Spiritual Health Association

*Creating compassionate, person-centred health care.*

# MAY 2023 BUDGET SUBMISSION

# Priorities for Australian Government Investment in Spiritual Care in Healthcare

Spiritual Health Association (SHA) requests:

**$500,000 IN THE FIRST YEAR**

To complete an audit of spiritual care services across healthcare services.
(Inclusive of public hospitals, mental health facilities and palliative care services)

**$1 MILLION OVER 3 YEARS**

For pilot trials and nationwide rollout of a national model for spiritual care in public hospitals.

**$1 MILLION OVER 3 YEARS**

To develop a National Workforce Plan for spiritual care in healthcare.

**$1.5 MILLION OVER 3 YEARS**

For Spiritual Health Association to continue to advocate for safe and high-quality spiritual care in health as the peak body for the sector.

**$500,000 OVER ONE YEAR**

To pilot and evaluate the outcomes of a spiritual care practitioner placed in two General Practice clinics.

**$150,000 OVER ONE YEAR**

To expand the distribution of spiritual health resources across Australia to support the wellbeing of the health workforce. View our current resource for health workers *The Little Book of Spiritual Health* on our website.

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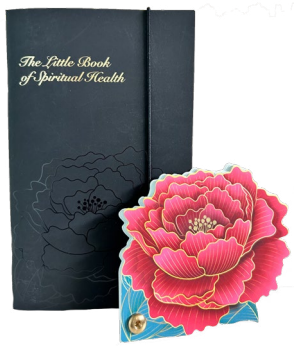


## About Spiritual Health Association

Spiritual Health Association (SHA) is the national peak body for spiritual care in health. SHA collaborates with health services, faith communities, consumers and other key partners and stakeholders, to expand the availability and accessibility of spiritual care as an integral part of safe and high-quality healthcare.

Spiritual care is the provision of assessment, counselling, support and ritual in matters of a person's beliefs, traditions, values and practices enabling the person to access their own spiritual resources.

> *"When spiritual needs are recognised and responded to as an integral part of person-centred care an essential contribution is made to peoples' health and wellbeing."*

## Dilemmas Facing Spiritual Care Delivery in Health Services in Australia

Based upon current research and engagement, including the independent 2021 report *The Future of Spiritual Care in Australia: A national study on spirituality, wellbeing and spiritual care in hospitals*[1], the following dilemmas have been identified.

1. There is no equitable access to spiritual care
2. The current model of funding is not meeting contemporary needs
3. Spiritual care is not accepted as an integral part of whole person care by all healthcare providers, administrators, and governments.
4. Many health services do not have clarity about the role and credentials of spiritual care practitioners nor about the scope of spiritual care practice.

(See Appendix 1 for full details of the dilemmas)


1 McCrindle (2021) *The Future of Spiritual Care: A national study on spirituality, wellbeing and spiritual care in hospitals.*

# Why invest in spiritual care?

## 1. SPIRITUALITY IS A RECOGNISED DOMAIN OF HEALTH

a. Holistic care requires a bio-psychosocial-spiritual model of health care to be provided.[2]
b. Person-centred care that incorporates peoples' beliefs and values is an essential aspect of quality and safety.[3]

## 2. SPIRITUALITY IS A RECOGNISED DIMENSION OF WELLBEING

a. The four dimensions of wellbeing, as recognised by the World Health Organization are physical, social, mental, and spiritual.[4]

## 3. SPIRITUALITY IS A RECOGNISED COMPONENT OF MENTAL WELLBEING

a. Mental wellbeing was defined in the Royal Commission into Victorian Mental Health Services final report as:
*A dynamic state of complete physical, mental, social and spiritual wellbeing in which a person can develop to their potential, cope with the normal stresses of life, work productively and creatively, build strong and positive relationships with others and contribute to their community*.[5]

## 4. SPIRITUALITY IS ESSENTIAL TO END-OF-LIFE CARE AND PALLIATIVE CARE

a. The Australian Commission for Safety & Quality in Health Care's national consensus statement on the essential elements of end-of-life care states as the third guiding principle:
b. Providing for the cultural, spiritual and psychosocial needs of patients, and their families and carers is as important as meeting their physical needs.[6]
c. The National Palliative Care Standards 2018 Standard 1 states:
*Initial and ongoing assessment incorporates the person's physical, psychological, cultural, social and spiritual experiences and needs*.[7]

## 5. RESEARCH DEMONSTRATES THAT:

» 54% of Australians would be interested in receiving spiritual care in health settings in the future.[8]
» Australians believe spirituality is essential to wellbeing.[9]
» People want their spiritual needs addressed.[10]
» The pandemic has led to an increased interest in spirituality and existential questions. [11]
» Spiritual care has a positive impact on patient satisfaction and health outcomes.[12]

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2 Sulmasy, D. P. (2002). *A biopsychosocial-spiritual model for the care of patients at the end of life*. Gerontologist, 42(Oct), 24-37.

