

# Our Voice



Mercy Health

Care first

THE GROUPWIDE NEWSLETTER OF MERCY HEALTH  
AUTUMN 2016



## Modern day miracles

How today's Mercy caregivers  
keep Catherine McAuley's  
legacy alive

## Drawing on his strengths

How art allows John to  
display his beautiful mind

## The Year of Mercy issue

with Guest Editor Sister of Mercy  
Berneice Loch RSM





Welcome to the special

# Year of Mercy

issue of *Our Voice*

Introducing *Our Voice*  
guest editor Sr Berneice  
Loch RSM OAM

**S**r Berneice is Leader of the Institute of Sisters of Mercy of Australia and Papua New Guinea (ISMAPNG). To help Mercy Health celebrate this Papal Year of Mercy, Sr Berneice has generously agreed to guest edit this special issue of *Our Voice*.

"The word 'mercy' is used very often, yet is understood differently by different people. In the Christian tradition it is a word rich in meaning and a name of God. Catherine McAuley wrote "Mercy is more than charity: it not only bestows benefits but receives us anew, and pardons again and again even the most ungrateful." (*The Practical Sayings of Catherine McAuley*).

I like to think about 'mercy' as a way of doing and being. For me, it means showing compassion and love for others. It is about loving and welcoming all people

in a spirit of inclusion and with appreciation for the diversity that abounds. It also means loving and respecting our planet.

I take great joy in all the women and men who work with us at Mercy Health for the way in which you truly embrace and embody 'mercy'. You are carrying on one particular mercy tradition that commenced in Australia 170 years ago, with the arrival of the first Sisters of Mercy in this great land 15 years after the Order was founded by Catherine McAuley in Dublin in 1831.

The Year of Mercy is a Papal Jubilee year, a centuries-old tradition which asks the faithful to give special focus to one of the Church's central themes. Pope Francis has encouraged the entire world to focus on mercy during 2016. For some this focus may be on global expressions of 'mercy'. For many of us it is about what we can do to be beacons of mercy in our

own workplaces, homes and neighbourhoods.

It is so pleasing that this and every issue of *Our Voice* is filled with many wonderful examples of how mercy is being lived by the women and men at Mercy Health. This issue's theme, 'Modern Day Miracles' fittingly describes what Mercy Health is all about: bringing mercy to the lives of thousands of people each year. Sometimes this is through significant medical miracles; yet it may also be through small miracles of kindness that illuminate the lives of our patients and residents.

I pray that this year's focus on mercy will bring forth modern day miracles in all of our lives, and that through our own expression of mercy we may come to love and appreciate the mercy miracle in all of us."

*Sr Berneice Loch RSM*

Institute Leader, Institute of Sisters of Mercy of Australia and Papua New Guinea



# Max finds true faith in friendship

*"As much as it frustrates us at times, the only certainty in life is that it is always changing!"*

Max's story reminds us that we are always growing as people. It also demonstrates the ripple effect of simple acts of kindness and the life-changing impact they can have on the lives of others."

Sr Berneice



Max with friends and family at his baptism and confirmation service

In his 77th year, Max Brookes saw God through new eyes. He was lying in hospital in October 2015, in great pain and misery, when there was a knock on the door. Two Sisters of Mercy (and fellow Mercy Place East Melbourne residents) had 'snuck out' of the home to pay Max a visit.

"Reflecting back on that day, tears appear in Max's eyes. "Their visit was the last thing I expected," the grandfather of two says. "I was just an ordinary person until then." It was the abundance of love and generosity Max felt through this simple act of kindness that inspired his conversion to Catholicism. His decision also took into account the support of his family and his Catholic friend, Brendan McCarthy.

When he returned from hospital, Max informed the thrilled—and very surprised—Pastoral Care Associate Patrick Comarmond of his desire to convert.

"I think I fell on the floor," recalls Patrick. It was the first time Patrick had heard of a Mercy Health residential aged care resident wanting baptism and confirmation at such a late stage in their life.

Mindful of Max's health, Patrick asked Father Theo Rush to expedite the Rite of Christian Initiation for Adults process, which can take months or even years. On 7 January in the Mercy Place East Melbourne chapel, Father Theo baptised and confirmed Maxwell 'Max' Harry Francis Brookes in the company of family, friends and fellow residents. "It really lifted spirits," Patrick reflects. "I looked out during the service and saw people with tears in their eyes—it was truly moving."

