

How can you do that job – Susan Russell

'How can you do that job, it must be so depressing' – said to me by a nurse on more than one occasion.

It has been said enough that I find myself wondering exactly why I have chosen to work in this field for such a long time.

I have had time away to do other work – 4 years running my own business owning and running a plant nursery (they don't talk back, don't smell of alcohol or vomit, don't disappear and turn up again bedraggled and glum).

Doing yoga teacher training and now teaching. Keeps me sane and grounded but doesn't pay the mortgage.

More recently a 3 year stint working in child protection. Now that's depressing but it's another story.

But here I am back again working as a CNC in Drug and Alcohol... And Mental Health – a double whammy.

Why work with a bunch of people who are really behind the eight ball and often thought of as worthless, hopeless and not deserving?

The bottom line really is that I love it. It can be frustrating, depressing, infuriating, and confronting but it's a job that makes me feel like I can make a difference.

A difference to the person themselves or their family.

A difference to the nursing staff who ask for clinical advice.

Trying to quietly influence nurses about their 'attitudes' (never use that word though) and to try to encourage them to see that the patients are not just 'junkies', or 'meth heads', or 'scumbags' but people. Like us. People who want to be happy, to have meaningful relationships, and get through life the best way they can. But who may have never had the opportunities that we may have had.

A difference to the junior medical officers who are full of brains but short on experience and need guidance.

Making a difference together with allied health teams to help provide an integrated service to reduce the impact the substance use has on their physical, emotional and mental health.

My work is with people struggling with the impact of trauma and sometimes the health services adds to that trauma. I love the opportunity of trying to engage with people and building relationships so that they see us as people who can be trusted and where they can turn to for help even if it is down the track.

I spend my days talking to people – finding out where they are up to, sorting out what is going on regarding their withdrawal, or their opioid treatment or where they can go to treatment if that is where they are up to when they come into hospital. Trying to link them to services, liaise with treatment providers, attempting to encourage connection to community that is meaningful for them and that may assist in their recovery.

That's why I'm here working in AOD nursing...doing my best to make a difference