

# **Integrating Spiritual Care in the Inpatient Psychiatric Care Environment:** A model of integrated care brought to life at Sutter Center for Psychiatry 7700 Folsom Blvd., Sacramento, CA 95826

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## **Abstract**

This paper illustrates the path Sutter Center for Psychiatry (SCP), a free standing inpatient psychiatric facility in Northern California, created to integrate Spiritual Care Services into a system-wide culture change. At a time of dramatically increased demand and a tightened budget, this 70-bed inpatient psychiatric hospital introduced Recovery Based Care, embodying a profoundly hopeful vision of what it means to be human. The values of compassion and wise awareness, common to most spiritual traditions, undergirded this transformation.

## **Introduction**

A growing body of literature has highlighted the impact of spirituality on health and wellness<sup>1,2</sup> Recent studies have shown, for example, that children, from their earliest years, demonstrate a strong spiritual capacity; marital partners who pray for each other are less likely to engage in infidelity; people who attend religious services once per week or more live on the average seven years longer (for African-Americans the benefit is 14 years). Certain kinds of spiritual practices have been found to offer a powerful resource in times of crisis, protecting against mental distress and despair. The 1998 World Health Organization Quality of Life measurement instrument provides a cross-cultural assessment of what makes life worth living, focusing on health as not simply the absence of illness, but also the dimensions of mental, social, and spiritual well-being.

Despite signs of shifting away from psychopathology, inpatient psychiatric units have tended not to include spirituality through any formal integration or coordination with the treatment team. This paper will describe how Sutter Center for Psychiatry brought spiritual care into the midst of interdisciplinary team-building as an essential aspect of the Recovery Model of Care, and in the process became the only inpatient psychiatric hospital recognized as a 'Top 100 Best Places To Work' by *Modern Healthcare* every year since 2012.

## **Spiritual Care Integral to the Recovery Model**

Beginning in 2009, Sutter Center for Psychiatry administration recognized an urgent need to transform the hospital into a healing center by attending to and meeting the

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<sup>1</sup> Koenig H. *Spirituality in Patient Care*. Conshohocken, PA: Templeton Foundation Press, 2002.

<sup>2</sup> Sperry, L. *Spirituality in Clinical Practice*. Philadelphia, PA: Brunner & Routledge, 2003.

needs of the whole person - mind, body and spirit. This holistic vision inspired SCP to embrace a patient-centered care approach as expressed in the Recovery Model. The core of the Recovery Model encourages individuals and their families to actively participate in treatment decisions, empowers individuals to take action to manage their illness and live to their full potential.

These values echo those of all major spiritual traditions and cultures, such as

- ❖ Encourage compassion for each other and ourselves;
- ❖ Provide hope in the midst of challenges
- ❖ Renew a sense of relatedness and purpose
- ❖ Accentuate an individual's capacity for resilience and growth

While a medical model might focus on restoring the patient's ability to cope and function, a "spiritual approach tends to view the functional aspect as just one part of life, with issues such as root motivations and attitudes such as appreciation, awe and compassion being ultimately more important".<sup>3</sup>

SCP administration forged ahead to establish interdisciplinary care teams and created a permanent part-time staff position for a professional Chaplain. Chaplain services would not only provide traditional pastoral care with patients and families, but also contribute to culture change through articulating the spiritual dimension within the teams, and develop trainings for staff in mindful awareness and compassionate care.

## **The Road to Recovery**

### *Administrative Level*

Administration understood in order for a new culture at SCP to be accepted, members of the Leadership team needed to model this new approach. At first, they began simply by ensuring interdisciplinary representation on the Leadership Team, and adding fifteen minutes of mindfulness training by the Chaplain to the beginning of leadership meetings. The CEO and team members undertook daily rounding on patient units in the first year to seek feedback from staff and patients while demonstrating Recovery values of partnership, empowerment, and spiritual values of relationship and presence. Town Hall meetings were called for staff on all shifts and opened with a chaplain-led mindfulness exercise and appreciation for staff, introduced changes, answered concerns, and invited dialogue. To date, these meetings continue to open with mindfulness exercises and provide a forum to affirm staff and address challenges.

### *Care Provider Level*

Mandatory recovery skills classes for every staff member at SCP (direct and indirect care providers, dietary & environmental services, registration, etc.) were rolled out over an eight- month period. Additionally, a series of voluntary six-session courses on Mindfulness were offered by the Chaplain to staff during lunch breaks (meals provided by hospital); 50% of all SCP staff completed at least one series and were awarded certificates. Follow-up Mindfulness courses encouraged staff to integrate their work

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<sup>3</sup> Underwood Underwood-Gordon LG (1999). A working model of health: spirituality and religiousness as resources: applications to people with disability. *Journal of Religion, Disability and Health*, 3(3):51-77

and personal experiences with greater attention to self-compassion. The Chaplain also developed flexible mini-modules for SCP's intake unit and higher acuity patient units.