Max has always believed in God, but the decision to join the Catholic Church was an altogether life changing experience. "I am still the same person, yet I am entirely

different," Max says. "I wake every morning and the first thing I do is have a shower and get ready for chapel. I sit and pray and listen to the beautiful music. All I think of now is the chapel."

Max was already familiar with Catholicism, having attended Catholic schools as a child in Sale. But he was raised a Protestant—a fact that rankled his old religious education (RE) teacher. "He used to give me a really rough time because I was a Protestant," Max remembers. "So before the RE exam I spent weeks studying and studying. Well, I got the top score of 92. That really stuck in his craw!"

Converting to Catholicism has helped Max open the door to a new circle of friends and experiences. "It has given me a real sense of belonging, particularly here at Mercy Place East Melbourne," Max says. "I have more hope in my life than I have ever had before."



# A fair future for Wyndham

*"The 21st birthday of Werribee Mercy Hospital is a cause for great celebration*

of the efforts of the women and men who have provided care to so many Victorians. Thank you for all you have done in the name of Mercy. Rather than sitting on their laurels, in true Mercy style, the team at Werribee are already looking to achieving the modern miracles of the future, through expansion and new state of the art facilities."

*Sr Berneice*







**D**ozens of small, painted faces dashed happily around the hospital grounds at the Werribee Mercy Hospital Community Fair in October. Held on a hot and gusty spring day, the family friendly fair marked Werribee Mercy Hospital's 21st anniversary.

Excited children lined up to cuddle rabbits and geese in the petting zoo before bounding off to the jumping castle; staff supported their crafty colleagues selling goods from market stalls; and even patients stopped by to soak up the relaxed community atmosphere. Community radio station WynFM broadcast live from the fair, recreating the great atmosphere for those listening at home.

The Werribee Mercy Hospital Community Fair was a fun way of demonstrating our utmost appreciation to staff for more than two decades of caring. But all the fun and excitement also had a serious purpose: to raise

desperately needed funds to kit out our future Critical Care Unit with the best staff and lifesaving equipment available.

Werribee Mercy Hospital has seen its share of modern day miracles large and small: from tales of deep compassion and resilience in our Emergency Department, to against-the-odds survival in our Special Care Nursery. But with a growing population has come an urgent need to provide critical care.

Mercy Health Chief Executive-Health Services Dr Linda Mellors is keenly aware of how quickly Wyndham is growing, and the need for Werribee Mercy Hospital to grow with it. "We are looking forward to increased facilities in mid-2018, including eight critical care beds, when an \$85 million expansion of the hospital is complete," Dr Mellors says.

Werribee Hospital Foundation, which has provided significant funding for the hospital over the past 21 years, is working

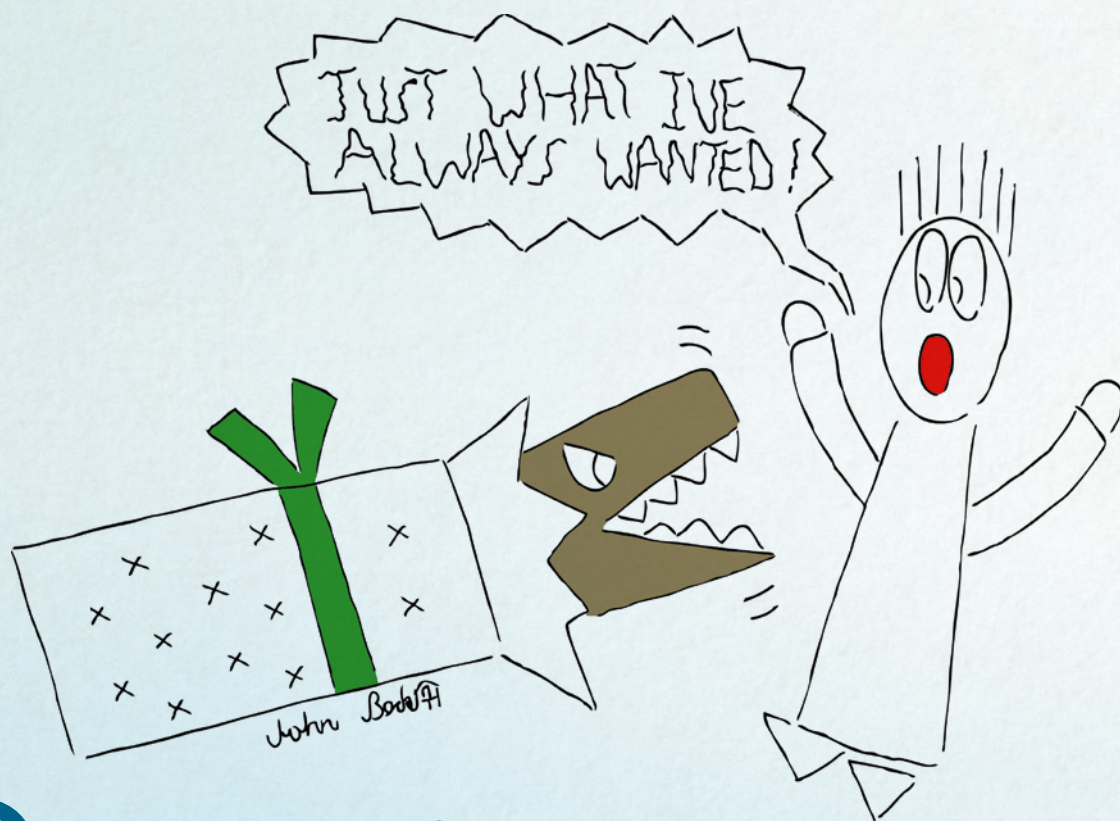
with Mercy Health to raise an additional \$2 million for the Critical Care Unit.

