



Mercy Health  
Care first

# Our Voice

THE GROUPWIDE NEWSLETTER OF MERCY HEALTH  
SPRING 2012



## The sounds of reverie

Soothing souls through music therapy with the Reverie Harp

## The road to Trichirapalli

Physiotherapist Gillian Buckley shares her skills and experience in southern India

## The life within

Dr Megan Galbally leads a world first study into depression in pregnancy

# Carers corner

The move from child, partner, friend or loved one to carer is often an unexpected experience, something we hadn't planned or readied ourselves for emotionally, physically, financially or spiritually. Wanting to create a place of comfort and reassurance for carers, Mercy Palliative Care has recently established a short course entitled Carers Corner.

The six week program covers topics such as music therapy, massage and group counselling, and gives participants a forum in which to ask important medical questions. It also gives carers a chance to meet and connect with each other and build support networks with people who understand.

Fran Gore, Manager, Mercy Palliative Care, explains that the course has been designed to ease some of the anxiety carers may feel. "Being a carer is physically and emotionally challenging and can at times become a fearful journey. We want to support our carers, answer their questions and give them some well deserved respite from this role."

"We've designed the course so that it runs at the same time as the Mercy and Western Day Hospice. Carers can attend the course knowing their loved ones are being looked after."

Caring for those who care for others is an essential aspect of Mercy Palliative Care. Fran explains that it has to do with compassion - a core value that drives staff and carers alike. "Looking after carers and families is so important; they give so much of themselves during this time and it is essential that they have support. We are driven by compassion, and that begins with our staff. We look after each other so that we can go that extra mile for our patients and families. We try to give this same support to carers so they have the strength to keep going."

Feedback from Carers Corner participants has been overwhelmingly positive with one carer writing, "You gave us so

much support, you showed us so much understanding, you listened to all our problems and you knew where we were coming from. You've helped in so many ways."

Mercy Palliative Care provides a free 24 hour service for people with a terminal illness living in the western suburbs of Melbourne. Covering seven municipalities in total, Mercy Palliative Care services the cities of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Moonee Valley, Melton and Wyndham. The team includes nurses, counsellors and social workers as well as a music therapist, pastoral carers and a palliative care physician. The team aims to relieve physical and psychological distress and to improve quality of life where cure is no longer possible.

For more information about Mercy Palliative Care visit [mercyhealth.com.au](http://mercyhealth.com.au).

# Home cooked HEALING



Mercy Mental Health's new communal kitchen helps Community Care Unit residents master the art of mealtimes.

Everyone loves a home cooked meal; it's a thing of comfort, an occasion we often share with friends, family and loved ones. Many of us, however, often take for granted our ability to plan and cook a healthy meal for ourselves or others. Living with chronic mental illness can turn such a task into a daily challenge. For residents of Mercy Mental Health's Community Care Units, that challenge can now be faced together in their new fully fitted communal kitchen.

Unveiled in August, the Community Care Unit (CCU) communal kitchen was established to assist residents in learning the essential life skills of planning and preparing healthy meals. Mercy Mental Health will also host cooking classes in the new kitchen to facilitate healthy cooking and discussion about nutrition as well as food preparation and hygiene.

Resident Lorelle was delighted at the opening of the kitchen, saying "We have been looking forward to having our own communal kitchen so we can have our own cooking group for residents. We want to improve our skills in cooking and preparing healthy food."

The opening day was celebrated with a morning tea and cupcake decorating classes for the CCU community. Residents also enjoyed a shopping trip to IKEA to furnish their new kitchen with crockery, cutlery and kitchenware.

The kitchen was made possible through generous donations from HardyGroup International, Mercy Health Foundation and Mercy Health Support Services employees who assisted with fundraising. The Mercy Health Property & Infrastructure team also assisted in the fit out of the kitchen, ensuring the needs of the CCU community were met at each stage. In an inspiring example of philanthropy in action, donations included time, support, goods and services, all with the common goal of improving the lives of others.

