Annual Report 2024-25

Nurse Midwife Health Program Australia

Acknowledgement of country

As a national service, we recognise and respect the Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Country on which we work. We pay respect to Aboriginal and Torres Strait Islander Elders past and present and acknowledge their important contribution in creating a strong and vibrant Australia.

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Contents

About us	4
Chair's report	7
CEO's report	9
Participant's story: Rebuilding	11
Partnerships and communications report	12
Service delivery report	14
Participant's story: Hope	15
Independent evaluation preliminary report	16
Participant's story: Thriving again	18
Directors' statement	20
Finance report	23
Our clinicians say...	27
Contact officer	back cover

About us

The Nurse Midwife Health Program Australia (NMHPA) is a newly established not-for-profit organisation staffed by nurses and midwives.

Funded by the Australian Government through the Department of Health, Disability and Ageing, we exist to foster a sustainable and healthy nursing and midwifery workforce by providing early intervention mental health and wellbeing support. We provide free and confidential peer-to-peer counselling and health support to nurses and midwives and nursing and midwifery students in all Australian states and territories except Victoria where the Nursing and Midwifery Health Program Victoria is funded by the Victorian Government.

We support a wide range of health and wellbeing challenges including mental health concerns, substance use, stress and burnout.

Available Monday to Friday 9am to 5pm, we offer a safe place to talk without judgement through telehealth, telephone or face-to-face appointments.

We are unique because our service is designed and delivered by experienced nurses and midwives who understand the day-to-day realities of working as a nurse or midwife.

When someone contacts us, they are listened to by someone who 'gets it' – someone who shares the unique experiences, pressures, challenges and rewards of being a nurse or midwife.

Because of our service, nurses and midwives and nursing and midwifery students no longer need to push through in silence. Help is here, and they can now reach out with strength to receive it.

This is essential for building a healthy and sustainable nursing and midwifery workforce.

Our vision

To empower nurses, midwives and students of nursing and midwifery by enhancing health outcomes through the provision of peer support, case management, supportive counselling and referrals when required. In doing this we increase safety and satisfaction for Australians using our health services.

Our mission

A national support service delivered by nurses and midwives, for nurses and midwives and nursing and midwifery students; to foster a sustainable and healthy workforce.

Our values

Compassion
We hear what you say, we value your experience, and we work with you toward a solution.

Courage
We draw on our own lived experience when we work with you and when we advocate for better systems and supports.

Persistence
We talk from difficult places and stand strong for our purpose and participants.

Equity and Belonging
In everything we do, we are guided by our commitment to equity and inclusion for all.

Responsiveness
We are responsive to feedback and learn from emerging research and evidence.

Accountability
We are accountable to each other, to our participants and to our key stakeholders.

Our strategic direction

1. **Governance**
   Ensuring the organisation has robust governance systems in place, creating a financially sustainable, safe and progressive organisation.

2. **Service delivery**
   Leading in the development and delivery of quality, peer-based support, counselling and case management services to nurses, midwives, students of nursing and midwifery and stakeholders.

3. **Our people**
   Building an appropriately qualified, engaged, innovative and safe workforce.

4. **Sustainability and innovation**
   Enabling the longevity and relevance of the NMHPA.

5. **Equity of access**
   We will strive in everything we do for equity of access and inclusion for all our participants and staff by ensuring they have the right access to the services they need, especially those who need it most and are at greatest risk of poor health outcomes.

Chair's report

It is with great pride that I present the second annual report for the NMHPA. This past year continued to be a foundational one, marked by vision, determination, and a collective commitment to supporting the health and wellbeing of our current and future nursing and midwifery workforce.

When we embarked on this national program in December 2023, our ambition was to establish a dedicated, independent, peer-supported service that nurses and midwives and nursing and midwifery students could trust to provide confidential and compassionate support. In an environment where the pressures on society and health professionals continue to grow, the importance of such a program has never been greater. I extend my sincere thanks to our funders for their commitment to this work. We greatly appreciate the ongoing financial support and trust from the Commonwealth Department of Health, Disability and Ageing.

