

The background of the cover is a photograph of a sunset over a body of water. The sun is low on the horizon, creating a bright glow and reflecting on the water. A silhouette of a person stands on a hillside with their arms raised in the air. The sky is filled with soft, golden clouds.

# INFUSION

The Tasmanian nursing magazine for ANF Members

## Mental Health It's About People

**also in this issue:**  
Looking After Your Own Mental Health  
Information for Graduates About To Register  
Seniors Week Celebrations

2010  
NOVEMBER



# ANF Representatives Leading The Way

THE INFUSION FOCUS THIS MONTH IS MENTAL HEALTH AND WRITING THIS ARTICLE HAS FOCUSED MY THOUGHTS ON THE RECENT MEETINGS WITH MENTAL HEALTH NURSES IN DIFFERING REGIONS. THEY ARE AN INCREDIBLE GROUP OF PROFESSIONALS WITH THEIR CLIENTS AT THE CENTRE OF EVERY DECISION.

Despite a recent survey of students indicating that 34% wanted to work in mental health upon graduation and specialisation, there remains a shortage of qualified mental health nurses across the State. Unfortunately, this has resulted in the further use of Agency nurses to fill roster shortages which is not a sustainable strategy to meet the longer term workforce planning needs. To further compact the issues, the shortages have led to a gradual dilution in the skill mix, adding pressure on the qualified mental health nurses with increasing legal compliance issues and more recent Coroner's reporting.

However, the problem solving approach has led key mental health ANF Representatives nurses to actively lead the debate on a new career structure to best meet the needs of their clients with a safe skill mix in the team but also to recognise and value their roles with a draft structure that enables all nurses with a desire to specialise a clear pathway into mental health

nursing. DHHS has agreed on a work value study which will ensure equity between health professionals working in a multi disciplinary team. These initiatives should assist recruitment and retention of our highly valued mental health nurses moving forward.

The public sector IBB process continues with further rounds of ANF membership consultation scheduled for November, where ANF will be able to hopefully bring a more substantial package for member's consideration. Our nursing colleagues interstate are also bargaining with some positive outcomes being achieved. Nurses in South Australia are currently considering a three year package which includes wage increase of between 10-14.8%. Additionally, SA nurses have also been granted \$700 pa (\$900 in country sites) per nurse/midwife for professional development. WA nurses have been offered 3.75/4/4.5% over three years, and NSW have been offered 3.9% in 2010 but are still negotiating out years.

Importantly, the Tasmanian outcome must meet our needs and I look forward to consulting with members over a new career structure and a comprehensive package for a new public sector EBA in the next few weeks. ■

Despite a recent survey of students indicating that 34% wanted to work in mental health upon graduation and specialisation, there remains a shortage of qualified mental health nurses across the State.

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Mental Health

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# The value of the NHPPD - the proof is out there!

IN 2003 THE AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION MADE THE NURSING HOURS PER PATIENT DAY (NHPPD) MODEL PART OF THE TASMANIAN NURSING AGREEMENT. THE MODEL HAD BEEN IN USE IN WA SINCE 2002 AND, BY 2008, HAD BEEN SHOWN TO HAVE BENEFITS IN ATTRACTING NURSING BACK TO THE HOSPITAL SYSTEM AND INCREASING NURSING HOURS. HOWEVER THE EVIDENCE FOR IMPROVING PATIENT OUTCOMES WAS LACKING.<sup>1</sup> NOW, 8 YEARS AFTER ITS WA INTRODUCTION, EXAMINATION OF THE MODEL HAS FOUND BENEFITS WHICH SUPPORT ITS CONTINUATION.<sup>2</sup>

The study was a retrospective, interrupted (i.e. happened at a number of separate points in time) occurring between July 2000 – June 2004, thereby capturing a 'before and after' picture of the effect of the model. Three adult teaching hospitals in Perth were included. There was an increase of 313.2 Full Time Equivalent nurses across the state (most in the adult teaching hospitals) and productive hours increased by 3.65% with a decrease in use of agency nurses. [p2]

The investigators found that the model improved a number of patient outcomes as well as improving nursing workloads. While there were differences in benefits across the three hospitals (attributed to differences between hospitals) clear benefits were seen with a "25-26% decrease in mortality rates ... surgical patients had a 54% drop in central nervous system complications, a 17% decrease in pneumonia, and a 37% reduction in ulcer/gastritis/upper gastrointestinal bleed rates" [p7].

The findings supported other studies which have found an increased surveillance of patients by nurses reduce adverse events and death. [p8].

The conclusion reached was that the NHPPD model (and the increased nursing hours) had associated improvements in patient safety. [p8] At the hospital level "[s]even significant reductions in the rate of mortality occurred following implementation of the NHPPD staffing method, four



significant reductions in the rate of sepsis ... two significant reductions in the rates of pressure ulcers, pneumonia, ulcer/gastritis/upper gastro-intestinal bleeds, shock/cardiac arrest, and length of stay occurred and one significant reduction in the rate of CNS complications and deep vein thrombosis occurred. At ward level there have been significant reductions in the rates of five nursing-sensitive outcome indicators following implementation of NHPPD. Four significant reductions in mortality and shock/cardiac arrest occurred, three significant reductions in urinary tract infections and length of stay occurred, and two significant reductions in ulcer/gastritis/upper gastrointestinal bleeds and pressure ulcers occurred ... [p8].

The investigators noted that the NHPPD model was "silent on skill mix" which needs further investigation. [p8]

"This study supports increased

nursing hours achieved through a mandated staffing method, NHPPD benefits patient safety even though the staffing model could be further refined. Accepted staffing norms, based on evidence, would improve patient safety. It is time to act and implement mandated staffing based on the evidence to date" [p8]

Clearly the evidence to date supports full implementation, and continuation, of the NHPPD in the Tasmanian Health System. While the model may be improved the NHPPD provides workloads nurses can manage as well as improving patient wellbeing. ■

<sup>1</sup>Twigg, D., Duffield, C., A review of workload measures: A context for a new staffing methodology in Western Australia, International Journal of Nursing Studies 46 (2009) 132-140.

<sup>2</sup>Twigg, D., et al, The impact of the nursing hours per day (NHPPD) staffing method on patient outcomes: A retrospective analysis of patient and staffing data. International Journal of Nursing Studies (2010), doi: 10.1016/j.ijnurstu.2010.07.03

## Spencer Clinic

A meeting of members was held to discuss ongoing issues relating to skill mix due to a short fall of RPN's at the clinic. Members are calling for the minimum requirement of 2 RPN'S on all shifts.