Foundation Chairman and Werribee resident of 60 years Nik Tsardakis said Werribee Mercy Hospital played a vital role in the community's wellbeing. "We must do all we can to ensure the hospital has the best facilities available to meet our growing needs. I hope everyone will rally behind the staff to ensure they can continue providing excellent healthcare to Melbourne's west," Mr Tsardakis says.

The Fair was made possible by our sponsors: Catholic Super, Werribee Hospital Foundation, BankVic and Quest Werribee Apartment Hotel.







# Drawing on his strengths

*"How many of us hear, yet don't really listen?"*

How often do we put obstacles in the way of not following our passion or use our communication for ill rather than good? John Beckhouse's story is an inspiration for all of us. Not only is he doing what he loves, he is also reminding us that we all have incredible gifts we can use to bring laughter and joy to our own life and the lives of others."

*Sr Berneice*

Canberra artist John Beckhouse has never heard a sound in his life. Yet the 47-year-old's drawings are alive with noise. One drawing depicts a sandpiper (a bird) playing the bagpipes; another portrays a magpie shouting 'Blah! Blah!'

John, who has autism and was born profoundly deaf as a result of rubella, lives with his parents Wal and Pam Beckhouse. Three times a week, carers from Mercy Health Home & Community Care take John to tenpin bowling or the gym. They also give John

the support he needs to pursue his passion: making cards.

Wal and Pam acknowledge the success of John's greeting card business, Magpie Blah! Blah! is a miracle, given John, who also has dyslexia, does not speak — instead using signing and written communication. Sometimes his spelling is a little muddled. But give him a pen or pencil, and his active, quirky and beautiful mind comes to life on paper.

"He has a great sense of humour and drawing is one way of bringing it out," Wal says.





John (centre)  
with parents  
Pam and Wal

Pam reflects that many of John's drawings are based on funny things that happened when he was young. Once, on John's birthday, his parents and older sisters kept reminding him to open his birthday cards before tearing into his presents.

"He turned to us and signed, 'But what if I get a crocodile?' Well it was a bit late to send the present back," Pam remembers, with a laugh. The longed-for crocodile leaping out from a gift box later emerged on the front of one of John's birthday cards.

John's greeting card business transpired in the wake of his first art exhibition in August 2009. It's not a lucrative venture—the

profits are just enough to cover the cost of new cardboard, envelopes and other supplies. But in his parents' eyes, John's pride and satisfaction are reward enough. "We are very lucky and very proud of him," Pam says.

The business is truly a family affair. John, Wal and Pam sell John's cards at markets around Canberra; John's sister Rhonda Foley manages the Magpie Blah! Blah! website; and his nephew Tim Frommel colours his line drawings. John's carers from Mercy Health Home & Community Care assist while he folds and assembles cards and packs them in cellophane bags.

"Carers really make a difference to a family," Wal says. "Pam and

“  
When he comes home, we have a happy and more confident person in our midst.”

I get time to go out and do things together, such as doing the shopping or having a coffee." The independence also makes a difference to John, adds Pam. "When he comes home, we have a happy and more confident person in our midst."