3 Australian Commission on Safety and Quality in Health Care. (2011). *Patient-centred care: Improving quality and safety through partnerships with patients and consumers*. Sydney: ACSQHC

4 World Health Organisation, (2021) The Geneva Charter for Well-being.

5 Australian Commission on Safety and Quality in Health Care. (2015) *National Consensus Statement: essential elements for safe and highquality end-of-life care*. Sydney: ACSQHC.

6 Victoria's Royal Commission into Mental Health Services Final Report (2021)

7 Palliative Care Australia, (2018). *National Palliative Care Standards* 5th Edn. Canberra: Palliative Care Australia

8 McCrindle (2021) *The Future of Spiritual Care: A national study on spirituality, wellbeing and spiritual care in hospitals.*

9 McCrindle (2021) *The Future of Spiritual Care: A national study on spirituality, wellbeing and spiritual care in hospitals.*

10 Best, M., Butrow, P., & Olver, I. (2016). Doctors discussing religion and spirituality: A systematic literature review. *Journal of Palliative Medicine, 30*(4), 327-337. doi:10.1177/0269216315600912

11 Mainstreet Insights (2020) *How Covid-19 is affecting the Aussie spirit*. https://mainstreetinsights.com.au/how-covid-19-is-affecting-the-aussie-spirit/?ct=t(EMAIL_CAMPAIGN_8_24_2020_21_4_COPY_01)

12 Astrow, A. B., Wexler, A., Texeira, K., He, M. K., & Sulmasy, D. P. (2007). Is failure to meet spiritual needs associated with cancer patients' perceptions of quality of care and their satisfaction with care? *Journal of Clinical Oncology, 25*(36), 5753-5757.
Sharma, V., Marin, D. B., Sosunov, E., Ozbay, F., Goldstein, R., & Handzo, G. F. (2016). The Differential Effects of Chaplain Interventions on Patient Satisfaction. *Journal of Health Care Chaplaincy, 22*(3), 85-101. doi:10.1080/08854726.2015.1133203
Tan, H., Rumbold, B., Gardner, F., Snowden, A., Glenister, D., Forest, A., Wyles, L. (2020). Understanding the outcomes of spiritual care as experienced by patients. *Journal of Health Care Chaplaincy*. doi:10.1080/08854726.2020.1793095

## Addressing the dilemmas

1. **Investment in an audit to determine the current state of spiritual care in healthcare services (inclusive of public hospitals, mental health facilities and palliative care services), and to address the following questions:**
   - Where are spiritual care services being delivered and where are the gaps?
   - Who is currently providing spiritual care?
   - How is spiritual care being delivered?
   - What does spiritual care practice look like across Australian healthcare services in comparison to evidence-based practice?

**FUNDING SOUGHT:**
**$500,000 IN 2023**

2. **Funding for pilot trials and nationwide rollout of a national model for spiritual care in health**

Spiritual Health Association (SHA) is currently leading an engagement process to co-design a contemporary and consistent spiritual care model ensuring patients, no matter where they are in Australia, can receive the best possible care. The model will be finalised and ready for pilot trials by June 2023.

You can find out more about the project here:
https://www.spiritualhealth.org.au/projects/spiritual-care-model-co-design project

Evaluation of initial pilots will inform further refinement of the model before a national rollout commences.

**FUNDING SOUGHT:**
**$1 MILLION OVER 3 YEARS FROM 2023**

3. **Funding to develop a National Spiritual Care Workforce Plan for the health sector**

Implementation of a nationally consistent model for the provision of spiritual care will require identification and development of a capable and competent workforce. SHA staff will work with key stakeholders as identified through the codesign process, to develop a contemporary generalist and specialist spiritual care workforce plan. It will include identification of the education, training and curriculum development required. The workforce plan will be informed by national palliative care standards, mental health reform and workforce strategies, current spiritual care standards, and build on the outcomes of the preceding projects.

In addition, Spiritual Health Association will ensure ongoing registration and certification for the specialist spiritual care workforce, and the infrastructure required to maintain quality and safety of spiritual care services.

