

# Our Voice



Mercy Health  
Care first

THE GROUPWIDE NEWSLETTER OF MERCY HEALTH  
WINTER 2014

## A new beginning

Bridget and Casey's journey

## A gala night for an urgent need

Mercy Health Foundation's annual ball

## Guiding mothers back to health

Dr Klara Szego's pioneering work in perinatal mental health





# Compassion changes destinies

Dr Virginia Saxton has helped save and improve lives thousands of kilometres away simply by running a workshop for aspiring radiologists.



Dr Virginia Saxton has dedicated her career to looking beyond the surface. As director of Mercy Hospital for Women's radiology department she spends her days detecting problems only a trained eye can see. Thousands of kilometres away, a team of charity workers is watching the streets of Cambodia to protect women and girls through a charity Dr Saxton supports. It's another expression of her compassionate focus on female health and wellbeing.

"Over the past year I've become more aware of the global scale of the sex slave trade," she explains. "It's a massive, horrific problem, particularly for children in developing countries. Having watched programs about it I kept thinking 'What if one of my children was abducted off the street or put in that position?'"

"Then I came across Destiny Rescue, a charity that focuses on rescuing those kids — who in that trade are mainly girls — in Asia, where it's really prevalent."

An idea was born. As the majority of Victorian doctors

preparing to become radiologists complete part of their training at Mercy Hospital for Women, Dr Saxton saw a chance to channel her expertise into creating a better future for at-risk girls.

"Destiny Rescue quotes a figure of \$1,500 to save a child. That includes watching communities to work out how they can free the child and talking with local police. So I aimed to raise at least \$1,500 by offering training." The result is a workshop to help radiology registrars prepare for their final exams in which each participant donates their \$150 registration fee directly to the charity.

While the workshop is the only one of its kind currently offered in Victoria, even Dr Saxton was surprised by its success.

**"I wanted to rescue at least one child"**

**"**So if those mums can learn a skill such as how to use a knitting machine, they can then get a job, which is obviously a long-term solution**"**



Dr Virginia Saxton

"I had more people register than I thought I would," she explains. "We raised enough to save about 1.4 children so I donated extra to make it two. We had excellent feedback on the course so I hope to be able to run it twice a year. The participants this time included fully qualified radiologists who came all the way from Bendigo and Wagga Wagga. They said it would be great refresher course for any practitioner."

Yet no one doubted it was Dr Saxton's use of the proceeds which was truly revolutionary. "The registrars were really positive about the donations," confirms Dr Saxton. "It was wonderful to hear them say 'a pleasure to give money to something like that' 'what a great charity' 'good to see something being done differently'. And I was thrilled because perhaps it sets a precedent, so when these registrars organise similar courses in future they might consider doing the same thing."

On top of meeting her target donation for Destiny Rescue

Dr Saxton also raised enough to support a second women's charity, Mully Children's Family Charitable Foundation.

"This is an orphanage in Kenya which aims, amongst other things, to help single mums, who risk being abused and exploited, to gain new skills that will help them look after themselves and their children," says Dr Saxton. "So if those mums can learn a skill such as how to use a knitting machine, they can then get a job, which is obviously a long-term solution. I was able to donate \$2,000 towards that which is fantastic. That's 12 knitting machines which the orphanage will be able to use for training now and for years to come. So that's a lot of single mums helped indirectly."

Using her own time and partnering with Austin Hospital to host the workshop, Dr Saxton has invested much energy and many weekends to benefit women and girls she will never meet. Her explanation is one the founding Sisters of Mercy would have no trouble

understanding. "I wanted to rescue at least one child," Dr Saxton says. "The thing that kept me going through this whole process was knowing it was going to make a difference in someone's life."

"I didn't want to take any money. It should go to people who really need it."



# No place like home

Mercy Health's Homeless Outreach Program opens the door to hope and healing for those with nowhere else to turn.

Cara is a warm and welcoming host. "Usually it's a bit more spic and span than this," she says shyly as she opens the door to her home. Inside it's no messier than the average house — miraculous given the tiny space — and made cosy with curtains she has sewn herself. Yet it's hard to ignore the gaffer tape lacing the roof and the pervasive smell of damp.