# Sharing knowledge in aged care

*"When starting her ministry in Dublin, Catherine McAuley*

*reached out and brought together people from diverse backgrounds to further her dream of bringing mercy to the lives of others. It is wonderful to see our team at Mercy Place Parkville carrying on the spirit of inclusion and collaboration through their partnership with postgraduate students in a program that increases the knowledge of both our staff and the students."*

*Sr Berneice*

**M**ercy Place Parkville is helping the scientists of the future understand health and wellbeing in aged care through an innovative knowledge exchange program.

Since 2012, Mercy Place Parkville has been collaborating with the Cooperative Research Centre (CRC) for Mental Health to host visits during which postgraduate science students spend time with aged care workers to discuss the rewards and challenges of supporting residents' health and wellbeing.

In November 2015, staff and residents at Mercy Place Parkville hosted a small group of PhD students who are conducting research into dementia. The visit enabled students to share the latest research and how it can be used within the aged care sector, and to learn from staff and residents about their day-to-day experiences.

"These visits are incredibly motivating for our students," says Melanie Carew Head of Education at the CRC for



Learning Manager Aged Care Kerry Wong with PhD student Edith Drakopoulou, CEO of CRC for Mental Health Ian Cooke, PhD students Jenalle Baker, Pierre Dao (at back) and Karra Harrington, Communication and Education Manager, CRC for Mental Health Melanie Carew, and Service Manager Mercy Place Parkville Emma Mole



Mental Health. “Our students research early detection and treatment of mental illnesses including dementia, but they have very few opportunities to interact with people living with it. They learn an immense amount from residents and staff and come away with a great deal of respect for the role Mercy Health plays in providing quality care and promoting health and wellbeing.”

The students spent half a day presenting their research to staff, learning about Mercy Health's philosophy of aged care and operations, and meeting residents. They also experienced a hands-on demonstration of innovative virtual reality technology which gives residents living with dementia transformative experiences that can prompt positive memories. The CRC students are keen to continue their involvement and offer their expertise in study design and evaluation of the technology.

Learning Manager Aged Care at Mercy Health, Kerryn Wong says the visits also give staff opportunities to learn about the latest research. “As an advocate for residents to live healthy and engaging lives, Mercy Health is committed to supporting research and discussion of dementia that may advance treatment and prevention,” Kerryn says.

“The program also supports learning through collaboration across disciplines that compliment our model of care, fostering engagement with residents and partnerships with the broader community.”

Mercy Place Parkville Service Manager Emma Mole is proud of the home's participation at the forefront of dementia research.

“I'd like to thank all residents and staff who give their time and enthusiasm to students during their visit,” Emma says. “The students told us how the experience enriched their learning; the insights our people give into the realities of living with dementia, as a sufferer or carer, are invaluable.

“I'd personally like to acknowledge our staff for supporting the program, and for their tireless dedication to helping all our residents live life as fully as possible, every day.”



**The CRC for Mental Health is a Federal Government-supported collaboration between 19 participating organisations including research institutes, industry, healthcare providers and philanthropy. Mercy Health is one of the participating organisations.**

The CRC seeks to transform the lives of Australians with mental illnesses, through research into early diagnosis and personalised treatment options. Research focuses on Alzheimer's disease, Parkinson's disease, schizophrenia and mood disorders.

### *What students are working on now*

*Edith Drajkopyl* is a third year PhD student at the CRC for Mental Health, and Florey Institute for Neurosciences and Mental Health. Edith also receives support from Australian cognitive assessment and training company Cogstate Ltd. Edith's PhD research project focuses on concussions in sports; its outcomes could have significant consequences for dementia care.

*Karra Harrington* is a first year PhD student at the CRC for Mental Health and Florey Institute for Neurosciences and Mental Health. Karra's research focuses on understanding the development of Alzheimer's disease over time, using models that show the earliest signs of clinical divergence from normal cognitive ageing in healthy older adults. This research could help improve early diagnosis of and prognosis for people living with Alzheimer's disease.

*Jenalle Baker* is a first year PhD student at the CRC for Mental Health, Florey Institute for Neurosciences and Mental Health. Jenalle's project focuses on the nature of memory impairment associated with genetic risk factors and blood and brain biomarkers of Alzheimer's disease. This research could help detect memory decline before the onset of dementia.



