



Spiritual
Health
Association

Annual Report 2019-2020





Acknowledgement of Country

We acknowledge that our work takes place on the lands of the Wurundjeri people of the Kulin nation. We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their elders past, present and emerging.



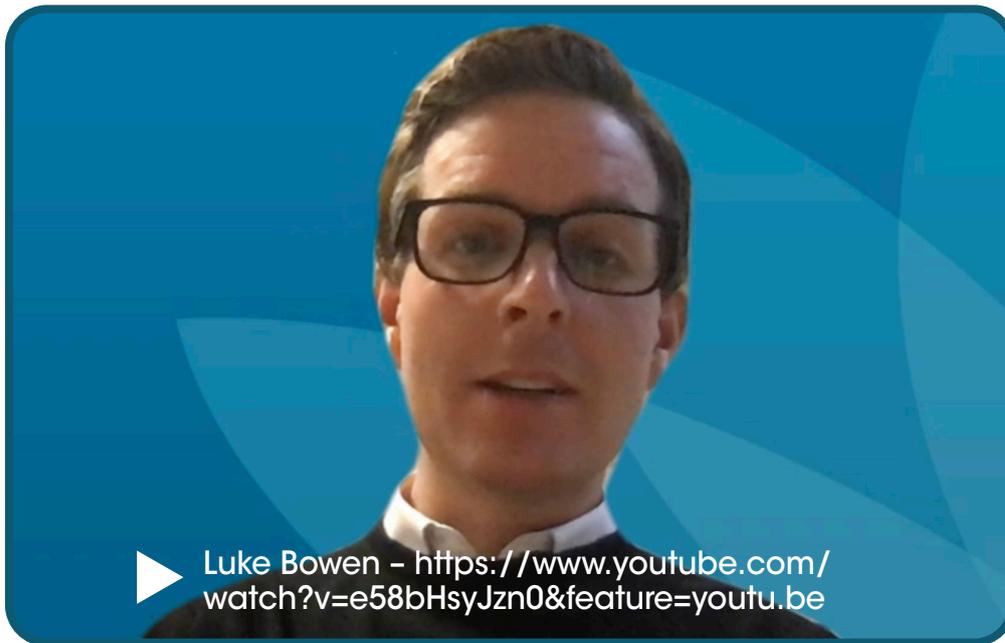
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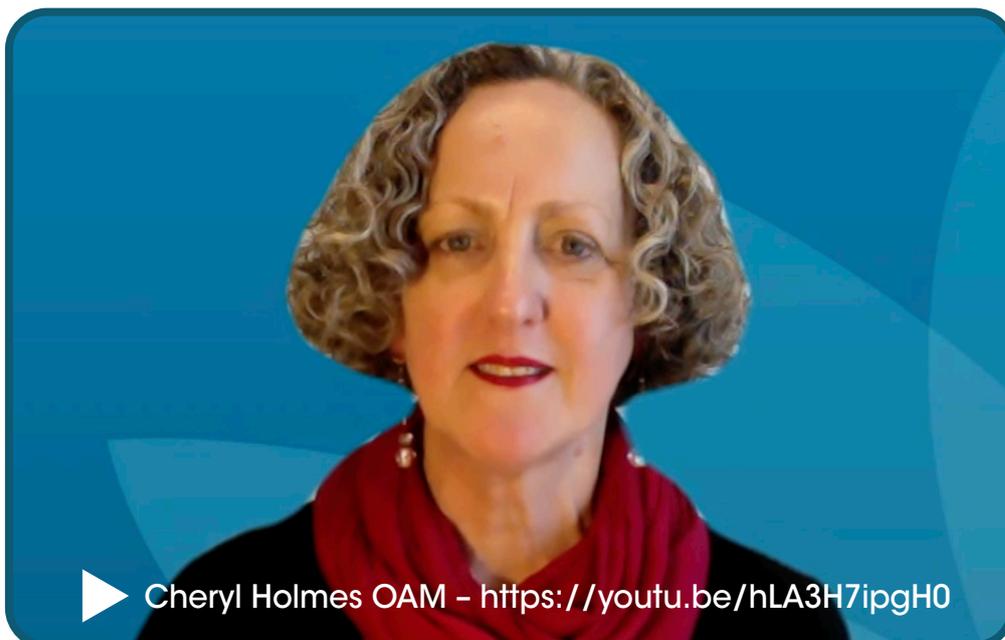
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WELCOME TO SPIRITUAL HEALTH ASSOCIATION

