



## Whole Health

Volume 21 No 3 December 2016

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

**BeyondNow**  
a new FREE app that can save lives



A few years ago a young man in our church died by suicide. As an FCN I was very involved in supporting him with his mental health and so I had immense grief at his choice and wondered how we had failed to prevent his death. He had been struggling with depression and substance misuse, but we had worked together with his health professionals on his recovery for a few years. I was actually encouraged at our final meeting and thought he was improving. He seemed more buoyant but I misinterpreted his apparent improvement; it can also be a sign that a person may be planning to end their life.

We had talked about many of the things he could do to remain safe and he often used these strategies. However, just before his death he did not action any aspect of his safety plan. The ripple effects of his death continue to impact his family and our faith community, as we all miss him. I often wonder what could be done to facilitate a different outcome in the future. That is why I was thrilled to hear that *beyondblue* have produced a new app for smart phones called 'BeyondNow'.

'BeyondNow' is a free app for people who may be experiencing suicidal thoughts or feelings. It places at their fingertips their personal safety plan that assists them to move through life's tough moments. "When someone is thinking about suicide, often it's not so much that they actually want to die, but that they can't cope with the pain of living anymore. Within their distress a part of them, sometimes only a small part, still wants to live, if only life wasn't so hard..." (<https://www.beyondblue.org.au/transcripts/about-beyondnow>).

The app enables a person to develop their own list of warning signs, and document their personal coping strategies, their main reasons for living and the ways they can stay safe when they are experiencing suicidal thoughts, feelings, distress or crisis. The app is **FREE** to download from the [Apple Store](#) or [Google Play](#). 'BeyondNow' is also available online for people without smart phones who have access to computers. You can access the program at <https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning>. It is just one more tool we can use to help people to choose life.

### In this issue

In this issue, we focus on mental health, domestic violence and grief which are issues that FCNs and HCM workers deal with on a regular basis in their community. As Christmas approaches, they increase in the lives of many people within our community, however, we have a message of HOPE and HEALING to offer because of Jesus Christ.



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There is a huge need for peace in our families, peace between our nations, and peace within our world. In 2016 we have witnessed fighting and conflict all around us, but as we move into Advent I am reminded that in the midst of all of the chaos and uncertainty, a Saviour was born to bring peace to the entire world. The prophecy of the prophet Isaiah said:

For to us a child is born, to us a son is given; and the government shall be upon his shoulder, and his name shall be called Wonderful Counsellor, Mighty God, Everlasting Father, Prince of Peace. Of the increase of his government and of peace there will be no end, on the throne of David and over his kingdom, to establish it and to uphold it with justice and with righteousness from this time forth and forevermore. The zeal of the Lord of hosts will do this. (Isaiah 9:6-7)

**Wonderful Counsellor** reminds us that we can talk to God, knowing he will always listen and support. He is brilliant and magnificent and we can follow his counsel, because it is always perfect for us.

**Mighty God** reminds us that our God is strong, powerful and influential. He can do anything. He can protect, defend, and make a way when we feel weak and defenceless.

**Everlasting Father** reminds us that he will always remain the same loving and compassionate parent, always nurturing, protecting and seeking what is good for us, because we have our identity as his children.

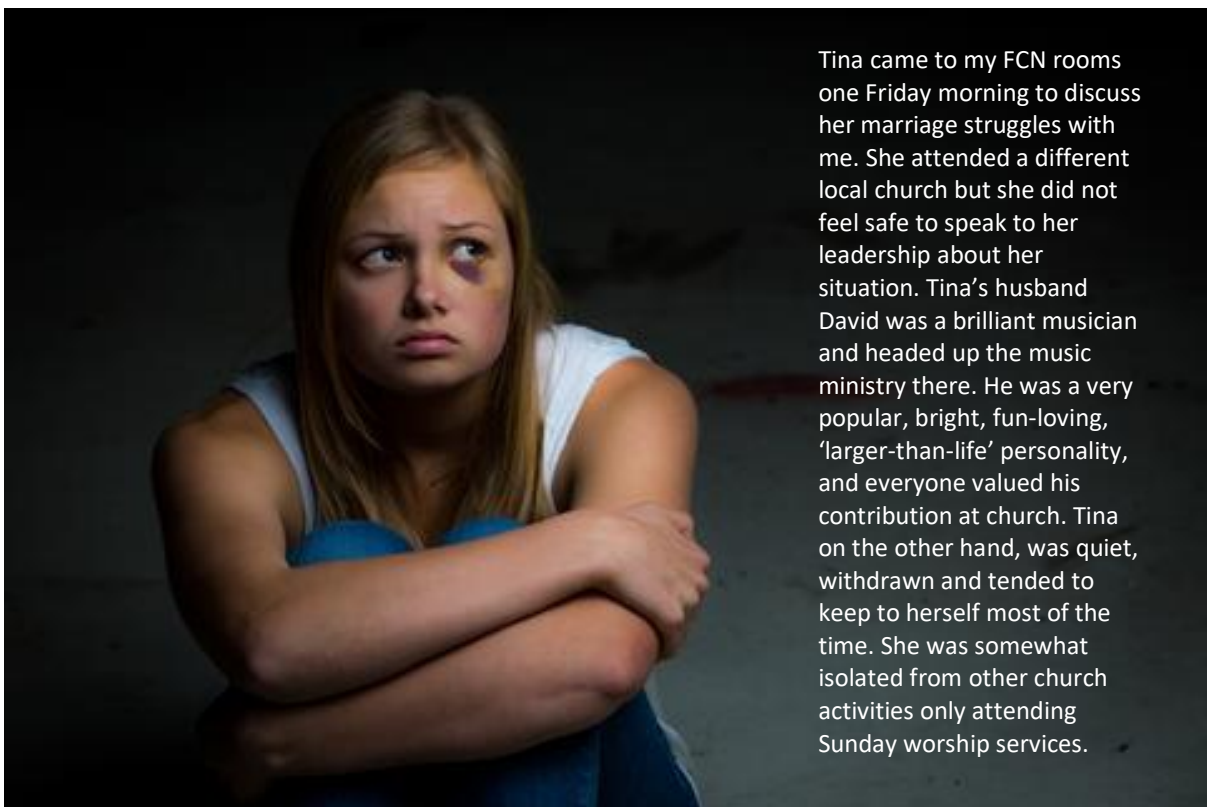
**Prince of Peace** reminds us that he is our leader, our ruler and the one who can and will bring an end to wars, fighting and conflict within us, within our families, our community and our world. He does not seek to destroy; rather he seeks to bring harmony, goodwill and serenity to our lives.