**FUNDING SOUGHT:**
**$1 MILLION PER YEAR FROM 2024**

### 4. Funding Spiritual Health Association as the peak advocacy body for the sector

Spiritual Health Association is the peak body for spiritual care in the health sector. Our focus is on advocacy for and promotion of compassionate, person-centred spiritual care in health services.

https://www.spiritualhealth.org.au/

Since 1974 we have been collaborating with health services, faith communities and other key partners and stakeholders, to expand the availability and accessibility of spiritual care as an integral part of quality healthcare.

A growing body of evidence for the value and contribution of spiritual care in health informs our work. We are collaborating with international colleagues in the move towards professionalisation of the sector.

SHA has received funding from the Victorian State Government, but this funding does not provide secure ongoing core funding. Furthermore, since 2019 our remit has expanded and health services across Australia benefit from our work advocating for and promoting safe and high-quality spiritual care services through development of standards, resources and research (See appendix 2).

SHA seeks national funding so we can continue our work to ensure patients, carers and staff across Australian health services, receive high-quality and safe spiritual care that is responsive to their spiritual needs.

**FUNDING SOUGHT:**
**$1.5 MILLION OVER 3 YEARS FROM 2023**

### 5. Funding to pilot and evaluate placement of spiritual care practitioners in two General Practice clinics

GP clinics are under pressure and calls for reform of the primary care system recognise the need for integrating multi-disciplinary teams to meet the diverse needs of patients presenting. Research from the UK demonstrates the positive impact of GP's being able to refer patients for spiritual support and improvement was seen whether patients self-described as spiritual, religious, both or neither.[13] To date spiritual care services have been pre-dominantly based in hospital settings. Access to holistic care is urgently required across the continuum of care and could assist in reducing the pressure on GP and psychology services.

**FUNDING SOUGHT:**
**$500,000 IN 2024**

13 Austyn Snowden, Iain Telfer, Anne Vandenhoeck, Joost Verhoef & Alan Gibbon (2022) Chaplains Work in Primary Care, *Journal of Health Care Chaplaincy*, DOI: 10.1080/08854726.2022.2077555

6. **Funding to expand the distribution of spiritual health resources across Australia to support the wellbeing of the health workforce**

In 2020 and 2021 SHA produced resources specifically to support the health and wellbeing of health care workers.

https://www.spiritualhealth.org.au/resources

These resources have been positively received by the health care workforce and funding is sought to expand the reach of these resources across Australian health services in support of health care workers.

> *I loved it being a short read, it suits time poor professionals. But I also found it a deeply unsettling book in a powerful way because it got me thinking about my own self-care in a new way. I hope it will go far and wide.*
>
> Dr Eric Levi, Paediatric Surgeon, Royal Children's & St. Vincent's Hospital

**FUNDING SOUGHT:**
**$150,000 IN 2023**

## Total Funding Requested

| PROJECT | 2023–2024 | 2024–2025 | 2025–2026 |
|---|---|---|---|
| 1 Audit | 500,000 | | |
| 2 National Model | 200,000 | 400,000 | 400,000 |
| 3 Workforce Plan | 200,000 | 300,000 | 500,000 |
| 4 Peak Body | 500,000 | 500,000 | 500,000 |
| 5 GP Practices | | 500,000 | |
| 6 Resource Distribution | 150,000 | | |
| TOTAL | 1,550,000 | 1,700,000 | 1,400,000 |

# Appendix 1


When we think about the way spiritual care in hospitals is delivered, there are many things that need attention. Health care has evolved rapidly over the past 20 years governed by Australia's healthcare regulators, while spiritual care has evolved more slowly as it is not as closely regulated as other allied health professions.

Based upon current research and engagement, including the independent 2021 report *The Future of Spiritual Care in Australia: A national study on spirituality, wellbeing and spiritual care in hospitals*, the following dilemmas have been identified. The dilemmas provide a starting point for discussion to support the co-design of a contemporary spiritual care model for hospitals in Australia. The dilemmas may not apply to all health services.

