

From the 20th to the 21st Century: Utilising a Bio-Psycho-Social-Spiritual Model of Care for Veterans Planning for an Unexpected Future

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**AUSTRALASIAN MILITARY
MEDICINE ASSOCIATION
CONFERENCE 2023**



**MILITARY MEDICINE:
PLANNING FOR THE UNEXPECTED**

Disclosures

- The following presentation is the view of the presenters and does not represent the official views of the Australian Defence Force.
- This presentation has been cleared for public release by the Mental Health and Wellbeing Branch, ADF Defence People Group.
- The presenters have no conflict of interest to disclose.
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**MILITARY MEDICINE:
PLANNING FOR THE UNEXPECTED**

SCOPE	
1. Introduction	CHAP Charles Vesely
2. Background: WHO-ICD-10 / SNOMED-CT Spiritual Intervention Codings	CHAP Lindsay Carey
3. ADF Spiritual Care Data	CHAP Andrew Watters
4. Conclusion/Summary:	CHAP Charles Vesely
5. Recommendations: Expectations Moving Forward:	CHAP Charles Vesely
5. Questions & Answers	CHAP Vesely, Carey & Watters

Eras of Care

Dominant Models of Care

PRE-MODERN (- 500)
Care as Traditional / Indigenous



Mostly Familial / Tribal
Community / Oral Cultural

EARLY-MODERN (500 – 1500: Medieval)
Care as mutual, communal-obligational



Religious Dominance
Religious / Community / Altruistic Care

MODERN (1500 – 1900: Industrial)
Care as Professional / Specialist



Scientific Dominance
Biomedical / Bio-Psychological Care

LATE-MODERN (1900 – 2000: Professional)
Care as Professional Service



Professional Association Dominance
Bio-Psycho-Social Care

POST-MODERN (2000 - : Managerial)
Care as Managed = Risk Management

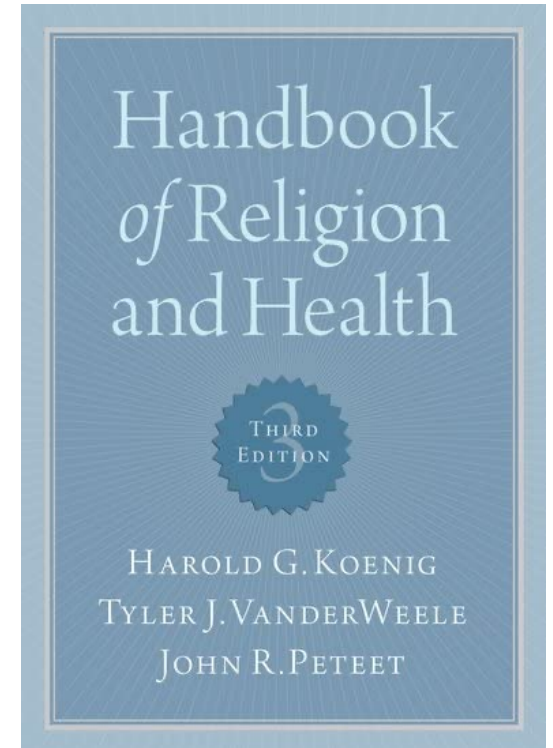


Managerial / Technology Dominance
Bio-Psycho-Social-Spiritual [BPSS]



Four key elements helped to develop the bio-psycho-social-spiritual model:

- (1) Holistic practice inclusive of religious/spiritual care can produce better health outcomes with greater patient satisfaction (Koenig et al, 2001, 2012, 2023).
- (2) The 20th Century “bio-psycho-social” model - inadequate for 21st Century palliative care, acute care and mental health care, etc. (Sulmasy, 2002).
- (3) Consensus conference defining ‘Spirituality’ (Puchalski et al, 2009).
- (4) WHO incorporation of the Spiritual Intervention Codings within the ICD-10-AM (2002 / 2017).





