

# health MATTERS

CATHOLIC HEALTH AUSTRALIA Spring 2024

## PROFESSOR GEORGINA LONG AO

How the Sisters inspired our  
Australian of the Year

## HEALTH AT THE MARGINS

Delivering care for prisoners

Rejoice  
reimagine

2024 NATIONAL CONFERENCE  
26-28 August 2024  
Hyatt Regency Sydney



Catholic  
Health  
Australia

## MARK BUTLER AND ANIKA WELLS

We talk to our portfolio Ministers

## LGBTIQA+ AGED CARE

Caring for the whole person

## ROBOTICS

Making their mark in surgery



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## **Acknowledgement of Country**

Catholic Health Australia acknowledges and pays respect to the past, present and emerging Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

## **Catholic Health Australia**

Catholic Health Australia is the largest non-government provider grouping of health, community and aged care services in Australia, nationally representing Catholic health care sponsors, systems, facilities and related organisations and services. Our health and aged care services are operated in fulfillment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services.

Further detail on Catholic Health Australia can be obtained at [cha.org.au](http://cha.org.au)

# Welcome: Rejoice, Reimagine



**JENNY PARKER**  
CHAIR, CATHOLIC HEALTH  
AUSTRALIA



**JASON KARA**  
CEO, CATHOLIC HEALTH  
AUSTRALIA

Welcome to our annual *Health Matters* magazine and Catholic Health Australia's 2024 National Conference, brought to you by our sponsors Bank First and HESTA.

Our conference theme this year—**Rejoice, Reimagine**—acknowledges and celebrates the long history of service that the healing ministry of Christ embodies, while urging all of us within the Catholic health and aged care sectors to rethink our calling to meet emerging needs, design new ways of operating, and deliver compassionate care to all who need it. We hope the diverse speakers and sessions will spark engaging discussions and fresh ideas, and challenge all of us to think creatively about our shared mission.

It has certainly been a year of reimagination and change for our hospital and aged care members who make up Australia's largest not-for-profit group of providers. Crucially, the federal government's recently announced aged care funding reforms will future-proof the care system so it can meet the needs of our ageing population over coming years and decades, and will help ensure older Australians have access to quality care—whether they live in major cities, regional towns or rural areas. We commend the government for having the courage to tackle this crucial issue in the national interest.

Another win was the government's decision to allow flexibility to meet up to 10 per cent of the registered nurse care minutes target with care time provided by enrolled nurses. This is a great start that begins to ease pressure on the

aged care workforce, particularly in regional locations, as we grapple with a known deficit in registered nurses.

Our advocacy efforts also yielded results when, after two years of campaigning, Health and Aged Care Minister Mark Butler agreed to keep General Use Items used in surgeries on the Prescribed List, ensuring that private health insurance must pay benefits for these essential items. The move to roll back negative changes from the previous government showed great leadership and is a huge win for our advocacy that will save our hospitals up to \$80 million a year.

On the topic of leadership, *Health Matters* spoke to Health Minister Mark Butler and Aged Care Minister Anika Wells about their priorities, how the government is addressing challenges in the health and aged care sectors, and their vision for the future. In line with our Catholic mission, we examine the challenges of caring for patients who are incarcerated, and look into the troubling use of restraints in palliative prisoner care.

We speak to Professor Georgina Long AO, joint winner of the Australian of the Year Award, about her world-leading melanoma research and the inspiration she draws from the pioneering spirit of the early St Vincent's sisters, and profile Associate Professor Michael Rasmussen, renowned gynaecologist and obstetrician at Mercy Health and last year's recipient of the Sister Maria Cunningham Lifetime Contribution Award.

We look back at 15 years of innovation in robotics-assisted surgery at UnitingCare Queensland's Wesley Hospital, while innovation is also the theme of Calvary's

PEARS model for residential aged care and Cabrini's successful Women's Mental Health Services at the Lisa Thurin Hospital.

Finally, the themes of reimagination and change illuminate our conversation with participants in CHA's recent *Health at the Margins* webinar, "Caring for the whole person: Supporting LGBTIQ+ people in Catholic Aged Care Services", on how our sector will evolve to improve services for LGBTIQ+ people and ensure compassionate, dignified care for all members of our communities. CHA's webinars continue to be an important and effective way to interact with our members on issues that matter to them.

Our thanks to all the Catholic Health Australia National Conference sponsors, contributors, and attendees and of course to our hard-working staff who do so much on our behalf. As we gather, we encourage you to use this magazine as a springboard for discussion and collaboration. Together, we can reimagine the future of health and aged care, ensuring that our sector continues to meet its mission and the evolving needs of all those we serve with compassion, dignity, and respect.

Our members make up Australia's largest group of non-government, not-for-profit providers of health, aged care and community care services, operating in fulfilment of the mission of the Church to provide compassionate care and healing to all those who seek it.

Thank you for your dedication to this vital work, and we look forward to the conversations and connections that lie ahead at our conference and beyond.

# Meet Australian of the Year Professor Georgina Long AO

Professor Georgina Long AO, a melanoma treatment pioneer and Co-Medical Director of the Melanoma Institute of Australia, was named Australian of the Year 2024 alongside her research partner Professor Richard Scolyer AO. *Health Matters* spoke to Professor Long about her journey, the pioneering spirit of the early St Vincent's sisters, and her advice for those embarking on a scientific career.

## **Congratulations on being named Australian of the Year! What does the award mean to you?**

I wasn't expecting [to be named]! All the nominees were incredible people—all working to make a difference and contribute to making Australia an even better place. The nominees were contributing in a diverse range of areas, from sustainability and climate change, to social justice for the disadvantaged and prevention of addiction. Richard and I were not expecting the honour. As Australian of the Year, nation building and bringing people together is very important. I am so proud to be Australian, and I want to share that pride, and inspire people to work together for something bigger than just ourselves, particularly in the current world-political climate. The story Richard and I have to share—about preventing melanoma (Australia's cancer), and finding hope in science for an incurable cancer—is something I think all Australians can relate to. It's an opportunity to inspire the better and more outward-looking part of ourselves, and think about what we can do to make a difference.

## **The theme of this year's CHA Conference is Rejoice, Reimagine. How does this theme resonate with you, both personally and in your work?**

I think we should rejoice in our nation, in what we've achieved. Rejoice and celebrate this amazing country we have. I really appreciate the approach First Nations people have to sustainability, their spirituality and their respect and connection to the land, waters and sky. Rejoice in that and rejoice in the nation we are continuing to build together. Reimagining is about reimagining the future, pushing the boundaries, thinking outside the box. For us: curing melanoma and other cancers and

reimagining a future where we are sustainable. For me personally, hope is what gets you through ... Hope keeps us going. Science can give us hope. Science is critical for hope. It allows us to reimagine and rejoice.

## **The early St Vincent's sisters were seen as pioneers. Do you see a correlation with your own work and mission?**

It gives me goosebumps. These women were pioneers and they made stuff happen. They had creative ideas and imagination, but they were often underappreciated.

I think women are brave and take risks—emotional, reputational, and personal risks. There are many creative women who are unsung, and whose ideas are not attributed to them, because of the structure of society. And regrettably we still live with that—we haven't yet achieved gender equality.

It is about equality, social justice, recognising every human's contribution. And I think the nuns are a beautiful example of that.

All people—men and women—should be honest, courteous, thoughtful, generous, but confident. I would say I'm courageous and brave. It's taken me a long time to work that out. I've realised over my lifetime that I've put myself at risk time and time again but haven't recognised that I was at risk until later. It's taken me many decades to see that you can make people feel uncomfortable when you take these sorts of risks, because it is a personal, reputational risk: what if it fails? But failure is nothing to be ashamed of—it's a badge of honour.

## **What do you value about working with an organisation whose founding vision was to "reach out to all in need of care, but particularly those living on the fringes of our society"?**

Every Australian with melanoma can come to the Melanoma Institute of

GEORGINA LONG AO, CO-MEDICAL DIRECTOR OF THE MELANOMA INSTITUTE OF AUSTRALIA AND JOINT RECIPIENT OF THE AUSTRALIAN OF THE YEAR AWARD 2024

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"What inspires me the most are people who have done brave and courageous things to make a difference. That truly inspires me."

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Australia for treatment. In every trial we open, we ensure that whether you have private insurance or not—it doesn't matter. Every person with melanoma or complex skin cancer is welcome.

## **What were your career goals when you were younger?**

I always loved maths and science. I was passionate about it and I was good at it. When I finished school I enrolled in a science/law degree first, then realised that law was not for me because it's a construct, a human construct. I'm great with facts, and observations regarding





the natural world. For example, cancer: how do we cure it? Biology: how does it work? Science was always my passion. I dropped law after second year and did a double major in Pure Maths and Chemistry. I knew I wanted to do medicine, but I did an Honours and PhD in chemistry first—I put medicine aside and continued my science journey. After I did my PhD in chemistry I got a Fulbright Fellowship and went to the US for my postdoc. I knew I was going to do medicine, I just didn't want to stop what I was doing. After my postdoc I was in the first intake of the University of Sydney postgraduate medicine course.

I love medicine. I felt I'd found my thing.

