



I can't wait to tell you about...



Vito and Lindy

In 2013 Vito hit rock bottom. He had lost all hope and could find no reason to live. His marriage had come to an end. He had lost his business, and with it his life savings in a failed business partnership that left him financially and personally devastated. Vito was admitted into an acute psychiatric hospital under a community treatment order because he was suicidal. He stayed there for weeks under close observation. Vito's spirit was as low as it could go.

After a period of stabilisation on medication Vito moved into the care of the Adelaide Hills Community Mental Health Service. He was invited to join the Adelaide Hills Share group by the coordinating mental health nurse, Millie Davey. Millie buddied Vito with Lindy, a volunteer in the Share program that Millie coordinates, because she knew that Lindy would provide the kind of encouragement and support that Vito needed. From that time Vito's healing process accelerated. In his own words he moved "from the pit to the palace".

Lindy understood the depths of Vito's feelings of hopelessness because some years ago she also experienced significant depression. She later used her experience of her journey through depression to develop a package (*Hope Pack*) containing the things that helped her to recover. Lindy cultivated life-enhancing thought patterns by repeating positive scripture as a daily mantra. By speaking God's truth into her life and dwelling on who Jesus says she is, Lindy has been able to counter the untruths that filled her mind at the time when she was most ill. She shifted an awful and desperate experience into a hopeful and life-giving one.

Lindy asked Vito if he would like to try the 21 day *Hope Pack* and he agreed. She supported and encouraged Vito, coaching and motivating him to move forward with his recovery journey. Each day Vito opened a letter with specific tasks to undertake and activities to move forward toward recovery. He had to do the work but he was no longer alone on his journey. Vito made an effort to move around God's creation and experience the blessings of nature, he took recommended vitamin supplements, cooked and ate nutritious food and drank more water. He continued along with his medical plan of care and, accompanied by his new friends in the Share group, made strident progress.

Today Vito is happy. He is back at work and "choosing life". With the support of an encouraging buddy, a friendly Share group, and an open and loving faith community at Build Church in Mt Barker, South Australia, Vito and many others in the Share group are going from strength to strength.

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It is such a joy to see healing occurring in people living with serious and enduring mental health disorders when God's people surround these vulnerable people with love, support and encouragement and speak truth and justice into their situation. Our churches can have an impact on the devastating issue of suicide and mental illness and the easiest way to do that is to address the sickening problem of loneliness (van der Hart 2014). Share is not really a program; it is more of a way of connecting people so they do life together. Share helped Vito to heal and it is doing the same for many others, because friendships matter. Connection to people who are *not* paid to care for you, and who are unrelated, shows the person experiencing illness that they are worthy enough for another person to invest time into their life. Healing flows from such genuine, compassionate and lasting friendships as Perry & Szalavitz (2006 p80) confirm:

Relationships matter: the currency for systemic change is trust, and trust comes through forming healthy working relationships. People, not programs, change people. Recovery from trauma and neglect is all about relationships—rebuilding trust, regaining confidence, returning to a sense of security and reconnecting to love. Of course, medications can help relieve symptoms and talking to a therapist can be incredibly useful. But healing and recovery are impossible—even with the best medications and therapy in the world—without lasting, caring connections to others.

Jesus brings us hope through His word and through His people. It is up to us to help people who are suffering to experience the soul rest and comfort they need, so their loneliness is undone and the decision to live becomes an easier one (van der Hart 2014).

“Remember your promise to me... It gives me hope. You comfort me in my suffering, because your promise gives me new life.” Psalm 119:49-50 (ERV)

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Anne van Loon RN PhD
AFCNA Chairperson 2015-2016

For information about starting a Share program contact Millie Davey [Milena.Davey@health.sa.gov.au]

To prepare your church, Baptist Care SA can provide a two day workshop

- *Prepared to Share* to prepare your faith community to become mental health friendly (first day)
- *Sharing Together* to prepare buddies to be an informed friend to a person living with mental illness

For more information contact Anne van Loon avanloon@baptistcaresa.org.au

To order or discuss the *Hope Pack* contact Lindy Gower [lindygower@bigpond.com.au]

Quotes

If you get rid of unfair practices, quit blaming victims, quit gossiping about other people's sins,
If you are generous with the hungry and start giving yourselves to the down-and-out,
Your lives will begin to glow in the darkness, your shadowed lives will be bathed in sunlight.