*"The last thing Catherine McAuley would have ever contemplated*

is that she would become a saint, such was her extraordinary humility and desire to put others before herself. She was a remarkable woman and those who knew her would comment on how down to earth she was, her sense of humour and the way she would always try and put people at ease. Catherine once said, "If we are humble and sincere, God will finish in us the work He has begun. He never refuses His grace to those who ask it". Her example is one all of us can follow and it raises the questions, "What would we like people to be saying about us in 175 years' time?" and "What is our impact on the world?"

*Sr Berneice*



# Modern day miracles: what the Year of Mercy means to us

**F**ounding Sister of Mercy Catherine McAuley has inspired millions around the world in their lives of faith and service. In this Year of Mercy, *Our Voice* speaks to Sister Caroline Ryan RSM about the call to have Catherine recognised as a saint – and how Catherine’s legacy shapes every facet of today’s Mercy ministries.

*Why do so many within the global Mercy community want Catherine to be formally recognised as a saint?*

“Some of the sisters say ‘Catherine wouldn’t really want to be a saint’. But canonisation is not for her, it’s for us; it’s her memory we’re cherishing and her example we’re following. More than ever, the world needs people like Catherine McAuley; people need to know about her and her total commitment to the wellbeing of others, especially the most vulnerable. We need those sorts of role models.

“To advance the cause of canonisation, one of the questions the Church asks is ‘What influence is this person having on the lives of ordinary people today?’ Our ministries can answer that question really convincingly. Women and men around the globe have found meaning and strength in their lives of faith and Gospel service because of Catherine’s influence.

“Today’s reality—that all around the globe there are people who are engaging in the mission of

God’s mercy—is as important as the story of Catherine’s own life and work. It’s a testament to her enduring inspiration.”

*What is the process towards canonisation and what role do you play?*

“I am the Vice Postulator of the Cause of Venerable Catherine McAuley for Australia, Papua New Guinea, New Zealand and the Philippines. I work with the Postulator, Sister Brenda Dolphin, who is based in Rome. The Postulator is the primary person who makes the case for canonisation.

“When someone is being considered for sainthood, the process begins when the bishop of the diocese where he or she lived is convinced that this particular person has lived a life of outstanding holiness.

“This was easy to do in Catherine’s case, because the oral tradition around her is still very strong and accurate, and there’s a lot of evidence of her work and influence in her own letters. Once a cause gets underway the candidate is called a Servant of God: that’s the first stage towards canonisation.

“The bishop then appoints someone to write the life of the candidate as objectively as possible. That very extensive document is then presented to the Congregation for the Causes of Saints for examination. If they find that there is substantial

reason to proceed, the person is declared Venerable. Pope John Paul II declared Catherine Venerable on 9 April 1990. That’s the second stage.

“To move to the third stage, for Catherine to be ‘Blessed’ or beatified, a miracle of healing is required. The fourth and final stage is canonisation and evidence of a second miracle is normally needed.

“But the idea of a miracle as proof of holiness is a sticking point, because many of us find that to be a medieval way of interpreting God’s actions. One could argue that when a person who has had successful treatment for a condition has gone into long-term remission, isn’t that a miracle? That the doctors now are so skilled that they know how to take advantage of science, to ‘cooperate with God’?

“I can see the Church’s position shifting on that over time. But while proof of a miracle is still a criterion, that’s what we’re praying for, and I encourage everyone of faith to pray for it too.

“Most of us who know and love Catherine can see her influence over the past 200 years, not only on the sisters, but on so many people worldwide—through healthcare, aged care, education, community development, welfare services, and so on (the Gospel Works of Mercy)—continues to be alive and profound. To me, that’s the miracle.”



# Feltmum™

helps break the  
diabetes cycle

*"The health and mortality rates of our Indigenous sisters and brothers,*

*when compared with other people in our nation, are a source of ongoing shame and heartache for all of us. In rising to address this challenge, the development of culturally appropriate health care is vital. Feltmum™ is a wonderful example of preventative measures that may help Indigenous babies have a healthy start to their lives."*

*Sr Berneice*

The newest member of Mercy Hospital for Women's diabetes education program doesn't speak, need wages or even take lunch breaks — but she has fast become an integral part of the team. Created by Certified Diabetes Educator Cath McNamara in partnership with experts from Diabetes Victoria and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Feltmum™ is a new tool empowering pregnant mothers to understand gestational diabetes.

"Diabetes is a critical issue for the Aboriginal community at all life stages because of its impact on shortening lifespan and perpetuating the health gap," Cath explains.