#### **How did your interest in melanoma arise?**

Melanoma is Australia's cancer; we have the highest incidence in the world. I loved chemistry, I loved drugs and mechanisms of action. I went into medical oncology and then I was a bit stumped because cancer is predominantly something of the older

person, so it went against my theme of trying to do something with a public health philosophy, something that was for everybody. But I realised that melanoma impacts men, women, the young, the old, and once it had spread around the body, nothing worked. It was also largely preventable. So I thought it was an area where I could make a real difference.

#### **Can you share something that inspires you?**

What inspires me the most are people who have done brave and courageous things to make a difference. That truly inspires me. Recently, while jogging, I've been listening to interviews with older women who have achieved great things in difficult circumstances: people like Gloria Steinem, Gina McCarthy, Jane Fonda, Vera Wang, Ina Garten, Sally Field, Billie Jean King. The common thread is persistence, pursuit, the human creativity of getting over barriers to make good things happen. It's really inspiring when people really go out on a limb to make a difference for the

greater good. These stories of real-life experience inspire me.

#### **What is your message to those attending the Catholic Health Australia conference and embarking on a scientific career within the not-for-profit, values-based sector?**

I think St Vincent's underlying social justice philosophy is a great motivator to make change and keep the big picture in view: how can we pull together to make a big difference to many people. That philosophy is a perfect breeding ground for good things to happen. And then there's the eternal question: why are we here? We're here to contribute and make the world a better place for the next generation, to leave a better way forward for the next generation. Research is perfect for that. But question yourself: are you making an impact or are you just being busy? I only have around 12,000 days left on this planet if I'm lucky, so I don't want to waste time on things that aren't worth it.



## Caring for the whole person: LGBTIQ+ health and aged care

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“Catholic healthcare is the call to care. This call is sometimes loud and startling; at other times it is only a whisper—a silence, a stillness—that invites us to attend.”  
— Sr Clare Nolan, rsc.

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### **What are some of the big challenges facing LGBTIQ+ people in the aged care system?**

Many LGBTIQ+ older people in the aged care system today lived through times when they were criminalised or stigmatised for who they were, leading to a lack of trust in institutions, including healthcare and government services. This often results in them hiding their identity or going “back into the closet” when entering aged care. Providers need to work on building trust and ensuring LGBTIQ+ older people feel safe enough to disclose who they are if they choose to.

### **How can we improve aged care services to address these issues?**

Hiring diverse staff, including LGBTIQ+ workers, is crucial to creating a more inclusive environment. This should be part of a broader strategy that includes inclusion in recruitment processes and workplace policies.

Training staff on inclusive language and appropriate care for LGBTIQ+ older people is essential. We should encourage open discussions about inclusion, addressing concerns or conflicts that arise. Support for inclusion needs to come from all levels, from board members to frontline workers. This comprehensive approach helps

Historically, LGBTIQ+ older people in Australia have a shared experience of discrimination and prejudice, which for some has persisted as they have aged and entered the aged care system.<sup>1</sup>

While a suite of progressive legal reforms, coupled with the introduction of the world-first *National LGBTI Ageing & Aged Care Strategy*, has helped steer the aged care sector towards a more inclusive approach, more work is needed to ensure that it is truly inclusive of the diverse genders, bodies, sexualities, and relationships of older Australians.

<sup>1</sup> *LGBTIQ+ is an evolving acronym that stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual/ally. The choice of acronym can vary depending on the groups or issues being discussed.*

Catholic healthcare organisations in Australia have a long history of caring for members of the LGBTIQ+ community. The first AIDS patient in Australia was diagnosed and treated at St Vincent's Hospital in 1983, and St Vincent's and the Sisters of Charity opened Ward 17 South, the first dedicated HIV/AIDS unit in Australia, the following year, led by then-Director of Nursing Sr Clare Nolan, rsc. In light of this heritage, and recognising the ongoing work needed to support LGBTIQ+ older people in the health and aged care systems, Catholic Health Australia recently hosted a webinar titled “Caring for the whole person: Supporting LGBTIQ+ older people in Catholic Aged Care Services.” It highlighted the steps taken to foster inclusivity and the work still needed to improve services for this community. *Health Matters* spoke to some of the participants about the importance of ensuring compassionate, dignified care for all.

OPPOSITE: RAE AND THERESA

BELOW: OLDER AUSTRALIANS INCLUDING THOSE FROM THE LGBTIQ+ COMMUNITY WILL NEED AGED CARE SERVICES.

make members of the community more visible and comfortable in aged care settings.

The Silver Rainbow project is designed to improve the experiences of LGBTIQ+ older people as they age and enter the Australian aged care system. Through this project, LGBTIQ+ Health Australia educates service providers, policy makers, older people and the general community about how to meet the needs of LGBTIQ+ elders. We also connect elders to services and resources.



**CHA's conference theme is 'Rejoice, Reimagine'. How does this theme resonate with your goal to create a welcoming and inclusive environment for LGBTIQ+ people in your organisation/the aged care sector?**

This theme challenges the aged care sector to recognise and support the unique experiences and needs of LGBTIQ+ older people. Aged care providers have a responsibility to treat members of this community with respect and understanding, enabling them to be open about who they are and to live authentically as their true selves into old age.

— Robert Hardy, Director, Training and Capacity Building, LGBTIQ+ Health Australia

**What is the Joint Statement on Aged Care for LGBTIQ+ People and why is it important?**

In April 2023, Catholic Health Australia joined with the Aged and Community Care Providers Association and LGBTIQ+ Health Australia in signing a joint statement on LGBTIQ+ rights in aged care.

The statement reads, in part: "It is everybody's business—across all aged care services throughout Australia—to ensure that the rights and freedoms of LGBTIQ+ older people are upheld. This requires inclusive and respectful aged care services and practices that embrace the enormous diversity of LGBTIQ+ older people's backgrounds,

life experiences and individual characteristics."

Catholic Health Australia consulted widely across its membership on this statement. We determined that this is in keeping with Catholic teachings and CHA's 2014 Ethical Standards for Catholic Health and Aged Care Services in Australia. The Ethical Standards note that: "Catholic services do not discriminate in respect to who they provide care to or who they accommodate. All people will be cared for with respect, compassion and sensitivity."

— Brigid Meney, Director of Strategy & Mission, Catholic Health Australia



### How can the Catholic experience inform our decisions to welcome and care for older LGBTIQ+ residents in their homes and residential aged care facilities?

Catholic healthcare is the call to care. This call is sometimes loud and startling; at other times it is only a whisper—a silence, a stillness—that invites us to attend. I want to listen, and pay attention to the reality, so I can learn.

Jesus talks about how we create places of welcome for those on the margins. The mission of Catholic health and aged care is to live on the frontier, rooted in the life and reality of people. It's about being open to everyone and everything. It requires us to understand that whatever form the question takes, inclusion is always the answer.

Respect for the dignity of the human person is the bedrock of all Catholic social ethics. Each person reveals something of God's self: there are no disposable people.

Forty years ago, Professor Ron Penny returned from the World AIDS conference and said we must be prepared for these sick people. In 1984 St Vincent's opened Australia's first dedicated HIV/AIDS ward to ensure every patient received the care, compassion, and dignity they deserved. It was a time of fear and uncertainty. HIV and AIDS called us to enter into the reality of other people's lives, step out from our comfortable niches, take off our shoes and drop our defences in a space of vulnerability. Being people of Mercy, we made the path by walking. Love drove us, and we said 'yes' to people with HIV/AIDS, their partners, friends and families.

### What is radical inclusion, and why is it an important concept for aged care providers offering care to LGBTIQ+ elders?

Radical inclusion is about accepting people as they are. It's about everybody being around the table. It's about hospitality. How do we offer hospitality in our health and aged care communities? People who are different need to be welcomed and feel cared for. There's a real role for our members and it's about reading the signs of the times: never let the individual down, never let the human being down.

— Sister Clare Nolan rsc, Catholic Health Australia Board member

### What lessons have you learned on your journey?

When we commenced the journey, we recognised that we needed to create a safe space for LGBTIQ+ communities to participate. For Uniting that meant being ally-led, and listening to the community. We needed to understand LGBTIQ+ communities' lived experience. We formed relationships with advocacy groups like ACON, who helped us survey communities and get information about those communities.

When they felt safe, they started to participate. It's a journey that went on for years. The turning point came when we realised that we were asking LGBTIQ+ people to be vulnerable, so therefore we should be vulnerable ourselves. So we developed a strategy and very clearly and publicly said what we wanted to do.

From our perspective our journey is quite mature. We started out being led by allies, but we now have community-led LGBTIQ+ and diversity teams within the organisation. They provide leadership in those spaces—that's what we always wanted. We wanted to hold the space and create trust so they would be able to step in and lead.

### Do you have any advice as a faith-based group on how other organisations can foster diversity?

It's about leadership and building trust. Making sure you have executive sponsorship and ensuring that the executive is talking about it publicly is really important. The other crucial thing is working out how to hear what the LGBTIQ+ community needs, or wants, or their concerns, and addressing those first.

— Melanie Dicks, Uniting Care NSW ACT Head of Senior Services, Sydney South and Southwest

### How do external benchmarks such as ACON's Pride in Health + Wellbeing Index help providers improve the standard of care they offer to diverse communities?

The Pride in Health + Wellbeing Index and other similar programs provide a scaffold for organisations to focus their work, particularly when starting out. St Vincent's has benefited from the opportunity of having sector-leaders like Brandon Bear and Bec Cerio lead us on sexuality and gender diversity and the Index has been very helpful in getting us established in a structured way. I think the other thing worth mentioning is that tools like the Index allow organisations to move at the pace that is right for them, enabling you to bring people with you as you go.

