

# Annual Report 2010



*Supporting Nurses*

**Annual report covering the period of VNHP operations 1 July 2009 – 30 June 2010**

## Vision

- A healthy and safe nursing profession.

***VNHP is a confidential and independent service for nurses, midwives and students of nursing experiencing health issues related to substance use or mental health problems.***

### ***Directors of the Board:***

***Belinda Morieson (Chair)  
Elizabeth Corbett  
Dr Olga Kanitsaki AM  
Prof. Judy Parker AM  
Peter Randell***

### ***Staff team at VNHP:***

***Glenn Taylor (CEO)  
Carolyn McDonald (Case Manager)  
Natalie Spencer (Rural Case Manager)  
Julie Ferrier (Office Manager)***

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ABN 61 119 500 506

## Mission

- Provide an initial point of contact, referral and case management support for nurses, midwives and students of nursing with alcohol and other drug problems and/or mental health concerns in order to promote individual health and well being.
- Reduce risks to those who use nursing services by assisting nurses to maintain their health.
- Provide advice and a pathway of support for employers managing nurses and midwives with health issues relating to drug and alcohol and/or mental health.

The following statements underpin VNHP policy, procedures and practice:

- Delivery of services, which are client-focused, outcome oriented, well planned, responsive, interactive and safe.
- Provision of an opportunity for the client to choose and help shape service options.
- Acknowledgement of the rights of the broader community to receive safe and high quality nursing care.
- Treating all people with whom VNHP have contact in the course of its work fairly and courteously.
- Fostering an environment where staff are valued, their skills and talents developed and their ideas encouraged.
- Ethical management and practice.
- Accountability in the use of all resources.
- Fostering collaborative partnerships which will achieve the best outcomes for VNHP clients.

## Chairperson's Report Belinda Morieson

It has been another year of non-stop activities for VNHP.

A major component has been the introduction of a National Registration Scheme for nurses and midwives, with the following implication for VNHP. Although this is a good thing, the resulting end of the NBV means the loss of the entity that funded VNHP.

Fortunately, with the assistance of the NBV, ANF (Vic Branch) and Minister Daniel Andrews, we are assured of funding for the next three years. During that time, we will need to have achieved a guarantee of funding from another source to follow after June 2013.

With the demise of the NBV, I would like to record here our appreciation of the invaluable support we have received in the past from the CEOs of the NBV, Louise Milne-Roche and Nigel Fidgeon.

Another important decision for the Board has been to endorse a name change to 'Nursing and Midwifery Health Program Victoria' (NMHPV). This change will be reflected shortly in our new constitution.

This year, the Board added a seventh Strategic Direction to its 2009-2011 document: 'Ensuring accountability through research and evaluation of the Program'. We have been successful in receiving a grant of \$50,000 from the NBV to commission an evaluation of the Program, which is currently being undertaken by the University of Melbourne.

With each successive year, the VNHP becomes more widely known and appreciated by nurses, midwives and their employers. Once again, I would like to thank

all the nurse managers for the support that they give to us and our clients. It is very satisfying for the Board to be associated with a Program that is so successfully run by nurses for nurses and midwives. It is clear from the increasing number of nurses seeking assistance that the integrity and outcomes of the Program are recognised and valued by management and by those who use the services of VNHP.

On behalf of the Board, I would like to thank all the staff for their hard work, competence and commitment. In particular, I would like to thank Glenn Taylor for his leadership.

Finally, I wish to record my appreciation for the support given to me by the Board and staff. At the end of September, we lose the services of Olga Kanitsaki, a founding Board member, who has brought wisdom and understanding to the table. I wish her well for the future.



## CEO's Report Glenn Taylor

Much has occurred in and around the VNHP over the past twelve months. Significantly, we have witnessed the implementation of the National Registration Scheme on July 1, which will provide us with both a challenge and opportunity to showcase the organisation to our colleagues and stakeholders around the country.