Throughout the year, the Board and leadership team have worked tirelessly to establish strong governance structures and attract a national clinical team to deliver our mission. Our efforts to establish an organisational policy framework and recruit suitably experienced staff have ensured the program is robust, responsive and sustainable.

Key achievements this year include the appointment of our CEO, Lori-Anne Sharp. Lori-Anne will be well known to many through her long-standing executive role with the Australian Nursing and Midwifery Federation (ANMF) and her extensive experience in program and team development. Lori-Anne is building on the foundational work commenced by our inaugural CEO, Heather Pickard.

Recruiting staff with a shared vision has been a key priority, along with establishing a flexible model of care that meets the needs of those who access our service virtually or in person. The Board and leadership team have worked to create a strong ethical foundation that places confidentiality, safety and trust at the centre of our operations. We remain committed to building strong relationships with government bodies, health services, professional associations and unions to ensure the program complements existing supports while remaining independent and responsive to participant needs.

It has been most gratifying to see the positive impact the service has had on those who have reached out for support. The appreciation many have expressed about the value of speaking with a peer who understands the pressures and challenges of being a nurse or midwife affirms the importance of our unique service in supporting nurses and midwives to remain in, or return to, their work.

None of our achievements to date would have been possible without the extraordinary efforts and commitment of many people. I would like to acknowledge my fellow Board members for their vision and stewardship, our CEO for her energy and leadership, the administrative staff who have worked so diligently to bring our mission to life, and our experienced nurse and midwife clinicians for their passion and commitment.

Most importantly, I want to acknowledge the nurses and midwives and nursing and midwifery students we serve and the enormous contribution they make to the health of our communities. Their wellbeing is our purpose. They are at the heart of our program and we are committed to ensuring they have a safe, trusted and professional place to turn to whenever they need it.

Looking ahead, the coming year will be one of consolidation and growth. We will focus on expanding access to our services in regional and remote Australia, embedding continuous improvement, and ensuring that the program remains responsive to the evolving needs of the nursing and midwifery professions.

This is only the beginning. With strong foundations now in place, I am confident that the NMHPA will play a transformative role in supporting the wellbeing of nurses and midwives and nursing and midwifery students across the country.

Denise Heinjus OAM

Nurse Midwife Health Program Australia
Resources to support your health
1800 001 060
nursemidwifehpa.org.au
A pathway to a healthier you
Peer support counselling
Free, confidential and independent
Peer support counselling
Free, confidential and independent
Nurse Midwife Health Program Australia
1800 001 060

CEO's report

As the newly appointed CEO, I am honoured to present the NMHPA 2024–25 Annual Report. This report highlights both the activities and accomplishments of our first year, while reaffirming our commitment to building a strong service that supports nurses and midwives and nursing and midwifery students throughout Australia.

We recognise that nurses and midwives are integral to the healthcare system. We know that supporting their health and wellbeing contributes to safer patient care, more cohesive teams, and healthier work environments.

The establishment of this program is the result of years of advocacy by the ANMF, the recognised success of the longstanding Victorian Nursing and Midwifery Health Program, and a dedicated funding commitment from the Australian Government to support such a vital initiative.

Reflecting on our first full year of operation, a most notable achievement has been the formation of a national team comprising experienced nurses and midwives dedicated to delivering a comprehensive peer-to-peer and general health support service across Australia. We have now established locations in multiple capital cities and are actively developing new strategies to engage rural and remote workforces, including expanding our presence in Alice Springs and Darwin.

We have developed a comprehensive clinical governance framework and made significant progress in strengthening relationships with health services, unions, regulators and numerous professional bodies. We have also developed our branding, promotional materials and website. All are key accomplishments and essential steps in effectively promoting our services.