### Tell us about your role as Executive Director of Mission and Inclusive Health at St Vincent's Hospital and the intersection of this vocation with caring for those in the LGBTIQ+ community.

One of the things that really grounds me in my work and vocation as a Mission leader is the stories of the hospital and the local community. Darlinghurst and the surrounding area is a vibrant and interesting place, but also a place where human suffering is visible to this day. I am very mindful of the courage of the Sisters of Charity in opening the hospital and their hearts to people living with HIV, in the midst of the prevailing culture of fear and stigma in the early 1980s. They did this because their vocation was to love people, as Jesus loved people. While we have come a long way since that time, in terms of openness and understanding, people who are sexuality and gender diverse, whatever their age, often carry negative experiences of healthcare. Some transgender people report that they will avoid accessing healthcare, even in an emergency, because of fears about how they will be treated. We can do something about that; I think our Mission calls us to do something about that.

— Matthew Kearney, Executive Director of Mission & Health Equity, St Vincent's Health's Network Sydney



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“We are so happy to be supporting nurses to transition their careers in midwifery and provide them with a range of clinical experiences, supported by our highly skilled caregivers.”  
— St John of God Health Care Chief People Officer Carla Bonev.

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## Midwifery program delivers results

**Amid a global shortage of midwives, a new training program introduced at St John of God Health Care is offering new opportunities for nurses to transition to become midwives.**

The Student Midwife Employed Model enables registered nurses to complete postgraduate midwifery studies at one of St John of God's partner universities while concurrently employed as a Registered Nurse or student midwife at a participating maternity service, under the support and guidance of dedicated midwifery teams.

The program, which is run in partnership with the University of Notre Dame, recently marked the inaugural intake of participating registered nurses. Three of the new graduates have started working as midwives at St John of God Midland Public and Private Hospitals in Western Australia.

Ellyssa Moynihan, Liz McDonald and Nicola Scott are now helping families

welcome new babies into the world every day at the hospitals. The Student Employed Midwife Program has been beneficial in enabling general nursing staff to switch career paths through a funded training program. The program is part of St John of God Health Care's focus on supporting early career experiences and pathways to attract, develop and retain a strong clinical workforce.

“A big congratulations to these midwives who, with our existing experienced team, play an important role in helping us deliver high-quality patient care and outcomes both now and into the future,” St John of God Health Care Chief People Officer Carla Bonev said.

“We are so happy to be supporting nurses to transition their careers in midwifery and provide them with a range of clinical experiences, supported by our highly skilled caregivers, as well as the benefits of working with a large, national organisation.”



## 10,000 cases and counting: 15 years of robotics at The Wesley

When the first da Vinci S surgical robot was commissioned at The Wesley Hospital in Brisbane in 2010, robotic surgery in Australia was in its infancy, with limited access to the cutting-edge technology across the country.

Internationally, the technology was being adopted more rapidly, especially in the United States, where the robotic prostatectomy was pioneered in Detroit.

Wesley urologists providing prostate cancer surgery were the first to use the robot when it arrived, performing the first robotic radical prostatectomy at the hospital in January 2010.

Since then, The Wesley has become the highest-volume robotics centre in Australia, and in 2018 achieved accreditation as a Centre of Excellence in Robotic Surgery following independent review by the Surgical Review Corporation.

The hospital is now home to three da Vinci surgical robots and offers robotic surgery across nine specialities, with more than 40 surgeons using the technology.

This year, The Wesley will mark its 10,000th surgical case assisted by the da Vinci robot in the nearly 15 years since the beginning of its robotics program, which has helped advance and reimagine surgical care for Queensland patients.

Wesley urologist Dr Geoff Coughlin saw robotic surgery for the first time 20 years ago while training in London and was immediately attracted to the level of precision the technology offered.

He eventually completed two years of robotic surgery training in the US, while hoping that one day the technology might be available in Brisbane.

Dr Coughlin is now Australia's most experienced and highest-volume robotic prostatectomy surgeon, having performed more than 4,000 robotic operations.

"Immediately I was attracted to the opportunity robotics provided to do very complex surgery minimally invasively and with finesse that I don't think can be matched with other operative techniques," Dr Coughlin says.

"Minimally invasive surgery using the robot allows for complex surgery to be

done with significant dexterity, generally making it safer and better surgery.

"The progression of robotics in urology has happened rapidly and today it's rare for a patient to have open surgery in the work that we do."

Wesley colorectal surgeon Dr Carina Chow says the move to robotic surgery began more slowly in the colorectal space, but it gained significant traction as the advantages became evident.

Today, Dr Chow performs almost all her cases with the da Vinci robot.

"When I started, there was no one doing robotic colorectal surgery in Australia and it was difficult to prove the benefits with so few runs on the board," she says.

"In Queensland, we've always been minimally invasive pioneers in colorectal surgery, so it was also a challenge to consider changing what we were already doing very well.

"However, there were still things we were struggling to do laparoscopically, so in 2013, I went to Korea to train in robotic surgery, and commenced my first cases at The Wesley Hospital later that same year.

OPPOSITE: THE WESLEY HOSPITAL HAS PERFORMED AROUND 10,000 SURGERIES ASSISTED BY THE DA VINCI SURGICAL ROBOT

BELOW: WESLEY SURGEON DR CARINA CHOW AND UROLOGIST DR GEOFF COUGHLIN

"Initially I used robotic surgery for selected cases only but as the technology, experience and availability grew, we were able to expand this to all aspects of colorectal surgery and are now able to do difficult cases minimally invasively without conversion."

Robot-assisted surgery is a minimally invasive surgery performed through small incisions using high-definition, 3DHD cameras and specially designed articulating surgical tools.

For patients, it can offer a range of benefits including less pain, shorter hospital stays, reduced blood loss, and most significantly the opportunity in some cases to have minimally invasive major surgery.

"For surgeons, it means operating with more control and greater finesse, and most importantly it can assist us to perform better and safer surgery," Dr Coughlin says.

"The robot also makes it far easier to teach minimally invasive surgery to the next generation. Its technology creates the perfect teaching environment," Dr Chow adds.

"I like the fact that when assisted by the robot I can see every fibre of every tissue and I can perform an extremely accurate operation as a result," she says.

In some cases, robotics has made surgery possible for patients who may have previously been ineligible.

"A lot of factors that made traditional surgery difficult are more manageable with robotics," Dr Coughlin says.

"For example, urology patients who may have previously been excluded are now becoming eligible for robotic surgery because those difficulties are less of a concern.

"In my speciality, this can include patients with a small pelvis, large prostate or obesity, and with reduced blood loss, there is less concern about operating on patients with a cardiac history, for example."

With access to multiple robotic platforms at The Wesley, it can also mean more than one surgeon operating robotically in the same place, at the same time.

"The advantage of having three robots at a hospital like The Wesley where so many surgeons are robotically trained, is that you can have multiple consoles,

and surgeons, operating together in the same room," Dr Chow says.

"For example, for a patient with combined rectal and prostate cancer, I can operate with a urologist on another console. Or for a patient with locally advanced cancer, we can have multiple specialists involved."

Both specialists agree that robotic surgery is the way of the future.

"It took me a while, but I'm definitely a convert now. Robotics is a no brainer: if you have access to the robot, you use the robot," Dr Chow says.

make surgery safer, quicker, and better and that's a great thing."

UnitingCare Hospitals Group Executive David Harper said the program's growth to reach 10,000 cases this year is a credit to The Wesley's specialists and robotics teams.

"It's important to highlight the multidisciplinary team involved, who have embraced robotic technology and the opportunity to learn and continually improve," he says.

"Their combined mix of skills and expertise underpins the success of the

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"Robotics is a no brainer: if you have access to the robot, you use the robot." — Dr Carina Chow.

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"Technology always improves where there is a need and that is what robotics has been doing, and where it's heading. It's seeing the areas where we have difficulty, and using technology to make it easier and possible."

Dr Geoff Coughlin agrees. "I think the big advances over the next decade will include constant improvement of the robots we use, and I expect we'll see them become even more dexterous and less invasive, allowing us to operate from a single cut or port.

"Robotics will continue to advance to

program and is the recipe for achieving accreditation as a Centre of Excellence."

"The expansion of our robotics program at The Wesley, and more recently across our UnitingCare group of hospitals, has opened the doors to a range of minimally invasive surgical options for our patients.

"Like so many in our industry, we're excited about the future of robotics and what it will mean for those we care for."

*UnitingCare Queensland is a Catholic Health Australia (CHA) member.*

# Mater to mark new era in mental healthcare for mums

**North Queensland's first dedicated centre for new mothers experiencing anxiety, depression and other perinatal mental health challenges will be established in Townsville in a move set to transform services for growing families in the region.**

The State Government recently announced a \$39 million funding package to improve perinatal mental healthcare services across the state, including an eight-bed dedicated mother-baby unit at Mater Private Hospital Townsville.

Mater Executive Director, Regional Health Chris Went said the new perinatal mental healthcare service would save lives.

"Suicide remains the leading cause of death for new mothers, with one in five Queensland mums experiencing perinatal mental health challenges in the first year after their baby's arrival," Ms Went said.

"Existing services are unable to meet this demand, and a dedicated perinatal mental healthcare service here in Townsville will mark a new era in the care of North Queensland women and babies."