Cara's home is a 1970s era caravan in the Half Moon Caravan Park in Melbourne's Brooklyn. The park provides cheap accommodation to an ever-shifting population of people with few other options. Cara has just left a community forum inside the park's ageing communal building where she regularly catches up with case worker Kade Mollison, from Mercy Health's Homeless Outreach Program. "I can't believe you consider me homeless!" Cara half-jokes with Kade. But they both know that for now, this is Cara's reality.

"Cara is quite vulnerable," Kade explains. "This isn't the ideal environment for someone dealing with significant mental illness. Despite claiming she would only stay a month, she's now been living here for 18 months. While a lot of work has gone into the park over the years to improve residents' access to services, the population base means it can be quite unstable and unsafe."

Kade is well placed to gauge the caravan park's viability as a home for Cara and the many other clients he meets with there. His work brings him to the park every two weeks. Each visit is a chance to connect with people who desperately need psychiatric and practical support, but have trouble accessing services through fear, disability or their itinerant lifestyle.

The outreach program translates the Sisters of Mercy's earliest work in caring for their community's homeless into a groundbreaking new model that

allows the Clinic's three teams, Maribyrnong, Hobson's Bay and Wyndham, to work across geographical boundaries. This approach provides the continuity and stability sadly lacking in their clients' lives.

"We all work together, as homeless or itinerant clients tend to move between areas a lot," confirms Amy Veitch from the Maribyrnong team. "So a client might be living in Hobson's Bay but we'll manage them in my area if they move, to continue the care and rapport we've built with them."

**“**Cara's definitely more stable than when we first met. But she still needs support**”**

"Our clients can be difficult to find again if they're living on the streets or in squats," explains Nicole Withers, manager of the program. "Our approach maximises their potential for stability and optimal mental health."

Reaching those life changing goals demands exceptional interpersonal skills, not only to build clients' trust but to forge much-needed links with other health and welfare providers. "Holistic care is a focus for all our case-managed clients," says Nicole. "They face many challenges: if you're itinerant how do you get a usual GP? Are you going to go and get your blood tests? Do you have the space to shower so you can do that?"

Amy, Kade and the team are building both kinds of relationships through the fortnightly community forum at the Half Moon Caravan Park and a monthly barbecue held in Footscray. Each gathering brings together residents, outreach workers and other agencies including CoHealth, the Salvation Army, Isis Health and

Centrelink to offer easy access to holistic support.

Amy and Kade both see the value of this approach. "CoHealth has a homeless housing program and they usually attend the Footscray barbecue along with Healthworks, a drug and alcohol support and needle exchange program. So that addresses some of the day to day issues our clients face," Amy notes. "There's also a GP, nurses, a van where clients can have blood tests in private and receive money or food as an incentive to keep on top of their physical health. Other services monitor mental and sexual health and Hepatitis C. The facility has showers and a laundry, so it's a really good resource for our clients."

"It's also created a great camaraderie between the clients who regularly attend. They get to know each other and look out for each other. That also encourages them to engage more readily with us, if one sees another receiving our support."

The outreach program extends to visiting boarding houses — another refuge for those in housing crisis. "We team up in pairs, usually a mental health worker and a support worker and go out to engage residents who might not know where to go to get help," says Amy. "At times we find people who are acutely unwell and refer them to a support service or into hospital if they need it."

As occupational therapists by training, Amy and Kade both understand making small, sustainable changes is the path to improving health. Success comes in tiny victories: a blood test taken, a GP appointment attended, a poor life choice avoided. "I managed to convince Cara to get regular injections of antipsychotic medication," Kade says. "She's definitely more stable than when we first met. But she still needs support. So my work with her centres on finding strategies she can use to keep herself on track."

Kade is trying to talk Cara out of signing up for an internet service she cannot afford. "But I'm studying, I need it to do my research!" Cara explains. Kade quietly suggests she transfers her work onto a memory stick instead to save money. Cara is falling behind but seems determined to complete her course. "The course coordinator says I'm their best student," she says sceptically, but there's no hiding her pride.

It's a small step towards change but Kade is under no illusion that it will come easily. "So when are you thinking of moving out of here?" he nudges Cara. She smiles but then shrugs. "I need human contact," she says simply.

\*Cara's name has been changed to protect her identity.