This child was born for us, for you and me. The kingdom of Jesus has come and he will govern for our good. He is dependable and able to do it. This is good news and I hope you can celebrate it with those you love and with your community in December. May 2017 be a year of justice and righteousness in your life and in our world. Every blessing,



Anne van Loon RN PhD, Chairperson AFCNA 2016

## Tina (Names in this true story are fictitious)



Tina came to my FCN rooms one Friday morning to discuss her marriage struggles with me. She attended a different local church but she did not feel safe to speak to her leadership about her situation. Tina's husband David was a brilliant musician and headed up the music ministry there. He was a very popular, bright, fun-loving, 'larger-than-life' personality, and everyone valued his contribution at church. Tina on the other hand, was quiet, withdrawn and tended to keep to herself most of the time. She was somewhat isolated from other church activities only attending Sunday worship services.

During our first conversation, I noticed Tina was anxious and fidgeting with a tissue in her hand. She said her marriage was failing, saying, “I just can’t please David. Nothing I do is ever enough and he is becoming increasingly demanding and angry with me.” I asked her what David did when the anger rose within him. She clearly felt uncomfortable at this point and bowing her head said he hit her.

Over the next few weeks I met with Tina and became increasingly concerned for her safety. We created a safety plan and I brought in professional support for her. Tina said that David quoted Ephesians 5: 22-33 to her saying that she needed to be “subject in everything” to him, because he was the “head of their household”. We had long discussions about what the Bible says about submission and authority, always looking back to how Jesus modelled love.

Both husband and wife are to “submit to Christ” and reflect Jesus’ character within their relationship. We talked about the style of “headship” Jesus has for the church—it is not about power and control, rather it is about respect, empowerment, sacrifice and service, and a desire to flourish the other within the relationship. In Christian marriage relationships, we do not get our spiritual strength from each other, nor do we get it by wielding power over our partner. Rather we get our strength from God, and this is worked out every day by filling ourselves with God’s love, which enables us live a life where we seek to be a true representation of the image of Christ, namely to be loving, self-sacrificial, and humble in our service to one another.

The marriage covenant in which Tina was living had already been broken by David. God would not expect Tina to stay, rather he would want David to repent and cease his abuse. I went with Tina as her chosen support person as she met with her pastor and an elder from her church. There was some effort by them to counsel David but I believe there were grounds for church discipline for David and good grounds for Tina to take legal action, which she chose not to do. Thankfully no-one in their church leadership expected Tina to stay in the marriage. However, their responses toward David were inadequate.

It is important that church leaders are taught how to respond to perpetrators of violence in ways that help them recognise that abuse is a sin, and then to find effective ways to move the perpetrator of violence toward sincere confession and repentance. It is not to good enough to be neutral and only refer on to professional services. While this is appropriate it is important that churches work toward change with the perpetrators of violence and support vulnerable parties to strengthen their identity in Christ with support for as long as it is needed. This is a church responsibility and cannot be ignored or abdicated. Professional counselling and therapy are undertaken to supplement and complement this essential work.

The victim of violence should not stay in the relationship while this process occurs and they should not be placed in any risk during that process. Domestic violence is a complex topic and churches need clear guidance and upskilling in how to work effectively and safely with both parties.

There is a dearth of quality information for Christian churches on how to deal with the perpetrators of violence, yet we are living in a country and a world which is experiencing an epidemic of domestic violence. As followers of the Prince of Peace, Jesus Christ, we need to be his frontline, his feet on the ground as ambassadors of peace making. We need to debunk the myths that promote violence, examine our own attitudes and assumptions about how we ignore and/or justify violence, and above all find ways to work safely and effectively with both survivors and perpetrators of violence.

## Resources

During this time of working with Tina I found resources which may help you in your FCN role. (Sorry some are for South Australia only)

**DV Phone help:** Refer the victim of violence to **1800RESPECT (1800 737 732)** which is the DV services portal. **Department of Human Services** offer support services, social workers for DV.