Mater's Senior Manager of Young Adult and Mental Health Greg McGahan said the new purpose-built facility in Townsville would provide a safe space for mums to stay with their babies while receiving treatment and care for mental health diagnoses.

"It will be modelled on the successful partnership between the State Government and Mater in delivering Queensland's first integrated perinatal mental healthcare service, Catherine's House for Mothers, Babies and Families, in Brisbane last year," he said.

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"My twins were only six weeks old when I was admitted, and I don't know how I would have coped without the support of Catherine's House."  
— Tegan Luker.

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"In the first 12 months, more than 100 women have stayed with their babies at Catherine's House while receiving specialist care from a team of perinatal mental healthcare professionals."

Brisbane mum Tegan Luker, 37, said the support she received at Catherine's House helped her through some of the darkest moments in her life.

Mrs Luker began experiencing suicidal thoughts after giving birth to her now one-year-old twins, Reuben and Hazel.

"My twins were only six weeks old when

I was admitted, and I don't know how I would have coped without the support of Catherine's House," she said.

Mrs Luker said she had never experienced anxiety or depression before.

Catherine's House is a dedicated in-patient unit with 10 rooms, where both public and private patients with acute perinatal mental health diagnoses can stay with their babies while receiving treatment and care.

The unit is located next to South Brisbane's Mater Mothers' Hospital—



OPPOSITE TOP: SISTER ANGELA MARY AT THE OPENING OF CATHERINE'S HOUSE. PHOTO JOSH WONING

OPPOSITE BELOW: TEGAN LUKER, PICTURED WITH TWINS REUBEN AND HAZEL, SAID THE SUPPORT SHE

RECEIVED AT CATHERINE'S HOUSE HELPED HER NAVIGATE SOME OF THE MOST DISTRESSING AND CHALLENGING PERIODS IN HER LIFE. PHOTO JOSH WONING

BELOW: DR GRACE BRANJERDPORN WAS AWARDED A \$25,000 GRANT FROM THE AUSTRALIAN EATING DISORDERS RESEARCH INSTITUTE FOR A TRIAL PROJECT TO SUPPORT MUMS WITH EATING DISORDERS DURING PREGNANCY AND AFTER BIRTH.

the home of Australia's largest maternity service.

Catherine's House also delivers private day programs helping parents to develop skills to manage anxiety, depression and other challenges during early parenting years.

The 'New Dads' program supports fathers to understand the signs and symptoms of perinatal anxiety, depression and acute stress, and strategies to improve their mental health.

Announcing the new North Queensland service at the Future Townsville health summit in May, Queensland Health Minister Shannon Fentiman said the mental health and wellbeing of new and expectant mothers was crucial during the perinatal period.

"That's why the Miles Government is investing to improve the mental health and wellbeing of new parents and infants across the state," she said.

"We have listened to the needs of Queensland families and I'm so proud that our government is delivering to improve their healthcare across our state."

Ms Went said Mater has been caring for North Queensland mothers and babies since 1947, and providing women and families with perinatal mental health care marked an extension of this commitment to the community.

She said early identification and intervention for perinatal mental health disorders can significantly improve outcomes.

Ms Fentiman and Mater also announced additional perinatal mental healthcare beds in other parts of the state.

The new units are expected to accept their first patients in 2026.

### SERVICES AT CATHERINE'S HOUSE FOR MOTHERS, BABIES AND FAMILIES

- In-Patient Unit—Providing assessment and treatment for primary carers diagnosed with mental health conditions such as postpartum psychosis, schizophrenia, bipolar disorder, severe anxiety and/or depressive disorder—and their babies.

- Day Programs—Delivering individual and group therapy treatments on-site to new parents.
- Parenting Support Centre—Providing early parenting guidance in the first six months after birth, including support with breast-feeding, feeding, sleep, emotional well-being and other issues to Mater mothers.
- Parent Aide Unit—Providing at-home support with trained volunteers to improve the health and wellbeing of Mater families.
- Individual Consultation—Public and private consultations with a range of practitioners.

### NEW MATER ONLINE PILOT PROJECT TO HELP MUMS WITH EATING DISORDERS

Mater midwives are taking part in an Australian-first trial to better support mums with eating disorders during pregnancy and after birth.

Project lead Dr Grace Branjerdporn (pictured) said before and after birth were high-risk times for mothers developing an eating disorder.

"An eating disorder is a serious mental health condition and having an eating disorder that goes undetected and unsupported in pregnancy may result in complications for mother and baby," she said.

"These modules will better equip staff with recognising and responding to behaviours, as well as having meaningful and supportive approaches to such conversations."

Dr Branjerdporn is the Service Development and Research Team Leader of Queensland's first and only integrated perinatal mental healthcare service, Catherine's House for Mothers, Babies and Families at Mater's South Brisbane campus.

The study, *Eating disorders in the peripartum: Creation and evaluation of an online module for health professionals and peer workers*, is underway at Mater Mother's hospitals in Townsville and South Brisbane, after Dr Branjerdporn was awarded a \$25,000 grant from the Australian Eating Disorders Research Institute.

The newly designed online modules contain information aimed at midwives, child health nurses, medical staff and peer workers supporting mothers in the peripartum.

Dr Branjerdporn said the perinatal period can trigger the development of an eating disorder for the first time or may aggravate a pre-existing condition with the pregnancy complicating eating disorder symptoms related to changes in body weight and shape.



# PEARS model proves fruitful for Calvary



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“The most important thing is that we listen to residents and provide them with respect and dignity, and the choice and control over how they live their lives.” — Calvary National Chief Medical Advisor Dr Tracey Tay.

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Calvary’s PEARs model of care is founded on the organisation’s commitment to respectful, dignified and safe care for older people.

The model incorporates the domains of Personhood, Environment, Activity, Relationships and Safe care (PEARs), each underpinned by principles that guide staff and translate into actions to support continuous improvement.

Calvary’s National Chief Medical Advisor, Dr Tracey Tay, says Calvary wanted to create a simple but rich model of holistic care using a co-design approach to elevate residents’ voices and empower them to actively shape aspects of their care and activities in their homes.

“We have described a set of PEARs principles and a range of outcome measures,” Dr Tay says.

“These ensure we maintain safety and quality in the work we do, and always include the outcomes that are important to our residents and their families.

“In the middle though, we don’t define exactly how these outcomes must be achieved. In that space between the principles and the outcomes is room for innovation and testing new ways of doing things. We encourage our staff and residents to come up with solutions.”

Already activated in eight Calvary homes, PEARs co-design workshops involving residents and staff are driving fruitful change about control, choice and a desire for good quality of life.

At Calvary Kingswood in Adelaide, residents and staff identified a need for improving how they oriented themselves within their home, a critical part of feeling safe and confident. A few months later, the group is working through colour and design options for a signage strategy.

A group discussion at Calvary Riverside Views in Launceston focused on providing residents meaningful activities. Former jazz musician Colin made it known he wanted to contribute to the running of the home “rather than just living in it.” He now runs a book club and a trolley library service for residents.

Meanwhile, his suggestion to introduce large-print name badges to foster



OPPOSITE TOP: CALVARY NATIONAL CHIEF MEDICAL ADVISOR DR TRACEY TAY

OPPOSITE: CALVARY ST PAUL'S PERSONAL CARE WORKER LYN ROBINSON WITH RESIDENT RICHARD STEVENSON

ABOVE: CALVARY STAFF GAIN FIRST-HAND EXPERIENCE OF BEING LIFTED IN A HOIST

communication and relationships between residents and staff has spread; the badges are now used in numerous Calvary homes.

At Calvary Haydon in Canberra, 84-year-old Gillian, who was a keen walker until a stroke last year changed her world, did not mince her words at a recent PEARS workshop about the indignity of being moved in a hoist.

"I dread going into the hoist. It makes me feel exposed and vulnerable, but I know I have to use it ... and it depends on the staff knowing how to work it well," she said.

She suggested all staff experience being hoisted to better understand how it feels to be in the hands of others.

Her sentiments were echoed 600km away at a workshop at Calvary St Paul's on the NSW mid-north coast. Former pilot and teacher Richard, now confined to a bed and comfort chair due to a spinal tumour, shared his similar feelings and experience.

Their feedback has put experiential training for staff using hoists on the agenda at both homes.

Dr Tay said PEARS was being progressively introduced to all Calvary aged care homes and will eventually be adapted for Calvary's home care and hospital services. She described the co-design approach as creating a safe space for residents to speak about what does and does not work in their homes, and how care providers can create solutions together.

"Even more importantly, we take those solutions and embed them in the work of the home, so that the home is not just listening, it is also doing and improving," Dr Tay says.

"Often it is small things that create a sense of respect and dignity ... that is what has struck us as we've listened to residents. They have gone to some very simple things that we may miss in the rush of providing care, but those things are the foundations of respectful care and a dignified life."

Naming the model of care PEARS also had a serendipitous link to the significance of the pear tree for Calvary, Dr Tay says.

"Our founder Mary Potter planted a pear tree in the garden of the Little Company of Mary's first convent in Nottingham, England. There the sisters would sit together to pray, consider what they were doing, and how they could do even better.

"Making assumptions about what residents want or providing what is easiest for us to deliver will never bring us to that point where they feel that our homes are their home, where they are respected, where they can find enjoyment, joy and company, and the safe care that they require.