They are happy to accept 1 RPN on nights in the interim. Members passed a resolution calling on MHS to do a complete restructure and review of clinical nurse positions to meet staffing and skill mix requirements.

Members requested a response within 48 hours or they would instigate a by-pass procedure, close acute beds and ask the ANF to publicise the unsafe staffing skill mix on the unit.

A response was received from MHS management that; two RPN's from area south would be provided temporarily to relieve current vacancies, that a business case was being put forward to increase the two part time L2 positions to full

time positions and extra L2 resources to be considered according to level of acuity to ensure 1 RPN as shift co-ordinator and 1 for high care.

ANF has requested further clarification of the MHS offer in relation to; time frames, use of suitably qualified agency nurses and a policy when two RPN nurses not available in relation to Agency nurses, by-pass policy, bed closures and roster periods. At the time of writing we are awaiting a response.

## NWAHS JCC

A meeting was to be held to discuss the two outstanding issues in relation to 1/ an individual member issue relating to accommodation payment on the West Coast and 2/ an issue relating to parking at NWRH.

This meeting has been postponed to the 26th October due to the unavailability of some members of the committee.

## NWPH

A grievance was commenced outlining a number of concerns that had been raised by nurses at the Campus. The grievance was signed by 20 nurses and requested management to address their concerns within 14 days.

The grievance raised issues related to the whole of campus but also issues related specifically to the Huon and Bass Wards and the Rivindell Clinic.

Matters raised in the grievance relate to excessive workloads, skill mix and issues relating to EN's scope of practice and excessive accountability for RN's required to supervise the EN's, manual handling issues relating to a lack of attendants and a lack of risk assessment and management, limited management structure and staffing numbers.

A members meeting has been scheduled for Monday 11th October to discuss management's lack of response. ■

## Education Grant Report

Traci Lonergan, QVMU, LGH

**THANK YOU ANF FOR THE FINANCIAL SUPPORT WHICH HELPED ME TO ATTEND A THREE DAY ADVANCED PAEDIATRIC LIFE SUPPORT WORKSHOP IN HOBART. THE WORKSHOP FOCUSED ON ACTIVE LEARNING WITH A VARIETY OF LECTURES, GROUP DISCUSSIONS AND SCENARIOS EACH DAY INCLUDING RESPIRATORY, TRAUMA AND CARDIAC EMERGENCIES.**

The candidates who attended were a dynamic group including registered nurses, paediatricians, registrars and resident medical officers. The knowledge gained during this course has increased my knowledge in the areas of emergency response and assessment of the deteriorating patient. Improved assessment skills may enable emergency situations to be avoided, and a more organised response in a time critical emergency may result in an improved outcome. ■



## ANF PROFESSIONAL OFFICER, LEVEL 3, Permanent

ANF is seeking a nurse to fill a new exciting role as Professional Officer. Suitable applicants will be required to have highly developed knowledge and skills in professional issues and representation, policy and submission development and research capability.

This role will represent nurses in professional conduct issues and will work closely with the Secretary to develop Branch submissions.

**For further information and a position description, please contact Neroli Ellis on 0408037589 or [manager@anftas.org](mailto:manager@anftas.org). Applications will close COB on 12 November 2010.**

## UTAS

ANF visited First Year students at UTAS during their Intensives along with Hesta, RBF and MyState Financial with trade tables and a BBQ hosted by ANF. The two days were a great success with new members, some great nursing focused discussions and, of course, freebies. Six lucky students who joined at UTAS won ANF "Nursing the Heart of Healthcare" tshirts with new member Karen saying with enthusiasm that she would "wear it with pride".



Letitia Warlosz, Karen Farelle and Hannah Schuurmans enjoying the ANF barbecue at UTAS Newnham campus

## AGED CARE

### Ainslie House

A visit to Ainslie House also had staff reporting a generally happy workplace. Lots of questions were raised in relation to the upcoming EBA in December 2010 and ANF will keep in touch with members regarding this. Changes to the Poisons Regulations were also discussed.



Heather Curren and Gayle Oakley of Ainsley House

### Presbyterian Care Legana

ANF is continuing to be involved in the Joint Consultative Committee at Presbyterian Care Legana in relation to the opening of a new wing. ANF have raised several questions that relate to safety and security of staff in working in two areas that are geographically separated and will keep members informed of outcomes.



Karyn Parker, Alexis Stocks, Val Ellick and Rep Jim Ivers of Georgetown Hospital

### Toosey

Toosey at Longford were keen for a visit from ANF when it was announced that the Board would be commencing a tender process for the next contract to manage the facility. Staff reported that their strong team approach to care provision and to each other would support them through this process, and ANF will certainly be involved as required by members.

### ACSAG

ACSAG negotiations for Tamar Park and Sandhill were held at the end of September and are due to continue in October.

## Calvary Health Care Tasmania

At time of printing CHCT negotiations had been rescheduled and due to go ahead on the 11th of October, with four Reps attending. Members are hopeful that the workload issues that are by far their number one concern will have some favorable strategies in place after negotiations.

## LGH

At the time of printing ANF is conducting a survey amongst our LGH members regarding car parking at the hospital. ANF believes the survey will be an effective way to determine our members' position in relation to current car parking issues affecting them and what they would like to see resolved in the future with the operation of the new car park. The survey will also outline what members' priorities and requirements are for future parking relating to safety, accessibility and cost. It will also allow members to make suggestions and comments. It is being conducted on-line by Survey Monkey

and will be anonymous. Survey Monkey will collate the information and ANF will then have an accurate reflection of members' priorities and suggestions. ANF will provide the outcome of the survey results to members and management and will include the results in the next Infusion.

At the previous LGH reps meeting the CEO John Kirwan attended and gave an overview of building renovations, current issues he is working through, his vision for the LGH and the Northern Area Health Service and answered many questions from the reps. It was a great opportunity for the reps to have an open and frank discussion with him and present issues they hear about 'on the ground'.

## Georgetown Hospital

A tour with ANF Rep Jim Ivers of Georgetown Hospital and Community Centre found a happy workplace where staff report that they feel supported and can approach management with concerns which is always welcome news to ANF. ■

## AGED CARE

### Corumbene

The Corumbene Nursing Staff Agreement (EA) negotiations are progressing with negotiation meetings scheduled fortnightly at this stage.