<https://www.humanservices.gov.au/customer/subjects/family-and-domestic-violence#a2>

**MensLine Australia** supports men and boys who are dealing with family and relationship difficulties

Ph.: 1300 78 99 78 (24/7) [www.mensline.org.au](http://www.mensline.org.au)

**SA Uniting Communities, Beyond Violence** website: videos, myths and facts about domestic violence and a Domestic-Violence Handbook for clergy and pastoral workers. <http://sa.uca.org.au/documents/beyond-violence/Domestic-Violence-Handbook-for-clergy-and-pastoral-workers.pdf>

**Questions Women ask about Domestic Violence and Christian Beliefs (Revised booklet)**

[Originally published 2010 by Joint Churches Domestic Violence Prevention Project as a resource for survivors of DV. Revisions reflect changes in theology/language. \$6 each (plus postage) from Queensland Churches Together, PO Box 2096, Toowong Qld 4066, or E: [admin@qct.org.au](mailto:admin@qct.org.au), Ph. 07 3369 6792

### **The role of Christian Churches in preventing and responding to DV:**

<http://www.faithtrustinstitute.org/resources/articles/Role-of-Churches.pdf>  
[http://www.adventist.org.au/uploaded\\_assets/13491Domestic\\_Violence\\_and\\_the\\_Church.pdf?thumbnail=original&1431990816](http://www.adventist.org.au/uploaded_assets/13491Domestic_Violence_and_the_Church.pdf?thumbnail=original&1431990816)  
[http://www.hiddenhurt.co.uk/responding\\_to\\_domestic\\_violence.html](http://www.hiddenhurt.co.uk/responding_to_domestic_violence.html)  
[http://www.commongrace.org.au/a\\_christian\\_campaign\\_for\\_domestic\\_violence](http://www.commongrace.org.au/a_christian_campaign_for_domestic_violence)  
<https://www.etbu.edu/php/theintersection/a-biblical-response-to-domestic-violence/>  
<http://www.melbourneanglican.org.au/ServingCommunity/src/Pages/Prevention-of-Violence-Against-Women.aspx>

**Non- English Speaking Background DV Action Group** ph. 8365 5033

**Migrant Women's Support & Accommodation Service** 8346 9417 (24 hours)

**Women's Legal Service (SA) Inc.** 8221 5553/1800 816 349, 1800 670 864 (country callers) Free legal advice by telephone and appointment, referral, representation, interpreters and a rural women's program.

**Legal Services Commission:** Legal Help Line 1300 366 424 Free legal advice is available by telephone and by appointment and have a DV worker 8205 0111, Country Callers 1800 816 349

**Women's Information Service:** 8303 0590, Free legal advice, [www.wis.sa.gov.au](http://www.wis.sa.gov.au)

**Family Court of Australia:** Adelaide Registry 1300 352 000, Duty lawyers and solicitors available for free legal advice. No appointment necessary (tell its DV for safety reasons).

**Victim Support Service Inc.** 8231 5626, support victims of criminal and civil cases through court processes.  
11 Halifax Street, Adelaide, [www.victimsa.org.au](http://www.victimsa.org.au)

Anne van Loon RN PhD

Nov 2016

## **Our nation's mental health**

Mental illness affects approximately 3.2 million Australians in a 12 month period, with 3 percent of the overall population experiencing a severe mental illness that in most cases has a profound effect on the ability of the person to live an independent, productive and satisfactory life, and impacts heavily on their family, friendship network and the community (Lee, Keating, de Castella, & Kulkarni 2010, p.6).

Mental illness is a growing problem in our community (AIHW 2016), but the community can play a great part in promoting mental health, preventing illness and assisting people to recover and contribute to community life (AHMAC 2013). New approaches to mental health and suicide prevention may be needed that include public health, sociological and community approaches which can combine with the more traditional medical approach (Bradshaw 2013).

Today, most of a person's recovery occurs at home rather than in a hospital, so family, friends, church, community and the person's workplace have important roles to play in facilitating their recovery. Carers say they want more support and respite from the significant personal, financial and social burden they carry because they live with and care for a person with severe and persisting mental illness (Lee et al, 2010, p.7). Recovery occurs within a web of relationships between the person, their family and community "and is contextualised by culture, privilege or oppression, history, and the social determinants of health. Recovery also occurs within the context of gender, age and developmental stages" (AHMAC 2013, p2).

The significance of meaningful relationships, solid community connections, and the ability to actively participate in community life all facilitate a person's recovery. It highlights the need for practitioners and services to address all of the social determinants of health and wellbeing in the person's ongoing care plan. Faith community nursing can facilitate these connections and personal strengths that promote the person's recovery.

Table 1 demonstrates the number one cause of fatal disease, non-fatal disease and burden of disease for each age group of males and females across the life span in Australia in 2016 (AIHW, 2016, p.9), and it clearly shows that mental health disorders are a major issue for males and females in the ages 5 years to 45 years and again in the over 75year age group presenting as dementia.

[This table is reproduced under Creative Commons license <https://creativecommons.org/licenses/by/3.0/au/> from the publication produced by the Australian Institute of Health and Welfare (2016) *Australia's health 2016: in brief*. Cat. No. AUS 201. Canberra: AIHW the copyright holders of the material. The resource is available at <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557059>]

Table 1. Number 1 cause of fatal, non-fatal disease and burden of disease by age group

<b>Males</b>	<b>Under 5</b>	<b>5–14</b>	<b>15–24</b>	<b>25–44</b>	<b>45–64</b>	<b>65–74</b>	<b>75–84</b>	<b>85+</b>
Leading cause of fatal burden	Pre-term/low birthweight complications	Road traffic injuries/accidents	Suicide	Suicide	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Asthma	Asthma	Alcohol use disorders	Back pain	Other musculo-skeletal conditions	Chronic obstructive pulmonary disease	Coronary heart disease	Dementia
Leading cause of total burden	Pre-term/low birthweight complications	Asthma	Suicide/intentional self-harm	Suicide/intentional self-harm	Coronary heart disease	Coronary heart disease	Coronary heart disease	Coronary heart disease