Chair's message



Chief Executive Officer's message



Our purpose

Advocating and promoting spiritual care
in health services through compassionate,
person-centred spiritual care

Our belief

We believe that when spiritual needs are
recognised and responded to as an integral part of
person-centred care, an essential contribution is
made to people's health and wellbeing

Our values

Respect: We value the humanity and
dignity of every person.

Compassion: We value sensitivity to another's
suffering, which motivates healing care.

Inclusiveness: We value the spirituality,
perspectives and contributions of all people.

Excellence: We value continuous improvement,
innovation and accountability in the provision
of spiritual care.

Compassionate, person-centred health care

OUR ORGANISATION

BOARD

Luke Bowen (Chair)

Denis Torrens (Treasurer)

Cheryl Holmes OAM (Company Secretary and CEO)

Stephen Delbridge (Deputy Chair)

Tracey English

Eleanor Flynn

Paul Zammit

MEMBERS

Anglican Diocese of Melbourne

Reverend Stephen Delbridge

Baptist Union of Victoria

Reverend Luke Bowen

Buddhist Council of Victoria

Venerable Hōjun Futen

Catholic Archdiocese of Melbourne

Mr Paul Zammit

Churches of Christ in Victoria and Tasmania

Mr Rob Nyhuis

Hindu Council of Australia

Bhakta Dasa

Islamic Council of Victoria

Mr Ayman Islam

Jewish Community Council of Victoria

Rabbi Gabi Kaltman

Lutheran Church of Australia, Victorian District

Reverend Sam Davis

Macedonian Orthodox Church

Very Reverend Tone Gulev

Orthodox Christian Chaplaincy Council of Victoria

Mr Daniel Bellis

Presbyterian Church of Victoria

Reverend Philip Court

Sikh Interfaith Council of Victoria

Mr Jasbir Singh Suropada

The Salvation Army, Australia Southern Territory

Major Tracey English

Uniting Church in Australia, Synod of Victoria and Tasmania

Mr Adrian Pyle

“A national presence enables us to guide best practice spiritual care across Australia”

STAFF

Trish Fernley
Office Administrator

Jenny Greenham
Mental Health Leader

Christine Hennequin
Manager Support and Development

Cheryl Holmes OAM
Chief Executive Officer

Reza Homan
Management Accountant

Alison Powell
Development Officer (until 05/02/2020)

Heather Tan
Manager Education and Research





OUR WORK

Providing and evaluating best practice spiritual care

Patient Reported Outcome Measures Project

The project involved two phases, and this year the focus was on completing phase 2. A total of 4750 questionnaires, using the Patient Reported Outcome Measures (PROM), were distributed to patients who met the selection criteria following discharge from five general hospitals – two in metropolitan Melbourne, one in regional Victoria and two in Adelaide.

Evaluation of the ‘model fit’ indicated an appropriate fit with the data set. Further study for cross-validity of the scale in different samples or populations was recommended. This is currently underway using data from international PROM surveys.

Overall, individuals with higher scores on Quality of Spiritual Care believed that the spiritual care they received was helpful and appreciated. When controlling for religious/spiritual beliefs, those who received spiritual care reported significantly higher PROM scores compared with those who did not receive spiritual care. Qualitative data analysis produced three main themes:

- the degree to which the spiritual care received met the needs of patients
- the qualities of providers of spiritual care that were appreciated by patients
- the impact of the spiritual care received.

Recommendations from the project are to improve:

- referral systems for spiritual care
- electronic data systems to enable electronic survey methods.

See the Publications section for further details about this research.

Guidelines for Quality Spiritual Care in Health: launch and implementation

The *Guidelines for Quality Spiritual Care in Health* provide a framework to support a consistent approach to safe and high-quality spiritual care for patients, families, carers and staff in acute and sub-acute health care, inclusive of palliative and mental health care.

