Puchalski, 2009
Inference from the Definition

Seeking, expressing & experiencing:

• Purpose
• Meaning
• Hope
• Value,
• Connectedness: to moment, to self, to others, to nature and to the significant or sacred
Consequences of Inability

Expression of Varied spiritual pain/distress
1. Withdrawal
2. Distressed
3. Anger
4. Fear
5. Loneliness
Evidence of Spiritual Needs among PLDs

1. Through staff Survey

2. Workshops among PLDs
Spiritual Tool

An awareness of experiences of patients with Learning Disabilities

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Spiritual Pain/Distress/Need Identified:

- Pains
- Expressions of Worry & Uncertainty regarding his terminal illness
- Withdrawal
- Expression of Uncertainty about life
- Isolation
- Doubts
- Loss of Hope
- Fear
- Guilt
- Anger
- Bitterness
- Prayer (Need of)
- Sense of belonging (Need)
Coping Mechanisms:
(Mostly based on Patients who are religious)

• Faith in God – If the person is religious. Staff must therefore make sure such a patient has access to religious-related resources
• Patient must have access to a Chaplain
• Faith Community affiliation – Staff must help patient to keep regular contact with his/her faith community
• Family Support - Staff should make sure patient has regular contact with family.
• Re-affirmation regarding what that person can potentially do
• Trusted Friend/Carer (in the absence of no family)

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Skills for recognising and providing spiritual needs of patients with Learning Disabilities

- Good observation is required during interactions
- Look for any possible religious symbols around patient (eg; tattoos, jewelleries, clothes)
- Use of simple language (avoid terminologies, concept stuff)
- Ask clear questions– Are you religious/ Do you believe in anything?
- Be friendly and approachable
- Good listening
- Compassionate engagement
- Allow them time
- Keep reflecting on what is being said by patient in order to identify needs
- Use of symbols, objects, photos/pictures to communicate religious messages and support

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Possible interventions and strategies for improving *Access and Communication* when working with patients with Learning Disabilities to meet their spiritual needs

(a) Possible Difficulties:

- Language (use of concepts & abstracts)
- Hearing (lack of hearing aids)
- Literacy issues among them
- Family (may have their own needs)
- Staff awareness (lack of training for carers/nurses/chaplains)
(b) What Can Help:

- Use of photos, albums, symbols, objects
- Ask what they like
- Use simple language and gestures
- Use of large fonts
- Include spiritual needs as an item on the Hospital Passport
- Provision of information pack about spiritual care in houses/care homes
- Establish a routine way of communicating by using a particular object, prayer, picture, symbol or routine

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(c) The use of Spiritual Care Passport

Purpose & Benefits:

• Gives information about the personhood of the patient but not just as a medical object or patient-client.
• Gives information about the patient’s spirituality
• Is a communication tool to facilitate conversation between the Spiritual Care provider (or other healthcare professionals), in order to assess, identify and care for the spiritual need(s) of patients with P&LDs.
(d) The Use of Photo-symbol Leaflet

- To help patients, families/carers become aware of the Spiritual Care services available in the Trust
- To improve upon communication about spiritual care services available for patients with P&LDs
- To enable the patients have access to chaplaincy services
- To empower patients with P&LDs about their choices of spiritual care

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