"Aboriginal and Torres Strait Islander communities have

a huge interest in improving their health. They also have highly visual and auditory ways of learning; storytelling is central. That's why offering appropriate tools for teaching and learning is essential. Women in Indigenous cultures are such strong, influential people, so empowering them with appropriate knowledge about diabetes is crucial."

Feltmum™ is a tactile, interactive response to this challenge: a felt diagram of a pregnant woman complete with 28-week sized baby, uterus, uterine artery, placenta and endocrine system. The tool allows educators, including those from a non-medical background, to clearly show how excess insulin released after sugar consumption travels through a mother's bloodstream to the baby's placenta.

"The goal of educating pregnant women about gestational diabetes mellitus (GDM) is to minimise their babies' weight gain," Cath says. "GDM primes babies to gain an extra layer of fat, which can cause problems during delivery. Long term, babies born weighing more than 4.5 kilos to mothers with GDM are more likely to have weight problems as children, and to develop type 2 diabetes

later in life. Combined with a strong genetic predisposition to diabetes, the risk for Indigenous Peoples is even higher than in non-Indigenous populations. So dispelling common myths about what you can or can't do to control GDM can have massive long-term benefits."

Presenting complex medical facts in a culturally appropriate way has long been a cornerstone of Cath's work. "I started out at Deakin University in the Institute of Koori Education teaching Aboriginal health workers and nurses how to be diabetes educators," she says. "I joined Mercy Hospital for Women 20 years ago, but I still work with Deakin part-time.

"I have been using a felt diagram tool for most of that time. In 2000 I entered it into a competition run by Danish healthcare company Novo Nordisk to find innovative diabetes education models—and I won. I was then invited to demonstrate it at several international conferences. Diabetes Australia took up a similar idea in 2010, creating Feltman primarily to teach Indigenous Peoples about diabetes.

"They received feedback that because Feltman didn't offer





Senior Aboriginal Hospital Liaison Officer  
Jo Pappas with Cath and Feltmum™

a way to talk about pregnancy and women's health, there was a need for a female-oriented version. They asked me to help adapt Feltman into Feltmum™ by adding a baby and appropriate body parts as well as 'feminine' traits like long hair.

"Our main priority has been to ensure its relevance and cultural appropriateness for the Aboriginal community. Diabetes Victoria convened a working party including staff from Mercy Hospital for Women, the VACCHO, Koori Maternity Services and Deakin University."

Feltmum™ is currently being rolled out across community health providers including Mercy Hospital for Women's outpatients' clinic. Feltmum's™ simplicity and portability mean it can be used well beyond its original target group.

"We get referrals from the hospital's Nangnak [Aboriginal maternity] clinics so we work in close partnership with them. We also have relationships with community health centres that allow us to support Somali and Ethiopian women, through our African Liaison Worker Wemi Oyekanmi.

"Our four educators use a version of Feltmum™ in the mainstream outpatients' clinics. It's a universally applicable tool, whether you're addressing health care professionals or people from culturally and linguistically diverse backgrounds."

It's also an adaptable one, with potential to reach people even earlier in life.

"Prevention of diabetes is crucial; it would be great if we could develop ways to intervene earlier in people's

lives, through lifestyle education. It's astounding when you realise how many people in our community don't know what healthy or unhealthy eating is. One girl we saw didn't know that drinking soft drink every day was contributing to her weight gain. Even basic improvements in knowledge can really change outcomes for people."

### *Fast facts on diabetes*

- **Rates of GDM are 1.5 times higher in Aboriginal and Torres Strait Islander women than in non-Aboriginal women (Australian Institute of Health and Welfare (AIHW), 2008)**
- **Type 2 diabetes in pregnancy is 10 times higher in Aboriginal women than in non-Aboriginal women (AIHW, 2010)**





Residents Sr Marcella, Sr Teresa and Sr Bernadine with Isla (8) and Anais (5) Barclay

# Ancient beliefs rain joy on residents

*"This wonderful story reminds us how much we can learn*

from our Indigenous brothers and sisters, including how we are all a 'part of' nature, not 'apart' from our natural world; as Pope Francis notes in his statement on the environment: "ancient stories, full of symbolism, bear witness to a conviction which we today share, that everything is interconnected."

*Sr Berneice*

**R**esidents at Mercyville Hostel in Craigie, Western Australia have teamed up with local children to entice

summer showers by making rain sticks, which in many ancient cultures represent the pattering of rain when they are shaken.