TOP: Kade Mollison from Mercy Health's Homeless Outreach Program with Amanda Lee From Salvation Army at the Half Moon Caravan Park. RIGHT: Amy Veitch from the Homeless Outreach Program

# A family farewell



When the end of life approaches, human bonds become more precious. The Mercy Place Colac family ensured a cherished resident was surrounded by love to the last.

Community is everything in Colac. So when Marj, a well-known local resident and church member, could no longer live on her own it must have been comforting to find herself welcomed into Mercy Place Colac's own community. With Marj's family living away from Colac and overseas the facility quickly became a second family to her.

"Marj had wanted to live in her own home for as long as possible," confirms Diane Wright, Pastoral Care Associate at Mercy Place Colac. "She has a loving family but because they weren't here in Colac, for the last six months of her life this became her home. She enjoyed being here but her health was deteriorating quickly."

With time growing more precious for Marj, staff including Diane began the delicate task of capturing Marj's end-of-life wishes. An integral part of Mercy Health's Advance Care Planning program, honouring each resident's hopes for their final days ensures they feel respected and valued. It gives back a sense of control and individuality many people fear they will lose at the close of their lives.

Diane's many years of pastoral care service have shown her the importance of this gift as residents near end-of-life. "We were able to know and honour Marj's wishes because they were documented," Diane confirms. "And because every person has unique needs - for example not

everyone wants company in their last hours - we make sure they have an opportunity to be heard. So the staff were very much aware of what Marj wanted and there was some great teamwork around her care.

"Marj was a woman of great faith and had expressed the desire not to die on her own. Knowing that, the pastoral care team, our lifestyle team, three of our volunteers, two residents and some of Marj's friends all put our heads together

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When Marj's  
friends came in  
we could hear  
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and talking  
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part of the  
conversation”

to work out how we could honour that wish. So we developed a vigil roster that began at 12.30pm on the Tuesday and went through until Marj's death on Thursday just after 10pm."

Thanks to the exceptional efforts of the team, Marj was seldom without company and consolation throughout the long days and nights. "We were able to fill the roster without a problem," remembers Diane. "Most of the

time Marj had someone with her and of course also had staff checking her. People travelled from outside Colac to be here."

Far from a sombre occasion, the vigil became a celebration of Marj's life. "When Marj's friends came in there was music playing, we could hear them laughing and talking as if Marj was part of the conversation. Even though she wasn't responding they were sitting beside her reminiscing and I think for them also it was a very special time."

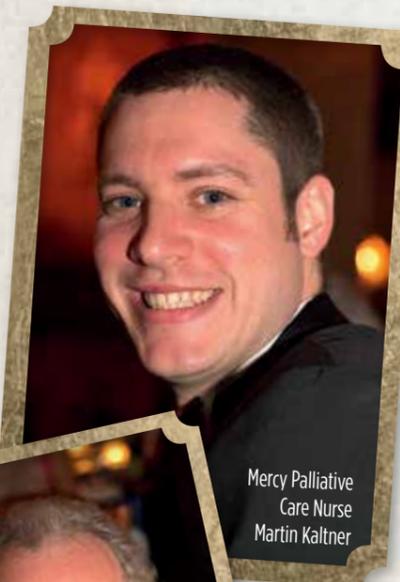
As a closing chapter to a life well lived, it's difficult to imagine a more beautiful farewell. "The last person who sat with Marj had grown up next door to her family and Marj and her mother were great friends. She said 'I did this because Marj has been like a second mother to me and to honour my mother's memory... so it was very special for me.'"

The beauty and value of the care Marj received radiated beyond her final moments. "Afterwards I asked one of the residents who had sat with Marj how she felt and what it meant to her to do this," says Diane. "She said 'It's an enormous privilege to sit with someone who is dying, to support and help them along the way. My self-esteem has risen through doing this; I feel good about having helped someone in this way.'"

"Another resident came to me and said, seeing the way we cared for Marj, 'I have no fear of dying here at Mercy Place. I know I'm going to be well cared for.'"

# A gala night for an urgent need

Amid the beautiful baroque surrounds of Melbourne's Plaza Ballroom, hearts and wallets were opened to support this year's Mercy Health Foundation ball.



Mercy Palliative Care Nurse  
Martin Kaltner



Volunteer  
Jim Creaner

Held in June, the ball raised valuable funds for the Foundation's Urgent Need Appeal. The Appeal benefits Mercy Palliative Care's financial support program for families struggling to keep loved ones in their own home for end-of-life care.

