



*The Foundation
for new nursing*

Heart & Soul

The NurseLink
Foundation Newsletter

Issue No. 8
Spring 2008



Old and grumpy maybe, but not old and depressed

by Dr John Ashfield

For men and women who have reached their senior years, there are often many life events that are cause for feeling miserable and being objectionable—events that younger people are usually little aware of.

Seniors may have to contend with: all the adjustments of retiring from the workforce, frustrating physical limitations, temperamental or debilitating health conditions, bereavement, loss and grief, social isolation and perhaps loneliness. They may also have to contend with the prospect of needing to accept home care, or even leaving their own home and going into a hostel or nursing home. Any of these events can pose a huge challenge emotionally and psychologically. Yet despite what life throws at them, most elderly people cope remarkably well.

Depression is not a normal part of ageing, nor is it generally more common in the elderly than for younger age groups. Risk factors such as loneliness, sickness, or being in care, may trigger depression (though sometimes no trigger is apparent), but depression should never be thought of as the norm.

continued on page 2...

NurseLink Foundation Ltd
ABN 48 119 525 628

Patrons: Dr Basil Hetzel AC
Mrs Maria Kenda
Mrs Patricia Wynn
Dr Frans de Zwart
Mrs Rosemary de Meyrick
Mr Lewis Barrett AO OBE

Directors: Mrs Joy Nugent
Mr Justin Nugent
Mr Andrew Nugent

Advisors: Mr Christopher Lee
Dr John Ashfield
Mr Mark Nicholls

continued from page 1...

Symptoms suggesting the possibility of depression should always be explored and properly assessed. Depression is an illness that can have serious consequences if it isn't recognised and treated. It can seriously damage a person's quality of life, and adversely affect their relationships and general health. Severe depression can also be life threatening, and may lead to suicidal thoughts or even suicide. Left untreated, depression may also worsen and last longer.

Depression in the elderly can easily be 'masked' or hidden in amongst physical ailments and their effects. Some symptoms of depression like insomnia, changes in appetite, and signs of social withdrawal, though cause for concern in younger people, are frequently disregarded in the elderly as 'just old age'. Depression can also be mistaken for age related changes in thinking—or even the early onset of dementia—because, in common with these conditions, depression can affect memory and concentration.

Some common symptoms of depression include:

- loss of self-confidence
- feeling tired all the time
- sleep disturbance
- not enjoying usual activities
- flat mood
- apathy
- not eating well or caring about personal appearance
- withdrawing from family and friends
- avoiding social events
- not getting things done that are usually important
- memory problems and confusion
- acting out of character
- irritability
- anger
- increased use of alcohol
- unexplained physical ailments
- suicidal thoughts

If you have some symptoms of depression (or someone close to you has), don't wait for them to get worse. It's time for a visit to the doctor. Experiencing suicidal thoughts should be considered serious; help should be sought immediately by calling a doctor, going to a hospital, or by phoning an emergency mental health help line.



John Ashfield Ph.D. is an educator and author with a keen interest in mental health, men's issues and gender psychology. John was recently the recipient of the SA Great Award for his contribution to the area of mental health.

NurseLink in Malaysia

A Malaysian doctor/hospital administrator Dr Lay Ming Ding who has been working in the Adelaide office for some months has registered NurseLink Malaysia as a private company. Dr Ding who was featured in our last Newsletter is returning in December to complete her office set-up which will be based in Kuala Lumpur and use our Tortoise software and systems. This is an exciting extension of our work.

Time for soul-searching over men & suicide

by Dr John Ashfield

The Beaconsfield mine drama in Tasmania, which was the scene of the tragic death of one miner and the fortunate rescue of two others, prompted a media frenzy with national and international coverage. TV and Media bosses, chequebooks in hand, could hardly contain their impatience with the locals, who so ‘inconveniently’ needed to attend to their trauma and grief, before talking deals.