> "Religion/spirituality should be considered alongside other social, environmental, and cultural determinants to achieve a more holistic understanding of the person's needs and supports. A person's religion/spirituality may affect their health and health-care needs, their ability to understand and cope with their illness, their experience of symptoms, and the support and care that they may receive from family, friends, and their community".
>
> ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

| KEY DILEMMA | WHY IS THIS A DILEMMA? DESCRIPTION OF THE DILEMMA INCLUDING NORMS AND PRACTICES | SO WHAT? HOW DO THEY IMPACT ON THE RISKS OF PATIENTS' OUTCOMES AND HOSPITALS AND HEALTH SECTOR BY AND LARGE? | | |
|---|---|---|---|---|
| | | Potential implications for a consumer... | Potential implications for a spiritual care team... | Potential implications for the health service, including clinicians and allied health services... |
| **1. THERE IS NO EQUITABLE ACCESS TO SPIRITUAL CARE** | ◊ There are inconsistent models that include a range of providers (e.g., professional staff employed by hospital, volunteers, and external providers).<br>◊ There is no spiritual care service, or it is not adequately resourced (no. of EFT, workforce qualifications/credentialling).<br>◊ The spiritual care service does not consistently respond to the diverse spiritual needs of its patient population to deliver a quality service. | ◊ Consumers are not offered the spiritual care service or they are offered a sub-optimal service, therefore it is not a truly person-centred care approach.<br>◊ Underlying spiritual distress left untreated during an episode of care. | ◊ SC department not well resourced and team does not have the range of skills to meet needs of patient population.<br>◊ Team is not responding to priority referrals in the patient population. | ◊ Lack of integration within health service and no clear referral pathways.<br>◊ Missed opportunities for holistic person-centred care and health burden remains, hence longer stays or increased chances of readmission. |
| **2. THE CURRENT MODEL OF FUNDING IS NOT MEETING CONTEMPORARY NEEDS** | ◊ The provision of spiritual care in many hospitals does not align with international best practice. In many cases, the delivery of spiritual care continues to be based upon historic models of funding and administration, and the quality of the service provided often remains unquestioned. Hence, the unwarranted variation is known as a key risk to quality and safe care.<br>◊ The bio domain (focus on physical rather than psycho-social-spiritual) of care dominates the delivery of health care.<br>◊ Funding for spiritual care should align with other disciplines in health services to enable equitable access. | ◊ Consumers are confused about the service provided and by whom.<br>◊ The service can be perceived as only for religious people rather than inclusive of all.<br>◊ Patients do not receive holistic care i.e. all dimensions of healthcare. | ◊ Governance issues with externally appointed representatives.<br>◊ Lack of clarity about who the employee is ultimately responsible to: risk. | ◊ Not consistently integrated and therefore, externally-appointed employees' contribution as a member of the multidisciplinary team can be missing.<br>◊ Health service does not respect or recognise the patient's culture, beliefs or choices (Charter of Health care rights).<br>◊ Standards are not met. |
| **3. SPIRITUAL CARE IS NOT ACCEPTED AS AN INTEGRAL PART OF WHOLE PERSON CARE BY ALL HEALTHCARE PROVIDERS, ADMINISTRATORS, AND GOVERNMENTS** | ◊ Internationally, spiritual care models were developed primarily by the chaplaincy/spiritual care professional associations, whose voices/perspectives dominate spiritual care models in healthcare. Not all stakeholders have been represented within a co-design approach.<br>◊ Research has demonstrated that integrating professional spiritual care practitioners into healthcare directly enhances patients' overall expressions of satisfaction with the care they receive at a hospital. | ◊ All dimensions of healthcare are not addressed for the consumer. This can impact decision making, coping and health outcomes. | ◊ Spiritual care is not valued or recognised in the health service.<br>◊ Limited spiritual care resources are used to justify their role and to educate staff. | ◊ Spiritual care is not integrated at every level of the system and not adequately resourced. |
| **4. HEALTH SERVICES DO NOT HAVE CLARITY ABOUT THE ROLE AND CREDENTIALS OF SPIRITUAL CARE PRACTITIONERS NOR ABOUT THE SCOPE OF SPIRITUAL CARE PRACTICE** | ◊ There are industry standards for spiritual care practitioners which are not used by all hospitals.<br>◊ Some hospitals credential visiting volunteers. Some of these have access to patient notes, others do not. Most commonly the volunteers are affiliated with a religious institution such as a local church who want to provide spiritual care to their congregation while in hospital, but they may also visit other patients by request, or by 'cold calling'. | ◊ Consumers may be visited by someone who has not undergone the necessary training to ensure socially, emotionally, and culturally, safe and professional provision of spiritual care.<br>◊ The top barrier to spiritual care is 'Not feeling comfortable sharing personal details with someone I don't know' [1]. | ◊ Spiritual care practitioners who are not qualified and credentialled can give the entire sector a poor reputation and therefore clinical/allied staff less likely to refer to spiritual care (lack of confidence/trust). | ◊ A spiritual care practitioner not fully trained may write inadequate or biased notes or may not be authorized to document in the medical record. This hampers communication with the care team and care planning. Consequently, it obstructs longitudinal tracking of health conditions and issues. |