Importantly, the impact of our service is beginning to emerge, and I am delighted to include a brief summary of the independent evaluation preliminary report delivered by Professor Colleen Doyle. Commissioned in April 2024, the evaluation seeks to describe the reach, outcomes, impact and quality of our service and to identify support preferences. The final report is expected in early 2026, but the initial findings show that the NMHPA is making a measurable difference in the lives of those who use our service, with participants reporting enhanced wellbeing, increased confidence, and genuine progress towards recovery. This is crucial to improving retention in the healthcare workforce.

As we commence the new financial year, we remain committed to enhancing our service, delivering on our mission and demonstrating value. Our priorities include supporting and developing staff; implementing a comprehensive digital marketing campaign to increase awareness and accessibility; and embedding an organisational structure that best equips us to deliver our mission.

Start-up organisations such as ours face many challenges, particularly when establishing a new national service. I extend my appreciation to our independent Chair, Denise Heinjus, for her insight, dedication and balanced approach throughout this process and to all members of our Board who continue to deliver exemplary governance and support.

I would also like to thank our funders: the Australian Government; the Commonwealth Department of Health, Disability and Ageing; and the Health Workforce and Rural Access Program.

Finally, I extend my heartfelt thanks to our dedicated team, our partners, and the many nurses, midwives and students who have placed their trust in us during this first year. Your courage, resilience and willingness to share your experiences inspire everything we do.

Together, we are building a service that not only supports our professions but helps them to thrive.

Lori-Anne Sharp

Jayde

Participant's story: Rebuilding

I've always been passionate about my work as a mental health nurse in the community. After six months of maternity leave, I had to return part-time for financial reasons. I worked three days a week, with a slightly reduced caseload.

Even with a reduced caseload, I felt I couldn't meet the needs of my patients. I often had to move appointments to fit my working days and this didn't always suit those I cared for. I missed things, colleagues had to cover, and while they were supportive, I carried growing guilt that I wasn't doing enough.

At home, my baby wasn't sleeping well, leaving my partner and I exhausted. Juggling my first baby and returning to work left me questioning whether it was all sustainable. I found myself doubting my abilities and feeling defeated both at home and at work.

After months of struggle, I saw repeated ads for the program on social media and decided to call. I booked a face-to-face appointment, arriving apprehensive but drained. In that safe space, I could finally offload and reflect. With support from one of the peer support clinicians, I began to acknowledge the magnitude of the changes in my life.

We worked on practical steps that helped me breathe again.

They even helped me find support that helped with my baby's sleep. This gave us much-needed rest, and slowly I felt my energy return. I also began to talk openly about my role and how it fits with motherhood – a conversation I had avoided with my manager for months. These conversations helped me feel less guilty.

Over time, I felt lighter and more capable. The program helped me rebuild my confidence and reminded me that it was possible to find a way forward that worked for both my family and my career.

Claire
Registered nurse

Partnerships and communications report

Throughout the 2024–25 financial year, the NMHPA strengthened its visibility across the country by engaging with stakeholders, participating in conferences and events, and expanding our communications channels. Our aim was to raise awareness of the program so that nurses and midwives and nursing and midwifery students could easily find us.

Events

We partnered with Walya to provide cultural awareness training to all NMHPA staff, engaged with a wide range of stakeholders, and attended events across the country with organisations including the NSW Nurses and Midwives' Association (NSWNMA), Australian College of Mental Health Nursing (ACMHN), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Australian College of Midwives (ACM), Australian College of Nurses (ACN), CRANAplus, and ANMF state and territory branches.