"The most important thing is that we listen to residents and provide them with respect and dignity, and the choice and control over how they live their lives."

## Celebrating a lifetime of service

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“Michael has influenced the next generation in a myriad of ways. He has led through example in terms of providing best care and advocating for women and trainees at a college level and within the community.”  
— Mercy Health Group Chief Executive Officer Angela Nolan.

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### **Health Matters spoke to Associate Professor Michael Rasmussen, renowned gynaecologist and obstetrician and 2023 recipient of the Sister Maria Cunningham Lifetime Contribution Award.**

When Associate Professor Michael Rasmussen meets a new group of young residents and registrars on their first day of training at Mercy Health, he always starts by doing two things.

“I put my phone number on a whiteboard and tell them that I am always available,” he says.

“I also stress Mercy’s responsibility to the community within the totality of Victoria’s health system, but as well I point out the heritage and ethos of Mercy Health’s services.”

These qualities of openness and dedication to those under his care and tutelage, combined with his clinical expertise and mastery of his craft,

fierce advocacy for woman-centred care, and impressive leadership abilities saw Dr Rasmussen awarded last year’s Sister Maria Cunningham Lifetime Contribution Award for significant contribution to Catholic healthcare.

Dr Rasmussen—known as ‘Razz’ to his friends and colleagues—accepted the honour at the 2023 Catholic Health Australia conference in Perth with characteristic humility.

“The award speaks in no small part to the support of my family and colleagues. My thanks extend to all those I’ve worked with since arriving at what was then the Mercy Maternity Hospital back in 1985,” he said.

Now Head of Unit Obstetrics and Gynaecology, and Clinical Director Gynaecology, at Mercy Hospital for Women in Heidelberg; and Clinical Director of Women’s and Children’s Services at both Mercy Hospital for Women and Werribee Mercy Hospital,

Dr Rasmussen’s interest in medicine began at an early age.

“With a dentist for a father and a St Vincent’s nurse/midwife for a mother, I think medicine was all I ever really considered ... I never really considered any other career,” he says.

Things could have turned out differently, however.

“My parents were so keen for me to think more about my future they sent me to a careers counsellor in year 11. Their conclusion was that I was ideally suited to a career in medicine, or viticulture! I’m not sure how they came up with the latter ... maybe they knew me better than I did myself at the time.”

Fortunately for his future patients and colleagues, Dr Rasmussen followed his original passion and entered medical school at the age of 17, and in the intervening years has become renowned among past, present and currently-in-training generations of obstetricians,

## THE SISTER MARIA CUNNINGHAM LIFETIME CONTRIBUTION AWARD

Sister Maria Cunningham was a nurse and a leader of Catholic healthcare ministries and was instrumental in establishing Catholic Health Australia. She was awarded the inaugural Sr Maria Cunningham Lifetime Contribution Award in 2011 in recognition of the example she set by committing her life to service of the sick and the poor through working in hospitals, prisons and with mothers and children. The award honours Catholic health leaders who have made significant contributions to the Church's presence in health and aged care, and inspired others working in Catholic health and aged care ministries. Award recipients have enabled the healing love of Jesus to be felt by people in need.

OPPOSITE: ASSOCIATE PROFESSOR MICHAEL RASMUSSEN RECEIVES THE 2023 SISTER MARIA CUNNINGHAM LIFETIME CONTRIBUTION AWARD

BELOW: ASSOCIATE PROFESSOR MICHAEL RASMUSSEN WITH COLLEAGUES AT MERCY HEALTH



gynaecologists, clinical researchers and midwives at Mercy Health and beyond.

"He's compassionate, kind, intelligent, and holds us together with his great leadership qualities," one colleague, who described him as an "institution" at Mercy Health, says.

Mercy Health Group Chief Executive Officer Angela Nolan says Dr Rasmussen is an inspiration to many practitioners within his field.

"Michael has influenced the next generation in a myriad of ways. He has led through example in terms of providing best care and advocating for women and trainees at a college level and within the community," she says.

While his move from private practice to full-time public work means he often spends long hours at his computer, Dr Rasmussen hasn't forgotten his practical background.

"I still love antenatal clinic and operating and helping out in the birth-suite as needed," he says.

"I'm also heavily involved with RANZCOG [The Royal Australian and New Zealand College of Obstetricians

and Gynaecologists] and a lot of that work is done after hours and mostly on Zoom."

Outside of work, his "first and last love" is his wife, Amanda, and his children; he lists reading, cooking, walking and music as other interests: "I try to play the guitar and at age 65 have finally come to realise it's time for lessons!"

When asked to give advice to someone starting a career in medicine, he's at first hesitant, but offers some wisdom from his years of experience.

"Be humble as your knowledge and skills grow, you still have more to learn than you realise," he says.

"Never get cross or angry—being correct is no defence. Everyone on the team is of equal worth and value. When people do good things around you or for you, tell them. People will lift the performance if you trust them and support them."

Testimonials from his colleagues make it clear that he lives these values. They say he will be the first person on the phone to a junior medical practitioner who was present at a stillborn delivery the night before; that he's a trusted

confidant for anyone experiencing difficulties in the workplace; and that he will have a compassionate word for anyone who needs one. He will often strike up a conversation with the more junior people in the room, and has been known to reflect deeply on these encounters—however brief they may have been—hours afterwards.

Above all, his unwavering commitment to his patients stands out.

"Always remember what it's like being a patient yourself, and always treat patients as you would expect a family member to be treated," he says.

The many strands of Dr Rasmussen's contributions to medicine, to Catholic healthcare, and to his patients, students and colleagues make him a highly deserving recipient of the Sr Maria Cunningham Lifetime Contribution Award.

And he's not finished yet: "I'd love to see [Mercy Hospital] thriving, stronger, busier, and expanding its role as a tertiary health service, as an academic service, as a research centre, but also providing care to the women of Victoria and the women of this region."



## Talk therapy: St Vincent's tackles tricky conversations

A video series and podcast by St Vincent's Care aims to help people have “messcessary”—messy but necessary—conversations about aged care.

St Vincent's Care—the aged care arm of St Vincent's, Australia's largest not-for-profit health and aged care organisation—in June launched the second season of its successful *Celebrating You* video series, which aims to encourage early conversations between elderly people and their loved ones as they make decisions around their future care needs.

The three-part series interviews St Vincent's Care residents, family members, and staff and covers some of the difficult discussions adult children often have with their parents about aged care, including the challenges of being a carer, the guilt loved ones can experience when they support their elderly family member into care, and the unexpected benefits of residential aged care living.

Lincoln Hopper, St Vincent's Care's CEO, said the aim of the *Celebrating You* series—and its accompanying podcast 'Navigating Aged Care', which features

interviews with St Vincent's experts in aged care and health, launched at the same time—was to shed light on the ageing process and help people navigate the ins-and-outs they may face along the journey.

“We want *Celebrating You* to inspire people to have early conversations with their loved ones about ageing, so they feel better prepared when they have to make some big decisions,” said Lincoln.

“The earlier and more open these conversations can be, the better the aged care result for everyone.

“We understand launching into and walking through these discussions can be hard. They can be charged and emotional.

“At St Vincent's, we've coined a new phrase to describe these sometimes difficult conversations: ‘messcessary’—they can be ‘messy’ but they're also ‘necessary’.

“With *Celebrating You*, we wanted to provide a vehicle that could help facilitate and guide these conversations. Our first season was so warmly received, we felt that a second season could build on its success.”

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"We want *Celebrating You* to inspire people to have early conversations with their loved ones about ageing, so they feel better prepared when they have to make some big decisions." — Lincoln Hopper, St Vincent's Care's CEO.

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James Boshier, head of marketing at St Vincent's Care, said he hoped the series would prepare Australians to make informed decisions when the time comes: "We didn't want to shy away from the challenges of aged care, because if you just sugar-coat it, you don't meet the audience where they're at.

"People considering residential aged care are often stressed and anxious. Adult children are feeling guilty about placing their parent into aged care. We want to connect with them and say, 'that's normal—let us guide you through that range of emotions and give you hope'. These are lovely welcoming communities where you can flourish, where you can find new things that engage you, and that will open you up to a new chapter."

Lincoln adds: "So much of the public discussion around aged care—including at the policy and political level—is around the clinical: how many minutes of care, how many staff are on deck, how many dollars are being spent. These are all important issues, but they ignore the personal...and that's overwhelmingly at the heart of what aged care is about.

"We need to be having discussions around what gives residents meaning and purpose in aged care. Too often those conversations are ignored. *Celebrating You* is all about identifying the need for those conversations and creating a safe space for them to take place."

Visit [svcs.org.au](https://svcs.org.au) for more information and to watch the second season of *Celebrating You*.



# Meet the Minister for Health and Aged Care, Mark Butler

Mark Butler has been a Labor Member of Federal Parliament since 2007 and has also held the ministries of Housing, Homelessness, Social Inclusion, Climate Change, Water and the Environment. Here he shares with *Health Matters* his priorities as Minister for Health and Aged Care, his ethos, and his goals for the health and aged care sectors.

**Tell us about your top priorities as Health and Aged Care Minister, and how the government is addressing existing challenges in the health system.**

We inherited a sharp decline in bulk billing from the former government, and since becoming the Health and Aged Care Minister it has been my priority to turn that bulk billing rate around. In last year's Budget, we tripled the bulk billing incentive and I'm pleased that we are seeing increases in bulk billing across the country.