Religious Advisory Committee to the Services (Australian Defence Force)

Working Definition:

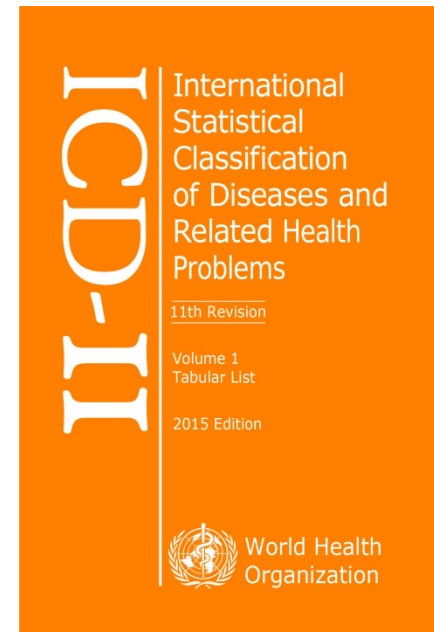
‘Spirituality’: “...is that aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness, to God, to self, to others, to nature and/or to the significant or sacred”

Definition based on Puchalski, C. et al (2009) Improving the Quality of Spiritual Care ... The report of the consensus conference, *Journal of Palliative Medicine*, 12 (10),p. 885-903; 887.



WHO-ICD: International Classification of Diseases and Health Related Problems

- **ICD 1 – 1950**
Intent: Gather information for:
 - (i) statistical data analysis
 - (ii) research
 - (iii) clinical practice
 - (iv) education and
 - (v) policy
- **ICD 10 - AM – 2002**
“Pastoral Interventions Codings”
(WHO-PICs: ICD-10-AM 2001/2)
- **ICD 10 / ICD 11 – 2017**
“Spiritual Intervention Codings” (WHO-SPICs)
Increased specialist coding
Improved electronic interfacing





WHO-ICD CODES (2017) [ICD-10-AM]

SPIRITUAL ASSESSMENT

Major Heading : 1824 (ICD code 96186-00)

SPIRITUAL COUNSELLING/ GUIDANCE & EDUCATION

Major Heading 1869 (ICD code 96087-00)

SPIRITUAL SUPPORT

Major Heading : 1915 (ICD code 96187-00)

SPIRITUAL RITUAL

Major Heading 1915] (ICD code 96240-00)

SPIRITUAL CARE – ALLIED HEALTH

Major Heading 1916 (ICD code: 1916-955550-12)



SNOMED-CT CODES (2020) Systematized Nomenclature of Medicine – Clinical Terms (S-CT-ID)