In the VNHP office, we have supported more and more of our colleagues than ever. There has been a notable increase in the number of nurses and midwives contacting us for support with their mental health concerns. Stress and anxiety in particular are proving to be great challenges in the industry, which, as we know, can result in significant impairment if ignored. Noticeably, a good deal of the demand for our support has come from mature-age colleagues with a great deal of industry experience. I am pleased to report that, along with their younger peers, generally we have been able to successfully support them to regain good health, remain in their workplace or to return to work after a period away.

Demand by nurses and midwives for support with their substance concerns continues to provide a challenge. Alcohol continues to be the substance that provides our participants with the greatest challenges in relation to their health. I'm pleased we are able to provide them with a timely, sensitive and safe environment to address these concerns. Our Monday Night Support Group has gone from strength to strength with a solid core membership always keen to support newcomers.

Our relationship with employers has grown and strengthened considerably. We welcome and embrace contact by managers expressing a willingness to discuss strategies for supporting their nurses and midwives with their sensitive health concerns.

We continue to visit health services, universities and community settings to

highlight the challenges associated with a career in a 'helping' profession. We have placed greater emphasis on highlighting the importance of early identification of health concerns and in the promotion of self-care as an integral part of good health.

Additional funds provided by the Nurses Board of Victoria have assisted our colleagues in rural and regional Victoria. This resulted in the recruitment of a Rural Case Manager, ensuring improved support for these areas. We now have a presence in Ballarat, Shepparton and Traralgon. This service is charged with the responsibility of assisting our colleagues with overcoming the geographical barriers experienced by nurses and midwives with sensitive health concerns.

The past several months have been busily spent organising our inaugural Nurses and Midwives Wellness Conference. This event, to be staged in September, is the first of its kind in Australia and something our colleagues are eagerly awaiting. We are sure that those who attend will go away not only with helpful ideas and strategies for their own self-care but a new-found enthusiasm for life and an inspiration to play a part in promoting a healthy workplace.

We welcome every opportunity we have to engage a colleague who identifies with impaired health, recognising the difficulty that can be associated with speaking out about the challenges they face. We take this responsibility very seriously.

I would like to thank the Directors and staff of the VNHP for their passion and dedication to our colleagues in the industry.

On behalf of the staff, I acknowledge and thank the Australian Nursing Federation (Vic Branch) for their strong and sustained support as our member and I'd like to acknowledge and thank our former member, the Nurses Board of Victoria for the work they did and support provided. We look forward to forging a strong relationship with the Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia in the coming months.

## VNHP Strategic Directions

**Table 1: Strategic Directions 2009 – 2011**

Strategic Directions		Objectives
<b>Development and Delivery of a Quality Program</b>	1.1	To provide a support service which is professional, accessible and sensitive to the health needs of the nursing/midwifery community.
	1.2	To continually review and update program policies, procedures and practices in line with professional standards.
	1.3	To identify and implement a suitable accreditation program which will ensure the organisation is operating at industry standards.
<b>Promoting the Program</b>	2.1	To increase the number of nurses/midwives who are aware of the program.
	2.2	To raise awareness of the program across the nursing/midwifery industry including employers.
<b>Establishing the Evidence Base</b>	3.1	To establish a data collection system that demonstrates VNHP achievements.
	3.2	To utilise and disseminate the data in the best interests of the VNHP and the nursing/midwifery community.
<b>Strengthening Strategic Partnerships</b>	4.1	To identify all relevant key stakeholders.
	4.2	To build and maintain stakeholder engagement.
<b>Ensuring Financial Sustainability</b>	5.1	To secure ongoing funds to meet future requirements.
	5.2	To maintain a financially sound organisation.
<b>Ensuring Good Governance</b>	6.1	To maintain and improve monitoring and compliance systems.
	6.2	To ensure Directors and staff maintain relevant knowledge that assists good governance of the VNHP.
<b>Ensuring Accountability through Research and Evaluation of the Program</b>	7.1	To monitor and evaluate the Program to ensure accountability and guide decisions for future planning
	7.2	To undertake primary research to systematically investigate issues of concern.
	7.3	To disseminate results through presentations and publications.