However, our work hasn't stopped there. We're continuing to strengthen Medicare by delivering 29 more Medicare Urgent Care Clinics in addition to the 58 clinics last year. Across the country we know these clinics are working. Half of patients that have used an Urgent Care Clinic say they would have otherwise gone to an emergency department. We're providing much-needed relief to hospital EDs so they can focus on once-in-a-lifetime medical emergencies.

We've had a very clear agenda since coming into government to strengthen Medicare and make medicines cheaper. We understand Australians

are facing cost-of-living pressures, which is why we are continuing to make medicines cheaper. Along with adding new life-changing medicines to the Pharmaceutical Benefits Scheme every month, we're delivering further measures. Nobody should have to choose between their prescriptions to save on costs and we're making sure they don't have to make that decision. We are freezing the price of medicines for up to five years for pensioners and concession cardholders, in addition to freezing the price of medicines for all Medicare cardholders.

Older Australians have worked hard their whole lives. They've paid their taxes, contributed to their communities, and deserve dignity in their senior years. Ten years of cuts and neglect coupled with ever-increasing demand had created a legacy of diminished capacity, diminished living conditions, and diminished quality of life for older Australians in aged care homes. We're setting the aged care system on a strong and sustainable path that puts the rights, dignity, and quality of life of older people at the centre of service delivery. We have put nurses back into nursing homes, given residents more time with their carers, lifted wages in the sector and improved transparency and accountability.

We are already seeing the dividends of the expanded funding for aged care, which pave the way for easier transition to a new, once-in-a-generation rights-based Aged Care Act and Support at Home program that will put older people at the centre of the aged care system. We want to ensure that those who access government-funded aged care services are treated with respect and have the quality of life they deserve.

**Regional, rural, and remote communities face a number of unique challenges, as do their health providers. How is the government looking to improve the availability and quality of services for older people in these communities?**

We have made significant commitments to improve access to services for older people living in regional, rural, and remote Australia. This includes a \$1.9 billion investment to deliver quality and safe aged care services across Australia. Particularly for regional areas, retaining healthcare workers is a real challenge. This is why as part of our investment we're providing support to attract and retain general practitioners and nurses for the communities that need it most.

**More people are presenting to the health system with mental health concerns. What steps are you taking to ensure that people with mental health issues receive the support they need?**

When we came to government, we had a range of challenges. We had a healthcare system that was dealing with the legacy of a once-in-a-century pandemic but also the financial impact of 10 years of cuts and neglect to Medicare, particularly the long, long freeze in the Medicare rebate. We didn't have enough services to support Australians and particularly didn't have affordable services. This not only meant that people weren't getting the support they deserved and they needed, but it also meant they ended up at hospital emergency departments. So, along with a range of measures to address cost of living across health, including cheaper medicines, and tripling the bulk billing

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“Faith-based organisations have always formed an important part of Australia’s health and aged care systems and will continue to play an enduring role for many years to come.”

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incentive in general practice, we’ve had a laser-like focus on building those services to fill the gaps.

As part of our 2024-25 Budget, we’re delivering support for people across the mental health spectrum. We’re rolling out a network of 61 walk-in Medicare Mental Health Centres to provide support for people with medium to complex needs. Operating seven days a week and fully bulk billed, people will no longer need to line up for a referral from a general practitioner to receive high-quality support. However, for people experiencing periods of distress that is often deep but temporary—such as losing a loved one, a job, or a relationship—we’re filling the gap in support services with a free National Early Intervention Service.

#### **What role do you see digital health technologies playing in the future of healthcare in Australia?**

Real-time digital capabilities and services are part of our everyday lives. Australians expect the services they engage with to be connected and trusted, including health services. The Digital Health Blueprint 2023-2033 was published at a crucial time to guide our work to increase the digital capabilities of the health system over the next decade. Our Digital Health Blueprint will allow our health system to provide more

personalised and connected healthcare for all Australians, wherever they live.

#### **Your book *Advanced Australia: The Politics of Ageing* makes the case for a more positive approach to ageing and argues for the continuing contribution older Australians make to our community. How is the government supporting older Australians to thrive in our communities?**

I’ve always believed it’s important to have a positive approach to ageing. It’s an inevitable part of our lives. I’ve taken this belief into my work as the Health and Aged Care Minister. We want to ensure older Australians are thriving in our communities. By aligning with the UN Decade of Healthy Ageing (2021-2030) we have a blueprint for our policies so older Australians can age positively, are socially included and connected, and ensure our communities are age friendly.

#### **How do you view the role of faith-based organisations and their health providers in supporting Australia’s health system?**

Faith-based organisations have always formed an important part of Australia’s health and aged care systems and will continue to play an enduring role for many years to come.

#### **How does the CHA Conference theme—Rejoice, Reimagine—resonate with you personally and in your role as Minister for Health and Aged Care? How do you see the theme influencing future directions within the health and aged care sectors?**

The driving force behind our government’s efforts is the desire for respect, dignity, and compassion to be at the forefront of policy and service delivery within the aged care sector with these principles central to our forthcoming new rights-based Aged Care Act.

#### **On a personal note, what inspires you most in your role?**

I’m inspired by the people I meet from my electorate in Hindmarsh, South Australia. Being connected to the community by attending senior forums, doctor roundtables and the like allows me to hear their concerns and further understand what I can do to help make a difference.

# Five minutes with the Minister for Aged Care, Anika Wells

*Health Matters* spoke to the Minister for Aged Care, Anika Wells, about her vision and priorities for the sector and how working in an aged care home shaped her perspective.

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“I hope to see the Catholic not-for-profit sector maintain its key position as a major provider of aged care services in Australia for many decades to come.”

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## **What are your top priorities as Minister for Aged Care?**

From day one in government, we have been working to increase dignity and safety for older Australians and the people who care for them. We want older Australians to enter a system they trust. We want to help remove the stigmas with residential aged care while creating a home care system that enables people to stay in their home for longer. To do this, we need the sector's help as our goals are similar—to create an aged care environment where innovation thrives, careers are long, and a person's needs are valued highly.

There is more work to do but we have made strong progress. In June, we achieved an aged care milestone. Right now, there is a registered nurse onsite in aged care 99 per cent of the time on average in Australia, while older Australians are receiving an additional 3.6 million minutes of care every single day. There has been a reduction in physical restraints, number of falls, unplanned weight loss, antipsychotics and polypharmacy, and pressure injuries. We're also seeing improvements in the star ratings data, with fewer 1- and 2-star ratings and more 4- and 5-star ratings. These achievements are thanks to providers working with the Government to deliver better outcomes.

## **How do you view the role of the Catholic not-for-profit sector in supporting Australia's aged care system?**

It's key in helping build the equitable, sustainable, and trusted aged care system I know we all want to see. I hope to see the Catholic not-for-profit sector maintain its key position as a major provider of aged care services in Australia for many decades to come.

I know from the many conversations I've had with those working in your sector, from personal care workers to nurses to CEOs and more, that you care deeply about your work and the people in your care. This passion and your feedback

has been key in shaping our reforms to the sector. I look forward to continuing to work together to deliver a sector that works for older people, their carers and providers.

## **With the number of Australians aged 65 and over expected to more than double and the number aged 85 and over to more than triple over the next 40 years, what steps are you taking now to ensure a sustainably funded aged care sector in Australia?**

This is one of the major reasons we created the Aged Care Taskforce. We need to ensure that the sector is viable and sustainable so it can provide care to our ageing population for decades to come. The Taskforce responded with 23 recommendations and the Government is currently working hard every day on its response to those recommendations in negotiation with the Opposition. Our Government is determined to ensure older Australians receive the quality care they want, need, and deserve. We must be innovative to address this challenge and we need a funding model that is sustainable.

## **How will the government foster and fund innovation in the sector in the context of the new Aged Care Act?**

You can't be innovative if your homes aren't viable—this was one of the key messages that came out of the Aged Care Taskforce. We're working hard on the response right now and will have more to say in the future.

## **What is your government doing to support older Australians to remain at home for longer?**

We want older people to remain independent in their homes for as long as possible and that's why we are reforming in-home care with Support at Home. We know there's more work to be done and that's why we are bringing in Support at Home from 1 July 2025. We have repeatedly heard older Australians want their home to be their home for longer. More than 1 million Australians



work our aged care staff perform is. They have a uniquely demanding but rewarding role. One of the thrills of my job is meeting the workers at the more than 50 aged care facilities I have visited and hearing the impact our 15 per cent, \$11.3 billion, increase to award minimums has had on their lives. From being able to buy new shoes for their children to finally taking that family holiday, this is the tangible difference I am determined to continue making. The pay rise is one of many steps we have made to improve the workforce and complements the 480,000 fee-free TAFE places and 20,000 university places for areas of skills shortages like nursing that we have funded. And, of course, the Fair Work Commission has now handed down its final determination in the aged care work value case. The Government is working through the details to ensure we get the implementation right.

### **Looking to the future, what is your vision for aged care in Australia?**

A person-centred system that is sustainable, promotes innovation, rewards workers and provides safety and dignity. We have work to do to get there but this government is committed to doing all we can to create better aged care environments.