<b>Females</b>	<b>Under 5</b>	<b>5–14</b>	<b>15–24</b>	<b>25–44</b>	<b>45–64</b>	<b>65–74</b>	<b>75–84</b>	<b>85+</b>
Leading cause of fatal burden	Birth trauma/asphyxia	Brain/central nervous system cancer	Suicide	Suicide	Breast cancer	Lung cancer	Coronary heart disease	Coronary heart disease
Leading cause of non-fatal burden	Other mental disorders	Anxiety disorders	Anxiety disorders	Anxiety disorders	Other musculo-skeletal conditions	Other musculo-skeletal conditions	Dementia	Dementia
Leading cause of total burden	Birth trauma/asphyxia	Anxiety disorders	Anxiety disorders	Anxiety disorders	Other musculo-skeletal conditions	Coronary heart disease	Coronary heart disease	Dementia

From this snap shot we can see mental illness is the primary disease burden for younger Australians with 14% of children and young people aged 4–17 years in 2013–14 experiencing a mental health disorder in that year (AIHW, 2016, p.16). Attention deficit hyperactivity disorder is the most commonly experienced mental disorder (7.4%), anxiety disorders (6.9%), major depressive disorder (2.8%), and conduct disorder (2.1%). (NB. Many have more than one class of mental health disorder, therefore, the sum of disorders is higher than 14%) (AIHW, 2016, p.16).

Additionally, 13.3% of Australians aged 16–85 have experienced suicidal thoughts and 3.3% have attempted suicide, with an average of 2,300 Australians dying by suicide each year (AIHW, 2016, pp.16-17). In 2013, suicide is the number one cause of death for young Australians 15–24 years of age, and Indigenous Australians are dying by intentional self-harm or suicide at more than double the rate for non-Indigenous Australians (23.8 and 10.8 per 100,000 people, respectively) (AIHW, 2016, p.17).

These figures underscore an enormous need for churches to engage with their community in ways that bring healing. Christians have the gospel, which is a message of HOPE that they can share in word and action within their community (Rom. 15:4; 1 Th. 4:18). Having our hope anchored in God can enable us to sustain our faith when bad things happen, so we can seize the hope we know to be firm (Heb. 6:18; 2 Th. 2:16).

But, where and how are our churches best able to help people locate their hope in Jesus Christ? And how can we help Christians whose hope is flagging, to reignite their hope? I think the answer is in being a loving community that reflects God's unconditional, deep and abiding love for the most vulnerable in this world. If we were to prioritise looking for ways we can demonstrate God's love to those who are struggling with mental illness or life's difficulties we would surely make it easier for people to "choose life" (Deut. 30:19).

Hope can be elusive when life deals us a curveball that shakes our faith. However, in 20 years of being a faith community nurse and providing pastoral health care, I have come to realise that hope is ignited and reignited when people experience God's love in the care we provide, the words we say, and the way we are present with them in their struggle. When everything seems difficult in this world and we receive the unconditional loving support, care and encouragement of others within our faith community, it reminds us that our hope is "anchored" firmly in the completed work of Jesus Christ, who is the same yesterday, today and forever and this nurtures our faith. The love we experience is an expression of Jesus Christ. It is self-sacrificial, inclusive, unconditional, and seeks only that which is good for the person for whom we are caring. We know that God is LOVE (1 John 4:8), and as his followers, made in his image, we must express his nature in our speech and



actions, and really love one another. As FCNs and health and pastoral care ministry workers we are conduits of God's love in the community in which he places us. We must stay close to God to be replenished by his love so that we can pour that love into the lives of others. That is how living waters become a source of healing and hope for the world, and the recipients of our love experience God in the flesh, which nurtures their faith (Col. 1:4-5). Indeed I think we should say Love → Hope → Faith as the way Christians can be the healing balm and living waters of change in this world.

Faith community nurses are 'love in expression', 'hope in motion' and 'faith in action' (this is our AFCNA motto!). Igniting hope is a blessing to the receiver, a blessing to the giver, and a blessing to God. It is a Win-Win-Win situation. We are living in times where anxiety and mental illness abound and this is one important way our churches can respond to a real and present community need. With hope we can activate our good works which will change lives, knowing that as we do the Lord's work we do not "labour in vain" (1 Cor. 15:51-58) because God goes with us to effect healing.

In closing, I would like to remind you of the wonderful resource created by Lindy Gower and published by Baptist Care (SA) called the Hope Pack, developed specifically to encourage people living with mental health conditions to develop life enhancing habits by helping them structure into their day simple and positive behaviours to improve their health and wellbeing.

These packs are available from Anne van Loon at Baptist Care [avanloon@baptistcaresa.org.au](mailto:avanloon@baptistcaresa.org.au) or from Lindy Gower [lindygower@bigpond.com](mailto:lindygower@bigpond.com). The cost is \$44(Au) and includes the full pack of colour printed letters, encouragers and gifts, with a DVD of instruction and PDF files for ongoing use. (You will need to purchase additional accessories after the first use of your pack).



The feedback from participants using the packs has been positive. The Hope Pack's message is based on Scripture which affirms and confirms the person. [There is a non-faith based pack for use with people from other faiths, or no faith, called the Share Care Pack which is similar but does not use Scripture based affirmations. It is also highly successful and recommended for those who do not want a Christian resource].