We hosted a morning tea with the Hon Mark Butler (Minister for Disability and the National Disability Insurance Scheme and Minister for Health and Ageing), and the Hon Nat Cook (SA Minister for Human Services and Minister for Seniors and Ageing Well), and were present at key conferences and events including the following:

- 20th National Nurse Educators' Conference
- CRANAplus Biannual Conference
- NSWNMA Grads at the Grounds
- SA Government Nursing and Midwifery Excellence Awards
- NT Government Nursing and Midwifery Excellence Awards
- NSWNMA Charles Sturt Uni Professional Development Day
- 7th Australian Nursing and Midwifery Conference
- NSWNMA quarterly delegates' meetings and Annual Delegates' Conference
- ACM QLD State Conference
- ACM Life as a New Grad events in the NT, NSW and QLD
- SA Midwifery Symposium
- SA Nursing Symposium
- ANMF Tasmania Delegates' Conference
- ANMF/HERC Tasmania Aged Care Conference.

Across the country, our local teams engaged in grassroots outreach, connecting directly with nurses, midwives and nursing and midwifery students in hospitals, health services, universities and community settings. Highlights included regional roadshows in NSW and SA, strong engagement with NT Health and Charles Darwin University, trade tables and presentations across Tasmania and the ACT, and hospital visits throughout Queensland and WA.

Our staff also met with stakeholders across metropolitan, regional and remote Australia – from Launceston to Townsville and the Tiwi Islands to the Pilbara – building strong relationships at both local and national levels.

These efforts have reached an estimated 30,000 nurses, midwives and nursing and midwifery students. They increased our program visibility and encouraged early help-seeking.

Communications and promotional resources

We distributed a significant number of promotional products including more than 40,000 flyers, 12,000 lanyard cards, 20,000 pens and 30,000 magnets. We also developed and distributed:

- new infection-control compliant promotional decals for use in hospital bathrooms where nurses, midwives and students sometimes take a moment to re-set
- **a Promotions and awareness pack** and a **digital vCard** to make it easier for workplaces and individuals to share and save our details.

Our website recorded 24,268 visitors – a significant increase on the 13,879 visitors we had in the previous financial year. Our social media presence grew steadily, with Facebook, Instagram and LinkedIn channels established. We published new resources, including a **Self-Health Check tool** and two newsletters, supported by the creation of a **newsletter archive** to extend the life of our content.

Looking ahead

In 2025–26 we will expand our digital marketing campaign, strengthen our partnerships, and develop new content and resources informed by the trends we see from participants.

Thank you to all our stakeholders who have supported us in raising awareness and provided platforms and opportunities to reach nurses, midwives and nursing and midwifery students across Australia.

Tayla Vella
Partnerships and Communications Lead

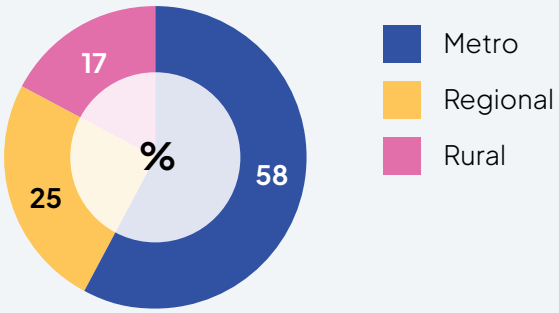
Service delivery report

Program reach

From the program launch in April 2024 to 30 June 2025, the NMHPA recorded more than 1,600 consultations – including telephone, MS Teams and face-to-face appointments – with nurses, midwives and nursing and midwifery students seeking support for health or wellbeing challenges.