Aboriginal Australians, Peruvians, Mexicans, Chileans, African peoples and the ancient Aztecs, have used rain sticks for thousands of years to try to induce rain across their lands.

Given the severe fire activity that has affected southern WA this summer, it seemed timely for Mercyville Hostel residents to help local children make the long hollow tubes, filled with beads, which when shaken create the distinct sound of rain.

Mercy Health WA State Manager, Ms Anita Ghose says the fun, intergenerational activity had been enjoyed immensely by both the residents and children.

"Our residents love spending time with children, particularly when they are involved in fun and creative activities like this," Anita says.

"Intergenerational activities such as this are one way in which we can create interesting and meaningful activities for our residents, in addition to providing the opportunity for youngsters to learn from and respect older people in the wider community."





*"One of life's great riches is the diversity of people with whom we share our life's journey."*

Mercy Health follows in the spirit of Catherine McAuley in embracing diversity in all its forms and in opening doors to everyone. Our wonderful Mercy Health volunteer, Miriam, demonstrates the positive difference all of us can make by embracing diversity and focusing on our gifts rather than what some in society may wrongly deem our limitations."

*Sr Berneice*

# The sky is the limit



Miriam and Nuala at work in the birth suite office

**M**iriam Holmes' smile is a familiar sight around Mercy Hospital for Women. The 23-year-old, who has Down Syndrome, recently celebrated five years of volunteering at the hospital.

Down Syndrome has proved no barrier to Miriam's determination to contribute to the community. Twice a week she boards a train at Yarraville and travels to Heidelberg via the city. At the hospital, Birth Suite Ward Clerk Nuala Licata has come to rely on Miriam's help with important and often labour-intensive jobs. Lending all her focus to the task at hand, Miriam separates ID bands, syringes and water vials; delivers documents around the hospital; and collates forms into essential packs for patients and staff. "If there is one thing in a pack that doesn't belong, Miriam will pick it up," Nuala says. "It's such a big help."

This year, Miriam is continuing to volunteer as well as studying numeracy and literacy at TAFE. The many skills she has developed

at Mercy Hospital for Women will be valuable when she inevitably finds paid employment. Nuala says she would miss Miriam's valuable contribution if she left. "But I'd be very proud to know that Miriam has got a paid position and I would give her a great reference," Nuala says. Miriam says she would recommend volunteering to anyone who asks. "I've made new friends and I enjoy it here," she says.

Miriam's mother, Mary McCarthy, is Nurse Unit Manager at Mercy Hospital for Women's Emergency Department. She says having Miriam work at the hospital has not only benefitted her daughter—it has also given staff the opportunity to see beyond a colleague's disability and appreciate how much they can contribute to the workplace.

"Many women have their babies here and some of those babies are born with Down Syndrome," Mary says. "A lot of doctors and midwives have never been exposed to someone with Down Syndrome. But with

“

... with Miriam working here, they can see and appreciate what she can do, rather than focussing on imagined limitations.”

Miriam working here, they can see and appreciate what she can do, rather than focussing on imagined limitations. They can tell parents that there is a woman with Down Syndrome volunteering in the hospital who is performing her role capably and contributing to the social fabric of the staff team. It shows people that a person with Down Syndrome isn't defined by their disabilities—rather, they are defined by their abilities.”



# Have your say...

## Mercy Health is recruiting for our COMMUNITY ADVISORY GROUPS.

Do you want to **be more involved** in our care?  
Do you **understand women's health**?  
Do you have **ideas to help** improve our services?

Applications are now open for 2016.  
Contact Bec Jolly on [rjolly@mercy.com.au](mailto:rjolly@mercy.com.au)  
or 03 8416 7872 (Tuesdays and Wednesdays).



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**SATURDAY 4 JUNE 2016, 7PM**

Grand Ballroom, Sofitel Melbourne on Collins,  
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Dress: Black tie

**RSVP THURSDAY 5 MAY 2016**

Contact Ms Jodi Ryan on 03 8416 7766 or email [foundation@mercy.com.au](mailto:foundation@mercy.com.au)

# Your feedback...

We hope you've enjoyed the autumn edition of *Our Voice*, Mercy Health's groupwide newsletter.

Please send your feedback and stories to [ourvoice@mercy.com.au](mailto:ourvoice@mercy.com.au)

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders both past and present. This report was produced on Wurundjeri Country.



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

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