1. The Future of Spiritual Care in Australia: A national study on spirituality, wellbeing and spiritual care in hospitals, McCrindle 2021

# Appendix 2

## STANDARDS AND RESOURCES

Spiritual Health Association has produced the following standards for the field that provide a foundation for best practice spiritual care provision:

- Guidelines for Quality Spiritual Care in Health
- Capability Framework for Spiritual Care Practitioners in Health
- Spiritual Care Providers (Community Appointed) Credentialling Framework
- Spiritual Care in Medical Records: A Guide to Reporting and Documenting Spiritual Care in Health Services
- Telehealth Guidelines for Spiritual Care

Further resources can be found here: https://www.spiritualhealth.org.au/resources

## RESEARCH

Staff and colleagues of Spiritual Health Association have contributed to the following international publications (listed publications from 2019 only):


Advocat, J., Vasi, S., Karimi, L., Glenister, D., La, C., & Holmes, C. (2021) Hospital-based spiritual care: what matters to patients? *Journal of Health Care Chaplaincy*. https://doi.org/10.1080/08854726.2021.1996964

Flynn, E., Tan, H. and Vandenhoek, A. (2021). "We Need to Learn from What we Have Learned!": The Possible Impact of Covid-19 on the Education and Training of Chaplains. *Journal of Pastoral Care & Counseling 75*(IS): 37-40.

Hennequin, C. (2021). *Evaluating the effectiveness of Frameworks Benchmarking for Quality Spiritual Care in Victoria, Australia*

Fitchett, G., Damen, A., Holmes, C., Kestenbaum, A., and Nolan, S. (2019). Spiritual care: The role of health care chaplaincy. 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.

Holmes, C. (2019). Is there a role for faith communities in the provision of spiritual care in health? *Ethics, Medicine and Public Health, 9*, 7-11.

Holmes. C. (2021). Religious or spiritual care: Identifying and addressing the breadth of spiritual needs. In *Transforming Chaplaincy: The George Fitchett Reader*. S. Nolan & A. Damen (Eds), 209-217, Oregon: Pickwick Publications

Holmes, C. (2021). From chaplaincy to spiritual care: turning points for an emerging health profession. *Asia Pacific Journal of Health Management, 16*(4)i691. https://doi.org/10.24083/apjhm.v16i4.691

Karimi, L. and Tan, H. (2020). Validation Patient Reported Outcome Measures of Spiritual Care (PROM) in an Australian Setting. *Health and Social Care Chaplaincy, 8*(2). Online at: https://doi.org/10.1558/hscc.40705.

Kelly, E., and Holmes, C. (2019). Strategic leadership in health care chaplaincy. 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.

Szilagyi, Csaba., Vandenhoeck, Anne., Best, Megan., Desjardins, Cate., Drummond, David., Fitchett, George., Harrison, Simon., Haythorn, Trace., Holmes, Cheryl., Muthert, Hanneke., Nuzum, Daniel., Verhoef, Joost., Willander, Erika. (2021). Chaplain Leadership During COVID-19: An International Expert Panel. *Journal of Pastoral Care & Counselling*, https://doi.org/10.1177%2F15423050211067724

Tan, H. and C. Holmes (2021). Professional development for spiritual care practitioners: a program review. *Journal of Health Care Chaplaincy*: 1-15.

Tan, H. Holmes, C., Flynn, E. and Karimi, L. (2021). "Essential Not Optional": Spiritual Care in Australia during a Pandemic. *Journal of Pastoral Care & Counseling* 75(IS): 41-45.

Tan, H., Rumbold, B., Gardner, F., Glenister, D., Forest, A. and Bowen, L. (2020). How is Spiritual Care/Pastoral Care Understood and Provided in General Hospitals in Victoria, Australia? *Journal for the Study of Spirituality.* In press: to be published in 10(2).

Tan, H., Rumbold, B., Gardner, F., Snowden, A., Glenister, D., Forest, A., Bossie, C. and Wyles, L. (2022) Understanding the Outcomes of Spiritual Care as Experienced by Patients. *Journal of Health Care Chaplaincy.* Online at http://dx.doi.org/10.1080/08854726.2020.1793095

Vandenhoeck, A., Holmes, C., Desjardin., C. M., Verhoef, J. (2021) "The Most Effective Experience was a Flexible and Creative Attitude"— Reflections on Those Aspects of Spiritual Care that were Lost, Gained, or Deemed Ineffective during the Pandemic, *Journal of Pastoral Care & Counseling, 75*(IS), 17-23.

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