I will always show you where to go. I'll give you a full life in the emptiest of places—firm muscles, strong bones. You'll be like a well-watered garden, a gurgling spring that never runs dry. You'll use the old rubble of past lives to build a new, rebuild the foundations from out of your past. You'll be known as those who can fix anything, restore old ruins, rebuild and renovate, make the community liveable again



Isaiah 58:9-12 (*The Message*, Petersen. 2002)

Meet the AFCNA Board for 2015-2016

At the AGM on 15 September, members elected a new Board for the coming year. We welcome new Board members Joanne Schwarz and Lindy Gower.

- Joanne is a RN working at Royal Adelaide Hospital and is in charge of the move to the new location. She has experience in health management and clinical practice in the acute hospital setting.
- Lindy Gower is a home economics teacher and amazing pastoral health and care ministry advocate. She has been instrumental in the success of the Adelaide Hills Share program with Millie Davey.

Our continuing Board members include:

- Sharon Olsson, a lecturer in Mental health nursing at Flinders University and recently retired as the Director of Nursing at Glenside Psychiatric hospital in Adelaide. Sharon brings a wealth of experience in mental health nursing, managing and teaching nursing to the Board.
- Millie Davey, a community mental health clinical nurse
- Vicky Legge, a practising RN teaching pastoral health and care ministry with Tabor Adelaide who has agreed to take on the role of treasurer
- Judy King, a RN at Memorial Hospital in Adelaide who will take on the secretary role this year
- Pat Watts, a retired FCN in the Anglican church who has been appointed as the national mentor by the Board to support FCNs and HCM workers in their pastoral health and care roles
- Anne van Loon, a RN working with Baptist Care SA to equip the churches to care effectively for the most vulnerable in our community, who has agreed to continue as Chairperson for another year.

Together we hope to revitalise AFCNA and get it well positioned for a new era in health care. Next year is AFCNA's 20th anniversary and we will be holding a residential retreat/conference in May and celebrating with a refreshed website to be launched in early 2016. Stay tuned for our plans which will be unveiled in the December newsletter.

The Board also wishes to take this opportunity to say a HUGE thankyou to Ken Elder for his support for two years in the treasurer role. Ken willingly took up this role when AFCNA could not find a treasurer, and his wise and supportive manner will be missed on the Board.

We also need to thank Jo van Brussel who resigned earlier in 2015 after several years of quiet and compassionate service and support on the Board. Ill health has meant Jo had to retire and we wish her God's complete healing and every blessing on the years ahead.

What's ahead for AFCNA?

This year the Board continued to work toward the future and seek to discern God's will. Australia's increasing debt, coupled with a decreasing tax dollar, means changes to health care are inevitable. The Health and Care Ministry of our churches, and particularly Faith Community Nursing, can step in and make a real difference. The health system is under increasing pressure with a dramatic increase in chronic conditions, challenges presented by an ageing population, a growing number of people experiencing mental and behavioural problems, and many people with a disability trying to get their care needs met via the new disability insurance scheme, which is already under financial pressure—and it has not even been rolled out across the nation yet.

The Board believes the time for faith community nursing has come. As AFCNA enters its 20th year in 2016 we hope we can rekindle the passion for the role and birth many new FCNs and HCM ministries across this country. God is giving his church a great chance to step up and make a difference in community health, community development, and community care.

Members' survey action

Survey respondents agree that while the FCN role is relevant to the Christian church's mission and ministry, the FCN *role* is not well understood and could therefore be undervalued by church leaders and pastors. Participants felt that AFCNA was required in Australia, because the denominational FCN networks do not meet the professional needs of FCN.

Most respondents felt that AFCNA should continue but it needed some changes. Suggestions included longer residential conferences so interstate members could participate and network more readily. Nurses asked for continuing professional education, support, quality and contemporary resources for FCNs to use and share and wanted the Board to promote FCNs and their ministry to church leaders and the broader community.