While the poignancy of the cause was never far from the minds of our 460 guests, a mood of optimism and purpose dominated the evening. Master of Ceremonies and long-time Mercy Health champion Matt Tilley led live and silent auctions offering an impressive array of prizes donated by more than 50 generous sponsors.

Entertainment including painter Brad Blaze (whose work was auctioned on the night) and The White Tree band kept the energy high. But the undoubted highlight of the evening was when the spotlight found the stars of the ball: the Mercy Palliative Care team and carer Josephine Ford.

A hush descended on the room as staff Colleen Kannegiesser and Martin Kaltner, volunteer Jim Creaner and Josephine each told enthralled guests how much their support means to those facing end-of-life. "It's extremely difficult for patients and their families once they are told about a terminal

illness," said Martin. "The patient may have a long or short time to live and they still need to be able to pay the bills. So creating a safety net for people is an amazing gift."

Perhaps the perfect encapsulation of the evening was spoken by Josephine, whose husband spent his final days being cared for at home with Martin's support. "These people give so much to those with limited time left," she said. "They ask for nothing in return except your support on a night like this."

Given this year's ball raised more than \$140,000 for the Urgent Need Appeal, that support was clearly a gift our guests were happy to give.

## \$1 million more to reach our target...

We're half way to reaching our Urgent Need Appeal target of \$2 million! With so many families needing palliative care now and into the future, donations to support this cause will still be at work for years to come.

Please help us support the invaluable work of Mercy Palliative Care: donate to the Urgent Need Appeal today, visit [www.mercyhealth.com.au](http://www.mercyhealth.com.au).



“They ask for nothing in return except your support on a night like this”

### Platinum sponsor: Catholic Super

This year's Mercy Health Foundation Ball platinum sponsor was Catholic Super. As an industry super fund guided by a Christian ethical framework, Catholic Super exists only to benefit its 70,000 members — an ethos that mirrors Mercy Health's own.

Chief Executive Officer Frank Pegan is proud his fund could support the ball. "As my late wife received palliative care, I know first hand how important that service is for families needing support," he says.

"It's rewarding to partner with an organisation whose values are so closely aligned with ours: we're both focussed on helping people in an immediate way and also into the future".



Carer Josephine Ford and Mercy Palliative Care Bereavement Coordinator Colleen Kannegiesser

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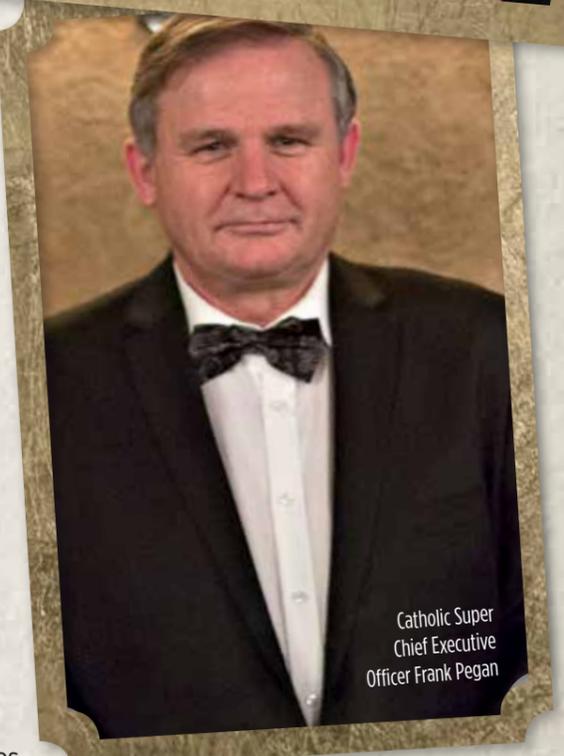
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# Guiding mothers back to health

As a leader in perinatal mental health, Dr Klara Szego has guided hundreds of women and babies out of the darkness of mental illness. We celebrate her pioneering work with a look back at her long career.

Dr Szego retired last year as director of the mother and baby unit at Werribee Mercy Hospital. It's an unconventional retirement. "I still go in and supervise once a month," she says. "It keeps me in touch and I really enjoy it."

