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Promoting spiritual health and wellbeing via 'WELLHEAD' videoconferencing during the COVID-19 pandemic.

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The COVID-19 pandemic brings well-publicised consequences for mental health, amplified by isolation and reduced communication (such as occurs post-stroke or other acquired illness, in the early stages of dementia or as part of normal ageing). The parallel impact on spiritual health and wellbeing is less well recognised, especially when spirituality is taboo or low priority. Aspiring to person-centred and holistic rehabilitation or care requires a bio-psycho-socio-spiritual model. In the context of COVID-19, goal-setting that takes account of spiritual needs is important for long-term recovery and adjustment.

A spirituality toolkit called WELLHEAD, comprising structured word and picture resources, and suitable for adoption by health and care professionals, was designed, developed and tested for feasibility collaboratively with people who had communication impairments (aphasia) using mixed methods (Mumby, 2020). Interpretive analysis of interviews and numerical outcomes informed in-depth studies with ten people with aphasia having a wide range of impairment and religious background or life view. Those original findings demonstrated the acceptability, accessibility and impact of WELLHEAD, and alignment with an existing measure of spiritual health and wellbeing (SHALOM Fisher, 2010) previously untested with this population, giving a platform for further development.

Using life review of 'meaning and purpose' encapsulating spiritual health and wellbeing, WELLHEAD now offers communication-friendly supported assessment and intervention within a one-to-one interview suitable for telehealth, incorporating patient-centred goals and outcome measures. Preliminary investigations with older people without aphasia confirm WELLHEAD's wider application in the context of the pandemic. Participants valued shared reflection and practical goal-setting even when using online platforms. Telehealth requires some computer literacy in participants, but the approach has been welcomed by those who are vulnerable to infection.

Excellent scope for adopting WELLHEAD exists within health and care services, for use by AHPs, members of chaplaincy teams and trained volunteers as part of goal-setting, intervention and evaluation.