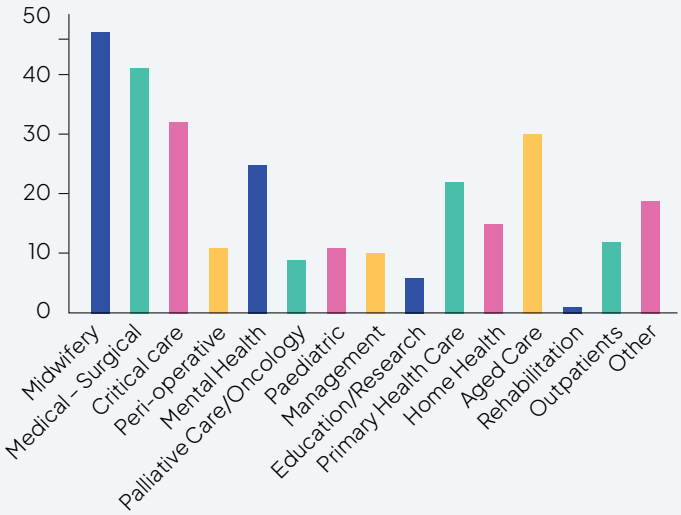
The program received over 700 enquiries, with almost 300 participants registering for ongoing support. Many who made initial enquiries received the support of our staff through brief interventions or referral to appropriate services. Of the registered participants, 120 (42%) were from regional and rural areas.

Figure 1: Work location



Most participants identified as female (89%), reflecting national nursing and midwifery trends. Participants represented a broad mix of ages and career stages, with no significant differences between age groups or years of professional experience. Most participants were currently registered and working in their profession.

Figure 2: Area of work



Presenting challenges

The top five presenting challenges were:

- anxiety and depression (17%)
- stress (14%)
- psychological distress (12%)
- occupational violence, bullying, or harassment (12%)
- burnout (10%).

Impact

Many participants reported a positive impact. Evidence of this can be seen in the independent evaluation preliminary report (see page 16) and in the participant stories presented throughout this report.

David Rodda
Risk and Compliance Officer

Participant's story: Hope

When I first called the NMHPA on the 1800 number, I was in a really dark place. I felt completely overwhelmed - both personally and professionally. I'd just been put on a Performance Improvement Plan, which shattered my confidence and sense of identity, all while juggling the emotional and financial strain of caring for my elderly parents.

Together, we decided to focus first on my caring role because it was affecting every part of my life. Through ongoing peer support from the NMHPA, I was given space to reflect on my situation without judgement. Having someone listen and understand made all the difference. Counselling and peer connection became the first steps toward setting healthier boundaries and beginning my own healing.

As I started to feel more in control and confident, we began to talk about my work challenges. For the first time, I could see what was really behind my performance issues – and I was able to take meaningful steps to rebuild my self-esteem and start enjoying my job again.

When I first reached out, I felt hopeless. Now, I've regained my confidence and found a sense of purpose again. My journey has shown me that with the right support, anything is possible – it's lifechanging.

Simon
Registered nurse

Independent evaluation preliminary report

The NMHPA commissioned a formative evaluation in April 2024.

The evaluation aims to:

- describe the reach, impact, outcomes and quality of NMHPA for nurses and midwives and nursing and midwifery students working in Australian healthcare settings during 2024–25
- identify what aspects of our current support have been helpful and preferences for future support.

While the final report is expected in early 2026, Professor Colleen Doyle provided a preliminary report in July 2025. Following is a summary of this report's key findings.

Reach and impact

The preliminary report shows the service grew in reach by 108% from December 2024 to May 2025 and is having a positive impact on participants.

Early indications are that psychological distress as measured by the K10 scale – a 10–question survey designed to measure a person's current level of psychological distress – is being statistically significantly reduced from baseline to discharge. For example, a sample of 87 participants showed a positive health outcome from accessing the service, with their K10 scores reducing from an average of 26 (likely to have a mild disorder) to 15 (likely to be well).

Presenting issues

For the preliminary report, the evaluators interviewed 12 participants to learn more about their experience of using our services. These interviews revealed that participants sought help for a complex range of health and wellbeing concerns and experiences.

Health and wellbeing concerns included anxiety, burnout, lack of confidence, unhappiness and confusion about work. Experiences included workplace bullying; lack of support from management; feeling neglected in rostering; not being supported in workplace incidents; and considering changing career.