The guidelines were launched at our Special General Meeting on 8 October by Angie Dalli from the Australian Commission for Safety and Quality in Healthcare. Spiritual Health Association (SHA) received important public feedback and, after further broad consultation, the guidelines were revised. The final version was published in February 2020, and circulated to our stakeholders in New Zealand, USA and the United Kingdom, to Victorian CEOs and Directors of Allied Health, and state health ministers (see <https://spiritualhealth.org.au/standards>).

The guidelines are also being used by health services in Victoria and interstate to implement best practice spiritual care. In collaboration with Standards and Performance Pathways, an online Gap Analysis has been developed for health services to assess their provision of spiritual care (see <https://spp.ngoservicesonline.com.au/>).



Integration and coordination of best practice spiritual care

Faith Community Research: Patient Perspectives

This project explored the role of faith communities in providing spiritual care to Victorian public hospitals, and determined the perceived value of the hospital chaplaincy provided by faith communities. Initially the research was planned across five hospital sites but, with the advent of COVID-19, data was collected from one hospital only.

Preliminary results of 111 surveys show that 74 per cent of respondents indicated the importance of having spiritual care provided by a person of the same faith. Nonetheless, relative to other characteristics, faith affiliation was not as important as kindness, listening skills, and a non-judgmental attitude. A preliminary report from the project is being finalised.

Consultation and advice to health service executives and management

SHA is often contacted to advise and consult with health services in Victoria, interstate and internationally about the provision of best practice spiritual care including in the mental health sector.

This year, we consulted on models of spiritual care, advocacy, workforce and recruitment, discharge planning, and best practice during COVID-19. In addition, our CEO and leadership team regularly provided support to new and established spiritual care management, and health service executives.

Developing a competent workforce

Capability Framework evaluation and revision

The *Capability Framework For Spiritual Care Practitioners in Health Services 2016* has been a valued document but was due for review and updating.

The evaluation process included an online survey for spiritual care practitioners and educators to assess whether the document was used for its stated purposes as:

- a guide for job descriptions
- an aid to professional review processes and career planning
- a guide for the development of education, training and work-based learning.

A final report from the evaluation was prepared. Subsequently, a working group was formed to assess the survey results and recommend changes to make the document more practice-based and accessible. A draft 2020 version has been produced and will be distributed as part of a wider consultation before release of the final Capability Framework 2020, which we anticipate will be available by October.



AHPA representatives with The Hon Greg Hunt, Federal Health Minister, 20 February 2020.

Showcasing spiritual care

SHA is viewed as a State-Wide Training Provider (SWTP) and, as such, falls within the remit of the Centre for Mental Health Learning (CMHL), an organisation created by the Department of Health and Human Services (DHHS) to lead innovation that supports a curious, knowledgeable, and recovery-focused workforce.

As a result of COVID-19 restrictions, all face-to-face training programs were cancelled. While SWTPs adapted their content online, CMHL pivoted its activities to highlight and promote its member organisations to the wider health care sector.

During the first week of June, CMHL's newsletter included a feature on SHA with a focus on resources, local and international training opportunities, and current evidence and literature supporting the inclusion of spiritual care and spiritual literacy among health care providers. This campaign provided a unique opportunity to raise awareness of the intersect between mental health and spirituality (see <https://mailchi.mp/cmhl.org.au/spiritual-health-newsletter>).

Building our reputation as a trusted leader and advocate

Launch of SHA

SHA began operating as a new company on 1 July 2019. The change recognises the national influence of our organisation and creates opportunities to formally work beyond the Victorian border. Furthermore, membership of SHA is now open to organisations involved in delivery, research and/or education of spiritual care in the health sector: <https://spiritualhealth.org.au/membership>.

Membership of AHPA

As an affiliate member of Allied Health Professions Australia (AHPA), our CEO Cheryl Holmes OAM also attended key forums as part of SHA's advocacy and professional representation of spiritual care in health.

Keirie Walter, Safer Care Victoria, and Angie Dalli, Australian Commission for Safety and Quality in Health Care at the SHA launch.