There is no one within Mercy Health more qualified to share expertise on perinatal mental health than Dr Szego. As one of the founding staff of the first mother and baby unit at Mercy Hospital for Women, she has spent 25 years overseeing seismic changes in how we

care for new mothers and their babies. "There were no units in Melbourne until the late 1980s," recalls Dr Szego. "Then in 1989 Professors Lorraine Dennerstein and Anne Buist opened the unit at Mercy Hospital for Women. It was the only one in the world run within an obstetric hospital. So it was very groundbreaking.

"When I saw this as a young doctor I thought it was a fantastic idea. So when in 1990 Mercy Hospital for Women was looking for a consultant psychiatrist, I thought 'This sounds interesting!' Then I was hooked."

The ensuing years show Dr Szego's empathy for parenting under challenging conditions is deep and lifelong. The daughter of Jewish immigrants, Dr Szego's humanity is informed by their experience of inhumanity. Her father's internment in Auschwitz and her parents' life under postwar repression in Hungary have etched a profound need to alleviate suffering in the vulnerable.

The new mother and baby unit quickly filled with women in need of Dr Szego's compassion and vision. "When I started out in

psychiatry postnatal depression was really misunderstood," she recalls. "There was this idea it meant you didn't like your baby. We now understand the vast majority of women are desperately trying to be the best mother they can be."

The new unit helped drive this slow epiphany in the broader community. "I would regularly see women who had been to many professionals and were told 'Well this is just what happens when you have a baby, get on with it.' They were not heard or given help. They were so relieved to finally reach the Mercy unit."

Dr Szego went on to run the unit in East Melbourne before becoming the first and longest-serving director of the new Werribee campus. "While it was a big move, the unit is a beautiful healing environment and Mercy Health has to take credit for being so very supportive," Dr Szego says. "When we were designing it people said 'Ask for everything you want and you'll get half.' We got it all. It was a very rewarding experience."

Dr Szego's career gained even more momentum in the years following the move. Between 2005 and 2012 she coordinated the Perinatal Mental Health Special Interest Group in Melbourne. In 2010-11

she became Secretary of the Australasian Marcé Society, an international forum devoted to addressing perinatal mental illness. She has also published literature to support and educate her peers and the community.

Dr Megan Galbally, current director of perinatal mental health at Mercy Hospital for Women, is unequivocal about Dr Szego's contribution. "On top of her achievements, many people now leading this field in Australia have worked in the Werribee unit under Klara's leadership," says Dr Galbally. "So she has had a huge influence on practice and research."

Dr Szego feels the learning has been reciprocal. "Over the years I've worked with a number of psychiatrists and trainees who have all been fantastic. And I'm still learning from the women themselves. It's incredibly rewarding to work at a time of life where you can make a difference."

Nowhere is this more apparent than in Dr Szego and colleagues'

more recent work in revealing how a mother's perinatal mental illness can affect her child.

"We now recognise if the babies are inadequately cared for by mothers who are very unwell it has a significant impact on them," Dr Szego notes. "So gradually we have become more skilled in supporting the relationship between mothers and babies.

"But there's still not enough support for young, high-needs families in the community. I'd like to see much more in-home support and education for parents, so the work started in the unit can continue for as long as needed.

"We also need to pick up signs before people become depressed or if they're depressed in pregnancy. It's an area in which our mother and baby unit could be a driver."

Clearly, Dr Szego's work will never stop while women and babies continue to need her knowledge, dedication and compassion.

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We now understand the vast majority of women are desperately trying to be the best mother they can be”



Dr Klara Szego. "It's incredibly rewarding to work at a time of life where you can make a difference."

# Smoothing the path to a new beginning

Mercy Hospital for Women was privileged to care for three extraordinary people who are focussed on a bright future.

As Bridget Ure and Casey Tutungi counted the months to the birth of their first child, they knew their world was about to change forever. They could not have known it would be turned upside down much sooner.

A talented AFL footballer, Casey was playing for South Barwon in Geelong on Saturday 22 June 2013 when he collided with an opposition player. Unable to move, Casey was airlifted to the Austin Hospital with suspected vertebrae and spinal cord injuries. While surgery repaired the fractures, his spinal cord damage was irreversible. In a split second Casey had become quadriplegic.

Yet speaking to Bridget today, there's no trace of the trauma that life-changing event must have wrought. It's testament both to her formidable inner strength and to the support offered by staff at Mercy Hospital for Women throughout the journey to baby Asta's birth.