### **You have spoken about working in the aged care sector yourself; how did this experience shape your approach to your role as Aged Care Minister?**

It made a lasting impact on me as a person, not just as a Minister. My mother worked in aged care for 15 years and regularly discussed workforce shortages and the difficulty of managing a roster with us kids. I then worked alongside Mum running the tea trolley and met so many incredible people and I think back to what those residents wished they had in aged care and now I am trying my hardest to provide a system they yearned for.

Aged care reform is difficult, complex work but it is worth it.

rely on in-home care, so it is not an area to make policy on the run. We are committed to getting it right and will release further details in due course.

In the 2024/25 Budget we invested \$531.4 million to fund an extra 24,100 Home Care Packages by 30 June 2025. This will help support older Australians to stay in their homes for longer, reduce wait times to an average of six months and bring the number of people supported by Home Care packages to a record 300,000.

### **How is the government looking to improve the availability and quality of services for older people in regional, rural, and remote areas?**

Older people should be able to access the services they need wherever they live, including in regional, rural, and remote Australia. I understand the challenges facing aged care providers in these locations and am committed to building a sustainable sector that can deliver quality aged care services

even in under-served markets. This includes providing better funding outcomes for providers in these areas. The Government is investing significant resources into regional and rural Australia, including over \$600 million of capital assistance over four years to 2027 to support construction, upgrade, and expansion of aged care services, or build staff accommodation in thin market settings. Sustainable funding for thin markets was also a focus of the Aged Care Taskforce, which we'll have more to say on in due course.

### **How are you looking to grow the aged care workforce in coming years?**

I said from day one in my role as Aged Care Minister that the workforce was the number one priority: to improve the dignity of people in aged care, we need more workers. This is a core tenet of my repeated declaration of the need for ambition in aged care. We want Australians to have long, successful careers in the aged care sector. I can't state enough how incredible the

# Health at the margins: caring for prisoners

*Health Matters* spoke to Katya Issa, Operations Manager at St Vincent's Correctional Health, Parklea Correctional Centre, about the challenging—yet deeply meaningful—mission of caring for people within the correctional system.

## How did you become involved in prisoner health?

I'm a social worker, accredited mental health social worker, and I have postgraduate qualifications in couple and family therapy. I have a real passion for working with people who have not had the best advantages in life or the protective factors that other people may have had. I also grew up in a war zone in Lebanon, so I appreciate what it's like to have to build resilience, but to also have the cushioning of love and family to help me do that. I chose this work because I have a passion for it and I feel I can make a difference. I really love it and I'm proud of the service and the team here.

I don't think anyone regards working in this space as a job. It's a calling. If you speak to anyone working out here, they are really invested in the mission and values of St Vincent's—I genuinely believe in those values.

## Tell us about your role.

It's a unique role that requires a lot of agility. You might sit in on a staff performance management issue

one day and meet the Minister for Corrections the next. You have to be flexible. I'm responsible for everything from logistics to supporting the seniors to operationalise the floor, to being the interface between our network and the stakeholders including those from Parliament and Corrections. I have corporate and executive responsibilities, but I'm also very mindful of being visible: walking the floor, talking to staff, talking to patients, so they know I'm not someone who just sits behind a desk on a computer.

## Why is the health of people in prisons important?

Because the typical person who comes to prison generally has healthcare needs that are unmet in the community. They may not be able to afford healthcare; they may be unable to navigate healthcare, or living with a lot of chronic conditions. Many have never seen a doctor before because they've never been able to access one or they don't trust the healthcare services. So we work really hard to gain their trust.

## What are the unique constraints and challenges health professionals working in prisons face?

We're dealing with the sticky end of health: usually mental health or addiction, usually dual diagnoses. It's a fast-moving place, it's a loud place, it's a smelly place. Viscerally, all your senses are kicking off at the same time. But it's also a wonderful place to make a difference to people.

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"I have a real passion for working with people who have not had the best advantages in life or the protective factors that other people may have had."

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## What are some of the specific health and aged care issues faced by inmates?

Issues around hearing, mobility, ageing ... some inmates have never taken the time to look after themselves, which leads to issues around diabetes, respiratory issues, cardiological issues. Unfortunately, a lot of the people who present are also just really frail.

## Why is the prisoner population in such poor health?

We have a lot of people who have never had anyone help them navigate the health system. A lot of people in custody have a very low level of literacy, if they have any literacy at all. So it's really challenging [for them to access the care they need.]

## Do you ever think of the pioneering Sisters who cared for people in slums in Sydney?

I think about them all the time. The fact that they did it with no governance, no teams, no prejudice, just their goodwill, their love, and their commitment to people, to humanity, and their faith. Those women were amazing; it's pretty sobering. How did they do it?

## How does having grown up in a war zone influence you in your work and who you are today?

In every way. I'm so grateful for every opportunity I've had because I am forever reminded of two things: don't ever compare yourself to anybody else in this world because you don't know what they've been through. And it's also taught me to appreciate what I have, to be mindful of my own resilience, but to also want to work in a space where I can make a real difference.





## Dying in chains?

In Australia and internationally, reports continue to emerge of prisoners in palliative care dying while shackled to their beds, or being kept in chains until up to an hour before their death. *Health Matters* spoke to Professor Jennifer Philip, Chair of Palliative Medicine at St Vincent's Hospital Melbourne and co-author of a paper in *The Medical Journal of Australia* that calls for the practice and policies surrounding the use of shackles on hospitalised prisoners receiving end-of-life care to be overhauled.

### What was the background to your paper in *The Medical Journal of Australia*?

The paper was a call to arms about a practice that is happening but that many people don't know about. We were conscious that there's an increasing number of people in Australian prisons, and an increasing number of people ageing in prison, and therefore more people who are facing the end of their life in prison. Our research found that in some cases when in hospital, those people are being shackled to their beds, including people at the end of their life.

This practice seemed highly disproportionate to the risk they were posing and we felt that the public needed to be aware of it—and that the practice should be changed. People who are dying shouldn't be dying in chains. It seems self-evident and only human, but nevertheless this practice is happening.

### What effect does this practice have—on patients, their families and loved ones, and medical professionals?

If someone is bed-bound and in the last days of their life it absolutely has an impact on their humanity and their dignity. But it also affects the people who love them. To see a person you love and care about dying, and dying chained to the bed, would have an ongoing impact not just on you, but also on your community, even after the person dies.

And when you talk to healthcare professionals who have been involved in the care of someone [who has been shackled], they're often deeply affected by it.

### What rules currently exist to protect prisoner patients receiving end-of-life care?

International and local standards exist to limit the use of restraints. These include the UN Mandela Rules, which dictate that prisoners should be entitled to the same level of health care as the wider community, and the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, an international treaty that Australia has ratified, and which is designed to protect the rights of individuals in detention. However, reports of prisoner patients dying while shackled to their beds still materialise.

### You've called for the practice of restraining dying prisoner patients to be reviewed, overhauled and harmonised across jurisdictions. What changes do you want to see?

At present, the decision-making responsibility for incarcerated patients sits with the general manager of the prison. We're suggesting that, when a person reaches a certain level of frailty and proximity to death, the responsibility should sit instead with healthcare professionals, who would then make the decision about whether or not to use shackles.

### Some might argue that restraining prisoner patients is necessary to ensure the safety of hospital staff or the community. How would you address this concern?

There are some circumstances where shackles might be necessary, but typically they are used to stop prisoners from escaping, perhaps if transporting someone. But in the case of incarcerated patients who are receiving palliative care—who are frail or bed-bound—the use of restraints just isn't proportionate to the escape risk they pose.

### Finally, why do you want to see the shackling of palliative prisoner patients end?

As a physician, I don't know what crimes a person I'm caring for has committed. Maybe they've done terrible things, maybe they haven't. But they are living the last part of their life and dying under restraint in several senses: in the sense that they can't make the choice to be at home, their opportunities to have visitors are restricted or greatly limited. To be shackled in that situation—for the person and their family ... I think it's something that we as a community can do better.



## Cabrini reimagines women's mental health care

**Cabrini Women's Mental Health at the Lisa Thurin Women's Health Centre is breaking down barriers and setting new standards in mental health care.**

Australia's first private mental health facility dedicated exclusively to women, the Centre opened in 2021 and has since treated more than 1000 patients, advancing its mission of helping women prioritise their mental health.

The Centre offers specialised care for a range of conditions, including mood disorders, burnout, stress, addiction and complex trauma, and has treated many victims of domestic violence. At a time when rates of family and gendered violence are increasing it is crucial to offer a model of acute care where women feel safe to seek treatment.

According to the Australian Bureau of Statistics, an estimated 1 in 6 women (1.6 million) in Australia have experienced violence by a partner since the age of 15. The psychological impact of domestic violence can be profound, leading to issues such as anxiety, depression, and post-traumatic stress disorder. Addressing these mental health challenges is essential for the well-being and recovery of affected women.

The Lisa Thurin Women's Health Centre offers vital support for women facing these challenges and provides a safe and nurturing environment where women can access specialised mental health services tailored to their needs. The comprehensive care includes individual and group therapy designed to help women heal and regain their sense of self-worth and empowerment.

Sharon Sherwood, Cabrini's Chief of Mental Health and Outreach, says: "Our unique approach provides women with a safe environment to take control of their recovery, empowering them to achieve lasting well-being without the limitations often found in traditional mental health systems."

By focusing on holistic and compassionate care, Cabrini's program addresses immediate mental health needs and fosters long-term resilience and recovery. With a recommended length of stay between seven and 10 days, followed by a day program offering a range of therapies and group sessions, the model is designed to help women rebuild their lives, ensuring they have the strength and resources to move forward positively.