Submissions

SHA contributed submissions to three separate state and national bodies to advocate for spiritual care in mental health and disability services. Both individual and joint submissions were made to the Royal Commission into Victorian Mental Health System (RCVMHS). Additionally, in May 2020, SHA's Mental Health Leader joined with members of the Victorian Transcultural Mental Health Reference Group in an online roundtable presentation to Commissioners of the RCVMHS to deliver key points and strategies.

A submission was also made to the National Productivity Commission, exploring the Social and Economic Benefits of Improving Mental Health. The presentation was framed around a case study to illustrate the improvement in mental health following a spiritual care intervention, with results measured against the indicators of increased social and economic participation, engagement, connectedness and productivity in employment.

Our submission to the Victorian State Disability Plan 2021–2024 drew on international references, Australian standards, and a wealth of literature that reinforces spirituality as an integral component of health and wellbeing, to advocate for community services that offer people real inclusion, safety and support.

Co-facilitation with lived-experience representatives

In late 2019 the Victorian Mental Illness Awareness Council's (VMIAC's) 'Listen Up Louder' Conference provided an ideal opportunity for SHA's Mental Health Leader to co-facilitate a presentation with a lived-experience representative in mental ill health.

The presentation focused on what spiritual care in an acute mental health inpatient unit looked and felt like for the recipient. The audience heard, first-hand, how spiritual care interventions enabled this person to find meaning, purpose and connection in her experience. The following is an extract from Robin's very powerful narrative.



Jenny Greenham and Robin at VMIAC's 'Listen Up Louder' Conference.

“ There is a sense in life that we need to be strong or perfect, and this belief makes it all but impossible to drop one's guard. Spiritual care can hold and support you in your vulnerability. You are met with a willingness to 'be' ... They have the capacity to give you a holding space, and this is the opposite of what you feel when you are depressed. When you are depressed, nothing matters, but when you feel held, you sense that your experience does matter. Spiritual care is where you are met, it is the ministry of presence. ”

Training initiative with Victorian Transcultural Mental Health

The 2019 Spirituality and Diversity Conversation Pilot Program, a successful training partnership between Spiritual Health and Victorian Transcultural Mental Health (VTMH), culminated in showcasing the project at the World Psychiatric Association International Congress in Spirituality and Psychiatry 4th Global Meeting in Jerusalem, Israel in December 2019. The program was selected for presentation in the category of 'translating knowledge into practice'.

Evaluation of the project included feedback from practitioners in clinical, community and peer work settings whose comments included:

- *Thank-you for running these awesome workshops*
- *I valued being amongst spiritual-care people*
- *I like this group, very respectful. I felt warmth during the conversations*
- *Happy that the group exists, and that people are having these types of discussions.*



World Psychiatric Congress: Jenny Greenham, Mental Health Leader with WPA President Prof Helen Herrman AO and Simon Jones.

The program of spirituality and diversity conversations scheduled for April to June 2020 quickly adapted to online delivery and, while a different experience from the face-to-face sessions, succeeded in evoking a depth and quality in all conversations. Evaluation data indicates these opportunities for personal and professional reflection continue to be greatly appreciated by sector workers. Further planning is underway to extend the next series to regional mental health workers.

Zoom screenshot of the Spirituality and Diversity online conversation project, conducted in collaboration with VTMH.



Pregnancy and Infant Loss Remembrance Day service

On 15 October 2019 Museum Victoria hosted a service for Pregnancy and Infant Loss Remembrance Day to acknowledge and honour the babies whose lives have been lost to miscarriage, stillbirth, newborn and infant death. The day is recognised globally and features a 'Wave of Light' at 7:00 pm, when parents and families around the world light candles in remembrance.

The event was supported by the Victorian Minister for Health, the Hon. Jenny Mikakos MP, and the day was recognised in the Victorian Parliament. SHA worked in collaboration with Safer Care Victoria, the Stillbirth and Neonatal Death Support (Sands), Red Nose, The Women's Hospital, Mercy Health and Monash Health to coordinate the event.

Over four hundred people – including bereaved parents and families, support people, health service executives, staff and volunteers – joined the Minister for Health, the Leader of the Opposition and other dignitaries who attended the service.