"Casey had his accident when I was in my second trimester," says Bridget. "I was booked into our local hospital in Geelong for the birth, but as Casey was at the Austin for treatment, I had my 19-week scan at Mercy Hospital for Women which is next door. We then started to think it would be easier with our situation to have our baby there too. I was put in touch with Deborah Pidd from the Midwifery Unit who explained that

while normally the hospital's November intake would be closed, for us they would make an exception."

For Deborah, extraordinary times called for extraordinary help.

"I booked Bridget in to keep seeing me as I had the background on her situation," recalls Deborah. "It was just easier than having her see different people — it meant we could work around her timetable."

Deborah's empathy for the complexities Bridget faced made the path ahead a little smoother. "Deb was so lovely from the very beginning," Bridget says. "She said 'I don't want you to have to explain your story every time you come in.'

"The extra support definitely helped. When we were planning the birth Deb connected me with all the right areas, including social workers to check if I needed counselling. Then because Casey was in a wheelchair some may have assumed things would be easier if I was induced. But I wanted everything to be super normal so the baby could come when she was ready. Deb completely understood that.

"It took a lot of coordination; working out how Casey could make it to the hospital if I went into labour in the middle of the night, where would he sleep. Deb was so helpful; she drew up a plan that made life really easy."

Deborah is quick to point out Bridget's birth plan and care were a testament to teamwork. "The plan revolved around what would be best for both Bridget and Casey when they came in, so it was a multidisciplinary effort between my area, social work and hospital management, who were very supportive," she says.

"The Austin spinal ward was also happy to give any help we might need."

Deborah saw that continuity was central to restoring some normality to Casey and Bridget's days.

"I went over to the Austin one day a week to do childbirth education with Casey because he had a strict treatment regime at the time," says Deborah. "It was important to go over any questions he had about the birth. Then we had to work out how he could be there, because of course he really wanted to be. So it was good to liaise with other units beforehand. It meant we could organise a bed in the next room and a lifting machine to help Casey come in."

Within this cocoon of exceptional care Bridget and Casey found the space and support they needed to welcome their baby daughter — on their own terms.

"I was in labour for a long time so I had three changeovers of midwives but they were all amazing," remembers Bridget.



Casey Tutungi and Bridget Ure with baby Asta  
Right: Deborah Pidd.

“Everyone worked towards making the birth beautiful, and it was”

"They told me to do whatever I need to do to get through this. And that part was really nothing to do with Casey! I remember one of the midwives on the second shift was due to finish but chose to stay. If that's the treatment everyone gets when they have a baby...just incredible."

Naturally, Deborah was also close by to witness the months of planning come to fruition. "I ended up staying throughout Bridget's labour," she says. "The doctors as well as our midwives were really inclusive. Everyone worked towards making the birth beautiful, and it was.

"Casey and his parents were able to be in the room. After they went home I helped him out with drinks and whatever he needed. Bridget and Casey were determined that after all the media about Casey's accident, the birth would be a private, special moment. So I guess being able to do what we did for them meant they could have that.

"Bridget had been worried about Casey more than herself. I kept saying to her 'It's got to be about you; we need to make sure everything's in place for you.' And that's exactly what happened."

Casey and Bridget's memories of Asta's birth speak for themselves. "It was really positive for Casey too," confirms Bridget. "He wanted to be involved as all partners do. He was very happy knowing I was being taken care of. I think like most men he was blown away by the whole thing!"

Founding Sister of Mercy Catherine McAuley said "A good beginning is of great importance." It seems Mercy Health's support has helped this family open a new chapter of their lives with joy and hope.



"Everything has been fine at home," says Bridget. "Casey is very involved in Asta's care; we do things a bit differently from others but as he's home more than some other dads he gets extra time with her.

"I really do feel, and I don't believe it was just because of our circumstances, that Mercy Hospital has great people. We feel incredibly lucky."

# Ethos journey sparks different perspective

A recent staff trip to the home of the Sisters of Mercy in Ireland was not only an affirmation of the work they do every day, but also a reminder of the bigger Mercy Health picture.