Respondents firmly believe FCN and HCM serve a real purpose in providing holistic care to people within the community and offer churches the capacity to make a genuine difference in their local communities. AFCNA is the only Christian professional group within Council of National Nursing Organisations (CoNNO) and this membership enables the FCN role to have professional credibility.

To grow and develop AFCNA must:

- promote itself within churches as an effective ministry to meet local needs in a supportive and sustainable way
- continue to update its website, fliers and provide a regular newsletter
- continue to promote FCN role within the context of a bigger health and care ministry of the Christian church
- promote HCM/FCN to priests/pastors in training
- develop quality Australian contemporary and professional resources
- receive newsworthy articles, short stories and testimonials to place in various target newsletters, journals or magazines of church and community newspapers
- continue to keep FCNs abreast of new developments, equipment, policies, processes.

Strategic focus for 2016 will be:

AFCNA will promote four key exemplars where FCNs are flourishing in Australia. They will be the focus of our marketing and our conference in 2016. These are:

- *Chronic condition management in the community*: Vicky Legge has noted some good possibilities in the chronic condition self-management area so stay tuned for more on these innovations.
- *Community aged care*: Angela Urhane from Wodonga is an FCN working between the Lutheran church and the Lutheran aged care facility in her community.
- *Community hospice*: Anne Ranse and her team at Holy Covenant Anglican Church in Canberra and their award winning model of community palliative care.
- *Community mental health care*: Millie Davey's life changing "Share—doing life together" mental health program in SA which has now rolled out to two other sites supporting people with mental health needs living in the community.

These are four wonderful examples of what can be done by churches embracing HCM and the FCN role. The Board decided to focus on promoting and supporting these because they offer opportunities to expand the positive effects of HCM/FCN across the nation. We realise there are many additional opportunities but we thought it important to start telling the good news stories of where and how FCNs are making a difference right now!

Reflection...

**I believe in God, who is love and who has given the earth to all people.
I believe in Jesus Christ, who came to heal us, and to free us from all oppression.
I believe in the Spirit of God, who works in and through all who seek truth.
I believe in the community of faith, which is called to be at the service of all people.
I believe in God's promise to finally destroy the power of sin in us all, and to establish the reign of justice and peace for all creation.
I believe in human rights, in the solidarity of all people, in the power of non-violence.
I believe in the beauty of simplicity, in love with open hands, in peace on earth.
I dare to believe, always and in spite of everything, in God's power to transform and transfigure, fulfilling the promise of a new heaven and a new earth where justice and peace will flourish.**

Source: Ecumenism Reflections and News from the South Australian Council of Churches
Adapted from *All God's People* World Council of Churches

Faith communities can do what the health system can't

As Christian nurses are we aware of the important role our faith communities could play in Chronic Condition Prevention and Self-Management (CCPSM)?

Chronic Condition Prevention & Self-Management

At the moment 60 % of the global disease burden is attributed to chronic conditions and this is expected to rise to 80% in 2020 as the world's population ages (WHO, 2002). Nurses see the pressure this is placing on health care systems that are not designed for long term care, and to be economically viable, health systems will need to change from an acute care model to one that supports CCPSM.

CCPSM support is what is done to assist the person to manage their condition, covering prevention of illness, disease progression, and of complications and disability from an existing chronic condition (Lawn et al, 2009, p. 39).

Self-management is the day to day decisions a person with a chronic condition makes about their health. Ideally the patient:

- is the expert in their condition
- accepts responsibility for their health
- problem solves and works in a collaborative partnership with health professionals to optimise their health.



Self-management is supported in a social, holistic model of health. Research is showing the need for community involvement in CCPSM.

Community involvement

The World Health Organization's framework for chronic condition care has three essential pillars:

- patient and family
- health care team
- community partners (WHO, 2002, p. 46).

A study into the contribution of social networks to health and self-managements of patients with chronic conditions showed that without social links, healthy behaviours declined over time (Reeves et al, 2014, p. 8). The authors' believe that the social network keeps 'the individual engaged and active in normal life' and 'highlights the importance of activities which are reciprocal as well as altruistic' (Reeves et al, 2014, p. 8).