Meetings will be held to report back to members on the progress of the negotiations.

ANF Care Staff members have also approached ANF requesting that ANF act as the bargaining representative for the agreement that will cover them. A meeting to discuss this agreement has been scheduled and ANF will provide feed back to members as it becomes available.

### Queenborough Rise

Through the great efforts of our workplace representative Sally Dare a morning tea was held at Queenborough Rise promoting the ANF.

## PRIVATE SECTOR

### Australian Red Cross Blood Service (ARCBS)

The ARCBS is undertaking a pilot program introducing the Donor Services Nursing Assistant (DSNA) role at the Hobart Donor Centre and at the time of writing the Launceston Donor Centre will also be under taking a pilot of the role.

The DSNA role was trialed in several other states (Victoria, Queensland and New South Wales) under a Memorandum of Understanding (MOU) between the ARCBS and the ANF prior to the rolling out of the role in non trial states.

### Calvary Health Care Tasmania

The EBA has been approved by Fair Work Australia, and will operate from the 8 October 2010.

Meetings have been held with management to discuss how several of the clauses will be implemented, for example the 'opt in' package for the theatre.

Terms of reference for the Workload Consultative Committee have now been developed and have been distributed to all parties for comment. There has been interest from some staff members to be on the committee and ANF will be in touch with these people.



Michael Gallagher, Anne Lowe, Lyn Davies and Sarah Haines from Calvary Lenah Valley



Bruny Island Community Health Centre

### Hobart Day Surgery

EBA meetings have begun at HDS with the Log of Claims having been developed. The Log has been endorsed by members and we will now submit it to management.

### Healthscope

Industrial Action was not needed at Healthscope in the South. Following the endorsement of a resolution by members to apply to FWA to undertake a secret ballot to begin Industrial Action, Healthscope returned to the negotiating table with a counter long service leave proposal. Following membership meetings this offer was accepted by members which now brings to a close the negotiations.

A draft agreement is now being developed, and will be forwarded to staff to review once completed.

Well done to all members at Hobart Private Hospital and St Helens Private Hospital. Your strength and show of collectivism was fantastic, and you should all be congratulated!

## Primary Health

### Remote and Isolated Area Nursing

The issues associated with nursing in isolated and remote communities has been raised by nurses working within the states rural and remote/isolated areas.

The ANF has been approached by members and community groups on these issues. In response the ANF has approached the Office of the Chief Nurse and Allied Health Officer to discuss these issues. As a result the ANF has requested a stakeholder round table to ensure a proper consultation process on all issues affecting nurses working in the state's isolated areas.

As of the time of writing no dates have been put forward for these meetings, ANF members will be updated as further information becomes available. ANF will also be seeking input from members working in remote and isolated areas in the development of strategies to resolve the issues. ■

# Seniors week review

SENIORS WEEK HAS BEEN AGAIN. HAPPENING IN THE FIRST WEEK IN OCTOBER, THIS IS A GREAT TIME TO SIT BACK AND THINK ABOUT THE CONTRIBUTION THAT OLDER AUSTRALIANS MAKE TO THE WORKFORCE AND THE COMMUNITY.

Last year ANF held a morning tea in Hobart to thank our more senior members for their contributions to nursing in Tasmania. This was a successful occasion, and those in attendance enjoyed the chance to catch up, remember the 'good old days' and look at how nursing has changed through the years.

**This year, we made our celebrations bigger and better. ANF held a free morning tea for our members aged over 55 and their families in the three major regions during Seniors Week.**

These events were proudly sponsored by HESTA in the south and RBF in the north and north-west.

All three events were a success, with those attending receiving a bag of goodies in appreciation of their presence. Bill Dermody attended in Hobart, and appreciated that older nurses were being recognised and celebrated. "I would encourage all mature aged nurses to attend next years event" he said.

Seniors Week is also being celebrated by our members working in aged care, with some worksites holding their own morning tea on site for staff. Queenborough Rise took a different angle, and chose to focus their morning tea on their care workers, promoting the benefits of ANF membership for PCAs and the educational opportunities that being an ANF member can offer.

Congratulations to those members who are willing to take the time to organise such an important event and recognise the valuable contribution of our older community members. ■



*Penny Arnold, Lyn Johnson, Jeanette Lander, Veena Piper, Libby Henry and RBF Representative Louise Pybus at the Devonport morning tea*



*Lucky Door winner Deb Boxall, Prem Dove, Maree Gervan, sponsor Alison Dixon from HESTA and Diane Hayes enjoying morning tea in Hobart*



*Clare and Stephen King enjoying morning tea at The Old Woolstore*



*Dot Newman and Lorraine Bailey enjoying morning tea at The Old Woolstore*



*Neroli Ellis and Judith Williams enjoying Seniors Week in Hobart*



*Noelene Burdred and Alison Crisp at the Seniors Week morning tea in Launceston*

# Department of Psychiatry RHH - Education Leads the Way

By Peter Handley  
Department of Psychiatry

THE FORMER DEPARTMENT OF PSYCHOLOGICAL MEDICINE (DPM) ONCE PART OF THE DIVISION OF MEDICINE AT THE ROYAL HOBART HOSPITAL (RHH) HAS NOW BEEN INTEGRATED WITH STATEWIDE MENTAL HEALTH SERVICES. THE DEPARTMENT NOW INCLUDING THE FORMER PSYCHIATRIC INTENSIVE CARE UNIT (PICU) HAS BEEN TRANSFORMED TO COLLECTIVELY BE KNOWN AS THE DEPARTMENT OF PSYCHIATRY (DOP). THIS PROCESS, WHICH IS ONGOING, HAS PRODUCED MANY CHALLENGES. THE PAST 14 MONTHS HAS NOT BEEN WITHOUT ITS HICCUPS BUT ONE OF THE POSITIVE OUTCOMES OF THE INTEGRATION HAS BEEN THE DEVELOPMENT AND DELIVERY OF A COMPREHENSIVE EDUCATIONAL PROGRAM.

Utilising the designated overlap period between the early and late shifts DoP has developed a comprehensive

educational program that provides the opportunity for staff to meet the national registration requirements for nurses.

Additionally, the education program is designed to meet Mental Health Services core competencies as well as RHH mandatory requirements. There has also been an introduction of weekly peer group clinical supervision (led).