Mercy Mental Health CCU provide clinical support within

a community residential setting to people who experience a mental illness. During their stay, residents work toward mental health recovery and focus on their individual rehabilitation goals to successfully resume living in the community and better manage everyday challenges.

Resident Lorelle says that being part of the CCU community and participating in group activities such as cooking classes has been extremely valuable. "I consider it a privilege to be able to stay here and to take personal responsibility for myself and my recovery. There are an unbelievable number of advantages and positive influences on our life here. We have supportive staff who help us to set goals and formulate recovery plans. The staff are fantastic motivators, but it is up to us to choose to keep to our individual plans. We have been given a great opportunity to rehabilitate in a relaxed and positive environment."



CCU resident Lorelle decorates cupcakes in the new communal kitchen.



CCU residents enjoy a trip to IKEA to purchase items for their new kitchen.

# The sounds of reverie

Though it is often lumped in the “new age” category of allied health services, music therapy is an ancient concept. It has been documented in the bible, discussed in medical journals, touted by the likes of Hippocrates and Aristotle as well as countless psychologists, scholars and physicians throughout the ages. Those who have experienced themselves or a loved one in pain, fear, illness or the final stages of life will often attest to the comfort music can bring. From palliative care to the Neonatal Intensive Care Unit, music has the power to calm and soothe even the frailest of souls.

**D**espite its long history and undeniable benefits, many of us know little about music therapy. Staff from Mercy Health pastoral care now know more than most thanks to a recent presentation by Peter Roberts – a member of the pastoral care team at St John of God Hospital in Geelong.

Peter found his passion for music and its healing properties late in life. Having worked most of his career in the furniture business, at the age of 45, Peter wanted more. He came to music by chance and after making some massive life changes including two years of study in the United States, Peter is now a fully fledged music therapist. His instrument of choice? Harp.



Peter Roberts (above) with a traditional harp; pastoral carer Felicity Barker (left) learns to play the reverie harp.

At the recent Education and Team Support day for aged and pastoral care staff, Peter unveiled his latest creation: the Reverie Harp. This small portable harp is a compact, open tuned instrument made of wood – much less intimidating for a non musician than a traditional harp. In Peter’s own words, “It is small enough to be hand held or placed on a cushion on someone’s knee to be played. The little harp can also be laid across the chest to play when lying down or placed in a bed next to a patient. The sides are smooth and rounded and the instrument is pleasant to cradle.

“The Reverie Harp is unique in that it is an instrument that anyone can play,” says Peter.

“It is tuned in such a way that by just gently stroking your fingers across the strings it will make soothing sounds.”

Putting this to the test, all staff present during Peter’s demonstration were encouraged to play the Reverie Harp. Much to the surprise of all except Peter, each and every person produced beautiful music, the sounds of reverie. One pastoral carer noted “Even I, who can’t whistle a tune, came away so enriched in heart and soul.”

The therapeutic benefits of the Reverie Harp are far reaching. Peter has used the instrument in hospitals, in palliative care situations, at the bedsides of sick and premature babies,

“Music therapy brings comfort and peace, relaxation and support to people in palliative care. Familiar songs can bring back memories and remind them of other times, places and people, allowing them to connect with loved ones and share their thoughts, feelings and memories. Sometimes people write their own songs as legacies for their family, or to communicate a special message to a loved one.”

Lucy Forrest, Music Therapist,  
Mercy Health Palliative Care Services

and to soothe those with conditions such as dementia and Alzheimer’s. “For elderly or frail clients in our care, the instrument will bring a delightful surprise and sense of accomplishment for those who have never played a musical instrument before,” Peter explains. “It will also offer the renewal of simple music making for those who were once musicians and felt they could no longer play. The special tuning allows for two people – carer and patient for example – to play at once. Music has the ability to reach across the boundaries of language and, from a therapeutic perspective, this instrument can be understood as a self soothing device, a tool for interaction, a relaxing diversion, a confidence builder.”

Reverie Harps will soon be introduced to Mercy Health’s aged care residences. More information about Peter and the Reverie Harp can be found at [robertsmusic.net](http://robertsmusic.net).