SNOMED
International

SPIRITUAL ASSESSMENT

SCTID 105408001

SPIRITUAL COUNSELLING/ GUIDANCE & EDUCATION

SCTID 410313009

SPIRITUAL SUPPORT

SCTID 3864444001

SPIRITUAL RITUAL

SCTID 710821002

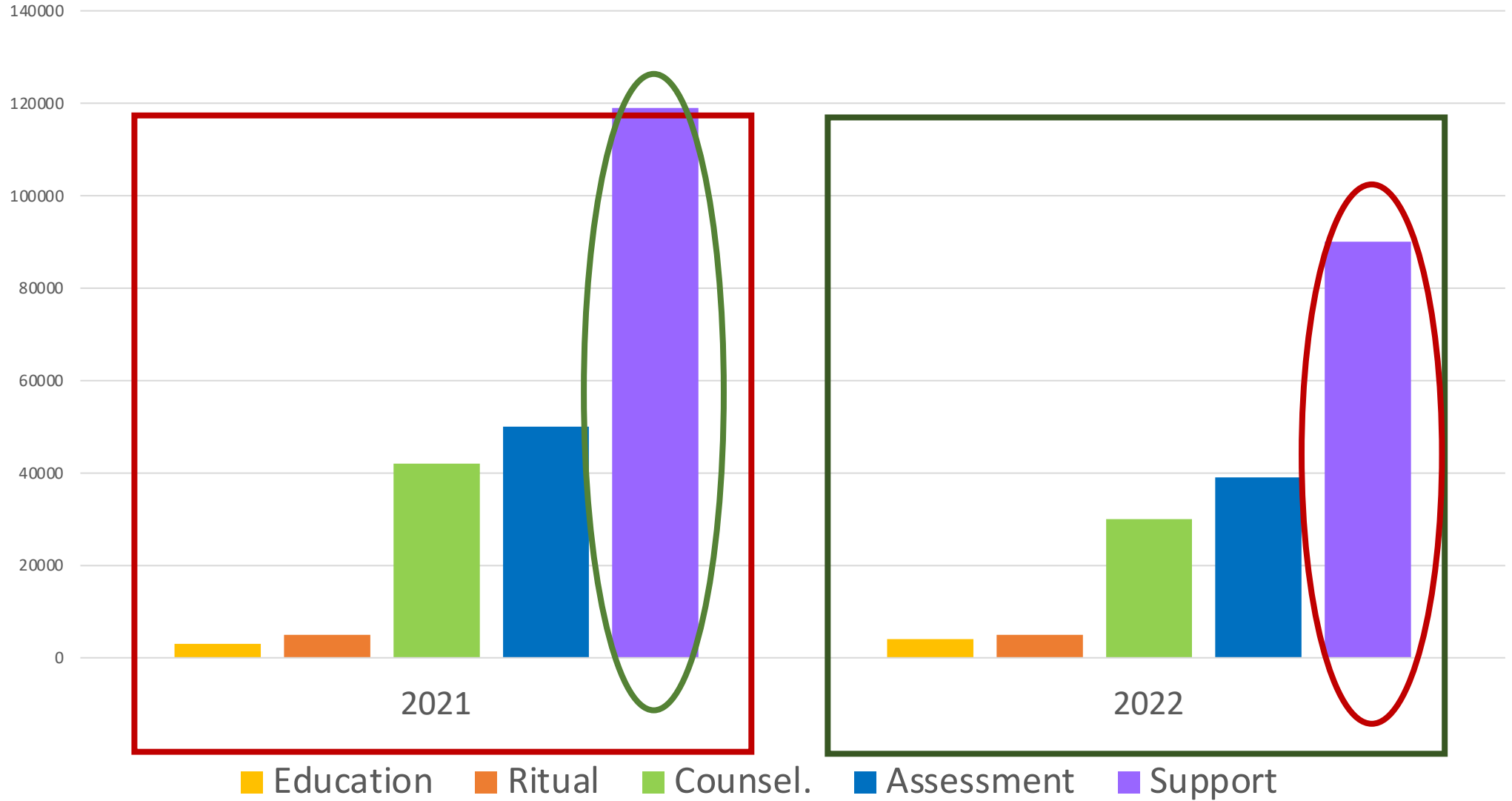
SPIRITUAL COMFORT MANAGEMENT

SCTID 410106003



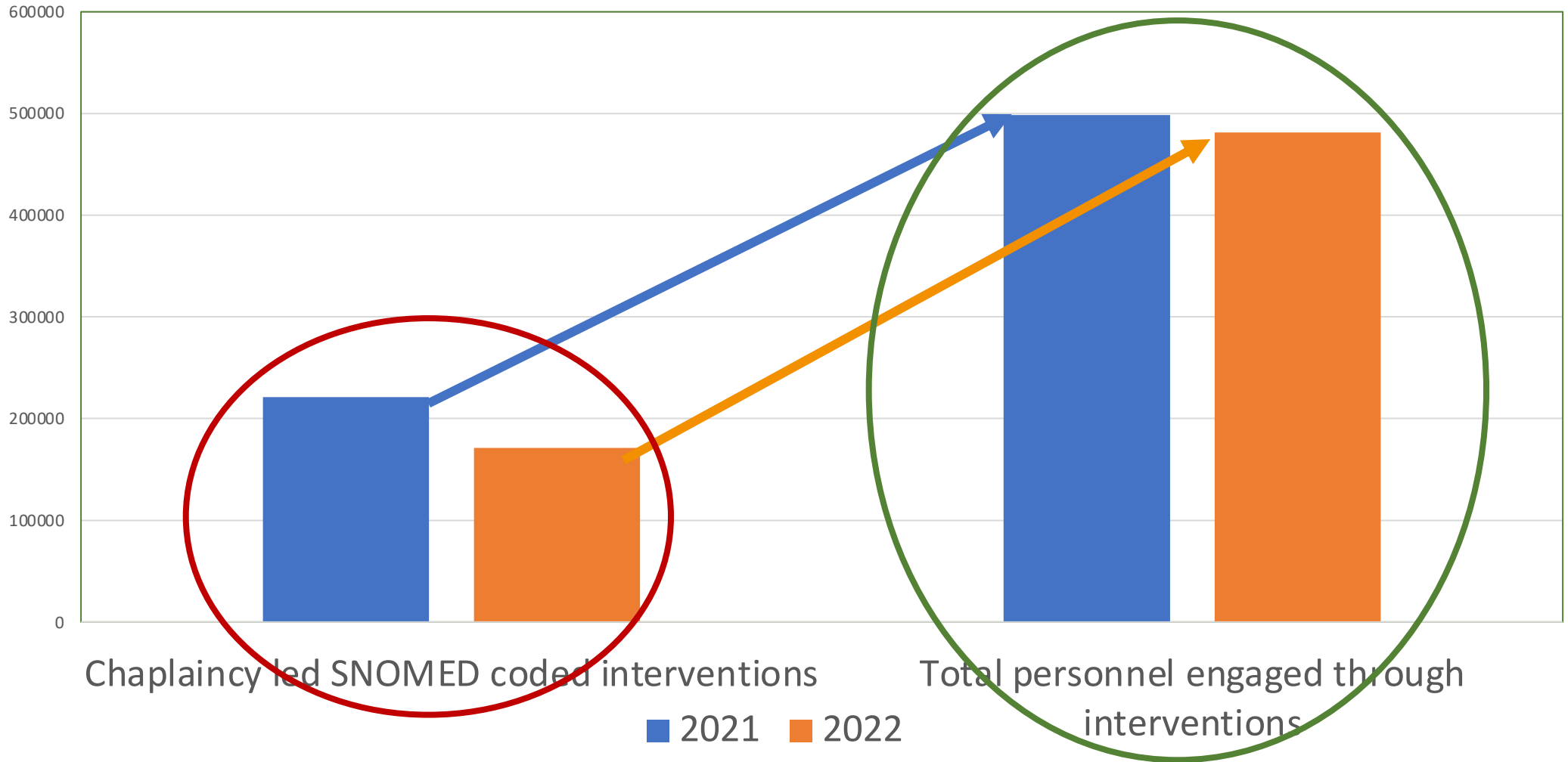


Total ADF Chaplaincy Interventions by SNOMED-Clinical Terms 2021 & 2022





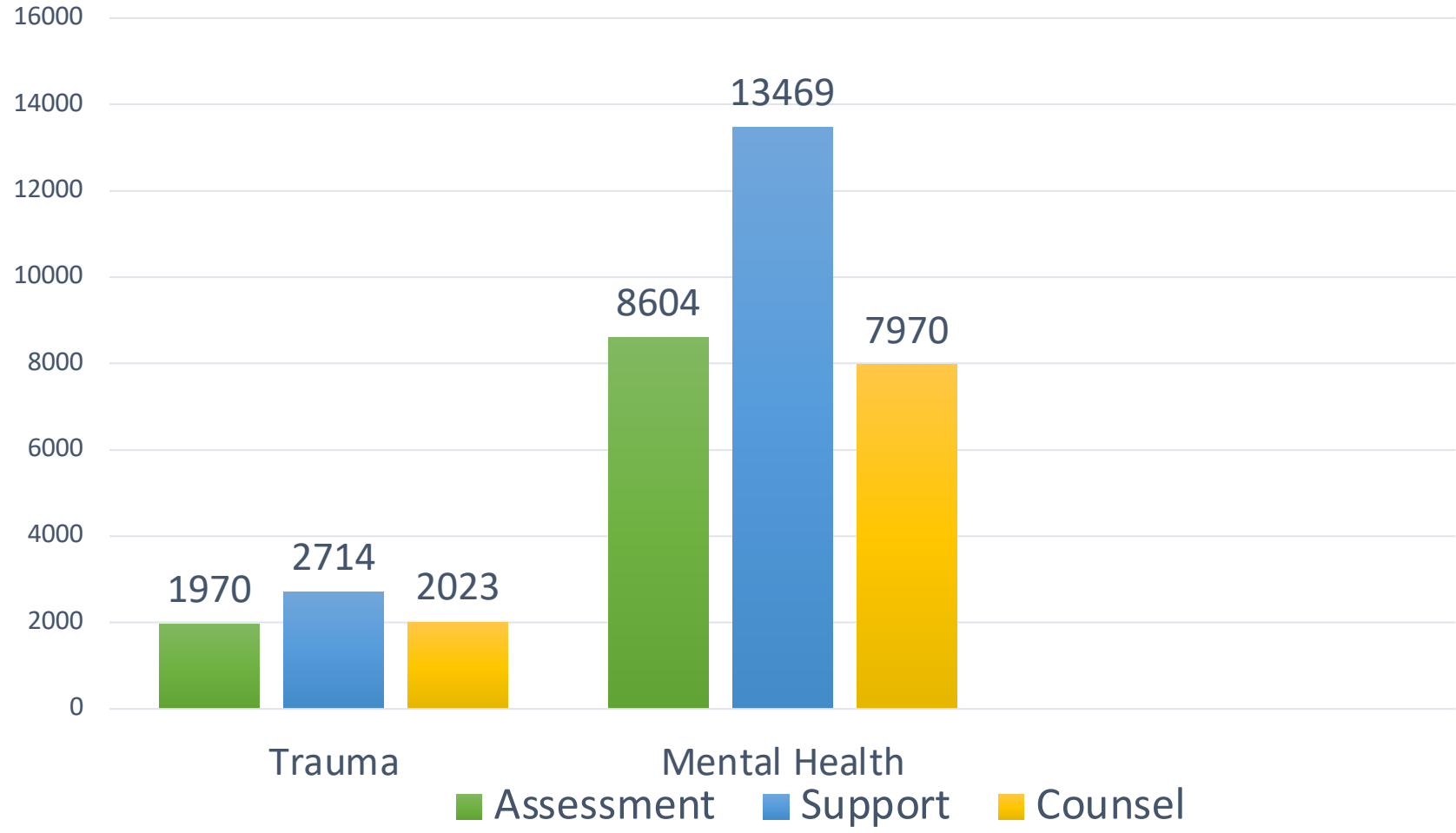
Total ADF Chaplaincy Intervention by SNOMED-Clinical Terms and Total Personnel Engagement Achieved (2021-2022)



Note: Source. CRT - ADF Directorate of Spiritual Health and Wellbeing (2021/2022)