Although lip service is paid to the importance of community partners, there is a gap in practice and little understanding of the need to address the social determinants of health (Lawn, 2008 p. 7).

It's into this gap that faith communities fit. Faith communities can provide the supportive community network needed and mobilise specifically trained volunteers (Battersby et al, 2010, p. 564; Woolf et al 2005, S26). Faith communities can use asset based community development to build on individual strengths and foster restoration in communities.

Faith community involvement

As part of Jesus' final teaching to his disciples at what we call the last supper, Jesus demonstrated his love by serving, washing the disciples' feet (John 13:1-17) and told them, "love each other as I have loved you" (John 15:12 NIV). There's an old Christian song with the chorus "And they'll know we are Christians by our love". It is in putting our faith into action we reveal God's love to others. Supporting others in CCPSM will improve social networks and provide opportunity for altruistic activities. As nurses we can also consider the healing gift we bring into our community of faith.

The church is ideally placed to do something the health system cannot—to love and connect people in community, and so improve their health and the health of the community.

Dear friends, do you think you'll get anywhere in this if you learn all the right words but never do anything? Does

merely talking about faith indicate that a person really has it? For instance, you come upon an old friend dressed in rags and half-starved and say, "Good morning, friend! Be clothed in Christ! Be filled with the Holy Spirit!" and walk off without providing so much as a coat or a cup of soup—where does that get you? Isn't it obvious that God-talk without God-acts is outrageous nonsense? (James 2:14-17, *The Message*)

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Vicky Legge RN, DipAppSc(P&O), CertIVMin& Theol, CertIV PC

Membership reminder

AFCNA MEMBERSHIP WAS DUE JULY 2015

It's only \$30 for the year but it allows AFCNA to keep you networked with newsletters, conferences, develop resources including our new website which is being upgraded at present. Your fees enable us to provide scholarships to support FCNs, and keep an ecumenical Christian presence in the profession of nursing via CoNNO membership. Please renew your membership and invite others to join us as we seek to develop pastoral health and care ministry of faith community nurses. Your membership is vital.

Australian Faith Community Nurses Association MEMBERSHIP 2015

Name Address

..... Postcode Phone (.....).....

Mobile..... Email

1. I am happy to be included in AFCNA networking via the AFCNA data base Yes ☐ No ☐ (privacy assured)

2. Practising FCN/Health Ministry Yes ☐ No ☐

3. Current AHPRA Registration Yes ☐ No ☐

4. I consent to my details being shared with AFCNA members' prayer network. Yes ☐ No ☐

5. Newsletter: email or Australia Post (please circle preference)

Signed: _____

Full membership (\$30.00/year) ☐ **Concession** (\$20.00/year) ☐ **Donation:** AFCNA General Fund ☐

Electronic transfer: Australian Faith Community Nurses Association Incorporated BSB: 704 - 922; Account No. 100012768 Please insert your name as the reference code

Make cheques payable to: Australian Faith Community Nurses Association

Mail to: Treasurer, Australian Faith Community Nurses Association, PO Box 2707, Kent Town, SA 5071

Q & A :

Spirituality and Mental Health



What do we mean by 'person'?

Each person experiences life as a whole person—body, mind and spirit. When one part of our being is sick, our whole person experiences that illness. We experience the world and move around it with our body. We process the world we live in using our five senses, our brain and our body systems.

Our mind enables us to be conscious of others as well as ourselves. We process our world and the people in it by thinking, reasoning, predicting, analysing and synthesising the information our mind and body receive, to enable us to function and achieve different purposes within life.

Within our mind lies our personality and character traits, plus our conscious capacity to think and reason intelligently. We react to our experiences of the world using our feelings and emotions. These are influenced by our thoughts, beliefs, values, attitudes and memories. We consciously process life experiences in our world to develop knowledge that facilitates our conscious decision making about the best response for any given situation.

Each person also has a spiritual dimension and it enables our God-consciousness. Our spirit animates us as human beings, enabling us to experience meaning, purpose, love, hope, faith and an awareness of the spiritual world. We process the world through the spiritual activities of discernment and intuition.