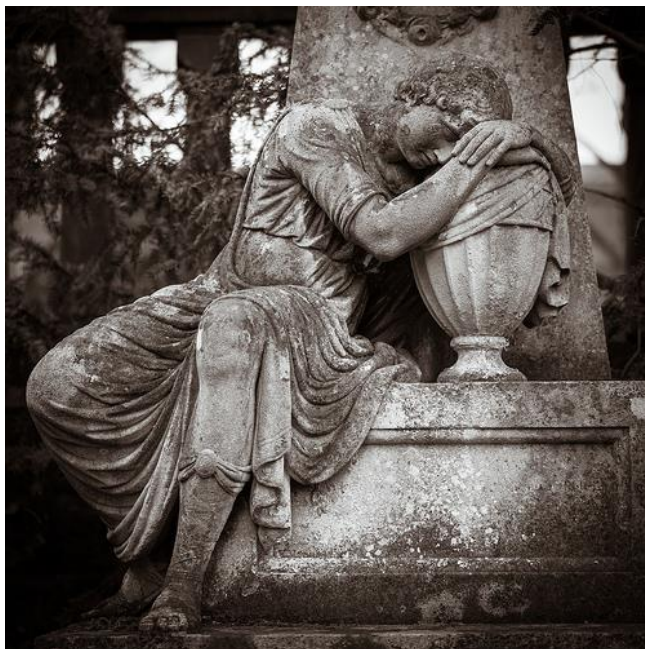
These packs supplement and complement medical care, they do not replace it, and are a tool for FCNs, mental health workers, and church workers to employ with people living with depression, anxiety and other mental health conditions. The packs are being used with prisoners in pre-release programs. They are being used in community mental health services, churches and in community support groups with great effect. They should be used in conjunction with a friend/buddy who provides encouragement and support to the person, and preferably a mental health professional who has clinical oversight of the person's health, if this is required. If you wish to know more about the Hope Pack or Share Care Pack please don't hesitate to contact us.

"God wanted his people throughout the world to know the glorious riches of this mystery-which is Christ living in you, giving you the hope of glory." (Col1:27). It is our prayer that we would have more nurses and others interested in health and pastoral care ministry to be a living hope in their community and start to turn around the dreadful scourge of mental illness in our country by demonstrating God's love in their community.

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# Helping those who grieve



When humans experience great loss, grief follows. How we respond to the person experiencing grief will enable them to move through their grief, or it might add burden to that experience. It is important to understand the process of grief, and as Christians, consider a Biblical response to grief.

Loss is a normal part of life. We may lose material possessions, part of our body or its function, our role/identity, our relationships, our future hopes and dreams, our freedom of choice, and the people we love.

Grief is the process we use to adjust to loss. It's a normal part of every person's life journey, but in Western society grief is not always experienced well. Some people internalise their grief and don't express it. We expect people to move through their grief quickly in unrealistic time frames. Sometimes our reactions are patronising

and glib, telling people "it will be alright", "it's time to move on with life", or "she/he has gone to a better place".

## 'Jesus wept'

The Bible has a lot to say about grief, but let's start by focusing on these two words—'Jesus wept' (John 11:35). Firstly, we see Jesus' humanity. Jesus feels the anguish of loss. He knows what loss, grief, betrayal, and pain feel like. He understands what we are going through because Jesus was fully human. Secondly, we see that Jesus is responding to the grief of His friends. He sees their pain and is moved to tears and weeps. Jesus sees our pain and is also moved by it. He cares deeply for us and wants to comfort us.

It is important to note that the Bible shows many people experiencing grief, who lament their situation with open expression to God and others about their loss. There are Psalms of lament, where an individual and a community authentically express their grief and suffering and wail openly to God, sometimes with great frustration, anger and distress. The lesson here is to let the grieving person express their anger, their pain and their exasperation with their situation, or with God. God can handle this and he will hear the person. After all, he already knows they are angry with him. It doesn't mean the person does not love God, so don't be dismissive, judgemental or apologetic. Rather, allow the person to express their anger and pain because it is a cathartic aspect of the grief process.

## The challenge for Christians

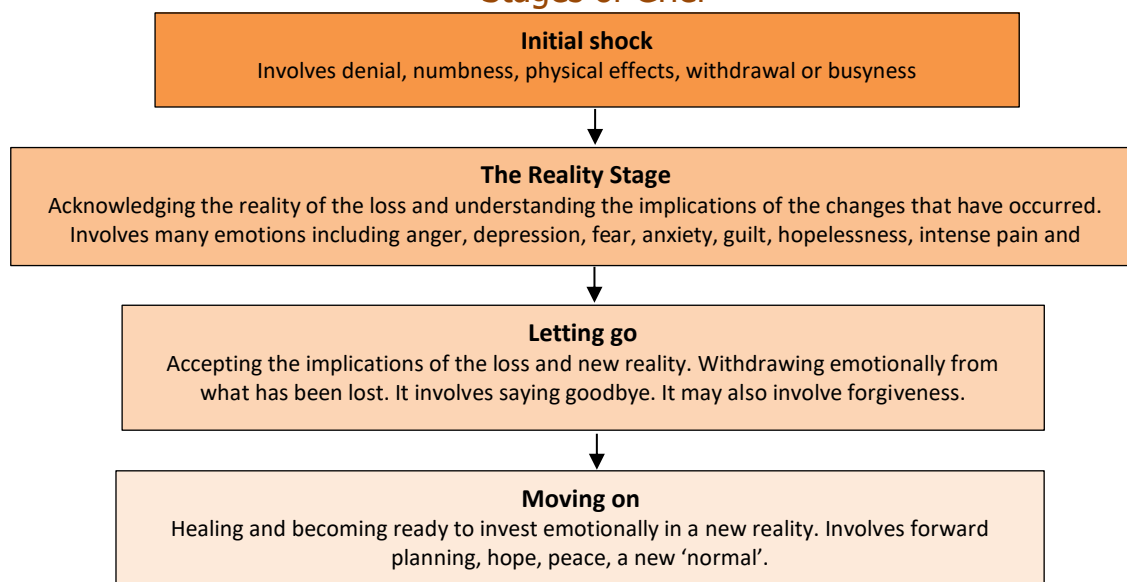
Here is the challenge for us as individuals and as the church of Jesus Christ to respond to the grief of others:

- don't keep your distance, get involved as you are invited
- don't be afraid to weep with those who are weeping
- don't be trite or patronising with a 'there, there' response
- use Bible verses with great care and sensitivity
- be authentic and journey with people at their pace
- be with the person and listen to their story
- understand grief so you can help others to live the experience as a natural response to loss.

