

PART B

‘Nurses, Caring for Nurses and Midwives’

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

To best understand the significant contribution the Nursing & Midwifery Health Program Victoria (NMHPV) has made to the field of mental health it is important to explain the context of how the Program came to be.

At their core, nurses and midwives are selfless individuals. They care for others, give of themselves to others and are typically known for putting themselves last in the order of things. At times this is to the detriment of their own health and wellbeing.

This culture of giving has continued to grow through the decades, resulting in an ever-increasing expectation by those within and outside of the nursing and midwifery professions to continue to ‘do more’. A by-product of this culture is that “Nurses have topped the annual survey as Australia’s most trusted profession for 23 years running since being included for the first time in 1994” (Roy Morgan, May 2017).

Nurses and midwives state this societal attitude places greater pressure on them to continue to push on, even when they are experiencing challenges to their mental health such as anxiety and depression. This continues to place nurses and midwives at a higher risk of experiencing their own mental illness, ironically due to the work they do to support the public to heal from their illnesses.

This ‘stiff upper lip’ culture has led to nurses and midwives remaining silent when they identify their own symptoms of mental impairment, or ultimately succumb to a mental impairment. Over time, many have tried to cope in isolation and perished, others ignored their own, and others, symptoms only to succumb to more significant health impairments and some reached out for help, only to be punished as a result. This has promoted a culture of fear and silence, perpetuating the stigma associated with mental illness in the professions.

This significant body of anecdotal evidence was supported by the work of Dr Cally Berryman who in 2003 found nurses’ health impairment was something which was “kept secret and nurses become emotionally isolated and separated from the profession”, perpetuating nurses reluctance to reach out for help.

This prompted a conversation about how the professions could better support Victoria’s nurses and midwives. What resulted was a small group of Victorian nurses approaching the Nurses Board of Victoria, the Australian Nursing & Midwifery Federation (Victoria Branch) and the Victorian State Government in 2004 to propose the development of a nurse and midwife specific health service.

In June 2006 the Victorian Nurses Health Program (the name was changed to Nursing & Midwifery Health Program Victoria, NMHPV, in 2011) opened for service, providing a free, confidential and independent service for all Victorian stakeholders. The NMHPV was the first discipline-specific, case-management support program of its kind in the world and this remains true today.

As a result, since June 2006, the NMHPV has provided direct, individually tailored support to approximately 2,100 Victorian nurses, midwives and students of nursing and midwifery. It has assisted approximately 260 employers, who are directly linked to those 2,100 clients, to support their nurses and midwives to remain in the workplace or with help to return to work. In addition, it has fielded several thousands of calls from the variety of stakeholders who have sought information, guidance and advice for a matter related to the health and wellbeing of Victorian nurses and midwives.

Further, and to complement the direct service provision, the NMHPV has made a significant contribution to the field of mental health in Victoria by continuously and consistently promoting the important message of prevention and early intervention in the area of mental health.

This work started through conversations with Victorian stakeholders in 2006 and has continued to provide a forum for the discussion to continue since. The dialogue, which is delivered in a variety of education forums to a variety of audiences, is designed to reduce the stigma associated with having a mental illness and to normalise the act of 'help-seeking' as an acceptable and beneficial way of regaining, and retaining, good mental health.

In this time the NMHPV has identified a shift in the acceptance for help-seeking over the years with a noticeable increase in the number of nurses and midwives who are willing to ask for help. Further, the work the NMHPV has done in this area over the past 12 years led to the introduction of the Nursing & Midwifery Board of Australia (NMBA) initiated 'Nurse & Midwife Support', the national telehealth support service for nurses and midwives which was launched by the NMBA in 2017.

2. Evidence of innovation and/or recognised best practise.

The NMHPV is an excellent demonstration of an innovative response to an identified need. As such, as it is the first and only example anywhere in the world where a discipline-specific, case management model has been designed to provide tailored, individual support to its colleagues.

It is a peer support service where nurses and midwives engage a fellow nurse (counsellor), who has extensive clinical knowledge, experience and industry understanding, for support with their most sensitive health needs.

This may be for reasons related to their work such as; exposure to enduring vicarious trauma, occupational violence, unmanageable workplace demands or collegial conflict. It may also be used for personal reasons such as; grief and loss, familial conflict or relationship breakdowns.