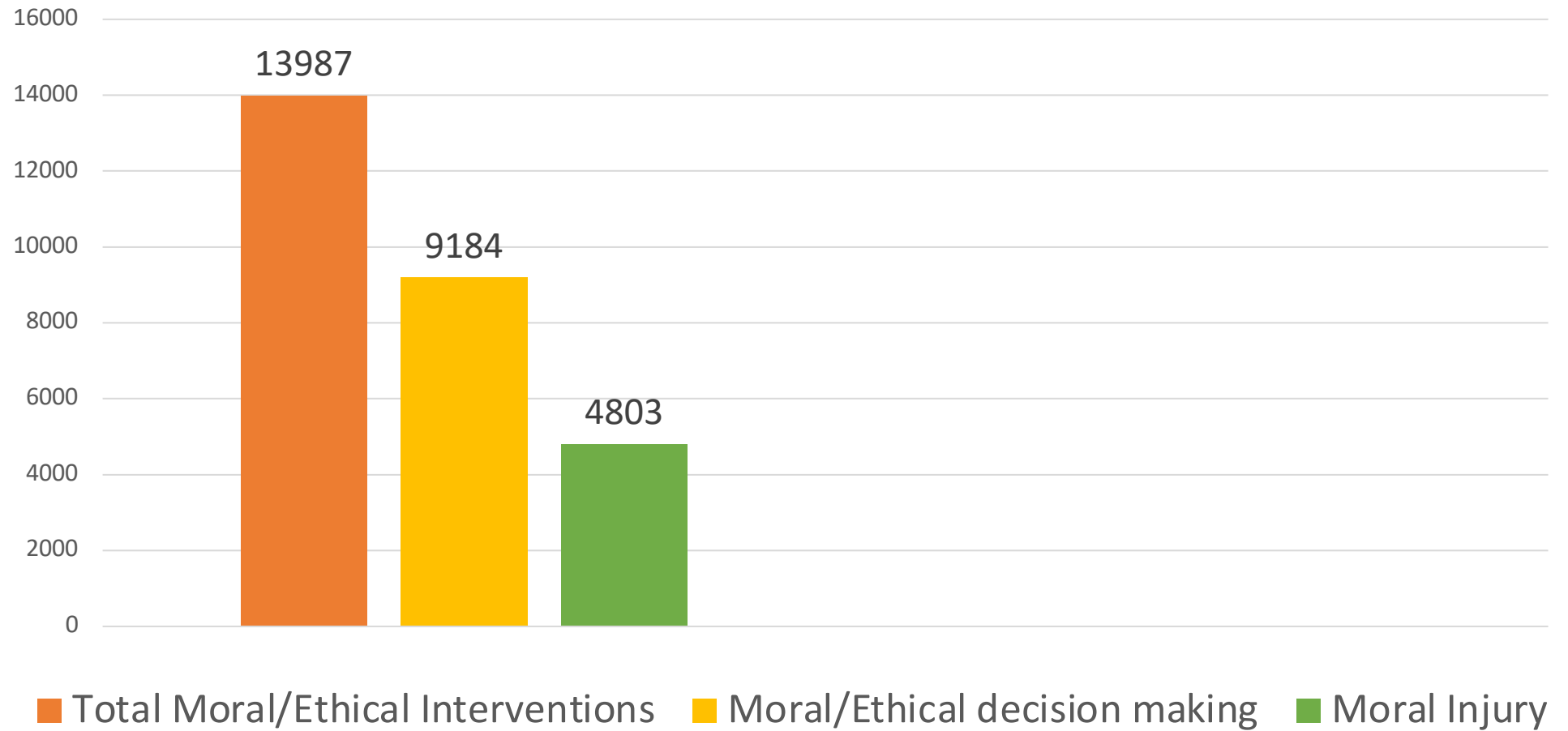
ADF CHAPLAINCY SPIRITUAL INTERVENTIONS JANUARY 2021 – AUGUST 2023



**2023 AMMA
CONFERENCE**



ADF CHAPLAINCY MORAL / ETHICAL SPIRITUAL INTERVENTIONS JANUARY 2021-AUGUST 2023



**2023 AMMA
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SUMMARY

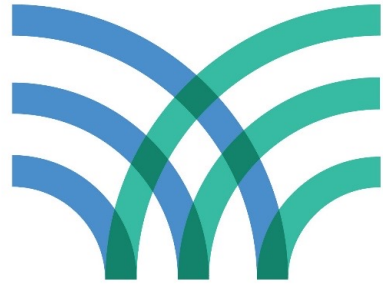
- **20th Century “Holistic” - limited to three dimensional “bio-psycho-social” health and wellbeing determinants.**
- **20th Century “Holistic”- often neglected or deliberately excluded religious/spiritual determinants.**
- **Some Organizations usually exclusive of religion/spirituality within policy and statements relating to treatment, rehabilitation, health and wellbeing.**
- **21st Century Holistic “Bio-Psych-Social-Spiritual” model inclusive of religion/spirituality health and wellbeing determinants**
- **ADF 21st Century “Holistic” care demonstrates BPSS inclusiveness by:**
 - (1) Approving Spirituality within its ADF glossary (in process)
 - (2) Creation of the first military “Directorate of Spiritual Health and Wellbeing”;
 - (3) Collection of Chaplaincy data IAW WHO/SNOMED-CT spiritual care interventions



To come into line with the 21st Century Model of Holistic Care it is recommended that:

1. The ADF undertake an audit of all policy documents to ensure that the term “Biopsychosocial” is upgraded to the term “Biopsychosocial-spiritual”
2. The ADF undertake an audit of all policy and associated documents regarding health and wellbeing of ADF personnel, to include and encourage the use of a biopsychosocial-spiritual (BPSS) model when planning and/or developing wellbeing strategies for ADF personnel.
3. The ADF imbed BPSS research-informed/research-based best-practice as part of the delivery of holistic care to ADF personnel.





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MORAL INJURY
IN THE 21ST CENTURY
19-20 September 2024
Brisbane Convention & Exhibition Centre