Tony Goad, Executive Director Finance and Support Services joined Prof Michael Coote (a Mercy Health Board member), Gillian Evans, Program Director Medical, Subacute and Palliative Care services, Alison Patrick, Executive Director of Nursing & Midwifery and Sr Helen Glasheen, Palliative Care Consultant, Mercy Palliative Care on the Mercy Health Ethos Program's Dublin Pilgrimage between 27 April and 4 May 2014.

The group was part of a 27-strong contingent from other Mercy ministries seeking a deeper understanding of the history and legacy of the order, founded by Catherine McAuley almost two centuries ago.

"I had a whole series of questions relating to the history of the Sisters of Mercy and how it has become what it

is today," Tony explains. "And by the end I had a greater appreciation of the challenges they faced and incredible perseverance they showed in founding the organisation we now have."

Tony says the most inspiring aspect was the Sisters' ability to grow their services across 44 countries with minimal resources. He feels the order's ability to "form and reform" in the face of uncertainty underscores their faith and sense of mission.

"To achieve growth as a Catholic, not-for-profit organisation was astounding," he said. "Multinational companies would struggle to grow without a profit. But the Sisters found innovative ways to fund services and keep moving forward."

After discussing mission and purpose with the Sisters, Tony also realised that remaining financially strong is crucial to ensuring Mercy Health can keep Catherine McAuley's vision alive.

"We need to be here tomorrow and into the future, so we must be viable and sustainable," he said.

"I came away with a compelling obligation to develop the future of this organisation, including the leaders of tomorrow."

Tony Goad,  
Executive Director  
Finance and  
Support Services



## Aroha Cookson wins

### 2014 ACSA Victoria Aged Care Trainee Award

The future of Mercy Health aged care looks bright with trainee Personal Care Attendant Aroha Cookson recognised for her outstanding work at Mercy Place Wyndham in the 2014 Aged and Community Services Australia awards.

Aroha was chosen to receive this year's Trainee Award from among hundreds of nominations across the state. In putting her forward for consideration staff and residents at the facility noted Aroha's dedication to offering care beyond the duties of her role. While Aroha's daily work – helping residents with personal hygiene, gentle exercise and mobility – is crucial, it is the extra time she takes to build a strong relationship with each resident that is especially valued.

Compliments are regularly received from residents' families about Aroha's quality of care. "Aroha has been caring for my father at Mercy Place Wyndham since Christmas and I can't tell you how much it means to me to know that she is with him when we can't be," confirms one relative. "Her gentle patience,

compassion, thoughtfulness and genuine empathy for my father are beyond words.

"For example, rather than just helping my father to dress in the same thing day after day, Aroha consults with him and makes sure all his clothes are worn regularly. This little thing means my father feels dignified and respected."

Despite the accolade Aroha is humble about her win. "I'm very excited of course, but I love what I do so it doesn't feel like hard work to me," she says.

Aroha's supervising manager Tracey Williams describes her as a quiet achiever who stays out of the spotlight, but is always working hard to give residents the best day possible.

"Aroha once told me she believes doing something extra for her residents is important because she will often be the only person they have contact with during their day," Tracey says. "She tries to make each day positive by spending extra time with them, helping with things that might seem small, but can make a big difference to the resident's mood. Aroha demonstrates an incredible amount of insight and compassion for someone so young. She puts her heart and soul into resident care."

*Mercy Health congratulates Aroha on her wonderful achievement.*

# Ways to give

Many of the stories you read in *Our Voice* have been made possible through the support of the Mercy Health Foundation and the generosity of our donors.

Your support makes a difference in the advancement and innovation of care for women, newborn babies, the elderly, sick and dying.

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## Your feedback...

We hope you've enjoyed the winter edition of *Our Voice*, Mercy Health's groupwide newsletter. Through *Our Voice* we share the stories of our people and those we care for from across the organisation including aged care, health services, palliative care, mental health and home care.

Please send your feedback and stories to *Our Voice* via the details below:

### Mercy Health: Our Voice

Level 2, 12 Shelley Street

Richmond VIC 3121

Phone: 03 8416 7753

Email: [ourvoice@mercy.com.au](mailto:ourvoice@mercy.com.au)



*Our Voice* will be back in September with our spring edition. In the meantime you can keep up to date with current Mercy Health news at [mercyhealth.com.au](http://mercyhealth.com.au).

Or visit us on Facebook and Twitter to get a little more Mercy in your day!

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