Formal observance of the Pregnancy and Infant Loss Remembrance Day, and the remembrance service, succeeded in raising the profile of pregnancy, stillbirth, newborn and infant loss, and in bringing the Victorian community together with bereaved parents and families to celebrate the lives of these very special babies.



From top: 1. The Hon. Jenny Mikakos, Minister for Health, with parents. 2. Reference Group. 3. Jenny Mikakos and Cheryl Holmes.

COVID-19 response: spiritual care in a crisis

Spiritual Care Management Network

In mid-March 2020 COVID-19 was declared a pandemic by the World Health Organization (WHO) and service provision of health services in Australia, including the provision of spiritual care, changed rapidly.

SHA's Spiritual Care Management Network (SCMN) began to meet fortnightly to share information about major changes to service provision, and to support each other. Like other sectors, COVID-19 propelled us to embrace many innovative and technologically-based ways of communicating. Several creative approaches to spiritual care and person-centered care have been developed in Australia and overseas, and technology enabled us to access these.

Many issues were discussed and workshoped by the network including:

- support for patients and families
- support for mental health patients
- advice for providing a safe Sacred Space
- the moral and ethical issues surrounding end-of-life care when families cannot be present
- working remotely and providing an innovative response using technology, while still imparting compassion, active listening, and holding a caring and safe space.

Staff support became a high priority for spiritual care practitioners, and many health services acknowledged the importance of spiritual care during such a crisis.

SHA developed a dedicated page on our website to provide the latest information and resources about spiritual care provision (see <https://spiritualhealth.org.au/covid-19-information-resources>).

The SCMN again proved its worth as an effective network to support spiritual care management, facilitate the sharing of wisdom and experience, and the building of relationships in the spiritual care sector. Established and new spiritual care managers from across Australia continue to contribute to, and obtain the benefits of, a strong network with impassioned members whose focus is best practice spiritual care.

*“ Thank you for hosting
these gatherings.
They are very helpful. ”*

*“ Great to be working with
you and to meet and connect
with other Spiritual Care
team members. I think a
benefit of the zoom meetings
for me, as a relatively new
person, is to have sighted some
people and spoken with them. ”*

Mental Health Network

The initial impact and uncertainty that COVID-19 posed for spiritual care workers in the health care sector was, in part, mitigated by the Mental Health Leader moving quickly to offer weekly online meeting/peer support opportunities from late March.

The online facility ensured practitioners from interstate and regional areas were able to connect with peers and share experiences as they have navigated the unfolding nature of the crisis, personally and professionally. On one occasion the group was joined by a lived-experience representative in mental ill health, who had received spiritual care in hospital. His presence provided a rich and layered dimension to our reflections.

The weekly space allowed many sole workers the opportunity to gather, reflect, collaborate, expand and deepen their resources and connections. It continues to be an enriching experience, as the feedback confirms.

The Mental Health Network (MHN) has also focused on developing skills in documenting spiritual care interventions in medical records. Plans are in place for MHN members to join an online discussion with NHS Mental Health Chaplains from the UK in the coming months.

“ Can't tell you how nourishing it was to join the group last week. It has helped me feel able to find my way forward during this time. ”

“ Many thanks again for the opportunity for such beautiful shared reflection and conversation. ”

“ You hold the space so beautifully - very pastoral. These gatherings are the fuel that feeds the capacity to do the work. ”



Telehealth Guidelines for Spiritual Care

SHA developed the Telehealth Guidelines in response to the needs of the spiritual care sector. Face-to-face spiritual care was no longer possible in many cases due to the pandemic, and our sector needed guidelines to enhance and support person-centred care via audio or video technology. The Telehealth Guidelines have been very well received by our sector (see <https://spiritualhealth.org.au/standards>).

Faith Community report: service provision

Faith communities in receipt of Government funding for spiritual care in Victorian hospitals, continued to provide chaplaincy services until the advent of COVID-19, when major changes were enacted. While some in paid positions continued to provide direct care, others in voluntary positions were stood down.