## Understanding grief

One way to understand grief is to consider it as a process containing stages that a person moves through, but this is not necessarily in a linear movement. The person can move backwards and forwards depending on various life circumstances. The four stage model below is based on my experience at the end of my marriage (Legge 2010) and my research of other models of the grief process.

## Stages of Grief



In recent years, the literature has moved away from “stages” models that describe grief as a linear process (Wright 2004). The ‘Worden Task model’ was developed by Worden following the death of a loved one. He ‘suggests that grieving should be considered as an active process that involves engagement in four tasks’ (Worden 2008) which are similar to the stages I have just described.

### Stage of Grief: Worden task based model

Shock stage	Accept the reality of the loss
Reality	Process the pain and grief
Letting go	Adjusting to a world without the deceased
Moving on	Embarking on a new life (still with connection to the deceased)

Perhaps grief is a process where we accept the reality first in our heads, then in our feelings, and finally we action change to adjust to life’s new pattern (Hall 2011).

Jerry Sittser, who faced the sudden and tragic loss of his wife, child and mother in an accident, describes grief as a ‘vast darkness pursuing him’. He says he decided, ‘to walk into the darkness rather than try to out run it, to let my experience of loss take me on a journey wherever it would lead, and to allow myself to be transformed by my suffering, rather than think I could somehow avoid it’ (Sittser 2004).

To effectively support someone through grief, you need to understand the length of the journey is different for each person, but the tasks they will undertake are similar and can be assisted by having a compassionate and informed friend to listen, encourage, and empower one’s progress. How to support the person through grief will be covered in another article in our next newsletter.

Vicky Legge  
His Heart Ministry Training  
[www.hisheartministrytraining.com.au](http://www.hisheartministrytraining.com.au)

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# Resources on loss and grief

Help Guide: [www.helpguide.org](http://www.helpguide.org) has many resources

Beyond Blue: Grief and loss, Section: what can you do to help yourself <https://www.beyondblue.org.au/the-facts/grief-and-loss>

Fact sheets @ My Grief Assist <http://www.mygriefassist.com/resources-factsheets.aspx>

Sittser, J, 2004, *A Grace Disguised*. Zondervan: Michigan, USA.

## Supporting someone

Better Health Channel: Grief- how to support the bereaved

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/grief-how-to-support-the-bereaved>

Read an account from journalist Kimberly Gilligan about how so called 'supportive' people inadvertently 'one upped' her story, leaving her feeling gobsmacked rather than cared for.

<http://www.news.com.au/lifestyle/relationships/family-friends/oneupping-grief-why-we-boast-about-our-most-tragic-stories/news-story/2d51e760e48be3c48406d1f641e27b76>

Better Health Channel: Grief- support services

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/grief-support-services>

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H Norman Wright's website. <https://www.hnormanwright.com/>

## Grief support for specific loss

Miscarriage, stillbirth and newborn death support – <http://www.sands.org.au/> Phone 1300 072 637

Children's grief – <http://www.childhoodgrief.org.au/>

Compassionate friends provide support for bereaved parents

<http://www.thecompassionatefriends.org.au/index.php/find-support> or search for your state

Minimisation of Suicide Harm (MOSH) Australia caters for the needs of those at risk of self-harm and suicide and those bereaved through suicide <http://www.moshaustralia.org.au/about/about.html>

## Some national and state based services

Better Health Channel: Grief- support services (based in Victoria)

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/grief-support-services>

<http://www.grieflink.asn.au/support-organisations-by-category.aspx?id=78> (based in South Australia) and some national Services

**South Australia:** <https://anglicaresa.com.au/support-disability/loss-grief/loss-grief-counselling/>

**Victoria:** The Australian Centre for Grief and Bereavement

[http://www.grief.org.au/ACGB/Bereavement\\_Support/ACGB/Bereavement\\_Support/Bereavement\\_Support.aspx?hkey=6d7b78f6-7d1b-408e-abe0-b417d5be15bf](http://www.grief.org.au/ACGB/Bereavement_Support/ACGB/Bereavement_Support/Bereavement_Support.aspx?hkey=6d7b78f6-7d1b-408e-abe0-b417d5be15bf)

# Prayer points

- AFCNA plans for courses delivery and membership recruitment in 2017
- Our sister organisations across the world
- Discussion with WIFCN about NZFCNA, AFCNA and other Australian partners re regional resource centre
- Revitalising the FCN role and ministry in Australia
- The new pilot initiative being considered at Baptist Care (SA) in 2017
- AFCNA Board that our decisions, governance, plans for 2017 have integrity, innovation and be in step with God's plan for FCNs in Australian and internationally.
- Denominational FCN networks (Lutheran Parish Nurse Network and Catholic parish nurses via APNRC and IPNRC in the USA).
- Westberg Institute for FCN in Memphis USA (formerly IPNRC) on the road conferences in 2017
- Nurse Christian Fellowship in Australia and internationally for vision, partnerships, members
- Christian nursing groups in Australia continue to work cooperatively to advance Christian nursing and the FCN role in pastoral health and care ministry within Christian churches
- There have been several Board members who in 2016 have experienced and some continue to struggle with significant illness. Please pray for our good health and renewed strength and vigour in 2017

## Did you know?

Bowel (colorectal) cancer is the second most common cancer in Australia and most common in people over the age of 50. The incidence of colorectal cancer has increased markedly since the mid-20th century. Emulsifiers, a common food additive used to extend the shelf-life of products, have been linked to the development of colon cancer. Researchers at Georgia State University believe the emulsifiers alter the microbiota inside the intestines which creates ideal conditions for cancer growth. More reasons to eat fresh food.