Value of peer support

Interviewees showed strong appreciation for the flexible model of delivery and open number of sessions on offer and compared this favourably to the Employment Assistance Program (EAP) which, in many cases, offers a limited number of sessions.

All expressed their appreciation for being able to talk with someone from the same profession and considered this helped them establish a relationship more quickly than when speaking with other counsellors. They also said the sessions did not feel rushed and that they felt they had an equal relationship with the clinician.

Value of flexible delivery

Most interviewees used the service by phone or by MS Teams rather than face to face and appreciated not having to travel to an appointment. Some interviewees in regional areas said they preferred the privacy of a remote consultation over a face-to-face consultation in their small town.

While some said speaking to someone from the same state was helpful, it was not seen to be as important as talking to someone with a similar professional background.

Value of quick response and support

Interviewees welcomed the capacity to talk with someone as soon as possible after their issue arose and found the service, when booking, to be very responsive.

They shared a range of positive outcomes including learning how to set boundaries, learning how to self-care, clarifying goals, and reframing thinking.

Some shared concrete outcomes such as deciding not to leave their workplace, and others considered they had gained confidence, become more assertive, and were better able to look after themselves.

Participant satisfaction

Interviewees were very satisfied with the service and judged it to be excellent. Those who had experienced other similar services considered the NMHPA to be better. The only improvements suggested related to increased promotion so that others could take advantage of the service.

Next steps

We thank Professor Colleen Doyle and the evaluation team (Sandy Ward, Mark Aitken [to February 2025] and Emily You) for their work to date. The evaluation will continue to collect and analyse qualitative and quantitative data including additional data from our client management system and feedback from participants, stakeholders and staff. We look forward to the final report in early 2026. This report will be published on our website.

Lori-Anne Sharp
CEO

Participant's story: Thriving again

I've been a palliative care nurse for nine years in the same organisation and before that I worked in a busy emergency department. Nursing has always been more than a job to me; it's been my purpose. I used to thrive in high-pressure environments and, for a long time, I thought I was coping well.

But slowly, without even realising it, things began to change. I started pulling back from social activities and drifting away from friends. Invitations felt overwhelming and, even when I wanted to connect, the effort felt too much. That isolation left me feeling guilty and even lonelier. Work became the only thing I had energy for and, even then, it drained me. Sleep was the one thing I leaned on for self-care but even that became broken and unrefreshing.

I grew anxious and irritable and felt constantly on edge. Some days I sat in my car outside work crying at the thought of facing another shift. Even on my days off, I couldn't switch off. My mind would race, replaying work over and over. After a particularly tough run of shifts and the death of a patient, I felt completely overwhelmed and seriously considered walking away from nursing altogether. I told myself I was "lonely" and "not good company." The things that used to bring me joy – like being creative – felt impossible. Even watching TV was too much.

It was a colleague who first mentioned the NMHPA to me. He said it had helped him, so I decided to give it a try.

Through regular sessions with my clinician, I began to face what I was feeling. I talked about the loss, the exhaustion, and the anxiety that had been eating away at me. I learned strategies to calm my mind and, more importantly, I realised how out of balance my life had become. Caring for others had always come naturally to me, but caring for myself was something I had to learn. My clinician encouraged me to practise self-compassion – to treat myself with the same kindness I gave my patients.

Eventually, I made the decision to resign from my workplace. I took time out to rest and recover before starting fresh with a new organisation that offered the flexibility and support I needed. It was the best choice I could have made. I found my love for palliative care again and I now bring to my work a renewed energy and a deeper understanding of how easily burnout can creep up on you.

These days, I'm open about my journey. I share what I went through with colleagues, hoping it helps them spot the signs earlier than I did. I honestly credit the NMHPA with helping me feel understood and validated at a time when I felt completely lost. That support gave me the strength to grieve, to heal, and to find my way back.

Robyn
Nurse manager

Directors' statement

The Directors present their report, together with a financial summary for the year ended 30 June 2025.