The Centre's namesake, Gandel

OPPOSITE: CABRINI'S WOMEN'S MENTAL HEALTH FACILITIES AT THE LISA THURIN WOMEN'S HEALTH CENTRE

BELOW: SHARON SHERWOOD (LEFT), CABRINI'S CHIEF OF MENTAL HEALTH AND OUTREACH, WITH HEAD OF WOMEN'S MENTAL HEALTH PROFESSOR JAYASHRI KULKARNI

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“You created a space for me to reconnect with my spirituality when I felt so lost and disconnected, and you made me feel seen, cared for and heard.” — Madison, Cabrini patient.

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Foundation Director Lisa Thurin, celebrates the women-only facility: “I commend the Centre’s emphasis on targeted trauma care with advanced treatments aligned with the latest research findings,” she says. “Such an approach is patient-centred and helps empower women to reclaim agency over their lives and successfully return to the community and their families.”

The Centre fills a significant gap in the landscape of mental health services in Australia, which have historically been generalised and co-gendered, with little consideration for women’s unique experiences and needs. Its impact is best illustrated through the personal experiences of those who have benefited from its care.

Madison, a client of the service, praised the personal care she received from Cabrini, particularly Cynthia White, Cabrini’s Pastoral and Spiritual Care Practitioner: “You created a space for me to reconnect with my spirituality when I felt so lost and disconnected, and you made me feel seen, cared for and heard,” she says.

“You found me in a dark moment, where without question, [you] validated, believed and showed me that kindness exists within everyone, especially you.

“Thank you for creating a safe and loving space and for taking the time to listen and guide me down a healing path.”

This testimonial highlights the profound difference that specialised,



gender-sensitive care, in a space where women feel safe and supported, can make in the lives of women struggling with mental health issues.

The success of the Lisa Thurin Women’s Health Centre and the associated community program has led Cabrini to extend its availability to the community, facilitating greater accessibility and helping women start their journey towards recovery and healing. The team accepts GP referrals, so unlike most private health facilities, no psychiatrist appointment is needed.

Professor Jayashri Kulkarni, the Head of Women’s Mental Health at Cabrini, says: “Our community program received high demand from patients, so we are proud to open this service to the wider community. We look forward to helping thousands more women heal through our community programs.”

Additionally, psychiatrist Dr Lisa Albert has recently been appointed as the new clinical director. Professor Kulkarni adds, “Under the leadership of Dr Albert, whose exceptional expertise and dedication to holistic care align perfectly with our vision, we are confident in our ability to foster healing and well-being.”

As a trailblazer in Australia’s women’s mental health care system, Cabrini’s model has been so successful that the Lisa Thurin Women’s Health Centre is now getting attention from health care providers in other states looking to emulate the model—paving the way for a brighter, healthier future for women across Australia through best-practice compassionate care and innovative approaches.

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FINDON TECHNICAL COLLEGE  
STUDENTS KASSIE AND KYETREL WITH  
MEMBERS OF THE SOUTHERN CROSS  
CARE EDUCATION TEAM

## Growing the aged care workforce

### ABOUT SOUTHERN CROSS CARE (SA, NT & VIC)

Established as a charitable not-for-profit in 1968, Southern Cross Care (SA, NT & VIC) has been providing quality aged care, health and retirement living services to members of the community for more than 55 years. It employs more than 2,800 people from 57 different countries and provides quality services to more than 10,000 people each year.

In a partnership with South Australia's new Findon Technical College, Southern Cross Care (SA, NT & VIC) is offering a new pathway for students into a career in aged care.

Opened in January 2024, Findon Technical College supports students in years 10 to 12 to complete the SA Certificate of Education (SACE) while undertaking vocational education and training (VET) in specialist state-of-the-art facilities.

Technical College students can choose from a selection of VET streams, including advanced manufacturing and engineering, early childhood and education, and health and social support.

As a founding partner for the health and support stream, Southern Cross Care is helping students learn and graduate job-ready, with the skills and qualifications they need to start their career in aged care.

Southern Cross Care Executive – People and Culture Michael Rasheed said the first-of-its-kind partnership would offer students a unique opportunity to

complete a Certificate III in Individual Support or Allied Health Assistance, at the same time as completing their SACE.

"This partnership offers students an immersive learning opportunity, with extensive work experience and placements at our sites, and mentoring from our compassionate staff," he said.

"As SA's largest not-for-profit in the aged care and community services sector, Southern Cross Care is excited to partner with the South Australian Department for Education in helping to give students a head start in their careers, and build the aged care workforce of tomorrow."

Southern Cross Care has committed to employing up to 15 personal care students and up to five allied health students each year once they complete the program.

Michael explained, "The hands-on experience from the program will give the students the skills they need to be the difference in the lives of our residents and clients whilst embarking on a fulfilling and rewarding career."

In recent months the Southern Cross Care Education Team hosted its first central induction day for health and social support students from the Findon Technical College at its purpose-built Learning Hub in Glenside.

Kerry Tudor, a Mentor and Trainer with the Southern Cross Care Education Team, spoke highly of the students' knowledge and enthusiasm.

"We have been really impressed with their knowledge and ability to pick up complex concepts quickly and easily," she said.

"It's a testament to the quality teaching the students are receiving at Findon Technical College."

The students have already started their hands-on learning at Southern Cross Care's Residential Care homes, getting out of the classroom and making a real difference to the lives of aged care residents. It's fair to say there are few things the residents love more than seeing the smiling faces of young people who are so eager and willing to devote their careers to the service of others.

# Rejoice, Reimagine. Celebrating the legacy of compassionate care with Bank First.

*Rejoice, Reimagine* invites us to reflect on our own legacy of care and explore new ways to support those in need. Over 50 years ago, Bank First was founded with this very mission. Our first loan went to a single mother who needed money for a rental bond at a time when women needed a man to sign for a loan – but not at Bank First. From the beginning, we've been dedicated to offering a fairer deal for those who care for others.

Originating as a bank for teachers, we recognised a profound alignment in values with the healthcare sector. Expanding our services to healthcare was a natural progression. Our expansion reflects our dedication to championing those who care for others.

## Reimagining care with Bank First

The theme “Rejoice, Reimagine” resonates deeply with our mission as a customer-owned bank. Our partnership with CHA redefines care to include financial wellbeing. In an era of rising living costs, our partnership with CHA now redefines care to include financial wellbeing. We recognise the importance of providing financial care to healthcare workers, ensuring they can focus on their vital roles without the added stress of financial burdens.

As a customer-owned bank, we reinvest our profits to offer competitive products and rates, easing financial burdens. Beyond banking, our scholarships and awards enable nurses and allied health professionals to pursue their education without financial strain. And we work to financially empower them, by offering educational resources to help make the ‘money stuff’ easier.

## Partnering with those who reimagine care

We support Pinchapoo, Victoria's largest non-profit distributing hygiene packs to hospitals and those in need. In the 2024 financial year, we helped distribute nearly 9,300 hygiene packs to vulnerable patients, including those escaping family violence. These packs provided significant relief during crises, fostering comforting conversations and genuine connections between healthcare workers and their patients.

In recognition of nurses' dedication, we provided over 7,500 pamper packs as tokens of appreciation. We know that self-care often comes last during high cost of living times, and these gestures show our gratitude.

## Scholarships enabling those in healthcare to rejoice in their care

Our scholarship program supports nurses and allied health professionals, helping them pursue their passions and make lasting impacts in healthcare. The 2024 recipients at Mercy Health and St Vincent's Health, including Alison Murphy, Nishita Shah, Meredith Henderson, Ann O'Neill, Joseph Mathew, Jo-Anne Perry, and Tenika Brown – each have inspiring stories of resilience and dedication.

Nishita Shah, balancing motherhood, work, and studies, expresses her gratitude, “Being a mum while working and studying full-time isn't easy, but this scholarship is the boost I need, especially during these times of high cost of living pressures”.

## Compassionate care through financial empowerment

As dedicated healthcare workers, so much time and energy is invested in shaping the future of our community. Much like tailoring a health care approach to each patient's unique situation, we understand that good financial wellbeing looks different for each individual. We work to financially empower nurses and allied health professionals, by offering resources designed to help them feel confident and secure in their financial choices.

This year, we partnered with Southern Cross Care (SA, NT & VIC) to deliver a financial wellbeing session. One employee shared, “I am going through a hard time right now, and what you spoke about really resonated with me. This has been valuable and will help me manage my finances moving forward”.

## Rejoicing in our legacy, reimagining our future

Our partnership with CHA allows us to extend our reimagined financial care, reaching more nurses and allied health professionals. As we rejoice in our legacy and reimagine our future, we are committed to supporting those who dedicate their lives to caring for others.

Through partnerships, scholarships, and financial wellbeing initiatives, Bank First is proud to support the healthcare community, ensuring that the legacy of care continues to thrive.

# Be well, financially.

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"I am going through a hard time right now, and what you spoke about really resonated with me. This has been valuable and will help me manage my finances moving forward."

Financial wellbeing session attendee



We can work with you to deliver financial wellbeing sessions that aim to financially empower nurses and allied health professionals.

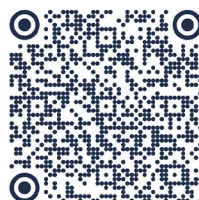


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