Source: <http://www.agedcareinsite.com.au/2016/11/food-additive-linked-to-bowel-cancer-in-over-50s/>

British scientists monitored 300,000 Americans aged 18-65 for an average of 15 years recording cancer rates. They found adding kilos over several decades increased our risk of obesity-related cancers including bowel, breast, and pancreatic, uterine and ovarian cancer. Men whose BMI rose from 22 to 27 had a 50% higher risk of developing obesity-related cancer than men staying within a healthy weight range. Women whose BMI rose from 23 to 32 had a 17% increased risk. Therefore, monitoring BMI over a person's lifetime, gives a more realistic picture of cancer risk than single point BMI assessment.



Source: <http://www.agedcareinsite.com.au/2016/11/steady-weight-gain-linked-to-cancer-in-later-life/>

Around 520,000 people accessed homeless services across Australia in 2013-14 with 36% of this group's cause of homelessness being due to domestic and family violence. The six groups most vulnerable to homelessness from DV are women with children, young women aged 15-24, Indigenous women, cultural and linguistically diverse women, and older men and women. The average number of days they spend in support is 136 days. Only 9% of homeless people are provided with secure long-term accommodation but the importance of safe long-term housing opportunities cannot be understated.



Source: <http://www.aihw.gov.au/homelessness/domestic-violence-and-homelessness/>

Blue Knot Foundation provides a helpline to survivors of abuse [Blue Knot Helpline is 1300 657 380]. They say 88% of 3,500 callers over an eight-month period had experienced at least one significant mental health impact later in their life after experiencing trauma in childhood—such as post-traumatic stress disorder, depression, anxiety and dissociation. Callers reported the second most common impact of abuse in childhood was the ongoing negative impact it had on relationships. More than half of respondents (58%) expressed substantial difficulty with relationships within their "family of origin", with current partners, extended family, children and friendships. With one in four Australian adults affected by childhood trauma, the human cost is significant for a massive number of Australians," says Dr Cathy Kezelman, the current president of the Blue Knot Foundation (October 2016).



Bradley Foxlewin, a trainer at Blue Knot Foundation, says the key to helping prevent childhood trauma and ensuring children have the skills to face their future is to provide "consistency, predictability and a real sense of held-ness in their lives. They need to feel that they are held in a place where they belong, and that they are precious... knowing they are part of something that's valuable and they are valuable to it."

As Christians we need to support our families to be safe and nurturing places where children thrive. Our churches and faith-based organisations should be places of belonging, where children know they are loved, feel valued and are able to contribute. People of all ages need this level of loving and supportive community and vulnerable people need it even more. Everyone responds well to love, but those who don't have much love in their lives are particularly drawn to an inclusive, compassionate and caring community, and as such it is the church's greatest outreach. After all God commanded us to "Love your neighbour".

Source: [http://www.blueknot.org.au/Portals/2/Newsletter/Blue%20Knot%20Foundation%20Newsletter\\_October%202016.pdf](http://www.blueknot.org.au/Portals/2/Newsletter/Blue%20Knot%20Foundation%20Newsletter_October%202016.pdf)



## Do you want to help?

Dr Stuart Reece is asking for intercessors to support medical staff working in drug rehabilitation and research.

If you feel God is calling you to provide prayer support to this doctor and others like him, then please email him at [sreece@bigpond.net.au](mailto:sreece@bigpond.net.au) to become part of an ongoing prayer support group for his work.

## Resources

**Blue Knot Foundation** produces excellent fact sheets regarding child abuse and provides informative and helpful resources for FCN and pastoral health and care ministry workers. They are available at: <http://www.blueknot.org.au/Resources/Fact-Sheets>

**Supporting families affected by parental mental illness** AIFS has produced an excellent strength based practice paper outlining ways in which practitioners can support healing and recovery in families affected by parental mental illness. <https://aifs.gov.au/cfca/publications/supporting-recovery-families-affected-parental-mental-illness>

**Residential Aged Care Palliative Approach Toolkit** is a set of resources designed to assist residential aged care providers to implement a comprehensive, evidence-based palliative approach to care for appropriate residents. <https://www.caresearch.com.au/caresearch/tabid/3629/Default.aspx>

**Heart Foundation Hypertension Resources for Health Professionals** has a new set of guidelines and tools about blood pressure management, hypertension management and lifestyle advice for people living with hypertension. Coronary heart disease is one of the leading causes of disease burden for people over 45 years of age so understanding current management protocols and advice re hypertension is a very important for FCNs. <https://www.heartfoundation.org.au/for-professionals/clinical-information/hypertension> for fact sheets and protocol information

**Heart Foundation Healthy Eating Resources** —it is good when a church's shared meals or potluck dinner are heart smart. <https://www.heartfoundation.org.au/recipes> for over 200 healthy recipes that consider the impact of salt, cholesterol, carbohydrates, sugars, saturated and Trans fats on one's body.