People were right to be so glad that two men survived against the odds, and were returned to their families. They were right to be concerned for the grieving family of the dead miner. But while the Beaconsfield drama was being played out, another ongoing and much more consequential tragedy was unfolding: around 55 Australian men, much loved sons, brothers, husbands, fathers, uncles, and grandfathers, committed suicide. No heroic attempts to save these men. No interest in televising their stories. Perhaps these days something has to be ‘newsworthy’ to be deserving of attention, resources and remedy?

Suicide researchers say that an average of five men die by suicide every day. Of the 2,000 suicides every year in Australia, 80 percent are male—exceeding the total number of Australian road deaths. Men are four times more likely than women to die by suicide. Men who experience suicidal thoughts should be considered as being in real danger, because 12% of those who have suicidal thoughts go on to actually attempt suicide.

Men who are depressed need to take their condition seriously as well, because not only does depression account for suicidal thinking in about 50% of cases, approximately 15% of men with severe depression kill themselves. However, some men appear to commit suicide more on impulse—not so much because they want to die, but as a way of escaping the mental pain and anguish they are experiencing. Male suicide is commonly associated with things like: relationship breakdown, bereavement, loss of job or career, financial problems, high levels of stress and depleted emotional and personal coping resources, depression (and other mental disorders), as well as ready access to firearms, pills, or other means of committing suicide.

Here are some suggestions for responding to someone who is experiencing suicidal thoughts:

- Most importantly, recognise that you are not responsible for someone else’s suicidal behaviour. You have no control over their will. If they choose to act in a self-harming or destructive way, they have chosen to do so, they are responsible
- Talking to someone about their suicidal thoughts won’t encourage them to act on them, but will signal genuine concern and an avenue of hope
- Think about how best to approach them, given what you know about their personality and temperament. Be determined but respectful
- People experiencing suicidal thoughts may not be easy to help. They may be so depressed or troubled that they view everything as pointless, except putting an end to how they feel. Persevere anyway. The most important thing is to ensure their safety
- Let them know that you’re seriously concerned. Suggest that they see a doctor immediately, go to a hospital, or ring a 24/7 Mental Health Crisis Line. Offer to help them to make the phone call or to attend the appointment.
- Get them to think about what is worthwhile and precious in their life, and who depends upon and values them
- Conscript the help of relatives or friends to keep a watchful eye on them, to break their isolation, and to provide extra safety
- Negotiate to take charge of any readily available means for acting on suicidal thoughts or impulses, such as guns, knives, rope, pills, or car keys (if you think a vehicle might be used)
- Try to get them to promise not to harm themselves and to accept assistance
- If you don’t think they’ll listen to you, then consider who else they usually confide in, feel comfortable with and/or trust. Maybe this person could make the approach and encourage them to seek assistance. Provide them with a 24/7 Mental Health Crisis Line number. Follow up to see if things worked out

You yourself can seek advice and guidance about what to do at any time, from your local doctor, or mental health service.

*Miss me, but let me go
When I must come to the end of the road,
And the sun has set for me,
I want no rites in a gloom-filled room,
Why cry for a soul set free?*

*Miss me a little—but not too long,
And not with your head bowed low,
Remember the love that we once shared,
Miss me—but let me go.*

A thoughtful tribute

Jack Brennan died on 22 May this year. His wife Sue had the idea of planting his favourite tree in the park lands opposite the front of their house. To begin the process Sue contacted the City Council who not only gave permission, but donated and planted the tree, saying that they would keep it watered for one year. When the tree was planted Sue contacted me to organise a private service to scatter some of Jack's ashes at the base of the tree, which we did on the 27th September.

I admired the practical and spiritual way Sue responded to Jack's death and to plant a tree was a wonderful way to remember him. A tree is full of life and growth, and as a memorial to someone who has died it reminds us of the cycle of life at a time when we are often consumed just with death and grief. As a sign of life, it reminds us both of the gift of life given in the person we have known and loved, as well as the gift of the life to come: which is the deep and profound Christian truth that out of death new life is born.