**VNHP reaches out  
to the Rural Regions**  
Natalie Spencer  
Rural Case Manager

In March 2009, the former NBV advised us that additional funding would be provided to facilitate support for our regional and rural colleagues. We commenced servicing our new and innovative Rural Program in October 2009. The VNHP Rural Program now operates in Ballarat, Shepparton and Traralgon as a way to prevent and minimise the stress and pressures faced by our regional nursing and midwifery colleagues.

These aspects of nurse support became clear as 23% of our participant nurses and midwives at that time were from regional and rural parts of Victoria. As we know, nurses in rural regions often experience significant barriers in terms of accessing health care services. Nurses and midwives seeking help early overcome recognisable issues of anonymity, isolation, fear and shame. Confidentiality and trust are two of the key ingredients to the recipe of wellness – particularly when it comes to the sensitive health issues experienced by nurses and midwives.

Nurses and midwives are valued and viewed as one of the most important professions of society. With this comes a heavy burden of responsibility to care for the public, whilst maintaining high standards of nursing care and professionalism. The idea that a ‘nurse or midwife’ may not be able to sustain or manage the ongoing pressures and demands of the job in conjunction with leading a balanced life can be a foreign thought. Nurses and midwives will often retreat from accessing help, leading to further isolation, withdrawal and feelings of shame and guilt.

One role of the VNHP Rural Program is to assist in reversing these myths and ideas about the nursing profession and to ‘get real’ about acknowledging the pressures and community expectations of the nursing service.

I had one nurse tell me that she “was never off duty”, living in a small rural town; people would ask her nursing questions while doing her shopping and walking the dog. To avoid public scrutiny and view, work Christmas parties are often held at private locations.

The realities are that nurses may experience mental health and substance use issues just like any other member of society. However, the level of responsibility that nurses hold requires them to stay well and healthy. Burnout and compassion fatigue are highly prevalent in the nursing profession and sensitivity and compassion are required for these health issues to be addressed. The VNHP prides itself on being a nurse-led organisation, which brings a solid professional knowledge to the nurse for whom we care. In order to help break down the stigma and barriers nurses and midwives are confronted with, we provide a free, safe and confidential service.

The key to effective health care is to invest time and effort in our nursing and midwifery workforce to keep them healthy and happy.

We acknowledge the work, support and commitment from our valued members; the former Nurses Board of Victoria and the Australian Nursing Federation (Vic Branch).

**Table 2: Promotional Presentations  
Summary  
July 2009 – June 2010**

To Hospitals	28
To Universities	10
To Other Health Care Providers & Unions	7
Conferences	16
<b>Total Promotions</b>	<b>61</b>

**Table 3: Participants Profile/Episode of Care  
July 2009 – June 2010**

<b>Total Episodes of Care Opened</b>		<b>167</b>
<b>Work Status at time of Registration</b>	Working in Nursing/ Student of Nursing	104
	Not working in Nursing	63
<b>Alcohol and Drug Episodes</b>		<b>58</b>
<b>Primary Drug of Concern</b>  NB: Some participants report using more than one drug	Alcohol	33
	Amphetamines	0
	Benzodiazepines	4
	Cannabis	1
	Heroin	1
	Opiates	11
	Codeine	3
	Other	5
<b>Mental Health Episodes</b>		<b>109</b>
<b>Mental Health</b>	Anxiety	27
	Depression	12
	Stress	62
	Other	8
<b>Total Episodes of Care Closed</b>		<b>116</b>
The following outcomes relate to these episodes:		
<b>Type of Intervention</b>	Case Management	26
	Assessment/ Brief Intervention AOD	25
	Screening and Referral AOD	31
	Screening/ Brief Support Intervention MH	11
	Screening and Referral MH	23
<b>Health Outcomes</b>	Maintained healthier pattern of substance use/ identified behaviour	41
	Commenced personal health program	67
	Has made an appointment/attended community support resource	86
	Has been given relevant information regarding their condition	116
<b>Employment Outcomes</b>	Supported to remain at work	46
	Returned to work in nursing	12
	Has a return to nursing plan in place	21
	Not Applicable/Not known at time of closure	37