L-R: Research Coordinator Dr Nicole Brooks, Dr Martha Lappas, PhD, and Chief Investigator Dr Megan Galbally.

# The life within:

Exploring the bond between mothers and babies

A new study developed by the Perinatal Mental Health department at Mercy Hospital for Women will pioneer research into depression in pregnancy. Chief Investigator Dr Megan Galbally talks us through the study and its life changing implications for mothers and babies.

In October this year, the Mercy Pregnancy and Emotional Wellbeing Study (MPEWS) will begin recruiting participants for landmark research into perinatal mental health. The study – a world first – will look at depression and the use of antidepressants in pregnant women and how these elements affect the relationship between mother and baby. Funded by **beyondblue**, the study will involve 300 first time pregnant women in the following categories:

- 50 women who have depression and aren't taking antidepressants
- 200 women who don't have depression and aren't taking antidepressant medication – the control group

This groundbreaking study will be led by Dr Megan Galbally, Head of Unit, Consultant Psychiatrist, Perinatal Mental Health, Mercy Hospital for Women. As attachment research (the relationship between mother and baby) is still somewhat uncharted territory in Australia, her team includes local and

- 50 women who have depression and are taking antidepressants
- international expertise from a range of institutions. "There are almost 20 of us in total", says Megan, "including, doctors, midwives, researchers and scientists from Mercy Hospital for Women, Deakin University, The University of New South Wales, The University of Melbourne, The Murdoch Childrens Research Institute and Leiden University in the Netherlands. It's a great team and we're passionate about getting real clinical outcomes for women with perinatal depression."

The MPEWS team will observe the 300 participants across multiple time points, examining

the risk and protective factors for perinatal depression.

Megan explains how the study will work: "We'll start seeing the women in early pregnancy, at 12 weeks. At that point we'll study their history in terms of their relationships with their parents, their own attachment and how they grew up. We'll examine biological factors including hormones and genetics and we'll also look at a whole range of other social factors including diet, exercise, body mass index, general health, mood, anxiety, stress, life events, quality of life, quality of relationships, support, level of social isolation, and good or bad social support. Then at 28 weeks, in late pregnancy, we'll examine all these measures again."

Maternal-fetal attachment is a major component of the study and something the team will be examining closely at each checkpoint. "Maternal-fetal attachment is the way women feel about the baby developing inside them and their relationship with their growing baby," explains Megan. "We'll be tracking this throughout pregnancy and delivery, looking at the hormonal, genetic and epigenetic factors involved.

"We'll see the mothers and babies again at six months of age when we'll observe a play interaction. We know that having depression and developing depression during pregnancy places mothers at increased risk of not bonding with their babies, of having difficulties in their relationships with their babies, and difficulties in reading their babies' cues. A mother's 'sensitivity' or ability to read her baby's non verbal cues is extremely important to the baby's development and to the parent-infant relationship. We know that depression can impair this sensitivity in some women.

"When the babies are 12 months old we'll look at the attachment between mother and child, measuring what we call the



"There's a real warmth in the team, a real commitment to helping mothers. It's such a wonderful thing to be involved in."

Volunteer midwife  
Susan Pitchford



Mercy Health, with the support of Mercy Health Foundation, will be focusing on advancing our research and programs in perinatal mental health over the coming four years. As we grow our leadership in this field, we aim to develop a national centre of excellence for improving the lives of pregnant women and young families experiencing mental illness.

Further information about the Mercy Pregnancy and Emotional Wellbeing Study is available at [mercyhealth.com.au](http://mercyhealth.com.au) or by emailing [nbrooks@mercy.com.au](mailto:nbrooks@mercy.com.au).

L-R (below): Associate Professor Andrew Lewis, volunteer midwife Susan Pitchford, and Deakin University PhD student Rebecca Knapp.



# R U OK? Day 2012

From hospitals to aged care residences, corporate offices to cafes, three small but significant words echoed around Australia on Thursday 13 September, "Are you okay?"