A "hub" of eight computers has been created for access to e-mail and online training with a particular focus on Mental Health Professional On-line Development (MHPOD) and HoNOS.

Community Service Organisations participate in the delivery of educational sessions thus enhancing the development of a recovery focus to patient care. Staff have embraced the recovery philosophy to individualise the patient's treatment whilst in hospital and their ongoing management in the community upon discharge.

This exciting approach to previously

underutilised time has been achieved through the appointment of a Clinical Nurse educator who has transformed the approach to education. The staff have demonstrated an abundance of goodwill and a desire to assist to achieve affirmative outcomes for the patients and themselves.

In addition to education, considerable work has been done to achieve a streamlined morning handover at the Morning Unit Meeting. This meeting is attended by all members of the multi-disciplinary team and a total of 52 patients are handed over in 30 minutes. Achieving this level of information transfer has required a level of sophistication as well as a co-operative and collaborative approach to determine the type and quality of the information to be addressed.

The revamped handovers are designed to provide a solution focused orientation leading to improved patient outcomes and a more meaningful exchange of information for the staff. ■

## A Positive Spin on Mental Health Nursing

Alison Claridge RPN,  
ANF Rep Spencer Clinic, NWRH

I WANT TO WRITE A POSITIVE ARTICLE ABOUT MENTAL HEALTH NURSING.

THERE IS SO MUCH NEGATIVITY - LACK OF RESOURCES, INADEQUATE FACILITIES, DEFICITS IN FUNDING, MAJOR STAFF SHORTAGES ETC. IT'S ALL TRUE OF COURSE! HOWEVER AS THIS IS BEING READ BY NURSES I'D LIKE TO ASK A QUESTION ... WHY DO WE HAVE SUCH TROUBLE WITH RECRUITMENT WITHIN MENTAL HEALTH SERVICES?

Mental Health is probably not *physically* demanding but it is hard work.

You don't have the fixed routine, the hi-tech equipment or maybe the life saving adrenaline rush of other areas. You may be sitting listening to your client; you may be walking with them and you may be privileged to hear intimate and often emotionally painful details of their life story. There is an investment in the building of relationships. More than in any other

field, your client will return to your care time and time again. It's no reflection on their treatment it is simply the nature of chronic mental illness. With each admission interpersonal relationships suffer as having a mental illness is frightening, frustrating, depressing and often associated with isolation.

It has been calculated, I believe, that around one third of people presenting to their GPs suffer a diagnosable mental disorder. These can be a complex combination of biological, psychological and social factors. Empathetic listening, non-judgmental care and respect are vitally important but have to be based on sound academic knowledge and assessment skills.

Our workload continues to grow and we are ageing!

We need new interest in this field so why not give it a go?

I can guarantee you will not find a more supportive, caring team of colleagues.



Alison Claridge during her ADC presentation on the Duress Alarm System implemented at NWRH Spencer Clinic

Or are you challenged by the fact that you may fit into this environment a bit too well!!! ■

# MENTAL HEALTH

COMMUNITY MENTAL HEALTH NURSES IN THE SOUTHERN REGION HAVE BEEN DEVOTING TIME IN THEIR HECTIC WORK SCHEDULE TO HAVE REGULAR MEETINGS TO IDENTIFY ISSUES AND DEVELOP STRATEGIES TO ENSURE THEIR WORKFORCE IS SUSTAINABLE AND THE GROWING NEEDS OF THE SERVICE CAN CONTINUE TO BE MET.

One very positive and valuable action is the development of a State-wide email communication tree providing an opportunity for their colleagues in the North and North West to have input into the development of any strategies. To date over 50 mental health nurses participate in the email tree.

The ability to successfully communicate with colleagues across the State has been pivotal to the work being done by the State-wide sub group of the Mental Health Industrial Consultative Committee which was set up to review the recruitment and retention of Community Mental Health Nurses.

**It is very rewarding to know that issues vital to community mental health nurses such as equitable remuneration with Allied Health colleagues, skill mix of the multidisciplinary team and a career path which offers increased opportunity and support for entry level into the community team have been developed with broad consultation.**

Our Southern Mental Health ANF Representative, Ros Gorrie should be congratulated for her tireless efforts in keeping her colleagues motivated and actively participating.

Of course Ros has not done this on her own, she has been strongly supported by her colleagues.

We can achieve so much more by doing it together. ■

# the beat

On the heart beat for November - What is the biggest issue in mental health today?



**Mark Hankinson - NUM, Hampden Unit, St Helens Private Hospital**

The biggest issue in mental health today is the actual access for patients to see psychiatrists. There is a lot of money spent on general health but emotional and psychological health seems to be neglected. The Federal Government is starting to spend more but it is still a drop in the ocean compared to the amount of people that are out there that don't have equal access to mental health services.



**Sharon O'Sullivan - NUM, Mother Baby Unit, St Helens Private Hospital**

A big issue for us is that we are the only mental health inpatient unit in the state that takes mothers and their baby's into care and we only have six beds. Post natal depression is a big issue for us. Health professionals are now quite aware and educated about post natal depression patients but the women put it down to tiredness and the stigma of having a mental health illness is too great for them to think about for themselves.



**Barry Doverty - Hampden Unit, St Helens Private Hospital**

I don't think there's enough follow up or after care when a patient is discharged. It's good when they are in hospital but when they are discharged they have no interaction with any medical team. Because of this we end up with a revolving door system whereby the patients stop taking their medications, they're not being followed up by any medical care at all so they come back into hospital pretty quickly. If they had been followed up they would have been able to maintain their health and wellbeing for much longer.



**Joanne Triffitt - Roy Fagan Centre**

The biggest issue in mental health nursing at the moment is probably the issue of safety in the workplace. This effects the skill mix - inadequate resources, staff and equipment. At this point in time we feel that we don't have adequate levels of those so we would like as a group in the ANF to look at this issue as a high priority in the next 12 months.



**Tony Aylward - Peacock Centre**

The difference in pay parity between mental health nurses and allied health nurses is all about industrial awards. The Allied Health Industrial Award has professionals doing the same role as us and they get \$12000 a year more on average than a mental health nurse. These inequities need to be addressed to attract new people to the sector. All of the older mental health nurses like myself are going to be gone in the next 5 years so there needs to be people to replace us. It is all about fairness, equity and justice.