But it is also a symbol of the kind of strength we need when it comes to moving through our grief. A mature tree is strong and can withstand strong winds and storms. But to withstand the strong wind it needs to bend with the wind and give a little. Our grief needs to be like that too, not like a solid wall that gives nothing until it falls over, but like the tree, giving in to those moments of sadness and loss that from time to time assail us, and yet never losing our hope, our love or our joy for having known and loved the person who has died. Bending and yielding, yet never falling over, nor failing to grow, is what the tree helps us to remember as we grieve.

Sue Brennan, Archdeacon Chris Chataway and Joy Nugent with Jack Brennan's tree.

Archdeacon Chris Chataway
St Andrew's Anglican Church
Walkerville SA
October 2008



**Taking the
hard work out
of Christmas
this year**

This Christmas, send your clients, friends and family a gift, simultaneously donate to NurseLink Foundation and let us do all the hard work for you.

Sound like a good idea? Phone our office on 8232 0211 and we will send you a promotional brochure and an order form in the mail.

*For this is a journey we all must take,
And each must go it alone,
It's all part of the Master's plan
A step on the road to home.*

*So when you are lonely and sick of heart,
Go to the friends we know,
And lose your sorrows in doing good deeds,
Miss me—but let me go.*

Pilot project for 2009: **Nursing and Hospice at Home**

Training nurses to better support their patients—hundreds of elderly South Australians who wish to die at home. The health system in South Australia is placing two key community groups under enormous pressure—the aged and those in regional areas.

In parallel with this—nursing is moving into a new era. Nurses are looking to provide more personalised care in their own community nurse practice, rather than a strict reliance on placing people within the 'health system'. We receive feedback from nurses every week asking for advice and help on understanding palliative care, knowing how to talk to relatives about palliative care options and needing support in the delivery of care—particularly at home, which is where more and more elderly people wish to spend their last days.

Over the last 20 years, the number of people aged over 65 in South Australia has increased by about a third, to around 230,000 people. South Australia has the highest population of people aged over 85. One quarter of this figure live in regional South Australia. There were 3,182 deaths recorded in 2002–03 in regional South Australia.

This project will employ and train nurses in the on-going care of people who wish to stay at home in their later years, to die there if they wish and meet the needs of regional South Australians. The objectives of this training are to:

- know the World Health Organisation's definition of palliative care and how it applies to aged care
- have a working knowledge of managing a community nurse practice using the Tortoise system
- receive practical nursing tips for symptom management and effective communication with patient and family
- practise an assessment using the NurseLink Case assessment guides
- have an understanding of loss, grief and bereavement and practise strategies for building a trusting therapeutic relationship for those experiencing such emotional pain
- discuss legal and ethical issues
- understand the support given by the mentors and Helpdesk for our Tortoise software and manuals

Initial support for this project involves raising the salaries to be paid to the nurses. We are most grateful to the committee of members who organised a Christmas luncheon for the Foundation and to all those who attended as a first step in achieving this goal.

A poem

The following touching verse was sent to NurseLink by a daughter following the death of her father:

You can shed tears that he is gone or you can smile because he has lived.

You can close your eyes and pray that he'll come back or you can open your eyes and see all he's left.

Your heart can be empty because you can't see him or you can be full of the love you shared.

You can turn your back on tomorrow and live yesterday or you can be happy for tomorrow because of yesterday.

You can remember him and only that he's gone or you can cherish his memory and let it live on.

You can cry and close your mind, be empty and turn your back or you can do what he'd want: smile, open your eyes, love and go on.



Other items

NurseLink Foundation needs your support to achieve its goals. Help with fund raising, providing transport for our nurses from Nepal and India, supervised patient care are all needed.