Directors

The directors in office at any time during or since the end of the financial year are Denise Heinjus (Chair), Paula Carew, Amelia Druhan, Brenda Happell, Heather Keighley, Katherine Neil, Rhonda Wilson, Adrian Armitage and Helen White.

The Board meets monthly, in person and via MS Teams. More information about our Board is on our website: **www.nursemidwifehpa.org.au**.

Finance Audit Risk Management committee

A sub-committee of the Board, the Finance Audit Risk Management (FARM) committee supports the Board in fulfilling its fiduciary responsibilities by overseeing financial reporting, audit processes, the risk management framework, and internal controls.

The FARM committee convened in September 2024 and held four meetings during the reporting period. The members are Katherine Neil (Chair), Paula Carew, Heather Keighley and Denise Heinjus.

Review of operations

A review of company's operations for the financial year 2024–25 found that the company continued to engage in its principal activity. The results of these endeavours are disclosed in the financial statements that follow.

Principal activity

The principal activity of the company during the financial year was to develop an early intervention mental health and wellbeing support service for nurses and midwives and nursing and midwifery students in all Australian states and territories except Victoria, and to provide free and confidential peer-to-peer counselling and health support, including referral to other services as needed.

Significant changes in state of affairs

A new CEO was appointed on 11 August 2025 after holding the Acting CEO position for five months.

After balance date events

No matters or circumstances have arisen since the end of the financial year which have significantly affected, or may significantly affect, our operations, the results of those operations, or the state of affairs of the company in future financial years.

Likely developments

The company expects to maintain the present status and level of operations and hence there are no likely developments to foreshadow.

Environmental issues

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Dividends paid or recommended

No dividends were paid or declared since the start of the financial year and no recommendation to do so has been made.

Meetings of directors

Name	Nominating organisation	Tenure	Meetings	
			Eligible	Attended
Denise Heinjus	Independent Chair	7 December 2023 to present	10	9
Paula (Pip) Carew	ANMF	7 December 2023 to present	10	10
Amelia Druhan	ACM	1 February 2025 to present	5	5
Brenda Happell	ACMHN	1 February 2025 to present	5	5
Heather Keighley	ACN	7 December 2023 to present	10	10
Katherine Neil	CRANAplus	7 December 2023 to present	10	9
Rhonda Wilson	CATSINaM	7 December 2023 to 29 August 2025	10	4
Adrian Armitage	ACMHN	7 December 2023 to 12 December 2024	5	4
Helen White	ACM	7 December 2023 to 12 December 2024	5	3

Denise Heinjus

Paula (Pip) Carew

Amelia Druhan

Brenda Happell

Heather Keighley

Katherine Neil

Rhonda Wilson

Adrian Armitage

Helen White

Indemnification of officers or auditor

No indemnities have been given or insurance premiums paid, during the financial year or since, for any person who is or has been an officer or auditor of the company.

Director

Denise Heinjus OAM
Independent Chair

Dated this 30 day of October 2025

Proceedings on behalf of the company

The company was not a party to any proceedings during the financial year. No person applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings on behalf of the company.

Director

Katherine Neil

Finance report

In 2023, the Australian Government committed $25.2 million to deliver the NMHPA through to 30 June 2027.

The ANMF received grant funding from the Department of Health, Disability and Ageing (the Department) during the 2024 financial year to establish the NMHPA.

In February 2025, the NMHPA reached a noteworthy milestone when it successfully negotiated novation with the Department and the ANMF. This agreement has enhanced the NMHPA's operational autonomy because it enables the NMHPA to receive and manage funding directly from the Department.

Operating results

For the 2024–25 financial year, the NMHPA received revenue of $5.6m and expended $4.3m.

Investment focused on human resources and advertising and promotional initiatives to inform nurses, midwives and nursing and midwifery students across the country about this newly established support service.

The entire team was recruited, including hub coordinators and clinicians assigned to state hubs and regional offices, as well as head office personnel based in Victoria.