# Smoking in prisons: some issues

David Noble,  
ANF Rep Risdon Prison Complex

DAVID IS CURRENTLY UNDERTAKING STUDY IN ADVANCED CLINICAL PRACTICE AT TAS UNI THROUGH A DHHS SCHOLARSHIP. THIS PIECE IS A SUMMATION OF A MAJOR WORK ON THE COMPLEX ISSUE OF SMOKING IN PRISONS. IT INVOLVES THE RIGHTS OF THE INDIVIDUAL VERSUS THE RIGHTS OF THE GREATER SOCIETY.

Each year over 4000 Australians die from smoking related diseases. The issue is, these people never smoked. They were exposed to the toxin laden fumes of secondhand smoke from those around them who chose to. Secondhand smoke includes over 4000 chemicals compounds with 250 identified as carcinogenic. The US department of health says there is no safe limit of exposure to secondhand smoke and ventilation and cleaning does not adequately remove the dangerous elements of cigarette smoke from the air.

Large scale public campaigns over many decades have effectively reduced the rate of smoking in Australia from around 30% in the mid eighties, to just over half that at 17% today. However smoking remains entrenched in some groups in society, such as indigenous Australians (51%) illicit drug users, (71%) and the mentally ill (62%). These figures are reflected in socio economically disadvantaged and poorly educated communities, of which these three groups all too often belong.

Prisons have a high representation of these groups, and smoking rates amongst prisoners across the western world is around 85%. While smoking restrictions have been imposed on the general society, jails seem to have escaped these measures. The reasons for this are many, but boil down to the fact that firstly, tobacco represents a significant part of prison culture, it acts as a stress reliever, social lubricator, unofficial currency and one of the few pleasures still available to the incarcerated. Secondly there is a legal complexity surrounding health and safety laws and places of residence, with a prisoner's cell considered their home.

Despite a cell being considered a residence, a prison is still a place where people work, and they are entitled to a safe environment. Prison staff are required to enter cells all the time. It is also impossible to prevent secondhand smoke making its way from the cells to communal areas.

In response to the risk of litigation, all US Federal prisons, and 24 state prisons are smoke free indoors, and most Canadian prisons have a total ban. But it is not as easy as simply banning smoking. A prison in Quebec banned smoking and within days had reversed that decision due to riots. A study of smoking withdrawals in a US prison following a ban found that 76% of inmates continued to smoke despite the ban, making a mockery of it all.

Prisons are also full of heavy smokers. They are resistant to the measures

aimed at the general public to reduce or quit smoking. Nicotine replacement therapy (NRT) has been available to prisoners for many years but this alone is inadequate. To maximise the chances of quitting, studies show that a combination of NRT, pharmacotherapy (i.e. Zyban, an antidepressant) and counselling are required. Fundamentally a desire to quit is needed.

75% of incarcerated smokers indicated a desire to quit. Introducing an evidenced based cessation program alongside carefully considered smoking bans in prisons could well reduce the rates of smoking in a group with an already high burden of disease, as well as protect non smokers from the dangers of secondhand smoke from all those cigarettes. ■

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Cropsey, K & Kristeller, J 2005, 'The effects of a prison smoking ban on smoking behaviour and withdrawal symptoms', *Addictive Behaviours*, vol. 30, pp. 589-594.

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Office of the Surgeon General 2007, The Health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General, US department of Health and Human Services, <[www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet1](http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet1)>

Proescholdbell, S Foley, K Johnson, J & Malek, S 2008, Indoor air quality in prisons before and after implementation of a smoking ban law, *Tobacco Control* vol 17, pp 123-177

Scollo, M & Winstanley, M 2008, Tobacco in Australia: Facts and issues, Cancer Council Victoria, [www.tobaccoinaustralia.org.au/chapter15-smokefree-environment](http://www.tobaccoinaustralia.org.au/chapter15-smokefree-environment) and Chap4-secondhand.

# Mental Health Nursing

Coral Muskett,  
Statewide DON - Mental Health

**THE 37TH INTERNATIONAL MENTAL HEALTH NURSING CONFERENCE WAS HELD IN HOBART AT THE GRAND CHANCELLOR RECENTLY WITH A RECORD REGISTRATION ATTENDANCE. OVER 475 MENTAL HEALTH NURSES FROM ACROSS AUSTRALIA ATTENDED OUR STATE AND OVER 40 STATE-WIDE AND MENTAL HEALTH SERVICES (SMHS) TASMANIAN STAFF AS WELL AS 5 CONSUMER AND CARER REPRESENTATIVES WERE FUNDED TO ATTEND.**

A number of staff presented posters and papers at the conference, all of which were well received. All key note speakers and the concurrent papers were of a very high standard and a number were very thought provoking and inspiring in addressing practice development and ongoing professional growth for a rapidly aging workforce.

At the conference the Minister for Health also formally launched the new Standards of Practice for Australian

Mental health Nurses 2010. A hardcopy was issued to participants at the conference and members wishing to access an electronic copy can do so from the following web address: <http://www.acmhn.org/news-a-events/publications/college-publcations.html>

In addition to the revision for the Standards of Practice for Australian Mental Health Nurses the new service standards have also been released. These standards are the ones against which all mental health services undergoing any accreditation process will be measured. It is also important therefore if you are working in this area to have some knowledge of these standards. A copy of the standards can be accessed through the ANF office.

SMHS is also sponsoring and assisting in bringing another International Practice Development School to Tasmania (in collaborations with Professor Mary Fitzgerald from the Royal Hobart Hospital). Several staff members will be co-facilitating for what is shaping up to be another quality professional



development activity and places are filling rapidly. The event is to be held in Launceston at the Newnham campus of the University of Tasmania from 25th to 29th October 2010. Enquiries from interested mental health nurses can be made direct to Cat Schofield, Strategic Nurse Coordinator (Mental Health Services) on 6230 7817. ■

## Staying mentally healthy

**WE ALL KNOW THAT NURSING IS A HIGHLY STRESSFUL PROFESSION. UNFORTUNATELY WHILE NURSES HAVE MASTERED THE ART OF CARING FOR THE PHYSICAL AND EMOTIONAL NEEDS OF OTHERS, THEY TEND TO FORGET HOW TO CARE FOR THEMSELVES AND EACH OTHER.**

In their daily work nurses confront many challenges and intensely rewarding experiences, but they are also constantly confronting huge emotional and professional demands. This, together with the tendency to put patients first and the constant attempt to meet the expectations of society, managers, institutions, and even themselves, places nurses in a high risk category for physical and mental ill-health due to the ongoing exposure to stress. While significant progress has been made in managing physical risks associated with their work, the same level of progress has not been made where risks to our mental health are concerned.