Faith representatives in some hospitals were able to provide care to patients at end-of-life, and many faith communities became involved in activities with DHHS to provide important health messaging about COVID-19 to their communities.

Resources were also developed for health workers and spiritual care practitioners to assist in responding to faith-specific spiritual needs (see <https://spiritualhealth.org.au/multifaith-resources>).

Multifaith calendar

SHA continues to provide this popular resource on its website (see <https://spiritualhealth.org.au/news-list/2020-multifaith-calendar>).



Professional Development Program

Our long-standing Professional Development Program continued to provide education and networking opportunities for spiritual care practitioners in the health sector. The COVID-19 pandemic, however, required a rapid re-think of how to offer these opportunities, given hospitals were no longer able to host programs and group gatherings were not permitted.

SHA decided to trial Zoom meetings and, while challenging at first for those not versed in the medium, they offered a number of benefits:

- we could continue to meet
- we were able to offer the program at no cost
- no travel time or expense was involved so interstate and, in two cases, overseas practitioners were able to join us
- the assistance of some very capable and knowledgeable presenters enabled us to expand the program to include topics relevant to the COVID-19 crisis.



Panel on Death and Dying, September 2019: L to R David Glenister, Annie Whitlock, Bhakta Dasa and Gabbi Sar-Shalom

As a result of Zoom meetings we've seen attendance and positive feedback for the program increase. The meetings also provide an ideal opportunity for SHA to step into our role as a national organisation that provides support and services to spiritual care practitioners Australia wide.



ERICH international research: an emerging project

What can we learn from COVID-19?

While COVID-19 has presented challenges it has also provided SHA with an exciting opportunity to join an international research group, led by the European Research Institute for Chaplaincy in Healthcare (ERICH). Under the project, SHA will investigate the positive aspects that can be learned and applied in the provision of spiritual care in the health care system. This will enable the 'new normal' to offer even better levels of spiritual care.

An international online survey conducted in June attracted 1657 respondents (202 from Australia) and provided a robust data set.

As expected, some issues were common across continents while others were more site specific. Analysis of the data is ongoing.

The research offers an important opportunity to make the outcomes and recommendations widely available through a journal special edition dedicated entirely to this work. Around nine papers are planned between the international team. These will focus on specific areas, e.g. an Australian case study, as well as particular themes across the whole data set including:

- the impact in aged care
- the implications for future education and training
- the implications for models of care.



Presentations and publications



CONFERENCE PRESENTATIONS

Willing to go under water?

Spiritual care and resilience, Chaplaincy Symposium, Sydney, July 2019.

Jo's Story – a story of healing and self-acceptance that shines a powerful light on the role of ritual in our lives.

The Mental Health Services Conference (workshop), Brisbane, August 2019.

Workplace Deaths – responses that support mental health

Workplace Mental Health Symposium (workshop), Brisbane, August 2019.

Spiritual Care – what is it and how does it work?

Victorian Mental Illness Awareness Council Bi-Annual Conference (a co-production of workshops with a consumer of mental health services), Melbourne, November 2019.

Honouring Authentic Expression in Recovery – Mental Health Spiritual Care

World Psychiatric Association International Congress on Spirituality and Psychiatry (workshop), Jerusalem, Israel, December 2019.



PUBLICATIONS

Validation of the Patient Reported Outcome Measure of Spiritual Care (PROM) in an Australian Setting

Karimi, L. and Tan, H. (2020). *Health and Social Care Chaplaincy*, 8(2). Online at: <https://doi.org/10.1558/hsc.40705>.

How is Spiritual Care/Pastoral Care Understood and Provided in General Hospitals in Victoria, Australia?

Tan, H., Rumbold, B., Gardner, F., Glenister, D., Forest, A. and Bowen, L. (2020). *Journal for the Study of Spirituality*. In press: to be published in 10(2).

Understanding the Outcomes of Spiritual Care as Experienced by Patients

Tan, H., Rumbold, B., Gardner, F., Snowden, A., Glenister, D., Forest, A., Bossie, C. and Wyles, L. *Journal of Health Care Chaplaincy*. Online at: <http://dx.doi.org/10.1080/08854726.2020.1793095>.