The Bible also says each person has a 'heart' which is part of both the mind and the spirit. In our heart lies our free will to choose to quench our spirit, or to enliven it. As Christians we believe the heart enables the person to connect with the Holy Spirit of God. If the person chooses to let their heart connect to God, their heart becomes empowered by the Holy Spirit, which enables them to make life choices using their conscience, discerning right from wrong, and good from evil. They can choose actions that represent love for self, others, the creation and God. As Christians we believe our spirit transcends our body at death and returns to be with God our creator, where in the fullness of time our spirit receives a new body and we are made whole again. The only criteria for such a healing transformation is the person's love and acceptance that Jesus Christ is their Lord and Saviour.

2. What is spirituality?

Spirituality has no single definition, but spirituality is experienced by all people. Some choose to structure their spiritual life via a religion, but our spirit is nurtured in many ways, and religious practices are not the only way.

Spirituality relates to how we find/create meaning and purpose in our lives, so it relates closely to the things

we value deeply about life. People obtain hope, optimism, faith, identity, worth, inner peace, strength to cope in times of suffering and loss. Our spirit is the integrating life force that keeps the parts of each person unified and transcends the person at death. Christian spirituality encourages us to develop the best relationship within ourselves, with others, with the creation (natural environment) and with God.

In times of stress, illness, suffering, loss, grief and in the dying process, people look for meaning and purpose. It is at these times that a FCN can help them to employ spiritual rituals and practices that can help make sense of life and cope with the many changes that occur.

Spirituality emphasises the healing of the person, not just the curing. All of life is a journey toward wholeness. We will have wonderful times and awful experiences, and all of them shape who we become. As Christians we can face these experiences with Jesus Christ as our spiritual guide and ask for the help of the Spirit of God to guide our choices. The choices we make will help us experience a full life evidenced by fruit of God's spirit in our life: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control (Gal 5:22-23). It does not mean we won't experience suffering anymore, but it does mean we can call on God to help us face the suffering and walk through it. As we cope our resilience grows and our life skills are enhanced and we become stronger through the struggle and we gain more tools in our wellness toolbox.

3. What practices can be used to nurture your spirit?

Secular practices	Christian religious practices
<ul style="list-style-type: none"> ○ creative arts (art, craft, music [playing, listening and singing], drama, cookery, gardening etc.) ○ getting close to creation/natural environment (fully experiencing nature with your 5 senses) ○ journaling ○ cultivating gratitude ○ doing something for another person (compassion) ○ mindfulness ○ deep reflection and introspection ○ belonging to a group ○ disciplined practices e.g. yoga, Tai Chi ○ contemplative reading (literature, poetry etc.) ○ good connected relationships/friendships 	<ul style="list-style-type: none"> ○ prayer ○ meditation ○ visualisation ○ reading scripture ○ speaking scripture into your life ○ worship rituals e.g. communion ○ belonging to a faith community—support, belonging, inclusion, identity, meaning, purpose, value ○ living by a code of beliefs and values ○ retreats & pilgrimage ○ sacred music (singing, listening, creating) ○ acts of service/kindness ○ practising forgiveness

4. Can spirituality be harmful?

Some religious beliefs are unhelpful and can occasionally lead to increased mental illness. Sometimes the theological views expressed by some Christians can lead to rejection, self-blame and even increased illness. Toxic theology must be challenged as unacceptable. Some examples include when people:

- say a person has mental illness because they have sinned
- say a person with mental illness is possessed by evil spirits (demons);
- say God heals and therefore a person with mental illness does not need to take their medications
- are told to exercise more faith and they will get well, and conversely when they do not get well they are told they have insufficient faith
- withdraw, ignore or isolate a person living with mental illness and/or their family from the community
- encourage a view of their god/deity as distant, unloving and intolerant (Cook 2013).

5. As an FCN how can I talk about spiritual issues?

You can open the conversation with: "Would you say you are spiritual or religious in any way? Please tell me how." Another useful question is, "What gives you hope?" or "How do you keep going when life is difficult?" (Anandarajah & Hight 2001). The answer to this will usually reveal a person's main spiritual concerns and practices. You can then locate their strengths by asking:

- What helpful knowledge or strengths do you have that can be encouraged?
- What support can I or our faith community offer you that may help your recovery?

