

Appendix B

SPIRITUALITY DISABILITY AND HEALTH

Following is:

Program for forum on the 13th October, 2007

Discussion questions used as a guide

Outline of talks given

Summary of our discussion

Chair	Time	Presentation	presenter
Rev. Mary Pearson	9.30 a.m.	Health and Spirituality Jennifer as part of a team at Prince of Wales hospital has researched patients and families to discover their spiritual needs – do we all benefit from Attention to the spiritual aspects of our lives?	Rev. Jennifer Kivikko
Rev. Sue Scott	10.15 a.m.	Disabling Barriers- Enabling Environments We live in a society which has many barriers for people. Some are physical but there are many more. How can we have environments which are accessible for everyone?	Emma Cooke Case Manager Uniting Care Supported Ilving
	11 a.m.	Morning tea	
Rev. Sue Scott	11.30 a.m.	Groups How can we assist people in their spiritual needs? How can we enable our local environment?	
Rev. Miriam Lacey	12.00 p.m.	My hope for my child with a disability L'Arche The Spirituality of L'Arche A story of perseverance	Elizabeth Rixon Donna Rahl Geoff Stowell
	1.00 p.m.	Lunch	
Rev. Miriam Lacey	1.45 p.m.	Groups: People with disabilities are all different. How can we engage with them and with their families as individuals and community?	
Rev. Sue Scott	2.15	Mental Health – current issues Impact of change for people in Rozelle Mary will talk about the incidence of mental health and what is mental illness, the work she does at Rozelle and stories of the people. Phil Escott will talk about the stigma for sufferers and how that affects them. They will finish with a little about the concerns people at Rozelle have about the move to Concord and then about how we (the chaplains there) are planning some sessions for the local clergy and community about what they might expect/be able to do.	Mary Pearson and Phil Escott
Rev. Miriam Lacey	2.45	Positive and negative theology re people with disabilities Potential for leadership, learning, dreaming	Sue Scott
Rev. Mary Pearson	3.15	Groups – Moving into new territory – how can we offer welcome and hope?	
	4.00	Close	

DISCUSSION GROUP 1

1. How do you perceive the links between spirituality and health? Given the shifting nature of people's beliefs how can we better accommodate people's spiritual beliefs and practise (being more person centred) ?

2. How can we find a language responsive enough and flexible enough to embrace diversity? (of beliefs and understanding of spirituality)
3. How might we straddle the medical/spiritual paradigm to provide meaningful care?
4. There are ways we can create a more open/friendly environment for people with a range of disabilities. Share your ideas. Share what has been a new insight for you?
5. Providing an enabling environment provides some challenges. What are these challenges and how do we overcome them?

DISCUSSION GROUP 2

The stories from people we have heard today provide us with an opportunity to think of ways in which we can engage with people who are different from us.

1. From each of the stories you have heard. What has challenged you? What has inspired you?
2. What are you motivated to do as a result of hearing their stories?
3. What implications does this have for your community/church/agency/family?

DISCUSSION GROUP 3

1. Why do you think mental illness can seem so threatening to the "outsider"?
2. What is it that we fear?
3. How can we offer realistic hope to those who suffer from mental illness?
4. How can we help to break down the stigma of mental illness?
5. How can we make our churches places of welcome?

GROUP DISCUSSIONS

- **Links between Spirituality and Health**

The wholistic approach was seen as important. Asking people “What do you want?”

Enter into relationship and provide more confidence in health care staff re pastoral and spiritual needs.

Person to person response – it is not required always to give answers

Collaboration as part of a team of medical and pastoral care

Words used are important – don’t have to be religious

Spirituality is the foundation of a person’s life – what makes a person tick.

Framework – a sense of connection

To better accommodate people’s belief we need to listen to allow a safe space so people can reveal their spirituality

People in all types of hospitals need to be able to have other spiritual choices e.g. music, candles, meditation.

Different religious must be accepted and respected by chaplains etc. and the general population.

We need to be confident and centred in our own beliefs so that we can be accepting of people different from us. Acceptance in difference

Able and disabled people can join in activities together

- **What is it that we fear in difference?**
 - Sense of control**
 - Not knowing what to do**
 - Lack of education**
- **What has challenged/ inspired you?**
 - Strong sense of mateship/family**
 - Seeing beyond initial facade**
 - Need to build trust**
 - Persistence despite set backs/barriers**
 - Flexibility to be inclusive/person centred**
 - Limitations of the church**
 - Needing to speak out to be heard**
- **What are you motivated to do as a result of hearing their stories**
 - Being sensitive to needs and respect them**
 - Encouraging participation**

To connect/followup

Find the appropriate language through listening

Making genuine connections

Eye contact etc. – body language

Unconditional regard

- **What implications does this have for your community/church/agency/family?**
Awareness raising
Staffing levels – frustration for staff as well as clients patients
Communication within medical/pastoral team with back up in care
Healing v. Cure attitude important
- **How can we make our churches places of welcome? How can we help to break down the stigma of mental illness?**
Valuing people