The small team of NMHPV counsellors routinely visit regional areas of Victoria to see participants. This help reduces the barriers these participants experience, where they reside in areas with limited support services and at times live in towns where it would be impossible for them to engage support and maintain their anonymity.

The nurse or midwife (participant) is empowered and supported to develop their own individual support plan (ISP) and is exposed to a wide variety of support modalities within the 1:1 relationship with their nurse counsellor. Examples of these include; DBT, acceptance and commitment therapy, motivational interviewing, community support groups, 12 step programs and community based, holistic activity programs incorporating physical, psychological and spiritual wellbeing strategies.

The NMHPV also makes internal referrals to its Peer Support Group. This provides an extra layer of support where it connects nurses and midwives with colleagues (participants) who have similar health challenges and are at a variety of stages in their recovery. It is very effective in exposing participants to new ideas, strategies and to 'their own' who understand the issues they are experiencing and who have walked the same path before them.

The NMHPV also enjoys professional relationships with expert health providers in psychiatry, psychology, addiction medicine and medical services. These trusted professionals appreciate the stigma nurses and midwives experience with their mental health concerns and therefore apply the same sensitive approach to NMHPV participants.

The other innovation is how employers and AHPRA, the industry regulator, use the NMHPV as an expert support tool when they are assisting the nurse or midwife through a return to work process or where they have conditions on their registration.

A significant innovation was introduced by the NMHPV in 2013 with the launch of the 'NMHP Champion Program'. This is a peer engagement and training model which includes nurses, midwives and health service providers in training designed to raise awareness of the NMHPV and to promote the professions' health. It was developed as a direct response to nurses' and midwives' desire to positively influence their peer's health and wellbeing.

Since inception in October 2013 the Program has trained 487 nurses, midwives and health service representative from 58 health services across Victoria. The work our Champions do to promote help-seeking as a viable and safe option when confronted with mental health challenges further supports NMHPV's work to reduce the stigma associated with nurses and midwives engaging support when experiencing these concerns.

3. Evidence of participation of mental health consumers in the planning, implementation and evaluation.

The NMHPV is a unique support service designed by nurses, led by nurses and delivered by nurses for Victoria's nurses, midwives and students of nursing and midwifery.

A key and consistent objective of the organisation is to respect the position the consumer holds, as the expert within the nursing and midwifery professions, and their proximity to understand the workplace risks they and their colleagues experience within the health sector.

The NMHPV demonstrates consumer participation in the following ways.

Planning: The NMHPV invites and includes past consumers to participate in its 3-year strategic review and planning process with Program directors and staff. The consumer is supported to inform the process and thereby influence the overall organisation direction and content of the Program's Strategic Plan.

The NMHPV also invites and includes past consumers to participate in its annual Program review and planning process with staff. The consumer is empowered to contribute to the development of the annual operations plan. This enables them to provide feedback on their experiences as a service user and guidance on any improvements required and the types of services the Program offers its participants.

Further, the NMHPV has incorporated consumer involvement into its QIP accreditation process. An EOI was distributed to past and present consumers seeking their involvement. As a result, three consumers formally entered the feedback process.

A final example of consumer participation is the annual consumer presentation made to the NMHPV Board of Directors. This gives a current participant the opportunity to address the Board, outline their experiences as a service user and take questions from the Board. The information this reveals assists the Board to better understand the experiences of the Program's service users.

Implementation: In 2017 the NMHPV approached past participants to invite EOI for the role of the organisation's Peer Support Group facilitator. Two EOI were received and a facilitator was recruited as the result of a recruitment process. The facilitator has been in the position for 5 months and is fully supported by the team.

As part of its NMHP Champion Training, the NMHPV called for EOI from existing NMHP Champions to take on a co-facilitator role in the delivery of its 2017 training. A single EOI was received by a nurse and an appointment was made. The nurse worked with NMHPV staff in the planning, delivery and evaluation of its 2017 training programs. As a result, the nurse has developed greater understanding of the initiative, has enhanced their skillset and the NMHPV has the benefit of the nurse's experiences and feedback.