Inevitably nurses do find that some sources of stress are difficult to eliminate. However, with a raised awareness of some of the signs and symptoms that indicate where stress might become a problem, and through attaining some skills and strategies to assist with overcoming some of the pressures, nurses will be better equipped to avoid the seriously negative impacts of stress.

Following are some proven ways of managing stress:

- Learn to challenge thoughts and assumptions as this can change the way you think and feel about situations. With the high level of day-to-day pressure faced by many nurses it is easy to fall into unhelpful (negative) thinking patterns. The trick is to recognise these patterns and work towards changing them.
- Build relaxation techniques into your day and practise regularly to improve these skills that can control your emotions and improve your physical well being.

- If you notice stress symptoms talk to someone, even talking to a friend can be beneficial and can reduce the length of a stress response<sup>1</sup>.
- Take advantage of the Employee Assistance Program (EAP), if your institution has one. If you were feeling unwell you would go to a GP, so if you notice symptoms of stress access the EAP.

Karen Mace is a Registered Nurse, Educator and Qualified Counsellor with her own counselling practice, Healing Place Ministries. ■

For more information the following resources are helpful:

The NSW Nurses' Association offers a free publication, the Nurses Stress Management Booklet <http://www.nswnurses.asn.au/infopages/5696.html>

Davis, M., Eshelman, E.R., and McKay, M 2008, *The Relaxation and Stress Reduction Workbook*, New Harbinger Publications, Oakland.

Williams, C 2010, *Overcoming Anxiety, Stress and Panic, A Five Areas Approach*, Hodder Arnold, London.

<sup>1</sup> Davis, M., Eshelman, E.R., and McKay, M 2008, *The Relaxation and Stress Reduction Workbook*, New Harbinger Publications, Oakland, p.10.

# From Balancing Act to Community Building

Matt Tyson,  
ANF Student Rep

SOME TIME AGO A VERY ENTHUSIASTIC MAN BURST INTO ONE OF LECTURES TO TELL HOW WE AS STUDENTS COULD TRAVEL TO THE FAR FLUNG REACHES OF THE GLOBE AND HELP THOSE LESS FORTUNATE THEN OURSELVES. THE IDEA OF TRAVEL APPEALED AND FOR A MOMENT MANY CONSIDERED THE PROPOSAL ..... FOR A MOMENT.

The idea of building toilets or a school and paying for the privilege (building materials and labour) took the shine off the concept for most, who slipped quietly back into that state of half conscious that one adopts for a Monday morning lecture. Luckily some in the cohorts are made of more enthusiastic stuff and Rachel Reid defiantly falls into this category.

From Devonport, Rachel is currently a second year Bachelor of Nursing student at the UTAS – Newnham campus. Describing herself as a bit of a nerd when it comes to study, she is a member of RUSTICA (UTAS Rural Health Club) and a student member of the ANF and RCNA. Somehow she

manages to balance working, study, boyfriend, her passion for the gym and a social life into a mere 24 hours (one assumes there is some sleep in there somewhere). Yet she is never too busy to help another student with their work or to make time for a chat (it can make one tired just thinking about it). Enjoying the independence of living away from home and the social aspect of living on campus, Rachel admits to missing her family, especially her Jack Russell, Josie. You would think someone this busy would be looking forward to the long summer vacation, a chance to unwind and recharge the batteries, but instead this summer Rachel will be donning a hard hat and tool belt and setting off to Fiji to carry out much needed repairs on local schools as well as educating children on the importance of hygiene.

Rachel admits that it's going to be a challenge. As well as acquiring the skills more suited to a tradesman it will provide an opportunity to put the lessons learnt on culture awareness and safety into practice.

Where many dismissed the idea of venturing abroad to assist in the strengthening of communities for

# SWOT

STUDENTS WORKING ON TOMORROW



Rachel Reid heading to Fiji

whom maintaining basic health is a challenge and education a luxury, Rachel embraced it and is currently hard at work preparing for her adventure.

As well as airfares, Rachel will be footing the bill for the material and the trade people who will teach her the skills she will need to complete the task. With the exception of a few small donations, Rachel raised the necessary funds by tirelessly selling chocolates as well as collecting clothes and children's books for the community she will be working with.

We wish Rachel all the best for her Fiji challenge. ■

## Hoodies, Catherine Gayton

EARLIER THIS YEAR CATHERINE GAYTON, PRESIDENT OF NAMSS, APPROACHED ANF WITH THE IDEA OF DOING SOMETHING TO RAISE AWARENESS OF ANF AMONGST THE STUDENT POPULATION, AND ALSO GIVING THE NURSING STUDENTS SOMETHING THAT WILL HELP THEM REMEMBER THEIR TIME AS STUDENTS ONCE THEY GRADUATE.

Being still in the tail end of a rather cold winter, she decided that the students would love a warm, stylish, affordable hoodie. With Catherine's assistance, the hoodies have been chosen, designed and ordered and are now available for purchase.

So far the hoodies have been really popular, and after selling them at the HUB in Hobart and at nursing barbecues held at the Newnham campus, ANF have had to place a second order to keep up with demand. It could even be said that they have reached 'cool' status among the students!

If you would like to buy a hoodie you can come to the ANF Hobart office, 182 Macquarie Street, where they are available for \$35. ■



Organiser Erin Smallbon and NAMSS President Catherine Gayton

# UNDERGRADUATE EN/RNS SEEKING FIRST REGISTRATION

## ARE YOU PLANNING ON GRADUATING AND GAINING YOUR REGISTRATION IN 2010 / 2011?

If so then this information is for you.

- The Australian Health Practitioners Regulation Agency (AHPRA) is requesting that applications be completed and forwarded by students now, so that they can begin to be processed. This is due to anticipated workloads and therefore delays in the registration process.

## REGISTRATION FORMS SHOULD BE DOWNLOADED FROM THE AHPRA WEBSITE WWW.AHPRA.GOV.AU.

- The course requirements at this stage do not have to be met – you can put in your application form and your academic transcript can be forwarded at a later date.