A management fee of $310,000 was remitted to the ANMF for grant administration services undertaken before the novation arrangement was put in place.

The rental expenses reflect the NMHPA's commitment to maintaining a physical presence across all states to ensure accessible service delivery.

The organisation ended the 2024–25 financial year with a strong surplus. This, combined with the surplus carried forward from the previous year, has been strategically distributed within NMHPA's two-year budget to ensure ongoing support for program implementation and service delivery.

The NMHPA acknowledges and thanks the auditors, APL Financial, for their professional assistance during the audit process. A summary of the NMHPA's financial position as of 30 June 2025 follows this report. The full audited financial statements are available on the NMHPA website.

Nicole Butera
Finance Manager (Atfield Consulting Pty Ltd)

Nurse Midwife Health Program Australia Ltd
Statement of surplus or deficit & other comprehensive income for the year ended 30 June 2025

	2025 $	2024 $
Revenue from ordinary activities		
Grants	4,192,246	2,304,077
Other income	109,413	65,224
Total Revenue and Other Income	**4,301,659**	**2,369,301**
Management fee	310,640	1,129,600
Administration fees	14,472	294
Consultancy expenses	330,289	186,302
Staff expenses	150,811	60,105
Rent expense and outgoings	294,809	45,402
Information technology	105,864	78,925
Insurance expenses	95,672	32,126
Marketing expenses	220,176	220,573
Office expenses	82,478	14,168
Motor vehicle expenses	29,524	-
Travel expenses	112,778	41,102
Employee benefits expense	2,526,929	560,613
Depreciation	27,218	92
Total Expenditure	**4,301,659**	**2,369,301**
Net Surplus & Total Comprehensive Income	**-**	**-**
Surplus & Total Comprehensive Income attributable to members of the entity	-	-

Nurse Midwife Health Program Australia Ltd
Statement of financial position
for the year ended 30 June 2025

	2025 $	2024 $
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	5,041,101	819,845
Other assets	155,219	2,643,577
TOTAL CURRENT ASSETS	**5,196,320**	**3,463,422**
NON-CURRENT ASSETS		
Property, Plant & Equipment	60,907	900
TOTAL ASSETS	**5,257,227**	**3,464,321**
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	353,247	120,398
Employee benefits	104,303	-
Grants in Advance	4,799,677	3,343,923
TOTAL CURRENT LIABILITIES	**5,257,227**	**3,464,321**
TOTAL LIABILITIES	**5,257,227**	**3,464,321**
NET ASSETS	**-**	**-**
EQUITY		
Retained Surpluses	-	-
TOTAL EQUITY	**-**	**-**

“I was nervous about calling… but I immediately felt at ease and was able to open up”

Our clinicians say...

‘I don’t see my role as fixing people. Instead, I walk with them and remind them that recovery is possible. With the right support, it’s possible to find a way through.’

Tracy
Enrolled nurse

‘Through my work with NMHPA, I’ve become even more aware of the quiet struggles my colleagues face within the hospital system. I’ve witnessed the growth that happens when someone feels truly heard and supported without judgement or bias – moments that stay with me long after the conversation ends.’

Bec
Registered midwife

‘I have witnessed distress become clarity, boundaries learned or reinforced, bewilderment shift to bemusement and have spent many hours in the company of people of real grit, and that is a job I love.’

Martine
Registered midwife

‘I am constantly surprised by the resilience and compassion each participant shows as they share their stories of wanting to love what they do again, despite the hardships and battles they’ve faced in the workforce.’

Elle
Registered nurse

‘Offering peer support to nurses, midwives and students has… reminded me of the incredible strength and vulnerability that healthcare professionals carry every day, often without recognition. Ultimately, it’s been both humbling and inspiring…’

Emma
Registered midwife

‘Being a part of their healing journey…makes our work so worthwhile.’

Sue
Registered nurse

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