The NMHPV, in 2013, created a 5-minute mini-documentary production in partnership with a former service user to demonstrate to viewers the process of engaging the NMHPV, the treatment and support process and benefits of the process. This product is shown regularly to audiences at health and information forums. Additionally, past participants have regularly co-facilitated conference presentations alongside NMHPV staff. The most recent occurred in September 2017 at the ANMF Vic Branch Nurse & Midwives Conference.

Evaluation: The NMHPV involves consumers in its evaluation process through the following mechanisms; annual focus group consultations designed to inform the Program of areas for modification and improvement in areas of direct service provision and marketing; formal electronic evaluation of service users (6 months post-separation) to understand their experience of the episode of care, and referrers

to understand their experience in working in consultation with shared participants, via Survey Monkey; and a written feedback system located in the NMHPV office. The information provided is reviewed by staff and where applicable it is applied to the continuous quality improvement process, guided by the organisation's accreditation system.

4. Evidence of Partnerships and Linkages.

The NMHPV relies upon healthy and respectful partnerships and collaborations to ensure all stakeholders within the nursing and midwifery professions enjoy the most successful experience.

The Program enjoys a strong partnership with the Department of Health & Human Services (DHHS) as the primary funder of the NMHPV. This is underpinned by a formal service agreement and includes quarterly formal meetings and informal catch ups to address issues either party identifies which could be benefited by the input of the other. The NMHPV has ongoing dialogue with DHHS regarding the positive contribution the partnership could make to the health and wellbeing of nurses and midwives across Victoria.

Similarly, the NMHPV works with the Victorian Chief Nursing & Midwifery Officer to remain engaged with Victoria's senior nursing leadership. This partnership supports the movement of information, relationship development and the delivery of practical information throughout the health services.

It also works closely with the Australian Nursing & Midwifery Federation (Victoria Branch) to assist its membership to understand the role the NMHPV plays in Victoria and how to access support if needed. More broadly the ANMF and NMHPV has partnered to work closely in sharing important health messages during dozens of conferences between 2006 and today.

The NMHPV joined Turning Point in a formal partnership agreement in 2016 to deliver the national nurse and midwife telehealth service 'Nurse & Midwife Support'. This arrangement shares human and practical resources and requires regular engagement between the services to ensure the service objectives are being met.

The Program also works closely with most of the Melbourne metropolitan health services, many regional and rural health providers and many of the private providers, which involves strong personal relationships with key industry leaders within each. This extends to several of the nursing and midwifery education providers, large and small.

The NMHPV has affiliations with the primary industry colleges, such as the Australian College of Mental Health Nurses (which is also a Constitutional member of the NMHPV), peak mental health, alcohol & other drug organisations and family violence peak bodies such as Domestic Violence Victoria.

Since inception the Program has worked closely with the ANMF Injured Nurses Support Group to provide its membership with information, guidance and support to

enhance their health and wellness, and to seek to be better informed by these service users in improving the practice of the NMHPV.

As mentioned previously, the NMHPV has close working relationships with dozens of specialist Victorian health providers, such as trauma counsellors, who we cooperate with collaborative referral processes.

5. Verification and evaluation of the program's effectiveness.

As a QIP accredited organisation the NMHPV works to continuously meet the standards set in the accreditation framework. This guides the organisation's systems and areas of compliance.

The NMHPV can demonstrate the effectiveness of its work through;

Participant data collection and intervention outcomes. All participants undertake a Kessler Psychological Distress Scale (K10) and a DHHS approved AOD audit at assessment which provides the individual with a baseline score. In most cases this assessment is repeated at separation and 67% of all participants who have engaged in a formalised episode have displayed a significant behavioural change that resulted in an improved health status. In addition, participant employment feedback revealed 89% of participants were either supported to remain at work or returned to work in nursing at the end of their NMHPV episode.

The NMHPV has a standing fortnightly Quality & Safety Forum which includes a regular review of the range of quality tools and systems to ensure quality processes are in place. Its primary function is to ensure the organisation remains accountable to accreditation standards in the required timeframe. It also supports the team to identify areas for quality improvement, records the details and monitors the progress. Part of this function is to undertake a variety of quality audits including but not limited to, participant satisfaction.

The organisation is currently in its 3rd accreditation cycle. It has consistently met, and in various standard areas, exceeded, expectation. The next organisation accreditation review is scheduled for May 2019. The NMHPV passed its mid-cycle review and is tracking above average with its progress toward accreditation.