This will prevent any unnecessary delays following graduation.

- You will still need to fulfill all other components of the form

including identity checks.

- Please ensure you read the criminal history declaration carefully and provide all information necessary.

If you have any queries please do not hesitate to contact the ANF Information Office on 6223 6777, 1800 001 241 (outside Hobart area) or email [info@anftas.org](mailto:info@anftas.org). ■

*Authorised: Neroli Ellis  
Branch Secretary 30 September 2010.*

# Equal Pay Day - A Call for Action on Pay Equity in Tasmania

TO MARK EQUAL PAY DAY 2010 THE UNIONS TASMANIA WOMEN'S COMMITTEE ORGANISED A BRUNCH FOR FIFTY PEOPLE AT THE ROYAL BOTANICAL GARDENS IN HOBART WITH TASMANIA'S NEW ANTI-DISCRIMINATION COMMISSIONER, ROBIN BANKS AS GUEST SPEAKER.

Equal Pay Day marks the date on which women's annual earnings reach the same as men's in the previous financial year. This year Equal Pay Day fell on Saturday Sept 4th, 66 days after the end of the financial year. "That's 66 extra days women would have to work to earn the same as men in this country," Unions Tasmania secretary, Simon Cocker said.

Women now make up half the workforce and they are more educated and skilled than ever, yet men are still earning more. A serious outcome from this situation is that women end up with less than half the superannuation savings of men.

Despite pay equity being part of the Tasmania Together goals, the pay gap has widened by \$2 from May 2009 to May 2010 with full time working women earning on average \$142.20 a week less than men. The Tasmania Target is to have women earning 95% of the income of men by 2010 and 100% by 2020. The state is over five years behind in achieving these targets with the current figure just under 90%.

The gender pay gap has a detrimental impact across the whole economy.

- NATSEM estimates that the average

Australian woman will earn almost \$1 million less over her lifetime than the average Australian man.

- Female tertiary graduates earn \$2000 less than male graduates in their first job, and \$7500 less after 5 years in the workforce.
- Women are two and a half times more likely to live in poverty in their old age than men.
- A new survey of 1100 professional women by the Association of Professional Engineers, Scientists and Managers Australia (APESMA) found that nearly half (47.4%) said their career progress had been affected by a male-dominated workplace culture.

Women earned the right to equal pay back in 1972 after decades of having

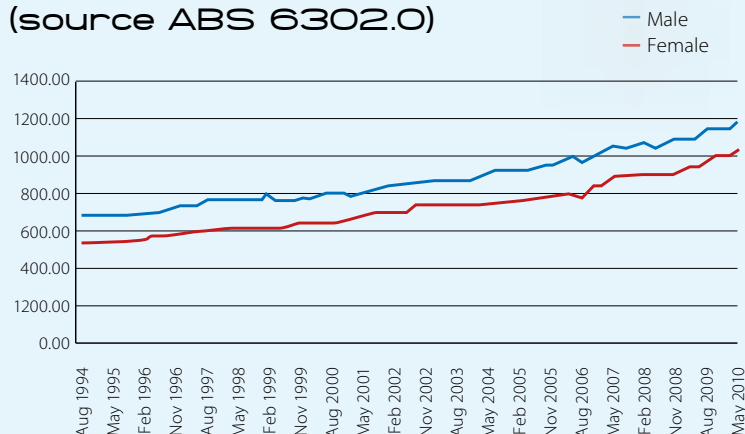


*Equal Pay Day Breakfast*

their wages set at a lower rate than men, however this has not translated into a fair and equal outcome.

Robin Banks called on unions to engage in the development of a Tasmanian Charter of Rights. Our rights at work are human rights and should be included in such a charter. ■

## The Gender Pay Gap in Tasmania (source ABS 6302.0)



# Mushroom Growers evening

ANF WAS INVITED AND WERE PRESENT AT A WONDERFUL EVENING OF MUSHROOM FLAVOUR, FUN, SCIENCE AND NUTRITION ON A NIGHT IN SEPTEMBER.

The evening was held at Moorilla Estate, where guests were treated to fabulous food demonstrations by Pam Tobin, who cooked up delicious recipes we could all do at home. Accredited Practicing Dietitian Maree Taylor discussed the health of Tasmanian children, and what we can all do to curb the obesity crisis and Hobart Nutritionist Glenn Cardwell detailed the amazing new research on mushrooms and how wonderful they are for our health – Low GI, low in fat and high in Vitamin D!

The food was lovely and prizes were won.

All who were present had a wonderful evening, and we thank the Tasmanian Farmers for an invitation to their lovely evening.



Pam Tobin during her cooking demonstration at the Mushroom Dinner

## New Reps

Lee-Anne Lennard – Queen Victoria Nursing Home

Christine McCracken – District Nurses

Teresa Skerratt – LGH Diabetes Centre

## WANTED

Experienced Registered Nurse

For busy and friendly northern suburbs general practice.

2 well equipped treatment rooms.

Four sessions per week available; Shared holiday cover with 1 other nurse.

Hours 9am – 5.30pm

Resume to PO BOX 200 Claremont 7011

Do you know a job seeker who is interested in a career in caring for the aged?\*

ANF is offering free\* training in:

- Certificate III in Aged Care Course commencing January 2011

Register your interest NOW

Phone 6223 6777 or email RTOassist@anftas.org

\* Subject to eligibility. This training program is jointly funded by the Commonwealth Government and Skills Tasmania

# STOP PRESS NOTICE

Biennial re-elections are currently in progress.

Watch out for notices posted in your workplace.

## WORKED IN UK for 3+ years?

YES? THEN YOU ARE PROBABLY ENTITLED TO A UK STATE PENSION. (Nationality irrelevant)

DO YOU WANT TO KNOW MORE ABOUT THIS POTENTIAL EXTRA RETIREMENT INCOME?

YES? THEN CONTACT (BPiA) BRITISH PENSIONS IN AUSTRALIA

HOW? PHONE 1300 308 353 OR VISIT [www.bpia.org.au](http://www.bpia.org.au) OR EMAIL [bpia@people.net.au](mailto:bpia@people.net.au)

A 20% UK STATE AGE PENSION FOR PENSIONER WITH A DEPENDENT SPOUSE GENERATES AN ANNUAL INCOME ABOVE \$2600

BPiA is a non profit volunteer association of British Pensioners dedicated help others who have worked in the UK, discover their UK pension entitlement and to force the British Government to index the UK State age pension annually.