A National Cinema Advertisement will be shown in Palace cinemas in November as well as a TV commercial. Our appreciation goes to Christian Cordeaux for his artistic filming and promotion assistance.

To match our website a booklet on the Foundation will soon be available. We thank all those who have participated in its publication.

Creative team defines new motto and objectives

NurseLink Foundation's creative team—David Rawlings, writer; Christian Cordeaux, film maker and Frank Stillitano, graphic designer; led by Andrew and Joy Nugent—met on 7 October 2008 to discuss and define a new motto and objectives for NurseLink Foundation.

It is our intention that the new motto and objectives will help present a clearer, more consistent message about the Foundation's existence to key stakeholders, the general public and other more targeted audiences. The new motto—*The Foundation for new nursing*—is seen in context below, underneath the Foundation's trademark.



*The Foundation
for new nursing*

The meeting also established the following key objectives:

1. Supporting nurses in providing the best quality care by assisting them to run their own practices through mentoring, an office set up & management system, education and training.
2. Supporting people in their final stage of life and allowing them to die at home, giving them the highest quality of life and taking pressure off both their family and the public health system.
3. Establishing the NurseLink model of palliative and aged care into the wider community and demonstrating its effectiveness to government, health professionals and society.

*Frank Stillitano
Graphic designer
Flux Visual Communication*



NurseLink was started in 1987 in Adelaide by Joy, a nurse who cared for her own mother in the last week of her life, privately and at home. The practice model she developed for NurseLink promotes consideration for all areas of person's life and considers grief and loss, the highs and lows of everyday living—as well as caring for physical aches and pains. NurseLink insists on the highest standards of care which give warmth, peace and consideration for a person's deepest self.

Joy Nugent is pictured with a student from Moreton Bay College at Wynnum, Queensland. At this Founders' Day ceremony Joy, a boarder in 1952, was awarded the school's Hall of Fame Medal for 2008

New membership application

A new membership application form is enclosed. Please give it to someone who may wish to join—someone who wishes to see nursing advance in the spirit of Florence Nightingale and to change the way we care for frail and elderly.

Memberships are current to June 30 each year, after which a Tax Invoice will be issued for renewal. Members of the Foundation receive the **Heart&Soul** newsletter sent out in the mail on a quarterly basis.

NurseLink News

The NurseLink Foundation has new motto—the Foundation for new nursing. NurseLink promotes the new nursing—a consideration for all areas of person's life beyond just the physical. It is a premise that is reflected in the following words from Australian Educator and Psychotherapist John Ashfield: *'Our capacity to genuinely help others is almost directly proportional to the extent to which we stand on solid ground within ourselves.'*

Inspired by the passion of Florence Nightingale, Nurselink Foundation is enabling nurses and their assistants to provide more personalised care at home for people in their final stage of life, supporting families and their local communities through their own nurse practice.

In September 2008 Joy received a prize for 'best letter to the editor' when she wrote the following to Kent Rosenthal, Editor—Nursing Review at APN Educational Media:

'I wonder how long it will take for a paradigm shift to occur in nursing and for the profession to take its rightful place along side other allied health professionals? Many other allied health professionals are self employed—why not nurses?'

We have so much to offer the community by way of a nurse practice giving nursing and hospice care in the home along the lines of the NurseLink Foundation practice. The Government seems to think it has solved the nurse shortage by making a practice nurse available to GPs.

Why not a nurse practice specialising in the wonderful and unique profession of nursing working along side and complementing the GP? Nurses make a great link between the patient, their family and the family doctor and in our own right!'

The NurseLink Foundation newsletter **Heart&Soul** will be published four times a year. The next edition will be released in Summer 2008. If you would like to receive our newsletter, or have something you would like to contribute, send us your details:

email
queries@nurselinkfoundation.com.au
tel 8232 0211 or *fax* 8232 3923

The publishing of newsletter contributions is subject to consideration by the NurseLink Foundation Board.

This newsletter is printed on recycled paper.