### *Patient Experience and the Interdisciplinary Team*

These classes and trainings provided tools for staff to observe one's actions and attitudes, and to model warm attentiveness when interacting with patients. They created a common language, vision, and sense of team accountability across disciplines. Both direct and indirect care providers are now able to consistently model a "way of being" that is compassionate and affirming. Patients at SCP discover a patient-centered care model that no longer treats them as a recipient of services, but as a partner in their own recovery, responsible for building skills and relationships with both compassion and mindful awareness. Their spirituality is recognized and valued by all levels of staff as integral to their healing.

### **What does Spiritual Care provide?**

The unique role of Spiritual Care in interdisciplinary care stems from the focus of chaplains' training: a heightened ability to observe oneself and others without judgment and guided by compassion. The mere presence of a Chaplain signals a hospital's commitment to supporting the whole person.

**For staff** in an environment committed to Recovery, the Chaplain provides;

- ❖ A model of presence, that replaces the impulse to "do for" and fix others
- ❖ The message that leadership is committed to nourishing the spirit of caregivers
- ❖ Affirmation that culture change is not a quick fix, but an ongoing process
- ❖ A compass for the hospital's commitment to healing the whole person, beyond measures such as benchmarks, behaviors, treatment plans and medications.

**For patients** suffering the wear and tear of mental illness as well as emotional and often physical, chemical, or religious, wounds, the Chaplain provides an experience of radical acceptance and relationship. To feel seen for who one is, and experience being loved without judgment or treatment criteria, can provide fresh hope and a rekindling of the divine spark in an overwhelmed spirit.

### **Examples of the integration of Spiritual Care at SCP:**

1. Teens with severe depression have tried "mindfulness of eating," guided by a social worker; they felt surprised by their capacity to discover something new in the familiar.
2. In addition to individual visits on each unit (Adults, Intensive Care, and Children and Adolescents), the Chaplain provides a consistent weekly schedule of five

spirituality groups. On the Adult Unit, the Chaplain also facilitates a Loss and Change group; mindfulness practice as part of community meetings; and a Mindful Stress Reduction class. Staff report feeling inspired by patients' willingness to grapple with suffering and the search for meaning in these groups.

3. Staff members experience the compassion that they offer to patients when Blessings of the Hands and the "Mini-Spa for the Soul" are offered each year by the Chaplain. Staff members receive an opportunity to sit down and express their hearts individually with the chaplain. They describe feeling affirmed for their values, and grateful for a work environment which honors the spirit.

4. Patients and staff were consulted by the Recreation Therapy director and the Chaplain to plan an outdoor sanctuary, as well as an activity garden with vegetable beds, walking paths, and space for group meetings. As a first step, patients and staff created a colorful raised bed whose walls are hand-painted tiles expressing hope and beauty.

5. Administrators and the Chaplain set up an "altar" annually around Memorial Day, in the courtyard, where more than half the staff, from all disciplines, stopped to light a candle for fellow staff or a loved one, and make prayer flags to hang on the shrubs. Patients felt moved by this sight, and the Chaplain therefore re-created the same observance on the Adult Unit. Two months later, new patients still found comfort reading the faded prayer flags.

6. Training in Mindfulness continues to be offered at the Annual Skills Fair for all staff, as well as on designated Mindfulness Days. Staff members on the ECT Unit and Recreation Therapy requested a series of weekly refreshers, which provided reinforcement of learning an experience of self-compassion, a resource when stress arises in patient care.

## Glossary

### Mindfulness

Is "paying attention on purpose, in the present moment, nonjudgmentally, to the unfolding of experience moment to moment", in a context of healing rather than cure, of being rather than technique. Source: Jon Kabat-Zinn, (1991) Full-Catastrophe Living; New York; Delta.

### Recovery Model

"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential," with four major dimensions of support: Health; Home; Purpose and meaning; and Community. Source: <http://www.samsha.gov/recovery/>

### Spirituality

"In every human being there seems to be a spiritual dimension, a quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and

purpose, even in those who do not believe in God. The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite, and comes essentially into focus in times of emotional stress, physical (and mental) illness, loss, bereavement and death.” Source: Murray R.B, Zentner J.P. (1989) Nursing concepts for health promotion; London: Prentice Hall.

### Spiritual Care

Is “person-centered care which seeks to help people (re)discover hope, resilience and inner strength in times of illness, transition and loss” Source: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care.aspx>.

### Mental health

The World Health Organization (WHO) describes mental health as “... *a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.* Mental health lays the foundation for well-being and effective functioning for an individual and for a community, across cultures.