Throughout 2011 the NMHPV worked with the University of Melbourne to undertake independent research of the NMHPV model of care. It found the model was successful in; addressing the health problems which impact nurses and midwives and their work; delivering direct service provision to individual nurses and midwives and participants achieved positive outcomes with high levels of satisfaction.

The research also found the NMHPV had been successful in promoting the health of nurses and midwives widely across healthcare settings and the service was operating under the best practice model.

The NMHP Champion program, whilst not formally evaluated at this time, has proved successful in achieving its goals, with trainees reporting they were highly motivated

to support their colleagues with their health challenges and that they have found the Champion training an additional asset in their nursing or midwifery role.

Finally, the QIP accreditation review has highly commended the NMHPV Board for its compliance with ASIC and ACNC guidelines and the role it's played in guiding the organisation in the areas of; strategic planning, risk management, finance and marketing and communications,

Conclusion

The NMHPV is a unique and innovative Program which was designed to respond to an obvious need, to support individuals whose health is compromised by the work they do in caring for our society's vulnerable.

If left unaddressed it is possible that the health of Victorian nurses and midwives could suffer to the extent that our health services would be unable to safely and competently staff their departments and the public's safety could be compromised.

Unfortunately, our modern society continues to stigmatise those of us who experience mental health concerns. When, as nurses or midwives, we hold positions of trust and respectability in our society, this can make it very difficult for these individuals to reach out for help.

The NMHPV is a relatively new Program in the mental health area. Despite this, it is making some progress in working to reduce the stigma associated with experiencing a mental health impairment in the professions of nursing and midwifery, where it has been viewed as unfavourable to have such impairments.

The NMHPV is proud to have blazed the trail for others in the professions to join. It is critical the future of the nursing and midwifery professions that these messages continue to be articulated.

Referees

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Appendix of supporting material

1. University of Melbourne Research Report



Evaluation of the Nursing and Midwifery Health Program

Final Report – December 2012

Produced by Dr Bridget Hamilton & Dr Rachael Duncan

Report Overview

The Nursing and Midwifery Health Program (NMHP) Victoria is an independent, not-for-profit service that exists to improve the health of nurses and midwives registered in Victoria. It is funded through nurses' registration fees and is governed by academic, professional, regulatory and industrial representatives with a stake in the health of the discipline of nursing. The NMHP is currently the only service of its kind in Australia. Similar programs exist in many jurisdictions of the United States.

The problem

In common with all citizens, nurses and midwives experience disruptions to health and wellbeing that can negatively impact on work life. Among a range of health problems, substance use problems and mental health problems are in particular known to impede job performance. These health problems are reported to occur in approximately 10-20% of the general community (Pidd *et al* 2006). The organisation of work and demands upon nurses and midwives are known to contribute to levels of occupational stress, suggesting that such health problems will occur at an average or greater rate among nurses and midwives.

The impact

Health problems among nurses and midwives have detrimental impacts at three levels:

- loss of productivity in the workplace. This can include: absenteeism, presenteeism (ie a person is at work but underperforming) and loss of expertise, if those affected leave the workforce (Pidd *et al* 2006)
- reduced quality or safety of patient care. If a nurse's work performance is impaired, this can have detrimental impact on patient care, ranging from patients receiving less than optimal care, to patients experiencing harm from unsafe practice or serious errors
- reduced wellbeing among nurses and midwives. Affected people cannot achieve their potential as professionals or sustain their contribution to society (Arthur 2005)

These impacts place a financial burden on the healthcare sector and the wider community.

The NMHP program

Since mid 2006 the NMHP has provided a range of services to Victorian nurses and midwives. Core services of NMHP are: 1) direct support to nurses experiencing health problems; and 2) health promotion targeted to the nursing workforce.

The evaluation

This evaluation of the work of the NMHP was commissioned in 2009 by the (then) Nurses Board of Victoria (NBV). Program logic and mixed methods have been employed by independent researchers at the University of Melbourne, to determine the progress made by NMHP against its objectives, over the years of operation from 2006-2011.

The report

The full report is divided into three parts. The first is an Executive Summary of findings. Next, the body of the report details the logic of the NMHP, describes the service model, presents the findings related to program objectives and compares these with available literature about approaches to achieving health and safe practice among the healthcare workforce. Additional detail regarding methods, data and analyses from the range of sources employed are provided in Appendices.