You should note the person's internal resources and what external supports/resource they have available to them so you can use a strength-based approach to support their recovery.

The HOPE tool is widely recognised as a useful spiritual assessment tool in mental health. It considers concepts to discuss at interview or during conversation including:

- H** sources of hope, strength, comfort, meaning, peace, love and connection
- O** the role of organised religion for the person
- P** personal spirituality and practices used
- E** effects on health/medical care and end-of-life decisions (Anandarajah & Hight 2001)

The Royal College of Psychiatrists have more detailed questions that you can use available from their website at http://www.rcpsych.ac.uk/pdf/A_guide_to_the_assessment_of_spiritual_concerns_in_mental_healthcare.pdf

6. How can I provide spiritual care?

The Royal College of Psychiatrists (2014) notes that people living with mental illness want to experience spiritual care in the following ways:

- to feel safe and secure in the community and in relationships
- to be treated with dignity and respect in all interactions
- to feel that they belong, are valued and trusted within the community
- time to express their feelings when they are in conversation
- meaningful activity such as creative art, work, or the ability to enjoy nature
- the chance to make sense of their situation and their life
- permission/support to develop their relationship with God.

7. How can I get started?

In our culture, spirituality is personal so you need to focus on what works best for you. We also know that repetition creates habits and we cultivate healthy spiritual habits by developing a regular daily routine and repeating it.

For example: *daily quiet time* to pray, reflect, relax, visualise and/or meditate; and *daily Scripture reading* to study and reflect on from your Bible (or other religious/spiritual material). Your maker loves you and wants to be in relationship with you. It can help to repeat Bible promises—even if you cannot believe them yet:

- The Lord has not given me a spirit of fear but of power, love and a sound mind. 2 Tim 1:7
- I am a child of God... Romans 8:14-15
- I am God's workmanship... Ephesians 2:10
- The Lord is my light and my salvation whom shall I fear? The Lord is the stronghold of my life—of whom shall I be afraid? Psalm 27:1
- Do not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus. Philippians 4:6
- Casting all your anxieties on him, because he cares for you. 1 Peter 5:7
- I can do all things through him who strengthens me. Philippians 4:13
- Peace I leave with you; my peace I give to you. Not as the world gives do I give to you. Let not your hearts be troubled, neither let them be afraid. John 14:27
- The Lord is my shepherd; I shall not want. He makes me lie down in green pastures. He leads me beside still waters. He restores my soul. He leads me in paths of righteousness for his name's sake. Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me. You prepare a table before me in the presence of my enemies; you anoint my head with oil; my cup overflows. ... Psalm 23:1-6
- Therefore do not be anxious about tomorrow. Matthew 6:34a
- Come to me, all who labour and are heavy laden, and I will give you rest. Matthew 11:28a
- ...take every thought captive to Christ 2 Corinthians 10:5
- There is therefore now no condemnation for those who are in Christ Jesus. For the law of the Spirit of life has set you. Romans 8:1

- Fear not, for I am with you; be not dismayed, for I am your God; I will strengthen you, I will help you, I will uphold you with my righteous right hand. Isaiah 41:10
- ...whatever is true, whatever is honourable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things. Romans 8:18

There are many verses that you can use, but the best approach is to start using one key verse (a short one, or part of one is best) and repeat it for a week. Then introduce another verse every 3-4 days while you continue to repeat the first verse. Over a month repeat about five key verses that speak to you. These will become your standard recall in times of struggle so the verses must speak to you.

Anne van Loon RN PhD

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Continuing Professional Development

Continuing professional development (CPD) is a key registration standard for all health practitioners. Nurses and midwives registered with the NMBA are expected to do a minimum number of hours directly relevant to their context of practice.

Even volunteer FCNs are required to undertake the minimum (20 hours) of CPD each year. If you are working overseas, on extended leave, working part time, or casually, you must still meet the minimum CPD requirements for a registered nurse or midwife. See the website for exact details (nursingmidwiferyboard.gov.au).