**Aged Care Service Finder** is an online search tool to help older people locate home support services, package providers, aged care homes and access to Aged Care Assessment Teams (ACAT) for eligibility assessments: <http://www.myagedcare.gov.au/service-finder?tab=assessment-team>

**Physical Health Diary** is an evidence-based diary developed to assist people to monitor and improve their health. The app has a one-off download fee (but there are no in app purchases). More details via the website [www.Physicalhealthdiary.com.au](http://www.Physicalhealthdiary.com.au) [Once the app is downloaded you can log in to the website which has similar functions to the app].

**'Find-me carers watch'** is a GPS tracker watch for people living with dementia. It is a carer's watch with a perimeter alert, an emergency alert button, inbound mobile phone, and GPS tracking locator in one. It operates on the 3G network and can contact Tunstall's 24-hour monitoring centre. The GPS tracker sends alerts when the user goes outside a certain radius or reaches a pre-set destination. More information from <http://www.carerswatch.com.au/>

# FCN snippets

## AFCNA Board news

At our September AGM we confirmed the constitution changes which have been lodged with Consumer and Business Services South Australia in accordance with the legal requirements. The AFCNA Board for 2016/2017 is:

Anne van Loon (Chairperson)  
Judy King (Secretary)  
Millie Davey  
Lindy Gower

Vicky Legge (Treasurer)  
Jo Schwarz  
Sharon Olsson  
Pat Watts (National Mentor)

We had interesting discussions regarding future plans and all reports were tabled and accepted. Vicky Legge proposed a plan about our website and education changes for 2017, with the aim of developing an accessible e-learning online platform and increasing web traffic. Our web data indicates a significant number of people are visiting the website and of these, 83% are new visits but we are not attracting revisits nor are we garnering new members from the website. The Board will look at this further as we seek to actively encourage existing FCNs and promote more FCNs in Australia.

The Board acknowledges our plans are nothing without your prayer support and as members and interested partners we ask you to join us in committing to God the mission and ministry of faith community nursing in Australia and indeed worldwide. We are reminded that we are to "Commit to the LORD whatever you do, and he will establish your plans." (Proverbs 16:3) and we are looking for the Lord's direction in establishing these plans for the glory of God and for the healing and health of his people.

## Have you joined Yammer?

The Westberg Institute Faith Community Nurses have a free online group called "Yammer" with almost 1000 FCNs connected. Once you register, there are 50 specific groups you can choose from. Denominational groups, state groups, interest groups, and local networks are being added as FCNs discover the benefits of being connected. As a new participant you receive a welcome and introduction to the platform from Sherrie Lemons. Groups beginning with "WI" are moderated by Westberg Institute staff. Other groups are moderated independently. For more information or to request an invitation for yourself and your network, contact Sherrie Lemons at [lemonss@churchhealth.org](mailto:lemonss@churchhealth.org)

## Do you want to write?

'Just write!' is a new E-Notes section where faith community nurses are encouraged to practice writing skills. You can write an article or devotion or share your story. Contact [hintons@churchhealth.org](mailto:hintons@churchhealth.org).

## New Zealand Faith Community Nurses Association

NZFCNA held their annual conference held in Nelson on the South Island in September 2016 and it was a blessing for all who attended. You can see photos and read the Power Point presentations from each session at this link. <http://www.faithcommunitynursing.nz/latest-news/2016-conference/160-registration-form>

## 500 years since the Reformation

On 31 October, 2016 Catholic and Lutheran world leaders worshipped together to represent the intent of shifting to communion. A joint prayer service was held in the Lutheran cathedral in Lund, Sweden. Pope Francis said: 'Now, in the context of the commemoration of the Reformation of 1517, we have a new opportunity to accept a common path, one that has taken shape over the past 50 years in the ecumenical dialogue. We have the opportunity to mend a critical moment of our history by moving beyond the controversies and disagreements that have often prevented us from understanding one another.'

Source: <http://www.lca.org.au/more-that-unites-us-than-divides-us.html>

## Lutheran Parish Nurses International study tours

Lutheran Pastoral Care Nurses are invited to take up a few places which are still available for their annual study tour to England on 1-8 August. For registration form and details contact: [robert.wiebusch@lca.org.au](mailto:robert.wiebusch@lca.org.au)  
They also provide advanced notice of their 2018 LPNI tour which will go to Canada, starting in Winnipeg on 13 September and ending on 20 September in Regina. Speak to Lynette or Robert Wiebusch for details.



## Membership reminder

### AFCNA MEMBERSHIP 1 JULY 2016 – 30 JUNE 2017

Your 2016/17 AFCNA membership was due 1 July 2016, but it's not too late to renew or to join. It's only \$30 again this year and your membership allows AFCNA to keep you networked with newsletters, conferences, develop resources including our new website which was recently upgraded [www.afcna.org.au](http://www.afcna.org.au). Your fees enable us to provide scholarships to support FCNs, and keep an ecumenical Christian presence in the profession of nursing via CoNNMO membership.

Please renew your membership and invite others to join us as we seek to develop pastoral health and care ministry via faith community nurses. Your membership is vital.

#### Australian Faith Community Nurses Association MEMBERSHIP 2016/17

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



## Give me 5

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

It's simple—during 2017...

### 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](http://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 2017. 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](mailto:afcna@afcna.org.au) or send to chairperson [annevanloon@internode.on.net](mailto:annevanloon@internode.on.net).

Ph 08 8278 8274. Deadline for next issue: 1 February 2017

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

## CONTACT US

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Webpage: [www.afcna.org.au](http://www.afcna.org.au)

Facebook: [Australian and New Zealand Faith Community Nurses Associations](#)