In 2012, I spent 9 months volunteering in a remote village in South Santo, Vanuatu, as a Disability Support and Advocacy Officer. Over the past 5 years, I have made 6 return trips of varying lengths, to build on what we achieved during my original assignment. The aim of any development project should be to not simply provide a service but rather build the capacity of your local counterparts and partner organisations. I was incredibly lucky to be paired up with a truly inspirational woman, Marian, who for the past 10 years had been advocating for those without a voice. Marian and I visited every person living with disability in South Santo to hear what THEY wanted and set individual goals. We also ran awareness events and toured a play to teach school children about disability and the right to education. At the same time, I ran workshops with local health care workers on a variety of different topics, for example pressure care. During this time Marian gave birth to a baby boy that she named Sky, not realising it’s not the most common of boy’s names.

Marian shared with me her vision to build a Disability Centre, and together we spent hours planning it all out. The aim of the centre was to improve the access to services for those living with disability in rural South Santo and to increase the awareness and understanding of disability in the wider community. The issues faced by those living with disability in Vanuatu are complex and multifaceted.

On the 14-2-14 Marian sadly passed away. In my last conversation with her I promised two things: to ensure her children finished school and to complete the centre. On the 1-8-17, Sky’s 5th birthday, we officially opened the ‘Marian Pai Disability & Health Centre’. The centre will always hold her name, a reminder to her 4 children who their mother was, and to the community, what is possible if you push for change. I look forward to watching it grow and improving the quality of care given to those living with SCI in Vanuatu. Sadly, many of those living with SCI in Vanuatu die of secondary complications, often related to pressure areas.

One of the initial goals of the centre will be to educate local health care workers on the complexity of the long term care of individuals with SCI, prescribe equipment that will help to promote independence and provide psychosocial support. There is currently no access to any psychosocial supports and this coupled with the lack of understanding of disability can lead to poor psychological outcomes. We are so lucky in Australia to have access to such a high quality health care system.

As health care professionals we can play a pivotal role in helping to improve capacity of health care services in neighbouring countries such as Vanuatu. The centre will also be looking for ways to utilise consumers to visit and act in a mentoring role, a vital part of the rehabilitation and adjustment process.

SKY FOSBROOKE
Senior Physiotherapist - Brain Injury & Rehabilitation Program, Sydney children’s Hospital
Sky.fosbrook@health.nsw.gov.au
Managing Psychosocial issues on the ward;  
A word on Remembering KINDNESS and DIGNITY for our most precious clients …..

As you know, SPINAL patients spend many months with us, away from family and friends sometimes even over a year. This means that the Spinal Unit and all the staff only the nurses, doctors, and allied health as well as dressers, cleaning and kitchen staff become like family and this space akin to their home.

It is easy to dismiss or forget the enormity of the hospital experience for our clients following a catastrophic SCI. We naturally become desensitized to difficult, embarrassing and often humiliating procedures e.g. hoisting and toileting. As staff we are frequently exposed to the physical and emotional distress which often accompanies our client’s adjustment to their SCI but for the individual clients, this is a new and difficult experience.

At times we might need to take stock and recall the distress that our clients are enduring every day, and realize that every small interaction with them can make a difference in a positive way. Small interactions involving KINDNESS and considering the DIGNITY of each person go a long way to helping our clients cope with their stay on the spinal unit.

DO….
✓ Knock/ or inquire if the client is free to engage before entering their room or space
✓ Always introduce yourself no matter what your role when you enter their room/space
✓ Be respectful of the patient’s privacy and only enter if the clients says it is ok, and they are appropriately dressed/covered, even if to change the garbage bin
✓ Always acknowledge the patient whether in the dining room or bedside by saying hello
✓ Ask open ask open ended questions to begin with e.g. ‘how are you going? (try not to make assumptions)
✓ End interactions appropriately with a farewell or say when you’ll try come back by (just as important as greeting upon arrival)

DO NOT……..
✗ Enter the room without knocking
✗ Enter the room if the patient is not dressed unless it is necessary to do so
✗ Enter the room and converse with another staff member without acknowledging the patient
✗ Have conversations about the patient outside in the corridor

NURSE WELL APP

Mental wellbeing is described by the World Health Organisation (WHO) as “the state in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively, and is able to make a contribution to his or her community.” However, self-defeating beliefs about oneself can alter your sense of self-acceptance.

The Better Thinking component of the Nursewell App, has within it a very useful model to change unhelpful thinking towards a more positive emotional state (Rational Emotional Behaviour Therapy). Try it out for yourself & see how subtle changes in your thinking can have the potential to help with everyday stresses. If you haven’t already done so, don’t forget to download your Nursewell App for free from the APP Store.

Helen Tonkin, Social Worker RNSH Spinal presented The Story of a Combative/Collaborative Social Work/Psychology Venture at the NSRHS Allied Health Symposium on 9 November 2017. This presentation is an addition to; An the introduction to the ‘Emotional Wellbeing Tool-kit’. This presentation concentrates on the 4 year process of how this Resource was developed and the feisty, but ESSENTIAL, collaboration of Social work and Clinical Psychology. This will also be presented to the AASW (Australian Association of Social Workers) National Symposium in Hobart on 30 November 2017.