Relevant activities can be:

- tertiary, vocational and accredited courses (e.g. distance education relating to faith community nursing)
- conferences, forums, seminars and symposia
- short courses, workshops, seminars and discussion groups through a professional group or organisation (such as AFCNA) who may issue a certificate of compliance/completion
- mandatory learning activities in your workplace in the area of your practice.

The National Board recommends that you keep evidence of your CPD, for a period of three years. Your documentation should identify the learning need, a learning plan, your participation in the learning activity and the outcome achieved. You should keep complete references of articles that you have read for self-directed activities. The National Board can select a random number of nurses and midwives each year to audit regarding CPD. If you are selected you will be asked to provide evidence that you have completed the requirements and provide a copy of your CPD plan for the previous year (1 June–31 May).

Save the date

AFCNA Conference/Retreat

Nunyarra Conference Centre <http://unitingvenueusa.org.au/nunyarra>

2-4 May, 2016 (Mon-Wed)

100 beds available so please register early

Details will be sent to all members soon and placed on the AFCNA website.



In 2016 AFCNA celebrates its 20th anniversary with great hope for the future. We are inviting local, national and international FCNs to join us for a three day residential retreat and conference. The theme is 'Hope and a future'. Revitalise your hope with various retreat activities and learn how to ignite hope in the lives of others.

AFCNA is partnering with Baptist Care for this three day (two nights) conference so you can invite other FCNs and Pastoral Health and Care Ministry workers to join us for a time of ministry, practice and personal reflection and development. I recently spoke to a mental health social worker who said what our community needs is more "purveyors of hope" who are willing to help people create their future.

We encourage as many FCNs as possible to stay overnight. Anyone traveling from a distance, who would like an extra night's accommodation, can arrive on Sunday and admire the lights of Adelaide over dinner on Sunday evening for an additional \$70.



Join us on Facebook



AFCNA and NZFCNA have a joint Facebook page (Australian and New Zealand Faith Community Nurses Associations). We are eager for a volunteer/s to manage it and keep fresh information flowing to AFCNA members. Social media is a wonderful way we can communicate with a younger generation of nurses at no financial cost. Get your friends to "like" us and please post regularly on the page yourself with ministry news and encouragement.

Resources

Hope Packs for different needs



The *Hope Pack* is a Christian tool that FCNs can be used to encourage a person going through a difficult time with mental health issues (cost \$35). Lindy Gower developed this pack and has now added youth/teen focused *Hope Packs*:

- "21 day Flourish Baby Flourish" for the girls
- "21 day blokes Strength to Strength" for the guys

They still use a holistic approach, using all the strategies that have been so successful in the *Hope Pack*, but there are more activities to help young people discover/recover their true identity in Christ and allow Him—with the help of a friend/buddy—to restore them to health. You can order the packs for \$25 from Lindy at lindygower@bigpond.com or phone 0419 601 966.

Domestic Violence



This year, 63 women have been murdered in Australia, many at the hands of current or former partners. This appalling statistic needs to be challenged!

Churches can do something by educating their health and care ministry workers and their faith community to recognise the signs of domestic violence and how to work with domestic violence survivors and their families. They may even commence working with the perpetrators to effect behavioural change.

We need to urge one another, and all men in Australia, to contribute to a culture of respect that speaks out against every form of violence against women and children.

The **Domestic Violence Handbook for Clergy and Pastoral Workers**, developed by the Council of Churches is available for free download at www.sacc.asn.au.

There are also excellent resources available from **Joint Churches Domestic Violence Prevention Project**, http://www.qct.org.au/index.php?option=com_content&view=article&id=1516&Itemid=185.

Resilience



The symposium *Faith Community Nursing Resilience: Yesterday, Today and Tomorrow* will focus on the ways FCNs make their mission more resilient through continuing to explore relationships between faith and health in their lives and ministries. It will be held at the Doubletree Chicago-North Shore Hotel in Skokie IL to help the Westberg Symposium celebrate 30 years of faith community nursing. Dates are April 7-10, 2016. For more information and registration: <http://www.churchhealthcenter.org>.