Executive Summary

Evaluation brief

The NBV commissioned this study at the request of NMHP Board, to determine “the value of the NMHP to the public and the profession, and to publicly report findings”(NBV 2010 p1). Objectives were to:

- review NMHP processes and practices, with a view to determining a model of best practice
- evaluate the effectiveness of NMHP in assisting nurses and midwives to remain in practice
- identify potential improvements required to ensure accountability and guide decisions for future planning

Evaluation method

The evaluation design was mixed-methods, aiming to describe the service model, to address a range of evaluative questions derived from the program logic and also to triangulate findings. Approval was gained from the University of Melbourne Human Research & Ethics Committee to conduct the project. The project included three key stages:

- **A program logic map** was developed in consultation with the NMHP Board and with reference to NMHP documents, identifying three priority areas.
- **Empirical data were collected and analysed.** These included: routine NMHP referral and case data, publicly available NMHP program reports, existing service user feedback surveys and stakeholder views, gathered in four focus groups. Qualitative (focus group and survey) data were gathered from multiple perspectives: service users, referrers and regulators.
- **Program objectives** for each priority were analysed against qualitative and quantitative findings (*see Table 1: Objectives for evaluation arising from NMHP program logic*).

NMHP priorities

The following NMHP priorities were identified:

Priority 1: Address health problems that impact nurses and midwives (N&M) and their work

Priority 2: Promote N&M health widely across healthcare settings

Priority 3: Establish a best practice model for the organisation of NMHP

Evaluation findings overall

Overall, NMHP has achieved its foundation level objectives, by providing direct service case work and health promotion widely across Victorian healthcare settings and by transparently managing its business

NMHP has made progress on intermediate and high level objectives, to improve health among nurses, and to increase awareness among N&M and employers regarding N&M health needs and approaches to maintaining health. Main achievements are identified against their objectives, in the three priority areas.

Findings against objectives in priority areas

Priority 1: Address health problems impacting N&M and their work

Direct service provision: scope, intensity and access

- **NMHP reach is comprehensive.** In the 5 year period, direct service was provided to 647 nurses and midwives from all divisions of the nursing register, all areas of specialisation, across private and public sectors, from a mix of metropolitan and rural workplaces (*see Table 2a: Client characteristics*)
- **NMHP direct service is flexible.** The intensity of service ranges from screening, brief or infrequent contact (ie 1 to 4 contacts) for approximately 2/3 of cases, to more complex and flexible services, with many contacts in a case management model for 1/3 of cases
- NMHP screening and brief services include 1:1 centre-based and phone contact. This **brief service is comparable to intensity of an Employee Assistance Program (EAP).** Differences are: service is targeted to nursing contexts and practice challenges and the door remains open; median episode duration = 131 days (Inter-quartile range=154)
- **Case management services are comprehensive.** They include: liaison, advocacy and mediation between nurse, employer and regulator; assertive contact; support groups; and brokerage of primary care, financial and legal assistance. Duration of case management service ranges from 11 to 1153 days (median duration = 234 days, IQR = 195 days)
- **NMHP direct service is sensitive to risk associated with impairment.** Case management is targeted especially to those referred by employers and regulators, where risk to patient care is flagged (76 cases to mid 2011)
- **This model of care currently has no equivalent** (for comparison or competition) **in Australia**
- **NMHP is accessible.** The program receives referrals mainly directly from nurses themselves (89%), but also from employers and regulatory agencies; contact is initiated by phone
- **NMHP is responsive.** NMHP responds within a business day to inquiries and referrals; there is no gate keeping or waitlist associated with NMHP service. Barriers to access are: a) location, with problematic travel demand especially for outer metropolitan nurses; and b) awareness of service is still limited

Outcomes and satisfaction

- **Most nurses and midwives have been supported to remain in work or to return to work** in nursing – the majority (303/523 completed cases or 58%) are working by end of the episode of care
- **Nurses referred by the regulator or employer were also working** in nursing after the episode of service (36/58 completed cases or 73%)
- **Satisfaction with the service is uniformly very high** for direct service clients and equally among employers and regulators, regarding support, safety and employment outcomes
- The volume, intensity, outcomes and acceptability of NMHP **direct services match established Practitioner Health Programs internationally** (NCSBN 2011, DuPont *et al* 2009)