**R**U OK? Day is now one of the largest mental health awareness campaigns in Australia and an important event on the Mercy Health calendar. From 10 August each year, Mercy Health embarks on a six week groupwide campaign, alerting staff to the support services available to them and encouraging us all to take the time to check in with our friends, families and colleagues.

R U OK? Day events were held across all Mercy Health facilities from 12 to 13 September with staff, residents, patients and clients taking part in exercise, social and artistic activities, mental health information sessions, and the now iconic yellow themed afternoon teas. Employees at all sites were

given postcard invitations encouraging them to invite a colleague out for coffee as part of the "a conversation could change a life" concept of R U OK? Day. In the broader field of public health education, Mercy Health Training Institute is looking to introduce a course to provide participants with the skills and knowledge to recognise and assist someone in a mental health crisis situation.

Founded in 2008 by Janina Nearn and the late Gavin Larkin OAM, R U OK? Day was established in honour of Barry Larkin, a successful business management consultant who took his own life. His son Gavin partnered with television producer Janina to create the national day of awareness with



the hope of building a more connected community and reducing our country's high suicide rate. More than 2,200 Australians suicide each year, and for each person who takes their life, another 30 attempt to end their life.

**Everyone needs  
someone who  
understands.**



R U OK? Day events were held across Mercy Health facilities encouraging all staff to start a conversation that could change a life.



Many people who are struggling find it difficult to ask for help. At the heart of R U OK? Day is the idea that you don't have to be an expert to support someone going through a tough time. The following steps for starting a conversation are suggested on the R U OK? Day website:

#### 1. ASK THE QUESTION, "ARE YOU OK?"

- Start a general conversation; preferably somewhere private
- Build trust through good eye contact, open and relaxed body language
- Ask open ended questions

#### 2. LISTEN WITHOUT JUDGEMENT

- Guide the conversation with caring questions and give them time to reply
- Don't rush to solve problems for them
- Help them understand that solutions are available when they're ready to start exploring these

#### 3. ENCOURAGE ACTION

- Summarise the issues and ask them what they plan to do
- Encourage them to take one step, such as see their doctor
- If they're unsure about where to go to for help, help them to contact a local doctor or the Employee Assistance Program

#### 4. FOLLOW UP

- Put a note in your diary to call them in one week. If they're desperate, follow up sooner.
- Ask if they've managed to take that first step and see someone
- If they didn't find this experience helpful, urge them to try a different professional because there is someone out there who can help them



The R U OK? Day website also gives advice around how to deal with denial and what to do if you think someone you know is considering suicide.

Organisations such as **beyondblue**, Lifeline, Kids Helpline, ReachOut.com, Hope for Life, SANE Australia, and headspace offer support to people in crisis. Mercy Health offers all employees access to free, friendly and confidential counselling through the Employee Assistance Program: call 1300 361 008.



# The road to Trichirapalli



This year Gillian Buckley, physiotherapist at Mercy Health Lymphoedema Services, completed her second trip to India as a volunteer with Australasian charity Equal Health. Gillian travelled with 40 other health professionals including doctors, nurses, optometrists, dentists and allied health professionals to offer care to thousands of people in rural Tamil Nadu in southern India.

"Each day we set up camp in a different rural area with the help of a fantastic team of local organisations," Gillian recounts. "Word spread quickly among locals that there were doctors and nurses and other health professionals available and that they could get medical treatment. Each day we saw people with a vast range of medical conditions and did what we could to treat them and offer relief. There was certainly no shortage of patients."

Most of the people Gillian treated worked as farm labourers or construction workers including women, old and young, who spent their days wielding scythes on the land or carrying large bowls of wet cement or bricks on their heads, up ladders. "These women were so tiny and their work was so arduous, so hard, but it was the only work available," says Gillian. "As a physiotherapist I gave them hands on treatment which they really appreciated, as well as information that they could take with them and continue using. Most of the people I saw didn't know much about their own health, about why they were in pain and what they could do about it. It was important to me to be able to provide education and advice that was long lasting, that would enable long term change. One of the simplest but most appreciated things we did was to buy hundreds of small jars of tiger balm and hand them out, showing people simple massage techniques that could relieve some of the pain of a day's work."