Syrian Refugees: Emergency Relief Packs



There are now nearly 4 million Syrian refugees, and a further 8 million people displaced within the country. Richard Wainwright from Act for Peace desperately needs support to provide emergency relief packs to families fleeing Syria. They are working with their partners to provide support to displaced refugees staying in urban areas. You can find more at: <http://www.actforpeace.org.au/Get-Involved/Our-latest-appeals/Syria-Crisis-Appeal#sthash.TzOQsuYK.dpuf>

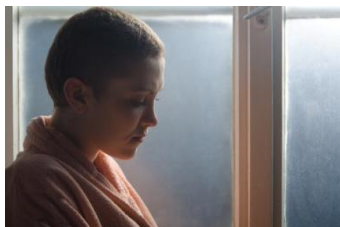
Toolkit for Consumer Participation and Engagement



This toolkit has been developed for Australian health services and organisations providing care to children undergoing oncological care. The information is general enough to be useful for FCNs and is initiated by the Paediatric Integrated Cancer Service (PICS) and the Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG). You can download it from

http://www.pics.org.au/Assets/501/1/Toolkit_CPE_Final_CompleteDocument_24052013.pdf

Cancer resources



If you are caring for a person with cancer, there are many useful resources at this site for you to share with them and their family:

<http://canceraustralia.gov.au/publications-and-resources/tools-and-resources>

Introduction to Health and Care Ministry



Date: Mon 2 and Tues 3 November

Location: Baptist Care, 130 Rose Terrace, Wayville SA

Cost: \$80 includes lunch, refreshments and a comprehensive workbook

Content: Covers the basic pre-requisites for commencing a sustainable team ministry by FCNs including theological underpinning for:

- pastoral health (i.e. community and personal health promotion; injury, abuse and disease prevention)
- pastoral care (i.e. caring for people with existing conditions to maximise their wellbeing).

Prayer points

- 'Hope and a Future' Conference/retreat in May 2016: for participants, speakers, planning and a renewal of Christ's hope as we work in step with God's plans for the FCN ministry within this nation and the world.
- Revitalising of the FCN role and ministry in Australia: for inspired, empowered and equipped FCNs
- FCNs in conflict zones such as Ukraine, Pakistan, Jerusalem, Africa as they continue to minister and educate despite difficulties. Pray for leadership, safety and God's blessing on their endeavours.
- AFCNA Board that our decisions, governance, plans for 2016 will have integrity, innovation and be in step with God's plan for FCNs in Australian and internationally
- Denominational FCN networks and like-minded Christian nursing groups will work cooperatively to advance the FCN role and pastoral health and care ministry workers in Christian churches
- Australian churches will commence or invigorate their current pastoral health and care ministry and include FCNs in their teams
- Pray for our Indigenous youth and their elders and our Indigenous churches: In 2013–2014, Aboriginal young people across Australia were 26 times more likely to be in detention than non-Aboriginal young people. Amnesty International Australia researchers have identified many brilliant Aboriginal-led solutions to keep kids in communities and out of detention. These initiatives require ongoing Government support and funding. Please pray and lobby your local member to consider these issues and fund them appropriately. Please pray that there will be a revival of young Christian leaders in the Aboriginal churches who can influence their kinfolk.



Give me 5

We are asking everyone to take up the 'give me 5' challenge.

It's simple—during 2015...

- 5 newsletters** Give away 5 copies of the AFCNA newsletter each time it arrives in your inbox. There is a PDF link to the newsletter on our webpage (www.afcna.org.au). You can also print five copies and prayerfully place them into the hands of 5 people or in 5 places such as your church, café, hairdresser, GP waiting room, workplace, library, hospital, university...
- 5 members** AFCNA is asking everyone to invite five people to become members during 2015. You can place the newsletter and a membership form in the hands of another potential member that God lays on your heart.
- 5 minutes** Then take 5 minutes each week to pray for AFCNA, the 5 newsletters, the 5 potential AFCNA members and watch God mobilise people by his Holy Spirit to become faith in action, love in expression and hope in motion in their community.

Please submit your photos and stories for *WholeHealth* to afcna@afcna.org.au or send to chairperson annevanloon@internode.on.net.

Ph 08 8278 8274. Deadline for next issue: 30 November 2015

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

Disclaimer: In no event will AFCNA be liable to anyone for any decision made or action taken by anyone in reliance on information in this newsletter.

OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

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