Priority 2: Promote N&M health widely across healthcare settings

- **NMHP staff have developed and widely disseminated high quality health information** in written and electronic form to healthcare organisations, nurses and midwives
- **NMHP health promotion reach has grown steadily over 5 years**, including through an NMHP wellness conference in 2010. Demand is growing. The volume and reach of health promotion activity is limited by the size of the NMHP team
- **Satisfied clients and referrers are promoting the NMHP** and help seeking in general
- **De-stigmatised attitudes in the sector are evident** in increased early referrals, self referrals, and help-seeking advice provided by employers and regulators, rather than reports of misconduct
- **The NMHPs integrated approach is strategic and effective.** Providing both health promotion and direct support enhances the credibility and the outcomes for these two major service elements

Priority 3: Best practice model for the organisation of NMHP

- **NMHP Board has displayed transparent governance processes** and outcomes through public documents
- **The organisation has built a strong reputation** amongst healthcare providers, and gained international recognition for its service model (Monroe & Kenaga 2011)
- NMHP has **contributed to the evidence base regarding alternative-to-discipline programs** through this evaluation

Recommendations

These recommendations reflect the NMHP aim to secure and develop the best practice model

Service provision

A strong case exists for the program continuing into the future, built on: a) clear need among nurses; and evidence that b) NHMP direct services are provided to a very high level of satisfaction; with c) positive work outcomes; d) reduction in stigma among nurses; and e) no comparable provider in the jurisdiction. Specifically actions recommended are:

1. NMHP **should disseminate achievements among stakeholders** in a variety of formats
2. NMHP should **differentiate their case management work from individual counselling-only** models and develop program resources to inform referrers and the sector, particularly highlighting advocacy and liaison, expert advice tailored to nursing context and peer support
3. NMHP should **make explicit their role in monitoring and enhancing safe conduct** of higher needs nurses, a role that will otherwise fall to regulators
4. NMHP should **investigate cross-referral arrangements** with other providers of individual counselling
5. NMHP should disseminate information about the **value of ongoing and increasing health promotion work, to improve early uptake** of assistance and **to reduce stigma**

6. NMHP could **improve access through extended hours and after hours**, for support groups and referrals respectively. There is not an obvious case in the data for increasing regional work

Ongoing data collection & evaluation

NMHP should **refine its routine dataset and strengthen ties with like services** internationally for benchmarking and with major health promotion agencies for HP research. Specifically:

7. **NMHP Board and staff should refine priorities and tools for data collection** from this point forward, making use of national indicators, to enable a strong ongoing program evaluation
8. **NMHP should form partnership for quality assurance (QA) level benchmarking activity** regarding its direct service provision. The program stands to gain recognition from benchmarking. QA activity is desirable in addition to further research, as cycles of quality feedback are shorter than research. NMHP service research can make a valuable contribution to national and worldwide evidence regarding models of care and outcomes. Case-based research will continue to present challenges, related to NMHPs sensitive data and the ethically vulnerable client group.
9. **NMHP should engage in research related to health promotion activity**. Funding exists to research health needs and impacts of health promotion on the large nursing and midwifery workforce
10. **NMHP should affirm in program materials the emphasis on nurses' and midwives' mental health needs and the NMHP role in health promotion**, as these have become core priorities

Organisation & structure

The NMHP is in the strong position of demonstrating an effective governance structure, headed by a Board with foresight. The changing environment prompts specific recommendations:

11. **NMHP Board should continue to address this question:** *Does NMHP have the right skill mix for program points of difference and for health promotions growth?*
12. **The NMHP Board should determine priority actions to sustain service provision** in the changing environment of national policy and funding

2. NMHP Champion Summary

A Champion's Mission

- 01 Engage peers in the NMHPV conversation
- 02 Promote NMHPV as a support option throughout Victoria
- 03 Reduce the stigma associated with sensitive health issues
- 04 Promote proactivity in addressing health needs
- 05 Normalise help-seeking and promote the health and wellbeing message

Champion Distribution

44 health services have champions



Champion Program Evaluation

1. What motivated you to participate in the NMHP Champion initiative?



2. What aspects of being a NMHP Champion have you utilised?