BPiA is a non profit volunteer association of British Pensioners dedicated help others who have worked in the UK, discover their UK pension entitlement and to force the British Government to index the UK State age pension annually.



# Professional Development



WWW.ANFTAS.ORG YOU CAN NOW REGISTER AND PAY FOR EDUCATION SESSIONS ON THE ANF WEBSITE. PAYMENTS ARE THROUGH PAYPAL. SAFER. SIMPLER. SMARTER.

## Wound Care Winners - 2 DAY - Wound Course

Day 1 – 17th March 2011 – **Wound Care Dynamics** – very limited spaces for Day 1 ONLY - wound assessment, product selection, graft and donor site care, pressure ulcer staging and skin tear management.

Day 2 – 24th March 2011 – **Wound Winners** –workshop style course providing more hands on and in-depth information on managing wounds including Doppler assessment and lower leg compression.

VENUE: CCAMLR, 181 Macquarie Street, Hobart

TIME: 8.30am – 3.30pm

DATES: 17th and 24th March 2011

COST: \$220.00 for 2 days including lunch (non ANF members – \$280)

Day 1 only \$120.00 (non ANF members – \$150)

## FOOT CARE & MANAGEMENT

### Working with the High Risk Foot – Assessment and Management.

#### Sessions for Nurses and Midwives

Devonport: Thursday 25 November 4:30 – 6:30 pm

Venue: Mersey Yacht Club, Anchor Drive, East Devonport

Presenter: Community Podiatry North West

## THE NURSE PRACTITIONER ROLE

### Understanding the Nurse Practitioner role – Collaboration, Autonomy and Leadership in Health for Nurses and Midwives

Launceston: Thursday 11 November, 6:00pm – 8:00pm

Venue: Hotel Grand Chancellor, 29 Cameron Street, Launceston

Presenter: Michelle Woods – NP

Devonport: Thursday 4 November, 6:00pm – 8:00pm

Venue: Mersey Yacht Club, Anchor Drive, East Devonport  
Presenter: Giuliana Murfet – NP/NUM

## AGED CARE

### Assessment and Management of the Frail Aged Client – Presentation and Beyond – A Multidisciplinary Approach for nurses and care workers

Launceston: Tuesday 23 November,

Time: 5:00 – 7:00 pm

Venue: Hotel Grand Chancellor, 29 Cameron Street, Launceston

Presenter: HALT (Hospital Aged Care Liaison Team)

## IMMUNISATION & INFECTIOUS DISEASE

### Infectious Diseases of Current Concern and the Importance of Immunisation for Nurses, Midwives & Care Workers

Hobart: Tuesday 16 November, 6:00pm – 8:00pm

Venue: CCAMLR, 181 Macquarie Street, Hobart

Presenter: Lynne Andrewartha – Public Health Nurse

Launceston: Wednesday 17 November, 6:00pm – 8:00pm

Venue: Hotel Grand Chancellor, 29 Cameron Street, Launceston

Presenter: Tanya Panitzki – Nurse Immuniser

Devonport: Thursday 18 November, 5:00pm – 7:00pm

Venue: Venue: Quality Hotel Gateway Inn,

16 Fenton Street, Devonport

Presenter: Tanya Panitzki – Nurse Immuniser

## PROFESSIONAL AND ETHICAL ISSUES FOR NURSES AND MIDWIVES

### Ethical Dilemmas in Everyday Nursing Practice

Hobart: Thursday 11 November, 6pm – 8 pm

Venue: Rydges, Argyle Street (cnr Lewis Street) Hobart

Presenter: Dr Anita van Riet – Centre for Applied Philosophy (CAPE) UTAS

### Cost - 2 hour sessions

\$25 ANF Members

\$15 ANF Student Members

\$50 Non Members\*

\$30 Student Non Members\*

\*If positions available

**For dates, registrations or more information please visit [www.anftas.org](http://www.anftas.org), contact the ANF Office on 6223 6777, 1800 001 241 (outside Hobart area) or [educationassist@anftas.org](mailto:educationassist@anftas.org)**

### Continuing Professional Education Online

[www.anftas.org](http://www.anftas.org)

**Just one click and you're on your way.**

\$7.70 per topic for ANF members

\$22.00 per topic for non members

ANF members can record continuing professional education portfolio online, which can be printed for your records.



# Start planning for your retirement now



## A word from RBF



Louise Pybus,  
Business Relationship Officer, RBF

### What sort of lifestyle do you want to lead in retirement?

The action you take today will help determine what sort of retirement lifestyle you have. It is never too early or too late to start your retirement planning.

advice to suit your needs and help you achieve your goals. Planners with RBF Financial Planning are experts in RBF and can also provide advice on non RBF products.

#### 1. Get involved now

Making additional contributions to your superannuation now can make a huge difference to the type of lifestyle you have in retirement. It is estimated that to maintain a comfortable standard of living in Tasmania, a single person needs approximately \$39,000 a year. The Commonwealth Age pension at the moment is around \$18,000. Do you think you can live on this? If the answer is no, think about making extra contributions to your superannuation now.

#### 2. Consider getting professional information or advice

It may be worth sitting down with a Superannuation Consultant to discuss your situation. A Financial Planner can tailor their

#### 3. Don't forget about Centrelink

Talking to Centrelink is important, especially if you are getting close to retirement. Centrelink provide free and independent financial information through their Financial Information Service (FIS). Contact them on 13 23 00. You do not need to be receiving a Centrelink benefit to use this service.

#### 4. Set some goals

Think about setting yourself some financial goals and planning how you are going to achieve them. Do you want to go on a holiday? Pay off your mortgage? Contribute more to superannuation? Consider working out a budget to help you balance daily living costs against achieving long term results. You might surprise yourself when you find out where your money goes.

#### 5. Keep up to date

If you are an RBF member, subscribe to RBF's Supernews service to get up to date information. This service provides regular market commentary, keeps you informed about changes to tax and superannuation legislation and is a great way to stay informed.

Go to [www.rbf.com.au](http://www.rbf.com.au) and subscribe today.

### Contacting RBF

For general enquiries or to arrange an appointment call **1800 622 631**. To speak to Louise about arranging a work place visit call her on **6336 4416** or [louise.pybus@rbf.com.au](mailto:louise.pybus@rbf.com.au)



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