Gillian spent 10 days in total treating patients in southern India. Her team of 16 health professionals stayed in a remote rural area, an hour outside of Trichirapalli, six hours by road from Chennai. Together they treated thousands of patients and educated hundreds of local healthcare workers. They worked with minimal equipment – much of the time without power – and with only the supplies they could carry in their bags. Each participant paid their own way, funding the trip themselves as a donation to Equal Health. Each day all the volunteers met up for a debrief, an essential and non negotiable end to an exhausting day of clinical work. Gillian says this is one of the reasons why volunteering with an experienced organisation such as Equal Health is fantastic, "they know what works and what doesn't."

"As a physiotherapist, I'm used to saying I do what I do because I love to help people. This experience took that feeling further and gave me a different perspective. It required a degree of courage initially but it has been fantastic to be able to

step outside my normal routine and challenge myself. For me the most important aspect of volunteering is to do something that promotes long term change. This trip has scratched the surface of that, and we hope in future to partner with local organisations to get simple, effective, long lasting programs up and running in rural India."

On her return from India, Gillian presented a lymphology paper on compression therapy (authored by Gillian, Fiorella Alberico and Jane Phillips) at the Australasian Lymphology Association conference in Cairns. She was awarded Best Victorian Presentation and used her prize money to donate a measuring board to her colleagues in Chennai, India. "This experience returns something special as a volunteer that can't be explained, only experienced, and is even more meaningful when shared among a team of people," says Gillian.

As a ministry of the Institute of the Sisters of Mercy, Mercy Health is founded on a strong history of volunteerism. Our new Support Services Volunteer Program gives employees in our Support Services office the opportunity to volunteer across Mercy Health facilities, experiencing and assisting in the care of our patients and residents.



Gillian with local staff (top) and a patient (above) while volunteering in southern India.

**"This experience returns something special as a volunteer that can't be explained, only experienced, and is even more meaningful when shared among a team of people."**

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Dr Samuel Margis, NEST Director



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# Congratulations to our new clinical professor

Mercy Health would like to congratulate Peter Maher, gynaecologist, who was recently made clinical professor of The University of Melbourne, Department of Endosurgery at Mercy Hospital for Women.

Peter came to Mercy Maternity Hospital at registrar level in 1974. He established the Endosurgery Unit at the hospital in 1995 and is its Foundation Director. "I practised in general obstetrics and gynaecology for 15 years," said Peter. "Then when endoscopy was coming on the scene I jumped on that boat very quickly. Minimal access and keyhole surgery was the future, and I wanted to be part of it."

Peter was a pioneer in gynaecological minimal invasive surgery and co-performed the first laparoscopic assisted hysterectomy with colleague David Hill (now retired) in 1991. He was the president of both the Australian Gynaecological Endoscopy Society (1996-99) and the International Society for Gynecologic Endoscopy (2008-10). Peter has recently stepped down as a member of the Board of Trustees of the American Association of Gynecological Laparoscopists.

In commenting on his recent appointment to clinical professor, Peter said, "It's recognition by the university of the contribution I've made to medicine in the

field of endoscopic surgery and gynaecology. As clinical professor I look forward to making a more significant contribution to Michael Permezel's (Professor of Obstetrics and Gynaecology at Mercy Hospital for Women) work."

Dr Linda Mellors, Executive Director Mercy Public Hospitals Inc congratulated Peter saying, "These appointments exemplify the many achievements of our people who are highly regarded within Mercy Health and the wider community."

Mercy Health wishes Peter well in his new position as he continues to make a major contribution to Mercy Hospital for Women.

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Professor Peter Maher



# Ways to give

Many of the stories you read in *Our Voice* have been made possible through the support of 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 spring edition of *Our Voice* - Mercy Health's groupwide magazine. Mercy Health is proud to care for people at all ages and stages of life. 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 and community care.

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

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

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

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