Spiritual care: The role of health care chaplaincy

Fitchett, G., Damen, A., Holmes, C., Kestenbaum, A., and Nolan, S. (2019). In Peres, M. F. P., Luchetti, G. and Damiano, R. F. (Eds), *Spirituality, Religiousness and Health: From Research to Clinical Practice*. Springer Nature, Switzerland AG.

Strategic leadership in health care chaplaincy

Kelly, E., and Holmes, C. (2019). In Kelly, E. and Swinton, J. (Eds), *Chaplaincy and the Soul of Health and Social Care: Fostering Spiritual Wellbeing in Emerging Paradigms of Care*. Jessica Kingsley Publishers, London and Philadelphia.



SEMINARS

Reporting and documenting spiritual care in health services and *Guidelines for Quality Spiritual Care in Health*

Presentation at Spiritual Care Australia, Adelaide Branch, February, 2019.

Website

SHA launched a new website on 8 October 2019 at our Special General Meeting (see <https://spiritualhealth.org.au/>). SHA's website is accessed by all states and territories in Australia, and internationally by countries including the USA, United Kingdom, France, Germany and New Zealand.



E-NEWS



1015 subscribers at 30 June 2020
(up from 965 last year)



93% located in Australia
7% located overseas (USA, India, NZ, UK)



63% accessed from computer
37% accessed from mobile

“ Thank you for the article on spiritual pain in cancer patients ... we have been receiving requests for it from all over the world. Amazing response! Your newsletter has a really wide readership! ”

“ Another great COVID edition! Congrats to you all for the serious aspects, the ongoing learning, the professional development and the encouragement to be a little comical ... You are all working so hard on our behalf. ”

FINANCIAL OVERVIEW

Treasurer's report

SHA had a surplus of \$73,507 in the year from 1 July 2019 to 30 June 2020, compared to \$11,951 in the prior year. The surplus was 5 per cent of income.

Income for 2020 was \$1,483,929, \$109,838 more than the previous year. The Federal Government's COVID-19 stimulus provided \$57,461 of the increase. The largest component of income was recurrent grants from the Victorian Government, totalling \$1,353,562, an increase of 3 per cent or \$39,059.

Expenses for the year were \$1,410,422, up by 4 per cent. Grant disbursements to member faith communities were \$648,482, up by \$1,289 from the previous year.

Employee expenses decreased by 3 per cent to \$508,438. AASB 16, Accounting for Leases, was introduced on 1 July 2019, which meant that office rent was included in other expenses in 2018–19 and in depreciation in 2019–20. This accounts for \$56,509 of the increase in depreciation and the decrease in other expenses.

At 30 June 2020 SHA had cash of \$503,681, 71 per cent of total assets. Other current assets, \$192,801, comprised mostly funding and service fee income from the state government, which was received after 30 June. Total liabilities increased to \$187,212, mainly due to an increase in accounts payable. After providing for all liabilities SHA had net assets of \$519,819 at 30 June 2020.

Financial statements for the year ended 30 June 2020

The following is abbreviated income and balance sheet information. Full accounts are available on the website. The 2020 figures are for Spiritual Health Association Limited. The 2019 figures are for Spiritual Health Victoria and are provided for comparative purposes.

Income Statement summary

	2020 \$	2019 \$
Income		
Grants earned	1,353,562	1,314,503
Federal Government COVID-19 stimulus	57,461	0
Other income	72,906	59,588
Total income	1,483,929	1,374,091
Expenses		
Distributions to Faith Communities	648,482	647,193
Employee expenses	508,438	524,600
Other expenses	185,055	184,437
Depreciation expense	68,447	5,910
Total expenses	1,410,422	1,362,140
Surplus	73,507	11,951

Balance Sheet summary

	2020 \$	2019 \$
Assets		
Cash at bank and CMA	503,681	551,128
Other current assets	192,801	36,267
Fixed assets	10,549	13,583
Total assets	707,031	600,978
Liabilities		
Provisions for annual and long service leave	84,248	75,198
Other current liabilities	102,964	79,468
Total liabilities	187,212	154,666
Net assets	519,819	446,312



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